

Parents' Perceptions of Their Roles and Behaviors

After the 9/11 Terrorist Attack

By

Claire O'Connor, M.S.Ed.

A Doctoral Project in Partial Fulfillment of  
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PREVIEW

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PSY.D PROJECT FINAL APPROVAL FORM

NAME: Claire O'Connor

TITLE OF PROJECT: Parents' Perceptions of Their Roles and Behaviors After  
the 9/11 Terrorist Attack

DOCTORAL PROJECT COMMITTEE:

PROJECT ADVISOR: Barbara A. Mowder, Ph.D  
Name

Director of Psychology  
Graduate Programs Pace University  
Title Affiliation

PROJECT CONSULTANT: Richard S. Velayo, Ph.D  
Name

Professor Pace University  
Title Affiliation

FINAL APPROVAL OF COMPLETED PROJECT:

I have read the final version of the doctoral project and certify that it meets the relevant requirements for the Psy.D. degree in School-Clinical Child Psychology.

Barbara A. Mowder  
Project Advisor's Signature

3/5/2007  
Date

[Signature]  
Project Consultant's Signature

3/5/2007  
Date

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## ABSTRACT

The psychological aftermath of the terrorist attacks on the United States on 9/11 represents a significant community mental health problem. This study analyzed parents' perceptions of their caregiving role in relation to 9/11 using the parent role development theory (PDT), which organizes parenting roles into six categories (bonding, discipline, education, general protection and welfare, responsivity, and sensitivity).

The present study analyzed how 96 parents employed at two New York City area universities rated the importance and frequency of those six roles (a) before; (b) immediately after; and (c) approximately nine months after 9/11. Data from portions of two instruments—the Parent Role Questionnaire (PRQ) and the Parent Behavior Frequency Questionnaire (PBFQ)—were analyzed using a series of one-way ANOVA repeated measures to compare each parenting attribute across the three time periods. Post hoc testing of significant findings used Bonferoni corrected comparisons. Further, participant responses were analyzed by demographic variables to identify how these attributes mediated reported changes in the parent role, using a series two-way mixed ANOVA and post hoc Scheffé comparisons.

Overall, parents rated aspects of parenting as becoming significantly more important immediately after 9/11, though the perceived importance of these characteristics mostly returned to pre-9/11 levels approximately nine months after 9/11. The one exception was sensitivity to children's needs, which remained at higher levels. Parents also reported performing parenting behaviors more frequently immediately after 9/11; again, for the most part, the frequency returned to pre-9/11 levels within

approximately nine months. Parenting discipline and education frequencies did not change over time. Parent age was a moderating variable; parents aged 50–59 reported fewer changes in their parent role than younger parents.

Limitations of the study include the retrospective nature of the research design and possible social desirability effects influencing the reporting of parental perceptions. Implications of these results for school psychology and clinical child psychology are discussed. Understanding parents' perspectives of their role subsequent to trauma is helpful for psychologists in consulting with parents about preventative and primary interventions.

## CHAPTER I

### INTRODUCTION

Children's responses to stressful and traumatic events are varied and dependent upon a complex interaction of factors. While research into child stress reactions has yielded equivocal findings in terms of the prevalence, severity, duration, and expression of symptoms (Fremont 2005; Garmezy, 1986; Hoven, Duarte, & Mandall 2003; Lyons, 1987), one consistent finding has emerged. As expressed by Earls, Smith, Reich, and Jung (1988), "It is not stressful circumstances as such that do harm to children.... If stress matters, it is in terms of how it influences the relationships that are important to the child" (p. 29).

Children's responses to traumatic events are influenced by their caregiver's reactions. The terrorist attacks on the United States on September 11, 2001, perpetrated a trauma that altered countless aspects of daily life. Parenting is one such aspect. The psychological impact of these changes deserves thorough study. Are there changes in parenting as a result of 9/11?

Parents' conception of their caregiving role in relation to trauma rarely has been studied. The importance of understanding this process has been made paramount by the 9/11 terrorist attacks on the United States. This particular trauma is somewhat different from other traumatic events researched. Ledoux and Gorman (2001) distinguished the trauma of a terrorist attack on American soil from other devastating events, citing the magnitude of the disaster in American history. The authors further noted the lingering atmosphere of threat and fear among American citizens that



contributes to the complexity in addressing the mental health needs of the public.

When compared with other types of traumas, such as accidents or natural disasters, terrorist attacks produce greater psychological effects because people sustain widespread feelings of vulnerability afterward (Ryan, Carr, & West, 2003). Further, when disasters are large scale, even those who did not experience the event directly can respond with distress (Berren, Beigel, & Ghertner, 1980; Schuster et al., 2001).

The effects of 9/11 on the public are widespread and are only beginning to be identified and understood. Data from the Federal Emergency Management Agency (FEMA) funded study of children's reactions to 9/11 pointed to high rates of emotional disturbance coupled with low rates of help seeking (Hoven, Mandel, & Duarte, 2003). According to the study in which roughly 8,000 New York City Board of Education students participated, 8.4% of children met the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) criteria for major depression, 10.3% met the criteria for generalized anxiety, and 12.3% manifested symptoms consistent with separation anxiety or stated that they were afraid to leave their parents. In addition to the increased rates of diagnosable psychiatric disorders among New York City school children, many children reported stress-related symptoms that did not meet diagnostic criteria for a psychiatric disorder; however, the presence of these symptoms can compromise current functioning and interfere with future developmental progression. According to the researchers, the reactions of these children represent a significant community health problem.

The lingering impact of 9/11 on those who are not direct victims is significant to the field of child mental health. Evidence (Fremont, 2005; Galante & Foa, 1986) has suggested that the number of children at risk for pathology following a disaster is more closely related to the length of time needed for the community to reorganize itself after the disaster than to other relevant variables (e.g., exposure). Clearly the role of the parent is crucial to the organization of a community (Fremont, 2005; McFarlane, 1987; Young, 2006). Parents have a central role in a community's recovery from disaster, and research should address their reactions.

Therefore, studying parents' perceptions of their parent role following trauma is an important avenue to research and understand in order for mental health professionals to better serve families in need. Punamaki, Qouta, and El Sarri (1997) commented on the scarcity of information in this area: "We lack systematic observation of how family dynamics change due to traumatic experiences" (p. 718). The research literature is clear that parental relationships mediate psychological adjustment in children under stress (Laor et al., 1996; Pfefferbaum, 2001; Rossman, Bingham, & Emde, 1997), but again, according to Punamaki et al. (1997), the knowledge base "fails...to specify different ways through which parental behavior and attitudes affect children's well being in dangerous...environments" (p. 719).

#### Statement of Problem

Parents play an important role in prevention and reduction of children's symptomology after a trauma. Parents also play an important role in accessing and participating in the vital interventions to ameliorate children's unhealthy reactions

after a trauma. The effectiveness of mental health service delivery during disaster response may be improved with clearer delineation of adults' reactions in terms of their roles as caregivers. Further, effectiveness of consultations with parents may be enhanced by adding to the parenting knowledge base.

### Research Questions

How parents view their role after a trauma could be an important factor in making parent consultation more effective and better attuned to children's developmental considerations. Thus, this study was designed to explore the following research questions:

1. Are there differences between how parents recall their perceptions of parenting before 9/11 and subsequent to 9/11 (immediately after) and how they report their current perceptions (7–9 months after 9/11)?
2. Are there differences between how parents recall their perceptions of their own parenting behaviors before and subsequent to 9/11 (immediately after) and how they report their current perceptions (7–9 months after)?
3. Do parent demographic characteristics, such as gender, marital status, and ethnicity, and whether the parent viewed the attacks or participated in evacuation moderate how parenting attributes have changed since 9/11?

## CHAPTER II

### LITERATURE REVIEW

This chapter describes the professional literature related to this study, which examines parents' retrospective perceptions of changes in their parenting beliefs and behaviors after 9/11. Three specific areas of research are reviewed: (a) parent role, (b) research related to trauma, and (c) the overlap between these two topics.

#### *Parent Role*

It is important to understand the social context of child development (Blunt Bugental & Johnston, 2000; Murphey, 1992). Certainly parents comprise one of the most influential factors in creating this social context. Their beliefs are important to clarify and understand as mediators of the process of child development. In understanding both the interpersonal and social context of development, extensive evidence demonstrates that parent perceptions influence parent behavior and that parent behavior is one of the most powerful contributors to the social context of development (Grusec, Goodnow, & Kuczynski, 2000; Murphey, 1992; Smetana & Daddis, 2002).

*Bandura's Social Learning Theory.* One theory of human development that incorporates the importance of both the interpersonal and larger social contexts is Bandura's (1986) social learning theory. This theory promotes the idea that people use observational learning in developing the cognitions and schema that influence their behavior. According to Bandura, children will adopt the behaviors they see in

others, especially under certain conditions or contexts. For example, children are more likely to add an observed behavior to their own repertoire if the observed model is seen as nurturant or socially powerful, if they see the person producing the behavior being reinforced, and if the behavior observed is novel (Bandura, Ross, & Ross, 1963).

Conversely, children are less likely to learn and exhibit an observed behavior if the model for the behavior is punished or if the model is seen as threatening (Bandura et al., 1963). Social learning theory uses this framework to explain children's gradual assumption of social behaviors, in the absence of direct teaching or reinforcement of discrete behaviors. In this model, the child is not simply a passive observer, but instead exerts great influence on the environment, including those around him or her. This dynamic interaction between the child and the social environment is known as *reciprocal determinism*. Bandura (1986) used the concept of reciprocal determinism to explain the idea that the environment not only influences people, but people also are actively creating the environment.

*Parenting Styles.* Because parents are powerful forces in their child's social environment, researchers have assumed that variations in parenting practices have differing affects on their children's development. Still widely used today, Baumrind's (1971; 1991; 1996) research on parenting style was one of the first attempts to delineate global parent behavior and attitudes and link these to child outcomes.

Baumrind (1971) identified broad dimensions of parenting style, based on the patterns of parents' use of warmth and control. The three parenting styles identified

are termed (a) authoritative (high control, high warmth), (b) authoritarian (high control, low warmth), and (c) permissive (low control, high warmth). These parenting styles have been associated with specific child outcomes through research. For example, authoritative parenting, characterized by high warmth and high control, is associated with child personality traits of nonconformity and child behavior characteristics of high achievement and peer competence (Baumrind, 1991). Baumrind's nomenclature has allowed researchers to be more precise about the effect parents have on their children, especially in the area of discipline.

*Stages of Parenthood.* The effect parents' behaviors and attitudes have upon their children continues to be researched. The effect children have on their parents has been studied as well. While Baumrind (1971; 1996) focused on the interaction of specific variables, other ways of understanding parenting have focused upon parents' growth in their role as caregivers. Galinsky (1987) developed a stage theory of parenthood, similar to stage theories of childhood, where each stage introduces different conflicts to be resolved or skills to be mastered by the individual. This theory also incorporated the assumption that children have a reciprocal effect on their parents, in that Galinsky's stages of parenthood correspond to the developmental stage of the child. For example, the Image-making stage occurs during pregnancy, during which parents prepare mentally for undertaking the parenting role. This is followed by the Nurturing stage (birth to approximately age 2, or when the child begins to assert autonomy), the Authority stage (age 2 to approximately age 5); the Interpretive stage (preschool to entering adolescence); the Interdependent stage

(teenage to adulthood); and the Departure stage (children leave home). Research on parenthood stages and styles have been combined with research regarding social learning and reciprocal determinism to create a theory on parenting role development.

*Parent Development Theory (PDT).* The parent development theory (PDT) advances an understanding of the parent role that incorporates the ideas of social learning theory, reciprocal determinism, and broad dimensions of parenting attributes. The PDT, created by Mowder (2005), describes an adult's evolving assumption of the parenting role. The model identifies six relevant characteristics of parenting (Mowder, Harvey, Moy, & Pedro, 1995; Mowder, Harvey, Pedro, Rossen, and Moy, 1993) from researching the theoretical literature: (a) bonding, (b) discipline, (c) education, (d) general welfare and protection, (e) responsivity, and (f) sensitivity (see Appendix A for descriptions of these characteristics). The PDT posits that parents' perception of the importance of each of these characteristics will change over time. The theorized change, based largely upon cognitive development and social learning theory, is due to a dynamic interaction between the parent and the social environment. Perceptions are modified by different factors, including the changing needs of the developing child, the evolving parent-child relationship, family factors, and the culture.

Mowder and colleagues created two assessment instruments in order to develop and research this theory: the Parent Role Questionnaire (PRQ; Mowder et al., 1993) and the Parent Behavior Frequency Questionnaire (PBFQ; Mowder, 2000). The PRQ gathers parents' ratings of the importance of the aforementioned six

characteristics to their caregiving role. The PRQ also assesses parents' perceptions of how frequently they perform behaviors related to each parenting characteristic.

Researchers using this measurement tool found evidence that the six characteristics noted in the parenting theory are supported (Mowder et al., 1993). In other words, parents rate the importance of the six characteristics to their parent role in a similar way to that described in the theoretical literature. Further, parents rate the importance of the six characteristics differently depending upon the age of their child. For example, parents of infants and toddlers perceive the importance of general welfare/protection and bonding strongly, and perceive discipline to be less important, than do the parents of adolescents. Investigations into the emerging research of parental perceptions provide important insights into how parents' views of the caregiving role inform a psychological consultation (Mowder, et al., 1995). Using information regarding the parent role can expand psychologists' knowledge in consulting effectively with parents (Stiller, 1994).

To expand the PDT and explore the relationship between parents' perception of their role and their perception of behaviors corresponding to that role, Mowder (2000) developed the Parent Behavior Questionnaire (PBQ). The PBQ takes the six parenting characteristics of the PRQ and provides specific behavioral anchors for each characteristic. For example, the behavior "holding and kissing your child" corresponds with the characteristic of bonding; the behavior "being consistent in establishing and following through with rules" corresponds with the characteristic of discipline; the behavior "encouraging your child academically" corresponds with the



characteristic of education; the behavior “feeding, clothing, and sheltering your child” corresponds with the characteristic of general welfare and protection; the behavior “listening to your child” corresponds with the characteristic of responsivity, and the behavior “understanding your child’s special characteristics and needs” corresponds with the characteristic of sensitivity (Turiano, 2001).

Consistent with social learning theory, the PDT posits that conceptions of the parent role begin to form during childhood. Lessuck-Namer (1997) investigated the nature of children’s perception of the parent role. A modified version of the PRQ and PBQ was created to query children’s views of the six parenting characteristics identified in the PDT. Analysis of this measure, the Child Response Parenting Questionnaire (CRPQ), revealed that participants ages 6–12 already have developed a cognitive schema of what it means to be a parent. Children’s free responses on the CRPQ generally corresponded to the same six parenting characteristics that adults identify as important to the parent role. Interestingly, the children’s free responses also generated an additional possible characteristic of the parent role, one of providing recreation activities (although this also may be perceived as responsivity). Consistent with adult respondents to the PRQ, the children’s ratings revealed gender differences. Girls rated each parenting characteristic (except bonding) as more important to the parenting role than did boys.

Additional PDT research has confirmed that children develop an understanding of the parent role as they grow toward adulthood. Clifford (2004) investigated the parent role perceptions of late adolescents and young adults.

Participants were 127 college students who completed the PRQ and PBQ. Analysis of their ratings revealed results consistent with PDT research with adults; participants rated the importance of parenting characteristics differently according to the developmental stage of children. Participant perceptions of the parent role did not vary according to gender, which differs from most other PDT research, as female participants usually rate most characteristics as more important to the parent role than do male participants (Turiano, 2001).

Levine (2003) analyzed how parent role perceptions potentially interact with cultural/religious experiences and found that parent religion (Catholic or Jewish) did not influence parents' ratings of the importance of the six characteristics to their parent role. Catholic parents tended to report somewhat higher frequency of behaviors related to each characteristic than did Jewish parents; the differences, however, were not statistically significant. Consistent with prior research, gender differences were detected, with mothers from both religious groups reporting higher importance for each characteristic than did fathers from both religious groups.

The PRQ also has been used to obtain information about parent role perceptions within specific populations, such as parents of Chinese American descent (Shum, 1997) and parents who have adopted their children (Stiller, 1994). Shum, with the assistance of others, translated the PRQ into Chinese in order to identify parent role perceptions of Chinese American parents. Parents from this cultural background identified parent role characteristics in a similar manner to other research populations. Overall, Chinese American parents rated education as more important to the parent

role than bonding. Gender differences emerged, though not in the same manner as in the aforementioned studies using the PRQ (Lessuck-Namer 1997; Levine 2003).

Whereas these previous studies found that female respondents rate most characteristics as more important to the parent role than do male respondents, this did not hold true for Shum's population of Chinese American parents. For example, male respondents rated discipline as more important to the parent role for their school-age and adolescent children than did female participants.

Researchers have applied the PDT to the work of professionals that interact with parents—specifically, educators (Lawrence, 1995), school psychologists (Mowder et al., 1993), and foster care personnel (Stiller, 1994). For example, Stiller analyzed the similarity in parent role perceptions among adoptive parents and adoption agency staff. Results from the PRQ revealed that adoptive parents and adoption agency staff held generally similar views of the characteristics that are important to the parent role. However, differences did emerge. Parents rated the characteristic of discipline as more important overall than did agency staff. When perceptions were gathered regarding the importance of parenting characteristics at specific developmental stages, parents rated education for older children (late adolescent and adult) as more important to the parent role than did agency staff.

PDT research has been used to identify the effect of the child's development on parents' understanding of their caregiving role. Sperling (2003) compared PRQ and PBQ responses by parents of children with typical development with those by parents of children with special needs. Parents of preschoolers with special needs

identified the characteristics of sensitivity and providing protection and general welfare as most important to their role, whereas parents of typically developing preschoolers identified education as the most important characteristic to their role.

The PDT research has revealed that parents perceive their role to change as children grow and develop (Mowder et al., 1995). However, parenting behaviors and parents' perceptions of their roles change for reasons other than children's evolving needs, such as external events that occur during their own and their children's lives. For example, researchers have explored parents' views of their roles and parenting activities during key times of transition, such as divorce (Dremen & Ronen-Eliav, 1997; Hines, 1997; Sun, 2001), a mother's return to the work force (Crouter & Manke, 1997; DeMeis & Perkins, 1996; Wood & Repetti, 2004), and during a family member's medical illness (Elmberger, Bolund, Lutzen, 2002; Steele, Forehand, & Armistead, 1997) or psychiatric illness (Ackerson, 2003; Nicholson & Blanch, 1994; Zemencuk, Rogosch, & Mowbray, 1995).

### *Trauma*

The impact of trauma on parent's views of their roles has been little studied. Trauma research in general has focused on delineating broad patterns in the reactions of affected individuals, generally adults. While different patterns have been identified, there is general agreement about sequence of these reactions. People's response to a disaster tend to occur in three phases: (a) the immediate impact phase, (b) the short-term adaptation phase (3–9 months), and (c) the long-term adaptation phase (La Greca, 2001; Vernberg & Vogel, 1993; Young, 2006). During these phases,

an adult's response to a disaster can be described as a "dose-response relationship" (Vernberg & Vogel, p. 490) where psychiatric symptoms are largely related to the degree of exposure and loss, though other factors contribute to symptom expression. These other factors include an individual's pre-disaster functioning as well as the security and supportiveness of the postdisaster environment (Vernberg & Vogel 1993). Recovery from trauma symptoms is related to adults' cognitive appraisal of the traumatic event (Gil, 2005). Some cognitive appraisals (e.g., viewing the distress as manageable, belief in one's eventual recovery, and favoring an active, rather than avoidant, coping style) are related to positive psychological outcomes (Ledoux & Gorman, 2001). These aforementioned models of adult reactions to trauma fail to account for specific differences observed in children's reactions to trauma. (Scheeringa, Peebles, Cook, & Zeanah, 2001).

The severity of children's symptoms are less related to a dose-response criteria and are largely related to the response of their caregivers (Fremont, 2005; McFarlane, 1987). As with adults, other factors, such as cognitive appraisal, also contribute to children's symptom expression. However, the power of caregiving adults' perceptions and behaviors impacts most of the contributing factors that predict children's reactions to trauma. For example, children look to their parents to help them understand and form cognitive schema about distressing events (Milam, Ritt-Olson, & Unger, 2004).

### *Parenting and Trauma*

As mentioned earlier, parental role perceptions and behaviors after exposure to a traumatic event have received little research attention. Some of the research relevant to this topic includes studies of parents' role in their children's adjustment to trauma. One finding common to several studies is that parents' own reactions to traumatic events impact their ability to help their children's recovery. Garnezy's (1986) critique of trauma research cited Caplan's (1968) finding that children's problems are often overlooked while families respond to a loss. Rigamer (1986) cited similar results in his study of the American families in Afghanistan after an American ambassador's assassination. He noted that during a crisis affecting the entire community, such as a national disaster, everyone's coping abilities are tested, so that adult responsiveness to children's anxieties may not be available.

Somewhat surprisingly, many researchers report that mental health resources are underutilized for children affected by trauma (Hoven et al., 2003; Terr, 1990). Terr (1990) noted that parents often are initially reluctant for consultation, based on her landmark study of the children who were victims of the Chowchilla kidnapping. Eth and Pynoos (1985) also observed parents' unwillingness toward seeking mental health services for their traumatized children, and suggested that unwillingness is due to parents' guilt that they could not protect their children from the traumatic event; therefore, they attempt to minimize the extent of the trauma. Rigamer (1986) found that parents use denial in interacting with children after a traumatic event and

are not able to make the best use of mental health consultation until the parental denial is addressed.

Lyons (1987) commented upon the same phenomenon in her review of research relating to PTSD in children, stating, “Parents, teachers, and clinicians often deny or downplay the impact that distressing events have on children” (p. 350). According to Lyons, parents’ subjective reports of how an event affected their child differed significantly from their objective reports of their child’s functioning, as assessed by symptom scales. The objective reports consistently showed more symptoms than parents revealed subjectively.

Parents also identify significantly fewer symptoms in their children than their children identify in themselves (Green, Korol, & Gleser, 1999). In Green et al.’s study of families living within 5 miles of a nuclear waste disaster, parents reported only half as many PTSD symptoms for their children, compared with the number children reported for themselves.

Parents’ tendency to underestimate the impact of traumatic events on children may be related to lack of awareness. When children’s symptoms are eventually identified, the symptoms are more often internalizing symptoms (e.g. avoidance, anxiety, emotional numbing), as opposed to externalizing symptoms (e.g. bedwetting, tantrums); internalizing symptoms may be more difficult for adults to notice (Schonfeld 2002). Pfefferbaum et al. (1999) made a similar observation based on her research with members of the Oklahoma City community after the 1995 bombing attack on the Murrah federal building. She suggested that both adults and children

collude in denying child stress symptoms; children may be overly compliant during disastrous events, which makes it easier for parents to avoid full recognition of any stress symptoms.

This phenomenon of diminished adult awareness also has been noted in terms of children's exposure to media coverage. After the national disaster of the Challenger Shuttle explosion, parents were unable to gauge their children's exposure to television coverage of this event or describe their children's reactions to this event (Zecce, 1990). This occurrence of reduced adult attunement toward children's reactions can continue to have negative effects even when parents are aware of a child's difficulty processing a trauma and help is sought. Scheeringa, Peebles, Cook, and Zeanah (2001), in examining the validity of the DSM-IV PTSD diagnostic criteria for young children, found that some of the diagnostic data provided by parent report could be misleading and increase the risk of underdiagnosis for young children. This was especially true for a cluster of symptoms related to avoidance and numbing, which parents either did not note or did not attribute to the precipitating trauma.

Another study investigating families exposed to a nuclear accident assessed adults' roles in helping child process and master the trauma (Handford et al., 1986). The researchers observed that adults were uncomfortable with children's questions about the event and responded by interrupting children's questions with reassurance. Rather than assisting with children's attempts to process the trauma, adults abruptly ended or shifted the focus of trauma-related conversations. Handford et al. concluded, similar to Eth and Pynoos (1985), that parents' reactions were based upon their own