Psychometric Properties of the Family Support Perception Inventory (IPSF)

Propriedades Psicométricas do Inventário de Percepção de Suporte Familiar (IPSF)

Propiedades Psicométricas del Inventario de Percepción de Apoyo Familiar (IPSF)

Helder Henrique Viana Batista, ORCID 0000-0001-5588-8682
André Pereira Gonçalves, ORCID 0000-0002-2470-4040
Ana Celi Pallini, ORCID 0000-0002-1348-2323
Andréia Maria de Britto Campos, ORCID 0000-0001-5859-3265
Makilim Nunes Baptista, ORCID 0000-0001-6519-254X

Universidade São Francisco, Brazil

Abstract: The study sought evidence of validity based on internal structure (CFA) and relationship to external variables for the Family Support Perception Inventory (IPSF) and analyzed the impact of acquiescence. Participants were 234 people, aged between 18 and 68 years (M = 31.66; SD = 11.75). The IPSF, the Baptista Depression Scale - Screening Version (EBADEP-Screening), the Adult Social Support Perception Scale (EBADEP -A) and the Adult Emotional Self-Regulation Scale (EARE-AD) were used. Inverse items were added to the IPSF to check for acquiescence. The results indicated that the bifactor structure fits the data best. Also, acquiescence had an impact on both the fit indices and the factor loadings of the general factor. The IPSF correlations were positive with the EPSUS-A and EARE-AD and negative with the EBADEP-Screening. These results indicate evidence of validity for the IPSF and show that acquiescence control can impact the scores obtained when applying the scale.

Keywords: psychological assessment; emotional states; psychometrics; family relations; self-control

Resumo: O estudo buscou evidências de validade baseadas na estrutura interna (CFA) e na relação com variáveis externas para o Inventário de Percepção de Suporte Familiar (IPSF) e analisou o impacto da aquiescência. Participaram 234 pessoas, com idades entre 18 e 68 anos (M= 31,66; DP=11,75). Foram utilizados o IPSF e Escala Baptista de Depressão-Versão Triagem (EBADEP-Triagem), a Escala de Percepção do Suporte Social-Adulto (EPSUS-A) e a Escala de Autorregulação Emocional-Adulto (EARE-AD). Foram acrescentados itens inversos ao IPSF para aquiescência. Os resultados indicaram que a estrutura bifator foi que melhor se ajustou aos dados. Além disso, a aquiescência impactou tanto nos índices de ajuste quanto nas cargas fatoriais do fator geral. As correlações do IPSF foram positivas com EPSUS-A e EARE-AD e negativas com a EBADEP-Triagem. Estes resultados indicam evidências de validade para o IPSF e indica que o controle da aquiescência pode impactar escores obtidos com a aplicação da escala.

Palavras-chave: avaliação psicológica; estados emocionais; psicometria; relações familiares; autocontrole

_____

Resumen: El estudio buscó evidencia de validez basada en la estructura interna (CFA) y la relación con variables externas para el Inventario de Percepción de Apoyo Familiar (IPSF) y analizó el impacto de la aquiescencia. Participaron 234 personas, con edades comprendidas entre 18 y 68 años (M = 31.66; DE = 11.75). Se utilizaron IPSF y la Escala de Versión de Detección de Depresión Baptista (EBADEP-Screening), la Escala de Percepción de Apoyo Social para Adultos (EPSUS-A) y la Escala de Autorregulación Emocional de Adultos (EARE-AD). Se han agregado elementos inversos a la IPSF para aquiescencia. Los resultados indicaron que la estructura bifactor se ajusta mejor a los datos. Además, la aquiescencia impactó tanto en los índices de ajuste como en las cargas de factores del factor general. Las correlaciones de IPSF fueron positivas con EPSUS-A y EARE-AD y negativas con EBADEP-Screening. Estos resultados indican evidencia de validez para el IPSF e indican que el control de aquiescencia puede afectar los puntajes obtenidos al aplicar la escala.

Palabras-clave: evaluación psicológica; estados emocionales; psicometría; relaciones familiares; autocontrol

_____

Correspondence: Helder Henrique Viana Batista, Master's in Psychology, PhD candidate of the Graduate Program in Psychology of Universidade São Francisco, Brazil. E-mail: helder.hvb@gmail.com

For humans the family is the first social nucleus, being responsible for providing care and transmitting values and knowledge, in addition to fulfilling the initial needs of life (Baptista, 2007; Mattanah, Lopez & Govern, 2011). Lane (1984) emphasized that the role of the family in the social and emotional development of its members is fundamental, since it is seen as a mediator of the individual-society relationship.

The concepts related to family have undergone several changes over time, so it can be understood and approached from different perspectives (Wagner, Tronco, & Armani, 2011). In science, these changes were observed and accompanied, producing effects and influences on the way of studying and working on the theme (Darling & Steinberg, 1993; Kopala-Sibley et al., 2017; Silva, Scorsolini-Comin & Santos, 2017; Ventura & Noronha, 2014). As an example, McFarlane, Bellissimo and Norman (1995), considered it important to differentiate the concepts "family structure" from "family support", since the family was often highlighted as favoring or limiting development. The authors emphasized that the family structure or family configuration (understood as the number of people who belong to a particular family and who these people are, for example, father, mother, siblings, among others), had little effect on the way the members developed. Support linked to affective exchanges and the quality of the relationships among the people that live as a family, regardless of the specific structure, had a greater impact on the development, with the impact possibly being positive or negative.

The presence of adequate family support was linked to healthy and positive aspects, such as better quality of life and interpersonal relationships, mental health, and adaptive coping skills and strategies. On the other hand, deficits in this support and troubled family relationships significantly

increased the risk of depression and suicide attempts, among other aspects (Lo, Kwok, Yeung, Low & Tam, 2017; Loton & Waters, 2017; Magnani & Staudt, 2018; Souza, Baptista & Alves, 2008). Assessing the quality of support becomes essential for work in various contexts, especially for psychology professionals, whether in clinical, social/community, health, work or school settings (Gonçalves, Baptista & Farcas, 2016).

In the Brazilian context, the Family Support Perception Inventory (*Inventário de Percepção de Suporte Familiar* - IPSF) was developed by Baptista (2005) to assess three aspects of family support, namely, Family Affectivity, Adaptation and Autonomy. Family Affectivity refers to the positive affective relationships (caring, closeness, ability to solve problems, and clarity in the roles and rules of the family members). Family Adaptation refers to negative feelings about the family (anger, isolation, exclusion, shame, incomprehension and interest). While Family Autonomy covers relationships of trust, freedom and privacy (Baptista, 2009). Some studies have investigated family support through the IPSF, identifying negative associations with depressive symptoms and positive associations with the perception of social support and emotional self-regulation (Baptista, Carneiro & Sisto, 2010; Baptista & Cremasco, 2013; Borges & Pacheco, 2018; Cardoso & Baptista, 2015).

Baptista et al. (2010) investigated the associations between family support and depression in a sample of university students aged between 18 and 52 years. A weak and negative association was identified between the constructs ($r = -.36$). In another study, Baptista and Cremasco (2013) evaluated the associations between depression, family support and social support in children and adolescents aged 8 to 17 years. Family support showed negative correlations with depression (r between -.23 and -.61) and positive with social support (r between .30 and .65). Similarly, Cardoso and Baptista (2015) identified positive associations between social and family support (r between .21 and .45) in university students aged between 18 and 61 years. The present study used versions or scales that differ from those used in previous studies and investigated the relationship with a construct that has not yet been explored (emotional self-regulation), justifying the verification of these correlations.

Since the publication of the IPSF, studies have evidenced adequate psychometric indices and its use coincides with theoretical aspects already established in the literature (Batista & Noronha, 2018; Cruvinel & Boruchovitch, 2011; Pinto, Carvalho & Sá, 2014). However, despite the aforementioned aspects, it is not known whether the results are impacted by different response styles, since, as it is a self-report instrument, the variables can be easily manipulated (Wetzel & Greiff, 2018). Response styles are tendencies for the evaluated person to respond following a pattern, which can be influenced by the environment, such as social desirability and false responses, or by the way the subject usually behaves. An example would be extreme responses, acquiescence and disquiescence. When not controlled, these types of responses can skew the results (Vaerenbergh & Thomas, 2012). More specifically, acquiescence is a response style in which the respondent tends to agree with the item, regardless of its content, an aspect that can inflate the test results or make them unfeasible (Cronbach, 1942; Ferrando, Condon & Chico, 2004).

Considering that tests must constantly have their properties tested and be reformulated to provide improvements in the way of measuring and interpreting the data (Borsa & Seize, 2017; Urbina, 2009), the main aim of the present study was to seek evidence of validity for the IPSF based on the internal structure using confirmatory factor analysis (CFA) and based on the relationships with external variables (depression, social support and emotional self-regulation). It was also verified whether acquiescence interferes in the internal structure and in the factor loadings of the items of the IPSF. Considering the stated aims, it was hypothesized that: H1) the internal structure found would correspond to the basic theory of the instrument (Baptista, 2005; 2007; 2009); H2) the control of acquiescence would impact the factorial structure of the scale, the fit indices and the factor loadings of the IPSF items; H3) the correlations between the IPSF and the Baptist Depression Scale screening version (EBADEP-screening) would all be negative (Baptista et al., 2010; Borges & Pacheco, 2018); H4) the correlations between the IPSF and the Emotional Self-Regulation Scale

_____

(EARE-AD) would be positive (Borges & Pacheco, 2018; Cruvinel & Boruchovitch, 2011); and H5) the correlations between IPSF and the Social Support Scale (EPSUS-A) would be positive (Cardoso & Baptista, 2015).

Method

Participants

Study participants were 234 people, aged between 18 and 68 years, ($M = 31.66$; $SD = 11.75$). The majority of the participants were female (73.9 %), single (61.3 %), with higher (43.0 %) and post-graduate (36.2 %) education and with greater representation from the North (28.7 %) and Southeast of Brazil (46.0 %). Regarding family structure, 34.9 % reported living with parents and siblings, followed by 20.0 % with a partner and 17.9 % with a partner and children.

Instruments

Family Support Perception Inventory - IPSF (Baptista, 2009). The instrument was developed based on the theoretical model proposed by Olson, Russell and Sprenkle (1983) and also from measures developed by other authors (Gomide, 2003; Green, Kolevzo & Vosler, 1985; Olson, Potner & Lavee, 1985; Parker, Tupling & Brown, 1979). The IPSF is a self-report instrument that aims to assess the individual's perception of the support they receive from their family. The instrument consists of 42 items, answered on a three-point Likert-type scale, (0 = *almost never or never*, 1 = *sometimes*, and 2 = *almost always or always*). The items are divided into three factors, Affective-Consistent (21 items; $\alpha = .91$), Adaptation (13 items; $\alpha = .90$), and Autonomy (8 items; $\alpha = .78$), with an overall score (42 items; $\alpha = .93$). "There are rules about different situations in my family" and "I feel like my family doesn't understand me" are examples of items. For the present study, six items were created, inverse to the ones existing on the scale, two for each factor, to make it possible to analyze the impact of acquiescence on the instrument. Opposite pairs are: "People in my family feel distant from each other and People in my family feel close to each other"; "Living with my family is pleasant and Living with my family is unpleasant"; "I feel proud of my family and I feel ashamed of my family"; "My family controls everything I do and My family gives me as much freedom as I want"; "In my family it is forbidden for me to do the things I like to do and In my family, I am allowed to do the things I like to do"; and "My family members express interest and affection for each other and My family members are disinterested in each other.

Baptist Depression Scale - Screening Version (Escala Baptista de Depressão-Versão Triagem, EBADEP-Screening; Baptista & Carvalho, 2018). The EBADEP-screening was developed based on the adult version of the EBADEP (EBADEP-A; Baptista, 2012) and aims to screen for the symptoms of depression. In the EBADEP-screening, 15 items were selected, based on the main symptoms of the psychiatric manuals, to compose the scale. In the study by Baptista and Carvalho (2018), the EBADEP-screening was able to discriminate 40 patients diagnosed with depression through the SCID-I from 40 people without depression, with sensitivity of 95 % and specificity of 87 %. "I don't feel like crying" and "I can't concentrate on my activities" are examples of items. In the sample of the present study, the reliability for internal consistency of the EBADEP-screening was .78. The internal consistency of the sample scale of this study was $\alpha = .93$.

Social Support Perception Scale - Adult Version (Escala de Percepção do Suporte Social, EPSUS; Cardoso & Baptista, 2016). Created based on the theory of Rodriguez and Cohen (1998), the scale assesses the respondent's perception of the social support received. It consists of 36 items with a four-point Likert-type scale (0 = *never* and 4 = *always*). The items are grouped into four factors, namely, affective (17 items; $\alpha = .92$), social interactions (5 items; $\alpha = .75$), instrumental (7 items; $\alpha = .82$), and coping problems (7 items; $\alpha = .83$). "They provide me with food when I need it" and "They are nice to talk to" are examples of items.

Emotional Self-Regulation Scale- Adult (Escala de Autorregulação Emocional-Adulto - EARE-AD) (Noronha, Baptista & Batista, 2019). The theory that underpinned the construction of the EARE-AD was that of Gratz & Roemer (2004), in addition to contributions by Thompson (1994), Berking, Ebert, Cuijpers & Hofmann, (2013) and Weiss, Gratz and Lavender (2015). The scale assesses the ability to control emotions in situations that generate sadness. It consists of 34 items, answered on a five-point Likert-type scale (0 = *never* and 4 = *always*), with higher scores indicating greater emotional self-regulation. The items are grouped into 4 factors, namely, adequate coping strategies (15 items; α = .98), pessimism (6 items; α = .88), paralysis (6 items; α = .92) and externalization of aggressiveness (7 items; α = .69). The scores for factors 2, 3 and 4 must be reversed. The respondent needs to consider the phrase "When I'm sad..." to respond to the items. "I try to think of other things" and "I mistreat people" are examples of items.

Procedures

This study followed the ethical standards of research with human subjects and was approved by the Research Ethics Committee of the Universidade de São Francisco. Data collection was carried out through a Google Forms link and participants received invitations to participate in the study through social networks (WhatsApp, Facebook). After agreeing to participate in the study through the Consent Form, the participants completed the sociodemographic questionnaire, the EBADEP-Screening, IPSF, EPSUS and EARE-AD.

Data analysis

The programs used in the data analysis were SPSS 20.1 and Mplus 7.11. An acquiescence index was created by adding the responses to the pairs of opposite items and calculating the means that were later used in the Multiple Indicator Multiple Cause (Mimic; Muthén, 1989) to verify the impact of acquiescence on the items of the scale. In order to verify the internal structure of the scale and the impact of acquiescence, two confirmatory factor analysis (CFA) models for the IPSF were tested based on the theory of construction of this scale (Baptista, 2005): three first order factors (CFA- 1); and three first order factors with acquiescence control (CFA-2). In addition, in order to verify the existence of the same latent variable explaining the items and, consequently, empirical evidence for the use of the general score of this scale, two confirmatory bifactor models were tested: a general factor and three specific factors (CFA-3); and a general factor and three specific factors controlling the acquiescence index (CFA-4).

The chi-square and degrees of freedom ratio (X^2/df<2), Confirmatory Fit Index (CFI>.90), Tucker-Lewis Index (TLI>.90), and Root Mean Square Error of Approximation (RMSEA<0.05) indicators were used to verify which model best suited the data (Hu & Bentler, 1999). Pearson's correlation test, with significance of p<.05, was used to identify the associations between the instruments, based on Levin and Fox's (2004) interpretation of magnitudes, being weak (<.30), moderate (between .30 and .59), strong (between .60 and .99) or perfect (1.0).

Results

The first analyses carried out were the CFAs, based on the construction of the IPSF (Baptista, 2005). The indices obtained in each model are shown in Table 1.

Table 1.
Fit indices and factor loadings of the IPSF model (Baptista, 2005) tested in the confirmatory factor analyses

Model	X^2/df	CFI	RMSEA	TLI
Reference value	<2	≥.90	<.05	≥.90
CFA – 1	1334.549/816 (1.63)	.958	.05	.955
CFA–2	1174.074/738 (1.59)	.928	.05	.920
CFA–3	1068.378/777 (1.37)	.972	.04	.969
CFA–4	1050.225/777 (1.35)	.954	.04	.947

Note: CFA – 1: three first order factors; CFA – 2: three first order factors with acquiescence control; CFA – 3: one general and three specific factors; CFA – 4: one general factor and three specific factors with acquiescence control; F1: affective-consistent; F2: adaptation; F3: autonomy; F4: general factor.

The CFA-1 model, with three factors, presented satisfactory fit indices, with factor loadings between .15 and .92 for the items of the affective-consistent factor (only one item below .30); .56 to .92 for those of the adaptation factor; and .60 to .95 for those of the autonomy factor. With acquiescence control the CFA-2 model with three specific factors also showed satisfactory fit indices and the factor loadings were, in general, lower when compared to the model without acquiescence control, in the affective-consistent factor the loadings were between .19 to .62 (only one item below .30), adaptation .35 to .79 and autonomy .46 to .77).

The model with one general and three specific factors, CFA-3, presented better fit indices when compared to the model with three first order factors. The factor loadings varied between .23 and .93 in the general factor, with only one item with a loading less than .30. In the specific factors, the factor loadings were between .07 and .70 in the affective-consistent, .27 and .56 in the adaptation and .25 and .66 in the autonomy factor. The CFA-4 general factor model with acquiescence control also presented adequate fit indices. The items showed lower loadings in the general factor after controlling for acquiescence, however, there was no significant change in loadings in the specific factors, in the general factor the loadings were between .14 and .76, (two items presented loadings of less than .30), affective-consistent between .07 and .60, adaptation between .27 and .50, and autonomy between .25 and .65. The internal consistency of this model was α = .95 for the general factor, α = .88 for affective-consistent, α = .87 for adaptation and α = .86 for autonomy.

Through the Pearson correlation test, it was possible to identify significant correlations between the IPSF and the external variables. The total IPSF showed the highest correlations with the other measures compared to the three factors of the IPSF. The scores for the factors pessimism, paralysis and externalization of aggressiveness were inverted. Table 2 presents the correlations between the IPSF and the external variables.

Table 2.
Correlations between the IPSF and the EARE-AD, EBADEP-Screening and EPSUS-A

	1	2	3	4	5	6	7	8	9
Affective-Consistent	-.55[**]	.41[**]	.36[**]	.52[**]	.54[**]	.50[**]	.48[**]	.30[**]	.53[**]
Adaptation	-.53[**]	.33[**]	.36[**]	.46[**]	.47[**]	.47[**]	.42[**]	.30[**]	.46[**]
Autonomy	-.43[**]	.34[**]	.20[**]	.34[**]	.39[**]	.40[**]	.34[**]	.19[**]	.38[**]
IPSF Total	-.59[**]	.42[**]	.38[**]	.53[**]	.56[**]	.53[**]	.49[**]	.32[**]	.55[**]

Note: * = $p<.05$; ** = $p<.01$; 1 = EBADEP-Screening; 2 = Adequate coping strategies (EARE-AD); 3 = Externalization of aggressiveness (EARE-AD); 4 = Pessimism (EARE-AD); 5 = Paralysis (EARE-AD); 6 = Affective (EPSUS-A); 7 = Social Interactions (EPSUS-A); 8 = Instrumental (EPSUS-A); 9 = Coping with Problems (EPSUS-A).

The associations between family support and depression were all negative, with moderate magnitudes. The correlations between the IPSF and the measures of social support and emotional self-regulation were all positive, with magnitudes varying between weak and moderate.

Discussion

The aim of the present study was to seek evidence of validity for the IPSF based on the internal structure and relationships with external variables (depression, social support and emotional self-regulation). It was also verified whether acquiescence interferes with the results of the IPSF. The hypotheses elaborated for this study were, in general, corroborated. H1) the three first order factors were recovered as expected, however, the results indicated the possibility of the existence of a general factor. The control of acquiescence affected the instrument's factorial structure, the fit indices and the factor loadings of the items in the general factor (H2). The correlations between the IPSF and EBADEP-screening were negative (H3); the correlations between the IPSF and EARE-AD were positive (H4) and finally, the correlations between the IPSF and EPSUS-A were also positive (H5).

The IPSF's internal structure was in line with previous literature that indicated three factors (Baptista, 2005; 2007; 2009). However, in the present study a general factor was found, which suggests that, in addition to the specific factors previously found, the items contribute to a common latent variable. This result makes it possible to verify empirically that in addition to the contribution of the items to calculate the scores for each specific factor, a general family support score can be obtained. The bifactor model, however, may be related to method problems, with acquiescence being one of the problems. Acquiescence refers to the tendency to respond positively to items, regardless of the content described, distancing the scores obtained with the application of the instrument from the true score of the subject (Billiet & McClendon, 2000). The results obtained with acquiescence control, decreased the loadings of the general factor, which demonstrates that acquiescence may be affecting the scores arising from the application and that the control of this bias would be important for the IPSF. It should be noted that despite the impact of acquiescence on the general factor, when it was controlled, even with smaller loadings, the general factor remained and the bifactor model was still the model that presented the best fit for the data. Despite this, the two items with loadings less than .30 in the general factor showed that they were not functioning with the acquiescence control, which could lead to the exclusion of these items from the instrument.

In hypothesis 3, the associations between the IPSF and the EBADEP-Screening were expected to be negative. The results found in the correlations between the IPSF and the EBADEP-Screening are coherent and similar to the literature (Baptista et al., 2010; Baptista, Souza & Alves, 2008; Borges & Pacheco, 2018), confirming hypothesis 3 of the present study. Family support involves the perception of affection, collaborative relationships and understanding among family members, coping skills, autonomy and trust (Baptista, 2005; Baptista et al., 2010). Therefore, the results indicate that the family and the support it can provide are associated with people's mental

health and can be considered a protective factor against the development of depressive symptoms (Baptista et al., 2008; Borges & Pacheco, 2018).

Furthermore, it must be considered that the correlations between the total score and the affective-consistent factor of the IPSF and depression had higher magnitudes when compared to samples from children and adolescents, whereas with the adaptation factor the correlations were lower (Borges & Pacheco, 2018; Cruvinel & Boruchovitch, 2011). It is possible that the age group is a variable that can impact the perception of family support, referring to the possibility of developing specific versions for different developmental cycles and/or specific standards (Baptista & Cremasco, 2013).

In relation to hypothesis 4, it was expected that the associations between the factors of the IPSF and the EARE-AD would be positive after the inversion of the factors Pessimism, Externalization of Aggressiveness, and Paralysis (EARE-AD). The results confirmed the hypothesis and are consistent with the data identified in other studies (Borges & Pacheco, 2018; Cruvinel & Boruchovitch, 2011; Gratz & Roemer, 2004). The justification for the results may be the fact that emotional self-regulation, when at low levels, is associated with difficulties in establishing healthy interpersonal relationships, leading to emotional problems (Gratz & Roemer, 2004; Simon & Durand-Bush, 2015). The difficulty of some individuals in relation to the management of their own emotions could negatively impact well-being and family life (Tamir, 2015), not perceiving the support that the family members offer. Accordingly, it is important to consider the family functioning and the personal characteristics of each individual to minimize isolated interpretations, for example, those that focus only on the parents or only on the children (Noronha & Batista, 2017; Weber, Bradenburg & Viezzer, 2003).

Hypothesis 5 was also confirmed in the present study. The associations between the IPSF and the EPSUS-A were expected to be positive. As identified in previous studies (Baptista & Cremasco, 2013; Cardoso & Baptista, 2015), the associations between family support and social support were positive. These results can be explained by the fact that family support is a kind of reduced dimension of social support (Baptista, Cardoso, & Gomes, 2012; Duru, 2007). When compared to the study by Cardoso and Baptista (2015), the magnitudes found in the present investigation were greater. In addition, both in the present study and in that of Cardoso and Baptista (2015) the associations between the factors of the IPSF and the Instrumental factor of the EPSUS-A were those that presented smaller magnitudes. The Instrumental factor is related to the individual's perception of the financial and practical assistance they receive from their family members (Baptista et al., 2012). These results seem to indicate that the issues that permeate family development go beyond material aspects, making it necessary to take into account the emotional aspects that surround the relationships between members of a family (Baptista et al., 2012; Noronha & Batista, 2017).

In addition, the characteristics of the sample and their possible impacts on the IPSF data must be considered. As an example, only 34 % of the sample lived with parents and siblings. In other words, it is possible that most of the participants left home because they developed a certain independence and autonomy from the family, especially when considering that they were young adults (Carter & McGoldrick, 1995; Pellegrini, Silva, Barreto & Crepaldi, 2015). Therefore, the data needs to be analyzed with caution, since the stage of young adulthood is marked by a differentiation of the self in relation to family members, permeating notions of hierarchy among parents and children, as well as the choice of a profession and intimate relationships (Carter & McGoldrick, 1995; Fiorini, Moré & Bardagi, 2017). It may be that, in some cases, there had been family support in some form, however, as it is a period of transition permeated by stress and anxiety (Aylmer, 1995), this perception had changed.

The results obtained in the present study demonstrate consistent evidence of validity for the IPSF based on the internal structure and the relationship with external variables. The findings seem to indicate that the IPSF may be impacted by the acquiescent response style, which allows us to

raise the hypothesis that by controlling this bias, the scores obtained would be closer to the true score of the subject. Some limitations of this study need to be considered: (a) the sample number may have had an impact on the results obtained; (b) the scale was not fully balanced for the control of acquiescence, that is, opposing pairs were not created for all items, but two for each factor; (c) the sociodemographic characteristics of the participants were not very representative of the Brazilian population (predominantly women, single and with complete higher education). It is suggested that future studies check the impact of acquiescence with a fully balanced scale, as well as control the social desirability of the items and identify possible interferences due to the participants' characterization variables.

Funding

References

Aylmer, R. C. (1995). O lançamento do jovem adulto solteiro. In B. Carter & M. McGoldrick, (1995). *As mudanças no ciclo de vida familiar: uma estrutura para a terapia familiar* (pp. 169-183). (M. A. V. Veronese, Trad., 2ed). Porto Alegre: Artes Médicas.

Baptista, M. N., & Carvalho, L. F. (2018). Diagnostic accuracy of a Brazilian depression self-report measure (EBADEP): Original and short versions. *Avaliação Psicológica, 17*(4), 484-492. doi: 10.15689/ap.2018.1704.8.08

Baptista, M. N., & Cremasco, G. S. (2013). Propriedades psicométricas da Escala Baptista de Depressão Infanto-juvenil (EBADEP-IJ). *Arquivos Brasileiros de Psicologia, 65*(2), 198-213.

Baptista, M. N., Cardoso, H. F., & Gomes, J. O. (2012). Intergeracionalidade familiar. In M. N. Baptista, & M. L. M. Teodoro (Orgs.), *Psicologia de família: teoria, avaliação e intervenção* (pp. 16-26). Porto Alegre: Artmed.

Baptista, M. N., Carneiro, A. M., & Sisto, F. F. (2010). Estudo psicométrico de Escalas de Depressão (EDEP e BDI) e o Inventário de Percepção de Suporte Familiar (IPSF). *Psicologia em Pesquisa, 4*(1), 65-73. doi: 10.24879/201000400100345

Baptista, M. N., Souza, M. S., & Alves, G. A. S. (2008). Evidencias de validade entre a Escala de Depressão–EDEP, o BDI e o Inventário de Percepção de Suporte Familiar – IPSF. *Psico-USF, 13*(1), 211-220. doi: 10.1590/S1413-82712008000200008

Baptista. M. N. (2005). Desenvolvimento do Inventário de Percepção de Suporte Familiar (IPSF): estudos psicométricos preliminares. *Psico-USF, 10*(1), 11-19. doi: 10.1590/S1413-82712005000100003

Baptista. M. N. (2007). Inventário de percepção de suporte familiar (IPSF): estudo componencial em duas configurações. *Psicologia: Ciência e Profissão, 27*(3), 496-509. doi: 10.1590/S1414-98932007000300010

Baptista. M. N. (2009). *Inventário de Percepção do Suporte Familiar (IPSF)*. Vetor: São Paulo.

Baptista. M. N. (2012). *Manual técnico da Escala Baptista de Depressão em Adultos (EBADEP-A)*. São Paulo: Vetor.

Batista, H. H. V. & Noronha, A. P. P. (2018). Instrumentos de autorregulação emocional: uma revisão de literatura. *Avaliação Psicológica, 17*(3), 389-398. doi: 10.15689/ap.2018.1703.15643.12

Berking, M., Ebert, D., Cuijpers, P., & Hofmann, S. G. (2013). Emotion-regulation skills training enhances the efficacy of cognitive behavioral therapy for major depressive disorder. *Psychotherapy and Psychosomatics, 82*(4), 234-245. doi: 10.1159/000348448

_____

Billiet, J. B., & McClendon, M. J. (2000). Modeling acquiescence in measurement models for two balanced sets of items. *Structural Equation Modeling, 7*(4), 608-628. doi: 10.1207/S15328007SEM0704_5

Borges, L., & Pacheco, J. T. B. (2018). Sintomas depressivos, autorregulação emocional e suporte familiar: Um estudo com crianças e adolescentes. *Estudos Interdisciplinares em Psicologia, 9*(3), 132-148. doi: 10.5433/2236-6407.2018v9n3suplp132

Borsa, J. C., & Seize, M. M. (2017). Construção e adaptação de instrumentos psicológicos: Dois caminhos possíveis. In B. F. Damásio, & J. C. Borsa (Orgs), *Manual de desenvolvimento de instrumentos psicológicos* (pp. 15-38). São Paulo: Vetor.

Cardoso, H.F., Baptista, M.N. (2016). *EPSUS-A: Escala de Percepção de Suporte Social (versão adulto)*. São Paulo: CETEPP-Hogrefe.

Cardoso. H. F. & Baptista. M. N. (2015). Evidência de validade para a Escala de Percepção do Suporte Social (Versão Adulta) – EPSUS-A: um estudo correlacional. *Psicologia: Ciência e Profissão, 35*(3), 946-958. doi: 10.1590/1982-3703001352013

Carter, B., & McGoldrick, M. (1995). *As mudanças no ciclo de vida familiar: uma estrutura para a terapia familiar* (M. A. V. Veronese, Trad.). 2ed. Porto Alegre: Artes Médicas.

Cronbach, L. J. (1942). Studies of acquiescence as a factor in the true-false test. *Journal of Educational Psychology, 33*(6), 401-415.

Cruvinel, M., & Boruchovitch, E. (2011). Regulação emocional em crianças com e sem sintomas de depressão. *Estudos de Psicologia (Natal), 16*(3), 219-226. doi: 10.1590/S1413-294X2011000300003

Darling, N., & Steinberg, L. (1993). Parenting style as context: An integrative model. *Psychological Bulletin, 113*(3), 487-496. doi: 10.1037/0033-2909.113.3.487

Duru, E. (2007). Re-examination of the psychometric characteristics of the multidimensional scale of perceived social support among Turkish University students. *Social Behavior and Personality, 35*(4), 443-452. doi: 10.2224/sbp.2007.35.4.443

Ferrando, P. J., Condon, L., & Chico, E. (2004). The convergent validity of acquiescence: An empirical study relating balanced scales and separate acquiescence scales. *Personality and Individual Differences, 37*(7), 1331-1340. doi: 10.1016/j.paid.2004.01.003

Fiorini, M. C., Moré, C. L. O. O., & Bardagi, M. P. (2017). Família e desenvolvimento de carreira de jovens adultos no context brasileiro: revisão integrativa. *Revista Brasileira de Orientação Profissional, 18*(1), 43-55. doi: 10.26707/1984-7270/2017v18n1p43

Gomide, P. I. C. (2003). Estilos parentais e comportamento antissocial. In A. Del Prette & Z. Del Prette (Eds.). *Habilidades sociais, desenvolvimento e aprendizagem: questões conceituais, avaliação e intervenção* (pp. 21-60). Campinas: Alínea.

Gonçalves, M., Baptista, M. N., & Farcas, D. (2016). IPSF: análise da estrutura interna em uma amostra de jovens portugueses adultos. *Avaliação Psicológica, 15*(1), 115-123. doi: 10.15689/ap.2016.1501.12

Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development factor structure, and initial validation of the Dificulties in Emotion Regulation Scale. *Journal of Psychopatology and Behavioral Assessment, 26*(1), 41-54. doi: 10.1007/s10862-008-9102-4

Green, R. G., Kolevzon, M. S., & Vosler, N. R. (1985). The beavers timberlawn model of family competence and the circumplex model of family adaptability and cohesion: Separate but equal? *Family Process, 24*(3), 385-398. doi: 10.1111/j.1545-5300.1985.00385.x

Hu, L., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling: A Multidisciplinary Journal, 6*(1), 1-55. doi: 10.1080/10705519909540118

Kopala-Sibley, D. C., Jelinek, C., Kessel, E., Frost, A., Allmann, A. E. E., & Klein, D. N. (2017). Parental depressive history, parenting styles, and child psychopathology over six years: The

contribution of each parent's depressive history to the other's parenting styles. *Development and Psychopathology, 29*(4), 1468-1482. doi: 10.1017/S0954579417000396

Lane, S. T. M. (1984). A Psicologia Social e uma nova concepção de homem para a Psicologia. In S. T. M. Lane & W. Codo (Eds.), *Psicologia Social: O homem em movimento* (pp. 10-19). São Paulo: Brasiliense.

Levin, J., & Fox, J. A. (2004). *Estatística para ciências humanas*. São Paulo: Pearson.

Lo, H. H. M., Kwok, S. Y. C. L., Yeung, J. W. K., Low, A. Y. T., & Tam, C. H. L. (2017). The moderating effects of gratitude on the association between perceived parenting styles and suicidal ideation. *Journal of Child and Family Studies, 26*(6), 1671-1680. doi: 10.1007/s10826-017-0683-y

Loton, D. J., & Waters, L. E. (2017). The mediating effect of self-efficacy in the connections between strength-based parenting, happiness and psychological distress in teens. *Frontiers in Psychology, 8,* 1-13. doi: 10.3389/fpsyg.2017.01707

Magnani, R. M., & Staudt, A. C. P. (2018). Estilos parentais e suicidio na adolescencia: Uma reflexão acerca dos fatores de proteção. *Pensando Famílias, 22*(1), 75-86.

Mattanah. J. F., Lopez. F. G., & Govern. J. M. (2011). The contributions of parental attachment bonds to college student development and adjustment: a meta-analytic review. *Journal of Counseling Psychology, 58*(4), 565-596. doi: 10.1037/a0024635

McFarlane, A. H., Bellissimo, A., & Norman, G. R. (1995). The role of family and peers in social self-efficacy: Links to depression in adolescence. *American Journal of Orthopsychiatry, 65*(3), 402-410. doi: 10.1037/h0079655

Muthén, B. O. (1989). Tobit factor analysis. *British Journal of Mathematical and Statistical Psychology, 42*(2), 241-250. doi: 10.1111/j.2044-8317.1989.tb00913.x

Noronha, A. P. P. & Batista, H. H. V. (2017). Escala de forças e estilos parentais: Estudo correlacional. *Estudos Interdisciplinares em Psicologia, 8*(2), 02-19. doi: 0.5433/2236-6407.2016v8n2p02

Noronha, A. P. P., Baptista, M. N., & Batista, H. H. V. (2019). Estudos psicométricos iniciais da escala de autorregulação emocional: Versões adulto e infanto-juvenil. *Estudos de Psicologia (Campinas), 36*(e180109), 1-12. doi: 10.1590/1982-0275201936e18010

Olson, D. H., Portner, J., & Lavee, Y. (1985). F*amily adaptability & cohesion scales – FACES III* (research instrument and manual). St. Paul: University of Minnesota, Family Social Science.

Olson, D. H., Russell, C. S., & Sprenkle, D. H. (1983). Circumplex model of marital and family systems: Theoretical update. *Family Process, 22*(1), 69-83, doi: 10.1111/j.1545-5300.1983.00069.x

Parker, G., Tupling, H., & Brown, L. B. A (1979). Parental Bonding Instrument. *British Journal of Medical Psychology, 52*(1), 1-10. doi:10.1111/j.2044-8341.1979.tb02487.x

Pellegrini, P. G., Silva, I. M., Barreto, M., & Crepaldi, M. A. (2015). Diferenciação do adulto jovem: Um estudo de caso em atendimento familiar. *Pensando Famílias, 19*(1), 114-129.

Pinto, H. M., Carvalho, A. R., & Sá, E. N. (2014). Os estilos educativos parentais e a regulação emocional: Estratégias de regulação e elaboração emocional das crianças em idade escolar. *Análise Psicológica, 32*(4), 387-400. doi: 1014417/ap.32.3.844

Rodriguez, M. S. & Cohen, S. (1998). Social support. *Encyclopedia of Mental Health, 3,* 535-544.

Silva, L. A., Scorsolini-Comin, F., & Santos, M. A. (2017). Casamentos de longa duração: recurssos pessoais como estratégias de manutenção do laço conjugal. *Psico-USF, 22*(2), 323-335. doi: 10.1590/1413-82712017220211

Simon, C. R., & Durand-Bush, N. (2015). Does self-regulation capacity predict psychological well-being in physicians? *Psychology, Health and Medicine, 20*(3), 311-321. doi: 10.1080/13548506.2014.936887

Souza. M. S., Baptista. M. N. & Alves. G. A. S. (2008). Suporte familiar e saúde mental: evidência de validade baseada na relação entre variáveis. *Aletheia. 28.* 32-44.

Tamir, M. (2015). Why do people regulate their emotions? A taxonomy of motives in emotion regulation. *Personality and Social Psychology Review, 20*(3), 199-222. doi: 10.1177/1088868315586325

Thompson, R. A. (1994). Emotion regulation: A theme in search of definition. *Monographs of the Society for Research in Child Development, 59*(2-3), 25-52. doi: 10.1111/j.1540-5834.1994.tb01276.x

Urbina, S. (2009). *Fundamentos da testagem psicológica*. Artmed Editora.

Van Vaerenbergh, Y., & Thomas, T. D. (2012). Response styles in survey research: A literature review of antecedents, consequences, and remedies. *International Journal of Public Opinion Research, 25*(2), 195-217.doi: 10.1093/ijpor/eds021

Ventura. C. D., & Noronha, A. P. P. (2014). Autoeficácia para escolha profissional. suporte familiar e estilos parentais em adolescentes. *Avaliação Psicológica, 13*(3), 317-324.

Wagner, A., Tronco, C., & Armani, A. B. (2011). *Os desafios da família contemporânea. Desafios psicossociais da família contemporânea: Pesquisas e reflexões*. Porto Alegre: Artmed.

Weber, L. N. D., Brandenburg, O. J., & Viezzer, A. P. (2003). A relação entre o estilo parental e o otimismo da criança. *Psico-USF, 8*(1), 71-79. doi: 10.1590/S1413-82712003000100010

Weiss, N. H., Gratz, K. L., & Lavender, J. M. (2015). Factor structure and initial validation of a multidimensional measure of difficulties in the regulation of positive emotions: The DERS-Positive. *Behavior Modification, 39*(3), 431-453. doi: 10.1177/0145445514566504

Wetzel, E., & Greiff, S. (2018). The world beyond rating scales: Why we should think more carefully about the response Format in Questionnaires. *European Journal of Psychological Assessment, 34*(1), 1-5. doi: 10.1027/1015-5759/a000469