

PUTTING RESEARCH TO WORK FOR MILITARY FAMILIES

Posttraumatic Stress Symptoms in Parentally Bereaved Children and Adolescents

Stoppelbein, L. & Greening, L. (2000). Posttraumatic stress symptoms in parentally bereaved children and adolescents. *Journal of American Academy of Child and Adolescent Psychiatry*, 39, 1112-1118.



Thirty-nine youth (age 7-17 years old) whose parent had died and their surviving parent were surveyed; they were compared to children who had experienced a tornado, and to a non-trauma control group on measures of emotional adjustment. Parentally bereaved children reported significantly more PTSD symptoms compared to the other groups.

Key Findings:

- Parentally bereaved children reported significantly more PTSD symptoms than the children who survived a tornado and children in the non-trauma group. A significantly greater portion of the bereaved group (41%) scored in the severe range on the PTSD measure than youth surviving a natural disaster (14%) and the nontrauma (13%) group.
- Bereaved girls, younger children, and children whose parent scored higher on a measure of PTSD were at greater risk for PTSD symptoms.
- Surviving parents underestimated the severity of their children's PTSD symptoms. However, children who reported more severe symptoms were generally perceived as being distressed by their parents.
- Parents who were more distressed perceived more symptoms in their children.

Implications for Programs:

- Programs could provide classes for children of a deceased parent, offering strategies for coping with emerging challenges and resources for further assistance if needed.
- Programs could educate surviving parents and other caregivers (e.g., grandparents) about possible difficulties children may experience in relation to parental loss.

Implications for Policies:

- Policies could recommend funding to develop mental health resources for families with a deceased military parent, including
 practical supports for both the children and surviving parent.
- Policies could fund outreach efforts to families of deceased Service members and could offer opportunities for mutual support (e.g., camps, support groups.)

Avenues for Future Research:

- Future research could be conducted within a military population for children with a deceased parent to explore any differences in outcomes.
- Additional studies could be conducted with more diverse samples and with different comparison groups.





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Background Information

Methodology:

- Parentally bereaved youth ages 7-17 years old were recruited from 12 public schools via school counselors in suburban communities. Youth with parental deaths occurring within the previous 6 months and those with a history of psychiatric disturbance or exposure to a natural disaster were excluded.
- The parentally bereaved students were compared to students who had experienced a tornado and to those who had not experienced a trauma.
- All students completed the Child Post-Traumatic Stress Disorder Reaction Index, children's anxiety and depression scales, and
 a negative events checklist. Surviving parents completed the Child Post-Traumatic Stress Disorder Reaction Index, children's
 anxiety and depression scales for their children, and measures of their own PTSD, anxiety and depression.
- Analyses of variance compared group differences between the parentally bereaved, non-trauma, and natural disaster groups of students. Regression analyses evaluated how these correlates contributed to post-death adjustment.

Participants:

- 39 parentally bereaved students participated (67% female).
- Mean age of students = 12.97 (SD=2.74) years, 95% White, parent's job: 59% middle management, 33% professional.
- Mean child age at time of parental death=9.82 (SD=4.19) years, mean length since death = 3.14 (SD=2.80) years.
- 85% lost their fathers due to disease (71%) or accident (29%).

Limitations:

- The sample was self-selected, and these results may not generalize to all parentally bereaved children.
- The sample was not diverse, and these findings may not generalize to other groups of children.

Assessing Research that Works

Research Design and Sample				Quality Rating:	***
	Excellent (***)	Appropriate (★★★)	Limited (★★★)	Questionable (XXX)	
The design of the study (e.g., research plan, sample, recruitment) used to address the research question was		\boxtimes			
Research Methods				Quality Rating:	$\uparrow \uparrow $
	Excellent (***)	Appropriate (★★★)	Limited (★★★)	Questionable (XXX)	
The research methods (e.g., measurement, analysis) used to answer the research question were		\boxtimes			
Limitations				Quality Rating:	$\uparrow \uparrow \uparrow \uparrow \uparrow \uparrow$
	Excellent Minor Limitations (***	Appropriate Few Limitations (★★☆)	Limited Several Limitations (★★★)	Questionable Many/Severe Limitations ()	
The limitations of this study are		\boxtimes			
Implications				Quality Rating:	N/A
	Excellent (★★★)	Appropriate (★★★)	Limited (★★★★)	Questionable (XXX)	
The implications of this research to programs, policies and the field, stated by the authors, are					
	☑ Not applicable because authors do not discuss implications				
Overall Quality Rating					\