



CORRESPONDENCE BETWEEN MOTHERS' AND DETAINED YOUTHS' REPORTS OF TRAUMA EXPOSURE AND POSTTRAUMATIC STRESS SYMPTOMS: THE ROLE OF RELATIONSHIP QUALITY

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90% of juvenile justice-involved youth report at least one traumatic event in their lifetime (OJJDP, 2015). Hence, it comes as no surprise that rates of posttraumatic stress disorder (PTSD) and posttraumatic stress symptoms (PTSS) are disproportionately high in this population (Abraham et al., 2004; Kerig & Becker, 2010). Previous research shows the importance of caregivers in buffering young people from the negative effects of trauma exposure (Bal et al., 2004; Kaufman et al., 2004). However, if parents are not aware of their child's exposure to trauma or PTSS, they may be unable to effectively support their child. This parent-child communication about trauma likely is affected by the emotional closeness between the youth and parent. Although past work has examined the correspondence between parent and youth reports of trauma exposure (Johnson, 2013; Oransky et al., 2013; Smith et al., 2010), these patterns have yet to be examined among juvenile justice-involved youth. In addition no studies have systematically examined the role of the quality of parent-youth attachment as a mediator of this association.

To address these gaps in the literature, we examined the correspondence between mother and youth report of PTSS and PTSD in a sample of families recruited from a detention facility in the Western United States. Youth participants consisted of 374 youth ages 12 to 19 ($m=16.09$, $sd=1.29$); 45.5% ethnic minority. Mothers and youth were administered self-report measures of youth trauma exposure and PTSS, and their perceptions of the quality of the attachment (e.g., trust, communication, and bonding) in the mother-youth relationship. Results indicated that the rates of PTSS and PTSD among youth and parent were low (Table 1). Based on youth report of PTSS, 32.5% of youth met full or partial criteria for PTSD versus 2.1% of youth when based on mother report of symptoms. Next, we used a series of regressions to examine 1) whether gender and attachment predicted the discrepancy between youth and parent report of PTSS (conceptualized as a difference score), and 2) if attachment from both the mother or youth's report statistically mediated the relation between the difference score and PTSD.

Results indicated that gender, age, ethnicity, and the mother's perception of attachment were non-significant predictors of the difference score, $p>.05$. However, difference scores between parent and youth reports of PTSS were lower when youth perceived themselves as having higher attachments with their mothers, $b=-.05$, $t=-2.69$. Results of bootstrapped mediation indicated that the youth's perception of attachment partially mediated the relation between the

difference score and youth's reports of PTSS (Figure 1). This pattern did not emerge when using mother's perception of attachment or reports of PTSS. These results illustrate the significance of different perspectives of youth and mothers on youth trauma exposure and PTSS in detained samples. Our results illustrate that differences in mother and youth report of PTSS symptoms are related to whether or not youth meet criteria for PTSD. Hence, interventions designed to improve caregiver-youth relationships and communication about PTSS may be especially important for this population of at-risk youth (Berkowitz,2010).

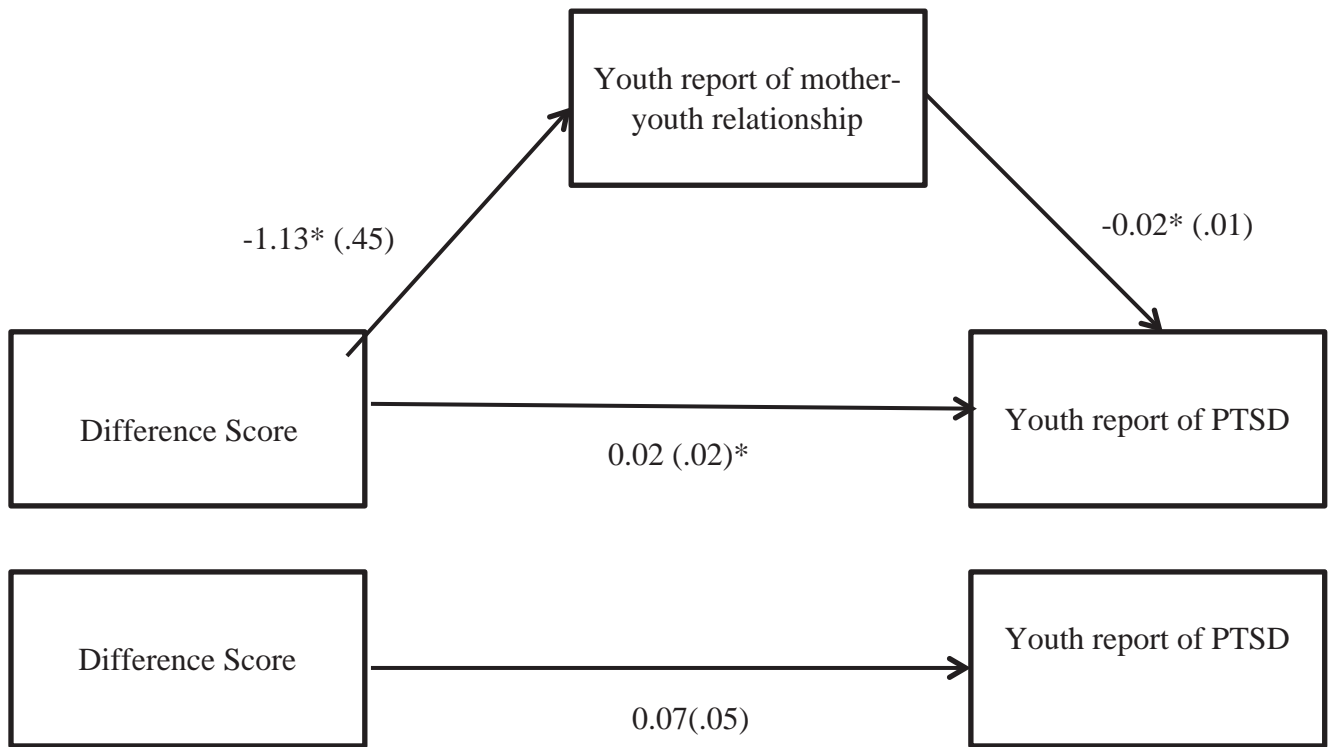
Table 1.

Rates of agreement between mother and youth's report of trauma exposure, PTSS and PTSD

	Mother	Youth	Kappa	<i>p</i> value
Trauma Exposure	41.8%	99.2%	.01	.39
Intrusions	18.6%	47.2%	-.02	.78
Avoidance/Numbing	5.4%	23.9%	.02	.58
Hyperarousal	8.4%	49.4%	.03	.44
Full PTSD	1.0%	13.2%	.02	.36
Full or Partial PTSD	2.1%	32.5%	.02	.36

Note. Youth and Mothers were asked if the youth had been exposed to # potentially traumatic events. For youth who had a trauma history, youth and mothers were asked to report if youth had experience 17 symptoms of DSM-IV criteria for PTSD. Full PTSD is defined as an endorsement of Criterion A (trauma exposure) as well as the required number of symptoms for Criteria B, C, and D whereas Partial PTSD is defined as an endorsement of Criterion A as well the required number of symptoms for any three other symptom clusters

Figure 1. Mediation of the association between mother and youth PTSS discrepancy score and PTSD by youth perception of attachment.



Note. The discrepancy score was calculated by subtracting the mother report of PTSS from youth's report of PTSS and a possible range of 0-17, with 0 meaning perfect agreement between youth and mother report. Unstandardized B coefficients are displayed with standard errors in parentheses. Indirect effect 95% CI [.01, .08]. * denotes $p \leq .05$.

