



Self-Reported Emotional and Behavioral Problems, Family Functioning, and Parental Bonding among Psychiatric Outpatient Adolescent Offspring of Croatian Male Veterans with Partial PTSD

Vuković, I. S., Mar šanić, V. B., Margetić, B. A., Paradžik, L., Vidović, D., & Glander, G. B. (2015). Self-reported emotional and behavioral problems, family functioning and parental bonding among psychiatric outpatient adolescent offspring of Croatian male veterans with partial PTSD. *Child Youth Care Forum*. Online First Publication. doi:10.1007/s10566-015-9299-9

SUMMARY: Adolescent offspring (n=324) of male Croatian Veterans completed questionnaires about mental health symptoms, family functioning, and parental bonding. Adolescents whose fathers had full or partial PTSD reported more mental health problems and poorer family functioning than youth whose parents did not have PTSD.

KEY FINDINGS

- Adolescents whose parents had partial or full PTSD reported more internalizing (withdrawal, anxiety, depression) and externalizing (aggression, rule breaking behavior) symptoms than adolescents of parents without PTSD.
- Offspring of parents with partial or full PTSD reported more family functioning problems, maternal control, and paternal control than those whose parent did not have PTSD.
- Adolescents who reported higher levels of maternal care reported lower levels of internalizing and externalizing problems.

IMPLICATIONS FOR PROGRAMS

Programs could:

- Offer courses to Service members and family members, teaching skills about how to reconnect after deployment
- Provide resources to military adolescents about coping with stress and engaging in healthy behaviors
- Include information about how to manage PTSD while parenting in curricula for Service members and their spouses/partners

IMPLICATIONS FOR POLICIES

Policies could:

- Encourage DoD programs offer consultation to local schools on how to effectively support adolescents whose parents are managing PTSD
- Recommend that existing support systems for Service members with PTSD symptoms incorporate specific attention to parenting
- Provide funding for an array of holistic preventative and supportive services for high-risk adolescents

Putting Research to Work for Military Families



METHODS

- Participants were selected from a larger sample of adolescents who were admitted to a pediatric psychiatric hospital.
- Participants completed scales of mental health problems (depression, anxiety, attention problems), family functioning (communication, roles, behavior control), and parental bonding (care and control).
- Multivariate analyses of variance (MANOVA) examined differences between adolescents whose father had full, partial, or no PTSD.

PARTICIPANTS

- Adolescents (n=324) of male Croatian Veterans participated; 56% were female, 44% male.
- Participants lived in two-parent intact families, and their biological fathers were 1991-1995 Homeland War Veterans.
- The majority of participants (97%) were Croatian.
- Average age = 15 years (SD = 2.6).

LIMITATIONS

- The data are cross-sectional, and causality cannot be inferred.
- All data were self-reported by adolescents and may be biased.
- The researchers did not control for several confounding variables, such as fathers' exposure to combat, length of military service, or mothers' mental health status.

AVENUES FOR FUTURE RESEARCH

- Future research could examine the presence of comorbid conditions (e.g., drug and alcohol abuse, panic disorder, or depression) and their impacts on family functioning.
- Additional studies could examine differences in internalizing and externalizing symptoms by age and gender of Veterans' children.
- Future research could replicate this study with community samples of adolescents whose parents were combat deployed.

ASSESSING RESEARCH THAT WORKS



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