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Perrin, Sean; Mahoney, Rachel; Smith, Patrick

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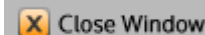
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PO Box 117
221 00 Lund
+46 46-222 00 00



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Category: Child and Adolescent Mental Health

PTSD in Children and Adolescents: The Long-Term Picture and the Role of Family Factors

V. E. Cobham^{1, 2}; *B. M. McDermott*^{1, 2}; *N. M. Costa*³; *C. Weems*⁴; *A. A. Pina*⁵; *C. Weems*⁴; *B. Scott*⁴; *L. Taylor*⁴; *M. Cannon*⁴; *S. Perrin*⁶; *R. Mahoney*⁷; *P. Smith*⁶; *T. Ollendick*³; *V. E. Cobham*^{1, 2}; *W. Silverman*⁸

1. University of Queensland, Brisbane, QLD, Australia.
2. Mater Kids in Mind Research, Brisbane, QLD, Australia.
3. Virginia Tech, Blacksburg, VA, United States.
4. University of New Orleans, New Orleans, LA, United States.
5. Arizona State University, Tempe, AZ, United States.
6. Kings College London, London, United Kingdom.
7. Evelina Children's Hospital, London, United Kingdom.
8. Florida International University, Miami, FL, United States.

The research presented in this symposium (with its focus on Type 1 traumas) highlights exciting advances in the field of child PTSD, where relatively little is known about either long-term outcomes or the role of family factors. The symposium consists of research that examines the stability of symptomatology, symptom trajectories and the role of family and parenting factors in child PTSD, as well as the role of children's attachment beliefs and parenting on child anxiety following a natural disaster. Taken as a whole, the research presented has important implications for our understanding of the aetiology and prognosis of PTSD in children; as well as potential prevention and intervention programs (with an Australian resource developed in the aftermath of the 2009 Victorian bushfires being briefly discussed).

The first study (Cobham & McDermott) examines the relationship between various family factors and child PTSD, using mental health screening data for large samples of primary school children following two Australian natural disasters – Cyclone Larry, a category 5 cyclone (N=800) and a severe, cyclone-like storm (N=1900). Contrary to predictions, neither family resilience nor family functioning post-disaster was associated with elevated risk for child PTSD.

The second study (Costa et al.) represents a unique data set in that the researchers are able to examine the role of children's attachment beliefs (trust, communication and alienation) and perceptions of parenting behaviours (psychological and behavioural control and acceptance) on changes in anxiety from pre to post-Hurricane Katrina. The results indicated that both pre-disaster attachment and perceptions of parenting behaviors moderated the relationship between pre and post-Katrina anxiety. For example, the combination of high pre-Katrina anxiety and low pre-Katrina trust, communication, and acceptance predicted high post-Katrina anxiety levels.

The third study (Weems et al.) examines the stability of PTSD symptoms in children exposed to Hurricane Katrina. 191 children were screened for PTSD symptoms at 24 months (Time 1), 30 months (Time 2) and again at 37 months (Time 3) post-disaster. PTSD symptoms did not significantly decline from Time 1 to Time 2, and although average levels did significantly decrease from Time 2 to Time 3, many of the children with the most severe symptoms did not experience a reduction in symptoms. Importantly, between Times 2 and 3, participants experienced a second but relatively benign storm, Hurricane Gustav. In some respects children were inoculated from the negative effects of the second hurricane via their exposure to the first hurricane.

The final study in the symposium (Perrin et al.) explores the relationship between parenting behaviours and the onset and maintenance of PTSD in children who have experienced either Type 1 or Type 2 traumas. Results indicated that, in a structured interaction task, observed parent fear/distress behaviours were related to parents' own negative trauma-related beliefs, but not to children's PTSD symptoms or beliefs. Similarly, parents' self-reported maladaptive

parenting behaviours were related to parents' own symptoms and negative beliefs, but not to children's PTSD. Interestingly, parental depression was associated with child PTSD symptom severity.

In summary, the studies described in this symposium represent innovative and exciting research methodologies with important implications for the way in which we understand and address child PTSD. Interestingly, underlying the symposium is the theme of similarities and differences between child PTSD and other anxiety disorders, particularly in terms of the role of family factors in aetiology, and, potentially, in treatment.

Prof. Ollendick and Dr. Cobham will serve as co-Chairs of this symposium, while Prof. Silverman will serve as Discussant.

Making Sense of the Role of Family Factors in Postdisaster Child PTSD

In the past, family factors have not been prominent in conceptual models of child PTSD post-disaster. In this presentation, screening data examining the relationship between family factors and child PTSD for large samples of primary school children following two Australian natural disasters will be discussed.

The Cyclone Larry Children's Project (CLCP) was a school-based screening initiative (N=800) conducted 3 months after a Category 5 cyclone that struck rural Northern Queensland in 2006. As part of the CLCP, two family factors were examined in relation to children's PTSD – family resilience and family functioning. 568 parents completed the Family Resilience Measure. Consistent with previous research low family resilience was significantly associated with general child psychopathology and past history of mental illness. However, there was no evidence that children from low resilience families were at higher risk of post-disaster PTSD (ORadj 0.57, 95% CI 0.13, 2.44). Importantly, neither were children with pre-existing mental health problems (ORadj 0.75, CI 0.16, 3.61) at elevated risk for PTSD. Within the CLCP, 145 parents completed the Family Assessment Device – General Functioning Scale. Scores were comparable to community norms. Similar to the previous finding, family dysfunction was significantly associated with general child psychopathology, but not with post-disaster PTSD.

The second natural disaster consisted of a severe storm with cyclonic-strength winds that caused widespread property damage in several Brisbane suburbs in late 2008. As with Cyclone Larry, miraculously, no lives were lost. Five months after the disaster, 1900 primary school aged children were screened for disaster-related mental health problems. In this screen, the family factors of interest were parental psychopathology and changes in parenting practices since the storms. Data relating to the association between these family factors and child PTSD will be presented.

The data will be drawn together in considering the hypothesised similarities and differences between the role of family factors in the aetiology of PTSD compared to other child anxiety disorders. Finally, a child and youth resource developed by the authors – as part of the Australian Government's psychological response to the Victorian bushfires of February 2009 (Australia's worst natural disaster, in which 173 lives were lost) – will be briefly discussed.

The Role of Perceived Attachment Beliefs and Parenting on Change in Youth Pre- to Postanxiety after Experiencing Hurricane Katrina

The current study developed and tested a theoretical model of the role of attachment beliefs and parenting on anxiety following natural disasters, such as Hurricane Katrina. This study addresses important issues in the disaster literature by examining the role of attachment beliefs and parenting on changes in anxiety from pre to post Katrina. The use of pre-disaster assessment of anxiety, attachment beliefs, and parenting behaviors with data on anxiety assessed post Katrina allows for the theory to be tested in a totally novel and methodologically important way. This will be a very important contribution to the disaster literature because the nature of disasters makes prospective studies utilizing data collected pre-disaster very difficult to conduct-yet the use of pre-disaster data is critical to addressing change in anxiety.

The sample for the current study was drawn from a pool of ethnically diverse youth aged 6-17 years old (mean age: 11.34 years, 42 males, 31 females) and their families who resided in the New Orleans area before the storm and participated in a series of studies at the University of New Orleans. Seventy-four youth and their parents were able to be recruited post-Katrina for this study and were assessed via phone interviews in the months following Katrina. Youth anxiety pre and post Katrina was assessed through combining child and parent report on the Revised Child Anxiety and Depression Scales (RCADS). Youth attachment beliefs pre Katrina were assessed through the Inventory of Parent and Peer Attachment (IPPA). Finally, parenting behaviors were assessed through the Children's Report of Parent Behavior Inventory (CRPBI; psychological and behavioral control and acceptance).

Our results indicate that both youth pre-disaster attachment beliefs (i.e., trust, communication, and alienation) and perceptions of parenting behaviors (i.e., acceptance and firm control) moderated the relation between pre-Katrina and post-Katrina anxiety. Interaction graphs show that those with high pre Katrina anxiety and low trust, communication, acceptance pre Katrina tended to have the highest post Katrina anxiety. Additionally, those with high pre Katrina anxiety and high alienation and firm control pre Katrina tended to have the highest post Katrina anxiety. Findings will be discussed in terms of how identifying moderators of change in anxiety after natural disaster improves our theoretical understanding of the impact of disasters on youth

emotional development and how the findings might inform prevention and intervention efforts.

A Longitudinal Study of Posttraumatic Stress Symptoms in Ethnic Minority Youth Exposed to Hurricanes Katrina and Gustav: The Role of Subsequent Exposure on Symptom Trajectories

This presentation will examine the stability of post traumatic stress disorder (PTSD) symptoms in a predominantly ethnic minority sample of youth exposed to Hurricane Katrina and who were residing in a very high impact neighborhood of New Orleans. Youth (N = 191 grades 4th through 8th) were screened for exposure to traumatic experiences and PTSD symptoms at 24 months (Time 1), 30 months (Time 2) and again at 37 months (Time 3) post-disaster (n = 142, 73% with data from all three time points). PTSD symptoms did not significantly decline from time 1 to time 2 and were higher than rates reported at earlier time points for more ethnically diverse samples. Average levels did significantly decrease from time 2 to time 3 but many youth with the most severe symptoms remained in the most severe categories. Salient in this sample, between time 2 and 3 participants experienced hurricane Gustav suggesting that exposure to this much more benign storm (the levees held, most families evacuated) was associated with a general decrease in symptoms (exposure therapy on a large scale). Person centered analyses (e.g., cluster analysis, hierarchical linear modeling) will be used to identify and examine different trajectories of PTSD symptoms over time and to test the prediction of symptom trajectories with demographic variables (e.g., age, gender), cognitive (control/efficacy beliefs), and contextual variables (e.g., level of exposure to Katrina versus Gustav, continued disrepair to home and neighborhood). Theoretical, applied, and policy implications will be discussed.

Parental Factors and Their Relation to the Child's Posttraumatic Responses

There is a growing body of evidence that the parents of trauma-exposed children report posttraumatic stress symptoms whether they are directly exposed to the same trauma as the child or not. The parents' symptoms also correlate with the child's self-reported symptoms – although not as strongly as some might expect. There is a widespread assumption that anxious parents model and reward anxious behaviours in their offspring and this might contribute to anxiety onset and maintenance in the child. This assumption has not been looked at in children with PTSD. The present study aimed to (i) design and pilot an observational measure of parent behaviour towards children with posttraumatic stress disorder (PTSD) during a 10-minute trauma focused parent-child interaction task, and (ii) explore the relationships between the observed parent behaviours from this interaction and self-report measures of parenting behaviours, child and parent symptomatology, and trauma-related appraisals. Twenty parent-child dyads were recruited from a child traumatic stress clinic. The factor found to most strongly relate to the child's PTSD severity was the strength of their own negative trauma-related beliefs. Observed parent fear/distress behaviours were significantly related to the parent's own negative trauma-related beliefs, but not to the child's PTSD symptoms or beliefs. Similarly, parent self-reported maladaptive parenting behaviours were significantly related to the parent's own symptoms and negative beliefs, but not to the child's PTSD level. Finally, there were associations found between parent depression and child PTSD symptom severity, as well as between the parent and child's negative trauma-related beliefs. These results suggest that specific parenting behaviours may not be directly related to the child's PTSD, but that parents' depression and trauma-related beliefs may play a role.

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