



The Role of Parental Trauma-Related Distress in Emotion Socialization and Child Internalizing Symptoms

Sarah Omar, Lauren Laifer M.A., Rebecca Brock, PhD
Department of Psychology, University of Nebraska–Lincoln



INTRODUCTION

- Over 70% of the general population reports exposure to a traumatic event (National Library of Medicine).
- A subset of individuals go on to develop post-traumatic stress disorder (PTSD) which is characterized by a range of symptoms (National Library of Medicine).
- Re-experiencing the traumatic event (e.g., intrusive thoughts) and avoidance (e.g., repressing difficult emotions) are central to PTSD.
- It is important to understand how PTSD symptoms impact parenting behaviors and child outcomes given robust associations between psychopathology symptoms more broadly and parenting behaviors (Zahn-Waxler et al., 2002).
- Emotion socialization – the process by which parents teach their children how to express and regulate their emotions – is one aspect of parenting that may be susceptible to parental psychopathology (Eisenberg et al., 1998).
- Associations between parental PTSD symptoms, emotion socialization, and child internalizing symptoms (i.e., depression and anxiety) remain unclear.

METHOD

Participants and Procedure:

- Overall study consisted of 159 families (mothers, fathers, and child)
- 1 in 4 children were an ethnic or racial minority, and 15.1% of families were multi-racial households
- 67% of mothers and 70% of fathers reported direct exposure to at least one potentially traumatic event
- Present analyses focused on the 86 families who completed a series of questionnaires and attended a laboratory appointment when the child turned 3.5 years of age

Measures:

- **Parental Trauma-Related Distress:** Traumatic intrusions and avoidance subscales of the Inventory of Depression and Anxiety Symptoms II (IDAS-II)
- **Parental Emotion Socialization:** Coping with Children’s Negative Emotions Scale (CCNES) supportive and unsupportive responding subscales
- **Child Internalizing Symptoms:** Child Behavior Checklist (CBCL) internalizing subscale
- **Parental Emotion Talk:** Observed via the Emotion Picture Book task (van der Pol et al., 2016); total emotion talk assessed using the Parent-Child Affective Communication Task coding system (Zahn-Waxler, 1993)

PURPOSE AND HYPOTHESES

Purpose: Understand how trauma-related distress impacts parenting behaviors and child internalizing symptoms.

Hypotheses: (a) maternal and paternal trauma-related distress would be associated with poorer emotion socialization of preschoolers and (b) poorer emotion socialization (fewer supportive responses, greater nonsupportive responses, and less emotion talk) would be associated with greater preschooler internalizing symptoms.

RESULTS

Table 1. Descriptive Statistics for Key Study Variables

Variable	Dad		Mom	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Traumatic intrusions	4.76	1.19	5.15	2.18
Traumatic avoidance	4.95	1.50	5.37	2.44
Supportive responses	5.22	0.91	5.72	0.64
Nonsupportive responses	2.37	0.62	2.15	0.49
Total emotion talk	17.46	8.37	18.85	7.44
Parent-reported child internalizing symptoms	4.31	3.17	5.16	3.56

Table 2: Paternal Trauma-Related Distress, Emotion Socialization, and Child Internalizing Symptoms

	1	2	3	4	5	6
1. Traumatic Intrusions	1					
2. Traumatic Avoidance	.59***	1				
3. Supportive Responses	.09	.02	1			
4. Nonsupportive Responses	.14	.33**	-.33**	1		
5. Total Emotion Talk	.05	-.07	.32*	-.25	1	
6. Father-reported Child Internalizing Symptoms	.33**	.25*	-.23	.42***	-.31*	1

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

Table 3: Maternal Trauma-Related Distress, Emotion Socialization, and Child Internalizing Symptoms

	1	2	3	4	5	6
1. Traumatic Intrusions	1					
2. Traumatic Avoidance	.75***	1				
3. Supportive Responses	-.16	-.07	1			
4. Nonsupportive Responses	.32**	.30**	-.15	1		
5. Total Emotion Talk	-.10	-.08	.04	-.02	1	
6. Mother-Reported Child Internalizing Symptoms	.05	.17	-.01	.08	.05	1

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

DISCUSSION

- The present study provides preliminary evidence that both maternal and paternal trauma-related distress might undermine healthy emotion socialization of children, increasing risk for internalizing problems
- These findings have the potential to identify early treatment targets within the family that, when addressed, can reduce risk for child internalizing symptoms in the context of parental trauma-related distress

LIMITATIONS AND FUTURE WORK

- The present study used a cross sectional design, so we cannot infer causality; future research should involve longitudinal designs to examine whether parental PTSD symptoms predict later parenting behaviors given the potential for parenting stress and child maladjustment to escalate PTSD
- Aims were pursued in a community sample, and hypotheses should be tested in a clinical sample exhibiting more severe PTSD
- Results should be replicated in a more generalizable sample with greater racial and ethnic diversity and with sexual and gender minorities

ACKNOWLEDGEMENTS

- Dr. Rebecca Brock, UNL Faculty Mentor
- Lauren Laifer, Graduate Student Mentor
- UNL McNair Scholars Program
- The families who participated in the study
- The team of research assistants who contributed to data collection and behavioral coding
- This research was supported by several funding mechanisms awarded to PI Rebecca Brock from the University of Nebraska-Lincoln and the National Institutes of Health



MCNAIR SCHOLARS PROGRAM