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INTRODUCTION

- Child PTSD development and/or maintenance may depend on several factors, including external factors such as parent and family characteristics
- In general, parent psychopathology increases the risk of child psychopathology development (Tiet et al., 1998)
- When specifically assessing PTSD symptom relationships in parents and children, studies have reported contrasting findings; some have shown a significant relationship (e.g. De Vries et al., 1999), while others have not suggested that a relationship exists (e.g. Landolt et al., 2003)
- Family environment has also predicted child PTSD symptoms (e.g. McFarlane, 1987)
- Specifically, two family environment measures, cohesion (i.e. emotional bonding) and adaptability (i.e. flexibility) have been examined in samples of trauma survivors; findings have been mixed (Cohen & Mannarino, 2000; Mannarino & Cohen, 1996)
- Findings have differed in some studies comparing the impact of parental psychopathology and family environment on child trauma-related symptoms (Green et al., 1991; Laor et al., 1996)
- Given that research findings have been mixed, determining additional factors affecting children exposed to trauma is important.

GOALS OF THE PRESENT STUDY

In a treatment-seeking sample of child trauma survivors:

- Examine the relationship between parent psychopathology, specifically PTSD, and child PTSD symptoms
- Examine the relationship between family environment, specifically cohesion and adaptability, and child PTSD symptoms

METHODS AND ENTRANCE CRITERIA

- Pre-treatment interview and self reports assessing psychopathology measures completed by parents and children
- Eligible youth received 12-15 weeks of CBT
- **Inclusion:** Primary diagnosis of PTSD (DSM-IV Criteria), Ages 6-18
- **Exclusion:** Psychotic disorder, Current suicidality, Alcohol or drug abuse/dependence, pervasive developmental disorder

MEASURES

Child PTSD Symptom Scale (CPSS; Foa, Johnson, Feeny, & Treadwell, 2001)

- Parent interview, Child interview, Child self report
- Assesses child PTSD severity and diagnosis

Brief Symptom Inventory (BSI; Derogatis, 1982)

- Self report assesses parent general psychopathology with global severity index (GSI)

Posttraumatic Diagnostic Scale (PDS; Foa et al., 1997)

- Self report assesses parent PTSD severity and diagnosis

FACES II (Olson, Bell, & Portner, 1992)

- Parent and child self reports
- Assesses family cohesion and adaptability
 - Cohesion: Family bonding and connection (e.g. "Family members feel very close to each other.")
 - Adaptability: Family's ability to adjust rules and structure in response to change (e.g. "When problems arise, we compromise.")
- Moderate scores: good family functioning; Extreme scores: poor family functioning
- Linear and curvilinear (high score = more extreme) scoring methods

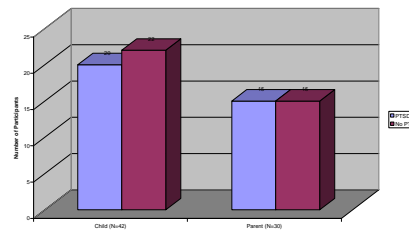
PARTICIPANTS

Child (Overall N = 44)	
Gender	41% Male
Age (Mean)	12.1 years old (SD = 3.4)
Ethnicity (N=39)	18% Caucasian, 72% African American, 10% Other
Trauma Type	46% Sexual assault, 11% Physical assault, 25% Witness violence, 18% Other
PTSD (Parent report; N=42)	53%
Parent	
Age (Mean)	39.8 years old (SD = 7.2)
Income (N=38)	53% ≤ \$20,000
Married (N=37)	27%
Parent as guardian	77%
Experienced trauma	68%
PTSD (N=30)	50%

RESULTS

- Child PTSD total severity scores were significantly correlated among reporting methods (parent interview, child interview, and child self report). Therefore, further analyses were conducted using parent reports

PTSD Diagnosis in Children (Parent-reported CPSS) and Parents (PDS)



Pearson Correlations of Child, Parent, and Family Characteristics

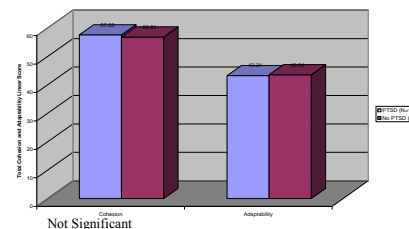
	1	2	3	4	5	6	7
1. Child CPSS (PR)		0.44**	0.51**	-0.20	0.02	-0.28	-0.06
2. Parent Psychopathology			0.61**	0.01	0.35*	0.05	0.29
3. Parent PTSD Severity				-0.36	0.04	-0.22	0.08
4. Cohesion (CR)					0.83**	0.52**	0.40*
5. Cohesion (PR)						0.49**	0.65**
6. Adaptability (CR)							0.70**
7. Adaptability (PR)							

PR = parent report, CR = child report

** p < .01, * p < .05

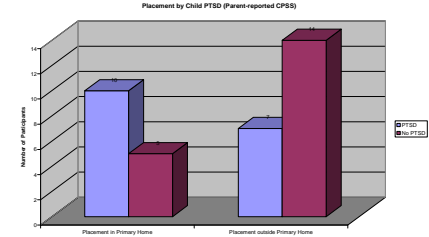
Note: Similar results were found when correlation analyses using curvilinear family scores were conducted

Family Scores (Parent-reported FACES II) by PTSD (Parent-reported CPSS)



- Overall means for entire sample: Cohesion (PR): M = 57.06 (SD = 9.29)
- Adaptability (PR): M = 45.60 (SD = 9.26)

- No significant differences were found in curvilinear family scores based on child PTSD diagnosis. However, in general, family scores tended to be more extreme if the child had PTSD



$\chi^2 = 3.90$, Cramer's $V = .33$, $p < .05$

- The legal guardian's relationship to the child (parent or not) and relationship status of the legal guardian (married or not) were not significantly related to child PTSD diagnosis, Cramer's $V = .20$ and $.02$, respectively.

CONCLUSIONS

- Both general parent psychopathology and parent PTSD severity was associated with child PTSD severity
 - Many studies that have found a relationship between parent and child PTSD have examined the impact of the same trauma. This study found a relationship in parents and children who potentially experienced different traumas
- In general, the families in this sample scored in the moderate level for both cohesion and adaptability, indicating overall healthy family functioning. The same overall results were found when children were stratified by PTSD diagnosis
 - This is in contrast to a study by Mannarino and Cohen (1996) that found significantly less cohesion in families of sexually abused girls compared to control group families. They also detected lower total scores for cohesion and adaptability for both groups compared to the scores found in this study. Further investigation into these differing findings should be considered
- On average, both children and their parents highly agreed in their reports of cohesion and adaptability. Within reporter, the two measures of family environment were also very similar. Thus, reports of family atmosphere by parents and children were relatively consistent for both measures
- Overall, no significant relationships were found between the family environment measures and child or parent symptoms. This finding was consistent for both the linear and curvilinear scores for cohesion and adaptability
- No significant differences in family measures were found based on whether or not children were diagnosed with PTSD
 - Interestingly, though not significant, children with PTSD appeared to live in more extreme family environments. Further research would be suggested.
- Additional family characteristics were also evaluated in this study
 - The living situation of the child was significantly related to child PTSD diagnosis in an unexpected direction. Children living in their primary home were more likely to have PTSD than those who have been placed outside of the primary home at any point in their life
 - The legal guardian's relationship to the child and relationship status showed no association with child PTSD diagnosis.
- Overall, these findings may suggest that children with greater PTSD symptoms do not appear to live in an impaired family environment; however, a factor that may play an important role in child PTSD symptomology is parent psychopathology. Further research is needed to investigate the comparable impact of these external factors.

REFERENCES