Differences in Parentification of Children and Adolescents in Two-Parent Military Families Versus One-Parent Military Families Due to Deployment

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DIFFERENCES IN PARENTIFICATION OF CHILDREN AND ADOLESCENTS IN TWO-PARENT MILITARY FAMILIES VERSUS ONE-PARENT MILITARY FAMILIES DUE TO DEPLOYMENT

by

TAYLER E. TRUHAN

A thesis submitted in partial fulfillment of the requirements for the Honors in the Major Program in Psychology in the College of Sciences and in the Burnett Honors College at the University of Central Florida Orlando, Florida

Spring Term, 2014

Thesis Chair: Sandra Neer, Ph.D.
ABSTRACT

The purpose of this study was to investigate the differences in parentification in military families with a deployed parent and without a deployed parent. Previous research has highlighted increased rates of parentification in situations involving parental absence or unavailability, such as divorce, parental illness, parental alcoholism, and domestic violence. This construct was assessed using the Parentification Questionnaire – Youth, a 20 item self-report survey for children and adolescents. Participants consisted of 22 children, ages 7-17, from military families with a deployed parent and military families without a deployed parent. After removing two statistical outliers from the intact military families group, an independent samples t-test was conducted. It was found that there was a significant difference between military families with a deployed parent and military families without a deployed parent. Military families with a deployed parent had higher rates of parentification than military families without a deployed parent. Limitations include a small sample size due to time constraints, the possible presence of one or both parents during the questionnaire, and lack of control groups. Future research should include a larger sample size, increase the comparison to more family groups (i.e. civilian, divorced, separated by work), and assess possible positive or negative impacts of parentification on military children from families separated by deployment.

Keywords: parentification, military children, deployment
DEDICATION

For my mom, Marrianne Truhan, who continually encourages me, through personal example and never-ending support, to reach for my goals and never give up.
Love you forever and always.

To my roommate Kristen, who spent hours listening to me read the same paragraph multiple times just to make sure it made sense.
You helped me stay sane (mostly).
ACKNOWLEDGMENTS

I would like to acknowledge all of the hard work my committee dedicated to making this thesis a possibility. To my thesis chair, Dr. Sandra Neer, I express my deepest gratitude for all of the effort you put into this project. I thank you for the countless hours, including some weekends, you spent reviewing and editing my work and making it the best it could be. This project would not have come to fruition without your patience, guidance, prolific research skills, or generous use of witty phrases.

I would also like to express gratitude to my committee member, Dr. Michael Bermes, for all of the insight you offered during brainstorming sessions in the data room, along with your continual influx of funny anecdotes. To Dr. W. Bryce Hagedorn, thank you for your flexibility in terms of last minute e-mails and time crunches. I greatly appreciate the time you dedicated and insightful suggestions you offered. Last but not least, I would like to thank Dr. Ashley Arens for coming to the rescue last minute and taking the time out of your busy schedule to help with the defense of my thesis.
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CHAPTER ONE: INTRODUCTION

The structure of a family system may be affected by disruptive events such as parental or sibling illness, divorce, parental alcohol abuse, parental psychopathology, or domestic violence. One outcome that has been studied in these situations is parentification. The term parentification has been used to describe a phenomenon in which the child is given roles or responsibilities within the family system before they are emotionally or developmentally ready (Chase, 1999; Jurkovic, 1997; Jurkovic, Thirkield, & Morrell, 2001; Kelley et al., 2007; Peris, Goeke-Morey, Cummings, & Emery, 2008). However, despite the existing knowledge of this construct and past research addressing the effects of parentification, little research on parentification has been conducted with military families.

A significant proportion of extant parentification literature addresses high rates of parentification in families coping with divorce or parental alcohol abuse (Chase, 1999; Chase, Deming, & Wells, 1998; Clarke-Stewart, Vandell, McCartney, Owen, and Booth, 2000; Earley & Cushway, 2002; Godsall, Jurkovic, Emshoff, Anderson, & Stanwyck, 2004; Goglia, 1992; Hetherington & Stanley-Hagan, 2002; Hooper, Doehler, Jankowski, & Tomek, 2012; Jurkovic et al., 2001; Kelley et al., 2007; Lansford, 2009; Pasternak & Schier, 2012; Peris & Emery, 2005; Peris et al., 2008; Schick, 2002; Sentse, Ormel, Veenstra, Verhulst, & Oldehinkel, 2011; Stadelmann, Perren, Groeben, & Klitzing, 2010; Wallerstein, Lewis, & Packer-Rosenthal, 2013). These families are related in that they have a similar theme of parental unavailability or absence, which is also the case in military families with a deployed parent. According to Lester et al. (2011), there are in excess of two million
children with one or both parents employed by the military. In 2007, the APA Presidential Task Force reported that 700,000 children in the U.S. had at least one parent deployed. In order to address the needs of numerous military children and the lack of existing research on parentification with military families, this study analyzed the rates of parentification in military families without a deployed parent versus military families with a deployed parent.

In addition to the lack of parentification research with military families, there are few studies that measure the child’s current perception of parentification. Numerous studies have utilized retrospective assessments, such as the Parentification Questionnaire – Adult, Parentification Inventory, and Parentification Scale, all of which are administered to an adult who reflects back on their childhood. Retrospective reports are often influenced by recall error and memory decay (Beckett, DaVanzo, Sastry, Panis, & Peterson, 2001). Recall error can stem from an “inaccurate reconstruction of a memory”, which may result when a person experiences multiple similar events (Beckett et al., 2001). Depending on the age of the child, parentification may occur over a period of years, and it is therefore necessary to acknowledge the possibility of inaccurate reconstruction of a memory when dealing with retrospective measures. To address the drawbacks involved with retrospective measures, this study utilized the Parentification Questionnaire – Youth (Godsall & Jurkovic, 1995), which is a self-report survey that measures parentification from the child’s current perspective. The PQ-Y has been used in studies measuring parentification of children of alcoholics (Godsall et al., 2004; Hooper et al., 2012), depressed parents (Champion, 2009), and immigrant parents (Kuperminc, Wilkins, Jurkovic, & Perilla, 2013).
This study investigated the differences in rates of parentification of children and adolescents in the following military family structures: 1) one-parent military family due to a deployment at least thirty days prior and 2) two-parent military families who have not had a deployment for at least ninety days and are not known to be deploying or re-deploying for the next six months.

**Parentification**

The concept of children performing inappropriate roles and responsibilities has been prevalent in research since the 1960s. Concepts such as “role reversal” (Morris & Gould, 1963), “parental children” (Minuchin, 1974), “spousification” (Sroufe & Ward, 1980), and “compulsive caregiving” (Bowlby, 1977) served as the building blocks for the current definition of parentification. Minuchin’s (1974) “parental child” was described as a type of family structure in which an older child could develop responsibility and autonomy while caring for the younger children. This structure could become dysfunctional and detrimental to the child if the responsibilities were not explicit or if the parents left the parental child to be the main source of authority and guidance (Minuchin, 1974). The term “parentification” first appeared in Boszormenyi-Nagy’s (1972) psychoanalytic, family-systems assessment of loyalty transference within families. He described the process of “parentification” as the parents’ excessive dependence on the child to meet their emotional needs. Jurkovic and colleagues expanded the definition of parentification to include socio-cultural and ethical factors. They postulated that it was necessary to move away from strictly assessing the individual parent-child relationship and to include other familial factors, such as marital
status, parental psychopathology, and number of children, in order to adequately measure and understand the scope of parentification (Jurkovic, 1997; Jurkovic, 1998; Jurkovic et al., 2001). Jurkovic (1998) further operationalized this definition by elaborating on properties of the parentified child’s role, including degree of overtness, type of role assignments, extent of responsibility, object of concern, laterality of caretaking, and the context of parentification, including developmental stage, internalization, boundaries, social legitimacy, and ethicality. Jurkovic incorporated extant knowledge of individual perception (i.e. degree of responsibility, extent of responsibility) and cross-cultural psychology (i.e. social legitimacy, ethicality).

From these early psychodynamic and family systems viewpoints, parentification was assessed in terms of emotion, transference, and loyalty implications (Boszormenyi-Nagy, 1972; Minuchin, 1974). However, later research (Chase, 1999; Jurkovic, 1997; Jurkovic et al., 2001) identified two venues in which parentification may occur. Assigned roles and responsibilities may stem from a) emotional caregiving, wherein a child feels that they are expected to provide emotional support or be a companion to their parent (Peris et al., 2008), or b) instrumental caregiving, which may involve assigned tasks that are necessary for the physical maintenance and support of the family unit (Jurkovic, 1997; Jurkovic, 1998; Jurkovic et al., 2001). Both emotional and instrumental parentification have been found to occur in situations involving divorce, parental illness, domestic violence, and parental alcohol abuse. For example, children of alcoholic parents may help in an instrumental manner, such as cooking or cleaning (Pasternak & Schier, 2012), and tend to their parents’ emotional needs, such as supporting a depressed parent or mediating family
conflict (Godsall et al., 2004). In addition, both emotional and instrumental parentification have been linked to negative outcomes such as somatization, depression, and anxiety (Hooper & Wallace, 2010), although emotional parentification has been found to have a slightly more deleterious effect (Hooper et al., 2008; Hooper & Wallace, 2010; Jurkovic et al., 2001). Emotional parentification has been linked to greater rates of distress in a non-clinical sample of college-aged students (Hooper et al., 2008). In addition, Hooper and Wallace (2010) found that emotional parentification had a significant relation to increased anxiety, depression, and somatization whereas instrumental parentification did not.

The parentification process may lead to destructive outcomes when: 1) there is little acknowledgment, reciprocity, or support of the child; 2) the child is overburdened by assigned tasks; 3) the tasks exceed the child’s developmental competency; and 4) the child perceives the responsibilities to be unfair (Boszormenyi-Nagy, 1972; Jurkovic, 1998; Jurkovic et al., 2001; Mika, Bergner, & Baum, 1987). Additionally, it was found that these extra roles and responsibilities were destructive or pathological to the child if the child was unaware of “working (manually or mentally) beyond his or her capacity, and the family additionally confirms his or her feeling of being a ‘brave child’” (Chase, 1999). Hooper, Marotta, and Lanthier (2008) reported harmful effects of parentification if the assigned responsibilities are not appropriate. In Hooper and Wallace’s (2010) evaluation of the Parentification Questionnaire, they found that a significant and unique predictor of negative psychological outcomes was perceived unfairness of the parentification that occurred, with increased negative outcomes associated with greater perceived unfairness. Following this study, Jankowski, Hooper, Sandage, and Hannah (2013) found evidence for
differentiation of self, a construct that encompasses emotional reactivity and the ability to relate “prosocially and intentionally” (p.47) to others, as an additional predictor for negative outcomes of parentification. Increased “parentification tasks” (p.47) positively correlated to perceived unfairness, which in turn correlated to decreased differentiation of self or affect regulation and increased mental health symptoms (Jankowski et al., 2013). Therefore, according to extant research on parentification, developmentally inappropriate tasks and roles that a child perceives to be unfair may lead to negative long-term outcomes such as depression, anxiety, somatization, affect dysregulation, and skewed self-concept (Godsall et al., 2004; Hooper & Wallace, 2010; Jankowski et al., 2013; Jurkovic et al., 2001; Peris et al., 2008). In Hooper, DeCoster, White, and Voltz’s (2011) meta-analysis of eleven parentification studies, it was found that a significant positive small effect existed between parentification in childhood and adult psychopathology. A majority of the research conducted on the concept of parentification and its effects has utilized disrupted family situations involving divorce and parental alcoholism.

While there are many studies that assess the negative outcomes of parentification, there is less research that highlights potential positive outcomes. The term “posttraumatic growth” refers to the positive change that an individual may experience after a personal loss or trauma (Calhoun & Tedeschi, 2001), such as having a parent deployed to an active warzone. For example, when a child has higher levels of resilience, their experience with parentification may lead to posttraumatic growth (Hooper et al., 2008). In research involving trauma and loss, resilience has been related to action-oriented coping skills, internal personality characteristics, such as self-esteem and altruism, and a “facilitative
environment” (Tedeschi & Calhoun, 1995, p. 51). However, when perceived distress or unfairness is experienced in relation to parentification and the child does not have strong internal resilience or coping skills, negative mental health outcomes may prevail over posttraumatic growth (Hooper & Wallace, 2010). In extant research on parentification, this phenomenon has been identified in several family situations, all of which involved increased stress on the family structure. Divorced families and children of alcoholics have received the most clinical attention in regards to parentification, which will be discussed further in this review.

**Parentification and Divorce**

The first family contexts to be investigated in terms of parentification were divorce and marital conflict. As divorce rates in the United States began to rise in the 1970s, research started to focus on the dysfunctional relationship between parent and child that may result from marital conflict. In his clinical work with families, Boszormenyi-Nagy conceptualized “parentification" in terms of the dynamic relationship between parent(s) and child(ren) involving child familial loyalty and parental dependence (Boszormenyi-Nagy, 1972). In one of his case studies, a young boy’s symptoms of “irritating retardation of motoric performance combined with an obsessive focusing on detail” (p. 378) were linked with his parent’s stale marital relationship and their desire to use his symptoms to escape unresolved problems within their families of origin (Boszormenyi-Nagy, 1972). Minuchin further elaborated on the “parental child” by expanding the family systems theory to look at delineation of authority and role reversal. Family systems theory (Minuchin, 1974)
provides a framework in which the definition of boundaries is critical for the healthy functioning of a family. As a part of divorce, the family must undergo multiple transitions as the parents move in and out of an intimate relationship (Hetherington & Stanley-Hagan, 2002). When a primary adult support is removed from the immediate family via divorce, new roles and boundaries must be redefined. These changes may be overlooked as the parents deal with the multitude of other stressors associated with divorce (Peris & Emery, 2005). Such stressors may either reverse or equalize the parent-child role, possibly leading to demands from the parent to fulfill their new emotional and psychological needs (Jurkovic, 1998). As boundaries go undefined and roles unfulfilled, one or both of the parents may actively share their emotional distress with the child (Peris & Emery, 2005). The term used in research to describe this process is boundary dissolution, which is often linked with parentification (Jurkovic, 1998; Peris & Emery, 2005; Perrin, Ehrenberg, & Hunter, 2013). Boundary dissolution has been defined as a process in which children take on emotionally supportive roles typically assumed by adults (Peris & Emery, 2005). Children of divorce reported higher levels of emotional and instrumental caregiving tasks in addition to a higher sense of unfairness associated with these tasks (Jurkovic et al., 2001). These higher levels of emotional and instrumental parentification may lead the child to experience stress and frustration, setting them up for later psychological maladjustment (Jurkovic et al., 2001; Peris & Emery, 2005).

It has been found that children can recover from parentification, but several mitigating factors are involved. Fair roles must be re-established and the child must have higher levels of internal resilience, an easy temperament, high self-esteem, and an internal
locus of control (Hetherington, 1999; Jurkovic, 1998; Peris & Emery, 2005; Sentse et al., 2011; Tedeschi & Calhoun, 1995). According to studies conducted by Clarke-Stewart et al. (2000) and Sentse et al. (2011), poor outcomes for the child are more evident in divorced families with lower income, higher maternal depression and anxiety, fearful and impulsive children, and neglectful parenting. The parentification construct is often associated with increased levels of perceived unfairness, which has been found to predict negative psychosocial outcomes (Hooper & Wallace, 2010; Hooper et al., 2011; Jankowski et al., 2013; Jurkovic et al., 2001). In Peris et al.’s (2008) study on youth self-reports of parentification in relation to marital conflict, parents often viewed the new relationship as a sign of closeness, whereas the child perceived low support and nurturance. It can be argued that increased levels of perceived unfairness and low warmth may lead the child to have a skewed view of relationships. Young children’s faulty internal representation of relationships may increase the development of conduct problems (Stadelmann et al., 2010). Schick (2002) found that when the parent becomes less available to support the child’s needs, the child may be more prone to behavior problems such as truancy and delinquency. In a meta-analysis on negative outcomes associated with divorce, it was found that children experienced greater adjustment problems, but that these problems did not have long-term effects (Lansford, 2009). Several mediators were identified that negatively affected childhood adjustment following divorce. One of these mediators was faulty parenting, involving inconsistent discipline, low warmth and affection, and lack of supervision, which may lead to increased external (e.g. delinquency, rule-breaking) and internal (e.g. anxiety,
depression) problems (Lansford, 2009). Several factors, such as inconsistent discipline, lack of supervision, and low warmth, are additionally components of parentification.

In terms of divorce, parentification may over-burden the child as they must not only witness marital conflict, but may also be required to comfort their parents’ distress rather than their own. This role-reversal process does not always originate with the parent, but may come from the child as an active effort to comfort a parent as a peer, especially if there was a healthy parent-child relationship before the divorce (Peris et al, 2008). When the parent shares their distress with the child, the child may feel threatened in terms of their familial stability, and may be more compelled to mediate parental conflict and comfort the parent (Peris et al., 2008). After the divorce, the child is confronted with an entirely different family structure, including emotional attachments and economic supports that may or may not be available to them (Wallerstein, Lewis, & Packer-Rosenthal, 2013).

**Parentification and Parental Alcoholism**

In addition to divorce, research has identified children of alcoholics (CoAs) as more prone to experience parentification (Chase et al., 1998; Godsall et al., 2004; Hooper et al., 2012; Kelley et al., 2007; Pasternak & Schier, 2012). One of the first studies to address parentification of CoAs found that these children were more overresponsible and codependent with their parents (Goglia et al., 1992). Within these families, parentification may stem from the family’s need to organize around the needs or demands of the alcoholic parent(s) (Chase et al., 1998). In families where both parents abuse alcohol, there may be reoccurring periods of time in which both parents are emotionally and physically
unavailable to the child. This may also be the case in families with one parent who abuses alcohol, as the other parent may be preoccupied with their spouses drinking or their own emotional distress (Kelley et al., 2007). There have been several studies suggesting that there are differences in parentification depending on the gender of the alcoholic parent. Females who reported that they suspected their mother of being a problem drinker (but not their father) reported higher levels of parentification and perceived unfairness (Kelley et al., 2007). When the father was the alcoholic parent, female children were reported to suffer in terms of identity development and commitment to career or relationship ventures (Chase et al., 1998). The relationship between gender of the alcoholic parent and parentification needs further study.

Just as children must fulfill the newly absent parent’s role and responsibilities in divorced families, CoAs must make up for the unavailability of the alcoholic parent(s). Performing the necessary duties to make up for the unavailability of the parental figure may take away from time needed to spend on school, socializing, and other developmental ventures. Indeed, adult children of alcoholics (ACoAs) have reported greater levels of past unfairness in regards to their childhood (Kelley et al., 2007). While having parents that abuse alcohol can lead to negative psychological outcomes, it cannot alone account for the psychological adjustment of children. Godsall et al.’s (2004) study of parentification with CoAs and non-CoAs found that parentification played a primary role in children’s self-concept and that parentified children may question their worth and right to fair treatment in the face of the lack of support, acknowledgment, and reciprocity from the alcoholic parent (Godsall et al., 2004). In addition to affecting the child’s self-concept, Chase et al.
(1998) found that CoAs reported greater caretaking responsibilities and worries, and on average had significantly lower high-school GPAs and SAT scores than non-CoAs. The long-term consequences of taking on extra burdens to fulfill a parentified role, as shown in research with CoAs, involve academic achievement and a disregard for personal happiness and success (Chase et al., 1998; Pasternak & Schier, 2012). Parentification has been shown to have an exacerbating effect on the relationship between parental alcohol use and adolescent depression. Increased parental alcohol use led to higher rates of parentification which in turn led to increased adolescent depression (Hooper et al., 2012). In Pasternak and Schier’s (2012) study of ACoAs, they found evidence for long-term effects of parentification in that these adults experienced parentification as children and continued to fulfill excessive caretaking roles as adults. A commonality among familial situations involving parentification is boundary dissolution (as mentioned in previous sections), and ACoAs have reported greater distortions in generational boundaries (i.e. parent-child) than non-ACoAs (Goglia et al., 1992). Boundary violations may affect children’s inter-relational development and internal representation of relationships (Kelley et al., 2007; Stadelmann et al., 2010). Research highlighting the negative effects of parentification in conjunction with parental alcoholism suggests that parentification may be one of the main factors that can lead to negative outcomes when a child must deal with a stressful situation such as divorce or parental alcoholism.
**Parentification and Military Families**

Despite the deluge of research that has focused on parentification and the various familial stressors that can instigate the process, there has been little investigation of this process within military families. As previously mentioned, these families face similar stressors as families coping with divorce and parental alcoholism experience, such as parental unavailability or absence and new roles and responsibilities to fill. As parentification often arises out of a situation or stressor that overextends the resources of the family system (Jurkovic, 1997), it can be argued that military families are at a high risk for parentification, especially those in the current era. In the last twelve years, over two million service men and women have deployed for Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), and over 100,000 of them have children (DOD, 2010). Unique to the current wartime era is an increase in combat deployments, multiple and prolonged deployments, decreased dwell time, and an increase in survival of severe wounds or injuries (DOD, 2010). All of these stressors may impact family functioning in various ways.

Deployments function in a cyclical pattern consisting of stages: pre-deployment, deployment, sustainment, redeployment, and post-deployment or reintegration (DOD, 2010; Pincus, House, Christenson, & Alder, 2005). Between deployments the service men or women receive an allotted period of “dwell time” in which they return home. Previous dwell times were usually 18-24 months long, but in the current era soldiers are receiving only 9-12 months of dwell time (Paley et al., 2013). This means that the family must reintegrate for less than one year and then reassign various familial roles and
responsibilities as the parent re-deploys. It has been postulated that military families in this era have additional stress as they may be dealing with issues from a previous reintegration while additionally preparing for the next deployment cycle (Paley et al., 2013). In addition to decreased dwell time, at least 48% of the one million parents in the military have served at least two tours (DOD, 2010). There is a high amount of ambiguity and uncertainty associated with multiple and prolonged combat deployments, especially when paired with the unpredictable nature of current deployments (DOD, 2010; Lincoln, Swift, & Shorteno-Fraser, 2008; Paley, Lester, & Mogil, 2013). In Wexler and McGrath’s (1991) study on at-home spouses of the Persian Gulf War, it was reported that those who had experienced previous military deployments of their spouse had more insomnia and anxiety and that 62% of participants expressed a need for additional support. It may be of interest to note that families who had experienced multiple deployments also reported increased feelings of pride in their deployed spouse. Research conducted with OIF/OEF at-home spouses identified almost half of the at-home parents as reporting clinically significant levels of “parenting stress” (Flake, Davis, Johnson, & Middleton, 2009). These feelings of anxiety, stress, and uncertainty in combination with a need for more support may feasibly lead the at-home parent to rely on the child for emotional or physical support that they are not equipped to give, resulting in parentification.

Much of the research on the effects of military deployment on the at-home family has addressed the concepts of “role-reversal” and “boundary dissolution” (Easterbrooks, Ginsberg, & Lerner, 2013; Huebner & Mancini, 2005; Huebner, Mancini, Wilcox, Grass, & Grass, 2007; Paley et al., 2013). When a parent is deployed, the family must reassign their
roles and responsibilities to other family members. While this may lead to growth, maturity, and pride in the child if the responsibilities are appropriate and supported by the at-home parent (Card et al., 2011), these increased roles and responsibilities can also lead to anxiety, emotional uncertainty and ambiguity, and depressive symptoms (Card et al., 2011; DOD, 2010; Easterbrooks et al., 2013; Huebner & Mancini, 2005). In a study on post-war adolescents in Bosnia, it was discovered that perceived unfairness of extra roles and responsibilities directly related to emotional distress scores in that greater unfairness correlated to greater emotional distress (Jurkovic, Kuperminc, Sarac, & Weisshaar, 2005).

Boundary ambiguity has been used to describe the changes in roles and responsibilities following deployment, such as caring for siblings or serving as confidant to the at-home parent, and in some cases may provoke stress (Huebner et al., 2007). During the beginning of deployment, the child may already be experiencing stress, among other symptoms of anxiety and sadness, from the absence of a parent (Flake et al., 2009). These researchers additionally found that 1 in 3 children were at risk for psychosocial morbidity (i.e. physical, emotional, or cognitive dysfunction) during combat deployment. Symptoms and stressors may be exacerbated by the knowledge of the potential for the deployed parent to be killed or severely injured (Lincoln et al., 2008). Knowledge about the risks of war is more readily available to children in the form of media coverage, which is often construed and dramatized, and may generate increased levels of fear (Huebner & Mancini, 2005).

Military families have reported that the most stressful aspect of deployment is the reintegration of the previously deployed parent (DOD, 2010; Flake et al., 2009; Huebner & Mancini, 2005). There are several issues that may contribute to the stress of the at-home
parent and children, such as concerns about recognizing the absent parent, re-
establishment of roles and responsibilities, and the lack of recognition from the deployed
parent in changes in the children (Huebner & Mancini, 2005). This period of reintegration
may be even more stressful for OIF/OEF military families as the majority of service men
and women are serving multiple terms and must therefore prepare themselves to depart
soon after they return (APA, 2007). Another unique aspect of this era is the increase in men
and women that return home with severe injuries (DOD, 2010). In the four-year period
between 2003 and 2007, it was reported that over 70,000 returned soldiers were
diagnosed with a Traumatic Brain Injury (TBI), Post-Traumatic Stress Disorder (PTSD), or
both (Fischer, 2009). Over 40,000 children have had a deployed parent return home with
an injury, wound, or illness (DOD, 2010). Children of a parent returning with PTSD may
experience withdrawal, depression, anxiety, or somatic symptoms (DOD, 2010).

As outlined in the previous research and literature, military deployment, especially
in the OIF/OEF era, may cause similar stressors on the at-home parent and child that have
been found to contribute to parentification in other familial situations. Children must take
on new roles and responsibilities that they may or may not be ready for while dealing with
the stress of knowing a parent is in a very high-risk setting. In a review of previous studies
on the impact of deployment to Afghanistan or Iraq on military children, it was found that
military spouses and children experienced more emotional and behavioral difficulties and
increased stress when compared to samples of children from non-deployed parents (White,
de Burgh, Fear, & Iversen, 2011). Parental stress combined with the unique deployment
factors associated with OIF and OEF may lead them to turn to their child(ren) for emotional
and physical support. It is important to investigate the presence of parentification within these military families as the war in the Middle East is winding down and deployed service men and women are returning home to their families. Any negative effects deployment may have had on the at-home children need to be addressed and identified. This knowledge may be used to guide clinicians on what type of support to provide to military children and families and to prevent potential negative outcomes for future generations and conflicts.
CHAPTER TWO: METHODS

This study was conducted in order to assess differences in parentification rates of children and adolescents in two-parent military families versus one-parent military families due to deployment. The study took place as part of a larger Department of Defense grant funded study, *When Parents Go to War: Psychosocial Adjustment among the Families of Deployed OEF/OIF Service Members* (11356008). IRB approval for this study was given as an addendum to the larger study (SBE-12-08911) on October 11th, 2013.

**Participants**

The participants in this study were recruited through the larger grant-funded study. The sample in this study consisted of 22 children ages 7-17 (see Figures 1-3 for demographics). One participant chose not to disclose race. These children were from two groups, intact military families and one-parent military families due to deployment. Intact military families were defined as no parent deployed within the past ninety days or more. One-parent military families were defined as at least 30 days of parental deployment and the deployed parent must still be absent. Of the two groups, 7 children were from military families with a deployed parent, and 15 children were from military families without a deployed parent. Exclusion criteria are those that are part of the larger grant funded study and include children:

(a) Who are psychotic, reporting suicidal ideation, or suffering from intellectual deficits or autism,
(b) Whose family is currently experiencing a major life stressor other than parental separation
(c) With an IQ that falls below 80 as assessed by the Block Design and Vocabulary subtests of the WISC-IV, and
(d) Who use any medications known to impact cortisol levels such as corticosteroids, due to cortisol collection in larger grant funded study.

As this study was conducted as a part of a larger project, these stipulations were applied as they are being implemented in the larger study.

Measure
The assessment tool utilized in this study was the Parentification Questionnaire – Youth (Godsall & Jurkovic, 1995). The PQ-Y was modified from the original Parentification Questionnaire, which is a retrospective survey given to adults to measure rates of past parentification. In a study conducted by Godsall et al. (2004) measuring parentification rates of children of alcoholics, the Parentification Questionnaire was shortened from 42 questions to 20 questions, vocabulary level was lowered, and verb tense was changed to present tense in order to measure current parentification rates in children and adolescents. Moderate internal consistency was established at \( \alpha = .75 \). Construct validity was established with a sample of heterogeneous adolescents from alcoholic parents and non-alcoholic parents (Godsall et al., 2004). The PQ-Y is a 20-item self-report survey that measures the degree of emotional and instrumental parentification as experienced by the child. Each item is a yes or no statement worth up to 1 point, so the parentification score
may range from 0-20. Higher scores indicate a greater degree of parentification. It is geared toward a third grade reading level and was therefore a feasible measure for the participants in this study. For children who had any trouble reading the measure, a clinician was available to either read it to them in person or over the phone.

**Procedure**

The PQ-Y was included as a self-report measure in the assessment created for the larger military families study that should take at most ten minutes to complete. The child was instructed to read each statement, apply it to their own family situation, and answer by circling yes or no, as to whether it was applicable to them. The measure was then given to the clinician or mailed to the military families' project office, which is located at the University of Central Florida in the Psychology Clinic.

**Data Analysis**

An independent samples t-test was conducted using 20 of the 22 participants. Two cases were excluded from the military family group without a deployed parent in order to control for error as they deviated significantly from the median score. A box plot was used to identify these outliers (see Figure 4). Outliers may negatively affect results as they may lead to either a Type I or Type II error and results that will only generalize to a population with the same outliers, which is highly unlikely to occur. In addition, box plots have been highlighted as a simple way to identify such outliers as “univariate outliers are visible in these plots as points that lie a considerable distance from others” (Tabachnik & Fidell, 2013, p. 74). As can be seen in Figure 4, the upper bar in family group 2 (military family
without a deployed parent) extends significantly further from the cluster of scores than the bar in family group 1 (military families with a deployed parent) does. This outlier score on the PQ-Y is identified as a number 2 in the box plot. An extreme outlier in family group 2 is noted above the box plot as a data point with a 1 next to it. These two cases were removed to control for error.
CHAPTER THREE: RESULTS

After conducting an independent-samples t-test there was a significant difference found in parentification between military families with a deployed parent and military families without a deployed parent \((t(18)=2.33, p<.05;\) see Table B). Military families with a deployed parent had a higher mean score of parentification than intact military families (see Table A). Additional analyses were conducted to test the function of demographics on the PQ-Y and no significant effects were found for race (see Table C), age (see Table D), or gender (see Table E). Given the small sample size in this study, an individual item analysis could not be conducted to look at specific areas of parentification that differed between the groups. However, after reviewing the data, it was identified that question 9 (I’m told I act older than my age) had the greatest endorsement by the children in the deployed parent group.
CHAPTER FOUR: DISCUSSION

As hypothesized, there was a significant difference in rates of parentification between military families with a deployed parent and military families without a deployed parent. Children in military families with a deployed parent had higher rates of parentification. Therefore, the results of this study suggest that military families with a deployed parent may be parentifying their child (or children). Our results are consistent with current research on military families that has addressed similar issues. Much of the existing research on the effects of deployment on the at-home family has identified the presence of role-reversal, boundary dissolution, and extra roles and responsibilities for the children (DOD, 2010; Easterbrooks et al., 2013; Flake et al., 2009; Huebner & Mancini, 2005; Huebner et al., 2007; Paley et al., 2013; White et al., 2011). As the presence of greater rates of parentification has been identified in military families with a deployed parent versus military families without a deployed parent, future research should investigate the positive or negative effects, if any, parentification has on military children. It may be of interest that parentification rates found in this study were lower than those found in studies of children from divorced parents and alcoholic parents. This may be due to support groups, such as Family Readiness Groups, and resources available to military families upon deployment (APA, 2007; DOD, 2010; Easterbrooks et al., 2013; Flake et al., 2009). There are approximately 300 support programs worldwide that address life challenges and promote readiness for military families preparing for a deployment (DOD, 2010). In research on military families with a deployed parent, Flake et al. (2009) identified that the majority of at-home parents felt supported by the military. Military and
Community support groups have been associated with lower levels of parental stress and better psychosocial outcomes in children (White et al., 2011). An additional factor that may be associated with the lower levels of parentification found with military children is the element of pride associated with being in a military family and fighting for American interests (Wexler, 1991).

Interestingly, the most commonly endorsed item on the PQ-Y by both groups was “I’m told that I act older than my age”. This may suggest that military children are more resilient than others and have experienced positive growth from any extra roles and responsibilities. Further research is needed to assess the relationship between parentification and resiliency in military children. However, an additional component to consider when looking at parentification in military families is to what branch of the armed forces the military spouse(s) belongs. In the current era, there has been an unprecedented reliance on National Guard and Reserve troops, many of which are men and women with families. These families often do not identify as military families, and may not have as much access to support groups (APA, 2007; DOD, 2010; Huebner & Mancini, 2005).

A few limitations of this study should be considered when interpreting the results. Due to time constraints, this study assessed parentification in a very small sample of military children (N=20). The small sample size of this study gives the results less statistical power when applying them to a general population of military children. However, a small sample size was taken into consideration when completing the data analysis, and any outliers that may have negatively affected the results were removed. It is suggested that future research should include a larger sample of children from military families with a
deployed parent and military families without a deployed parent, controlling for whether the service member was in the Reserve or National Guard.

An additional limitation is the fact that military families were not compared to non-military families. The results obtained may be attributed to another component of military families with a deployed parent that influenced the answers on the PQ-Y, and not just the deployment variable itself. Including non-military families (intact or separated) may control for the influence of other familial factors in military families. Future research may want to assess parentification rates in military families with a deployed parent, intact military families, divorced civilian families or civilian families with parental alcoholism, civilian families separated by work (non-military related), and intact civilian families. Including these control groups may further isolate the influence of deployment on parentification. Another important variable to consider when researching parentification within military families is any changes in parentification pre-deployment versus post-deployment, as this would further isolate deployment as a causative factor for parentification.

When conducting future research with parentification and military families, it would be of importance to assess the relationship between parentification rates and academic success, behavior problems, socio-emotional functioning, and other potential psychosocial outcomes. Post-war adolescents in Bosnia were found to have lower academic grades and behavior problems when extra roles and responsibilities were perceived as unfair (Jurkovic et al., 2005). Other research has highlighted the negative effect perceived unfairness may have on the mental health of the child (Hooper & Wallace, 2010; Jankowski
et al., 2013). Therefore, another future consideration would be to add a measure of perceived unfairness when assessing academic success, emotional stability or other issues in relation to parentification with military families.

In addition to perceived unfairness, it may be important to assess demographical characteristics in relation to parentification, such as gender, age, and ethnicity. Although this study did not find significant effects for any demographics, this likely resulted from the small sample size and lack of variance. Previous research has found that girls may be at greater risk for parentification than boys (Peris et al., 2008). Interestingly, Jurkovic and colleagues (2008, 2013) found varying effects of perceived unfairness in relation to caregiving with immigrant Latino adolescents and post-war Bosnian adolescents. With Bosnian adolescents, caregiving and unfairness independently contributed to the variance in social functioning and only unfairness related to increased self-reports of distress. However, with immigrant Latino adolescents, caregiving only affected social functioning when paired with greater levels of perceived unfairness (Jurkovic et al., 2008; Kuperminc et al., 2013). Therefore, culture is an important factor to take into consideration when looking at what roles and responsibilities adolescents deem unfair. This is particularly important with military children as these children come from a unique military culture and may view the family structure differently than other children that were not raised in the military.

The results of this study indicate that parentification may be present in military families following the deployment of a parent. Although the limitations of this study, such as small sample size and inadequate control groups, prevent concluding that
parentification exists in military families due to deployment, it may be worth pursuing this area of research. If higher rates of parentification in deployed military families are found in well-designed and more controlled studies, it may be particularly important to further investigate whether higher rates of parentification of children in military families with a deployed parent are associated with increased resilience or higher levels of distress and dysfunction in conjunction with perceived unfairness.
APPENDIX A: TABLES A-B
Table A. Descriptive statistics of military family groups in relation to PQ-Y scores.

<table>
<thead>
<tr>
<th>Family Group</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>PQY 1</td>
<td>7.29</td>
<td>3.498</td>
<td>1.322</td>
</tr>
<tr>
<td>PQY 2</td>
<td>4.31</td>
<td>2.250</td>
<td>.624</td>
</tr>
</tbody>
</table>

*Family Group 1 = military family with a deployed parent
Family Group 2 = military family without a deployed parent*

Table B. Parentification and family group.f

<table>
<thead>
<tr>
<th>Levene's Test for</th>
<th>t-test for Equality of Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equality of Variances</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Sig.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Equal variances assumed</td>
<td>1.024</td>
</tr>
<tr>
<td>Equal variances not assumed</td>
<td>2.037</td>
</tr>
</tbody>
</table>
APPENDIX B: TABLE C-D
Table C. Parentification in relation to race.

**Tests of Between-Subjects Effects**

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrected Model</td>
<td>40.848&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2</td>
<td>20.424</td>
<td>1.424</td>
<td>.267</td>
</tr>
<tr>
<td>Intercept</td>
<td>412.756</td>
<td>1</td>
<td>412.756</td>
<td>28.785</td>
<td>.000</td>
</tr>
<tr>
<td>Race</td>
<td>40.848</td>
<td>2</td>
<td>20.424</td>
<td>1.424</td>
<td>.267</td>
</tr>
<tr>
<td>Error</td>
<td>258.104</td>
<td>18</td>
<td>14.339</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1067.000</td>
<td>21</td>
<td>14.339</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected Total</td>
<td>298.952</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. R Squared = .137 (Adjusted R Squared = .041)

Table D. Parentification in relation to age.

**ANOVA**

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>124.518</td>
<td>8</td>
<td>15.565</td>
<td>1.154</td>
<td>.393</td>
</tr>
<tr>
<td>Within Groups</td>
<td>175.300</td>
<td>13</td>
<td>13.485</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>299.818</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table E. Parentification in relation to gender.

**Independent Samples Test**

<table>
<thead>
<tr>
<th></th>
<th>Levene's Test for Equality of Variances</th>
<th>t-test for Equality of Means</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>Sig.</td>
</tr>
<tr>
<td>Equal variances assumed</td>
<td>.325</td>
<td>.575</td>
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<td>Equal variances not assumed</td>
<td>-.154</td>
<td>10.6</td>
</tr>
</tbody>
</table>
Figure 1. Age demographics of participants.
APPENDIX G: FIGURE 2-3
Figure 2. Race demographics of participants.

Figure 3. Gender of participants.
APPENDIX I: FIGURE 4
Figure 4. Box plot of Parentification Questionnaire – Youth outliers.

**Parentification within Military Family Groups**

**Family Group**

- Family Group 1 = military families with a deployed parent
- Family Group 2 = military families without a deployed parent

1 = Outlier in data
2 = Outlier in data
APPENDIX J: IRB APPROVAL LETTER
Approval of Human Research

From: UCF Institutional Review Board #1
FWA00000351, IRB00001138

To: Deborah Casamassa Beidel and Co-PIs: Brian E. Bunnell, Michael S. Bermes, Sandra M. Neer

Date: October 11, 2013

Dear Researcher:

On 10/11/2013, the IRB approved the following minor modifications to human participant research until 01/22/2014 inclusive:

Type of Review: IRB Addendum and Modification Request Form
    Expedited Review Category #3.4.7

Modification Type: A questionnaire will be added to the study assessment related to “parentification” (i.e., children taking on role of parent, such as chores or care of siblings.)

Project Title: When Parents Go to War: Psychosocial Adjustment among the Families of Deployed OEF/OIF Service Members

Investigator: Deborah Casamassa Beidel
IRB Number: SBE-12-08911

Funding Agency: DOD/Congressional Directed Medical Research Program
Grant Title: 
Research ID: 1052884

The scientific merit of the research was considered during the IRB review. The Continuing Review Application must be submitted 30days prior to the expiration date for studies that were previously expedited, and 60 days prior to the expiration date for research that was previously reviewed at a convened meeting. Do not make changes to the study (i.e., protocol, methodology, consent form, personnel, site, etc.) before obtaining IRB approval. A Modification Form cannot be used to extend the approval period of a study. All forms may be completed and submitted online at https://iris.research.ucf.edu.

If continuing review approval is not granted before the expiration date of 01/22/2014, approval of this research expires on that date. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

Use of the approved, stamped consent document(s) is required. The new form supersedes all previous versions, which are now invalid for further use. Only approved investigators (or other approved key study personnel) may solicit consent for research participation. Participants or their representatives must receive a signed and dated copy of the consent form(s).

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

[Signature]

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APPENDIX K: INFORMED CONSENT
When Parents Go to War: Psychosocial Adjustment among the Families of Deployed OEF/OIF Service Members

Informed Consent

Principal Investigator(s): Deborah C. Beidel, Ph.D., ABPP
Sub-Investigator(s): Sandra M. Neer, Ph.D.
Brian Bunnell, M.S.
Michael Bermes, Ph.D.
Candice Alfano, Ph.D.
Charmaine Higa, Ph.D.
B. Christopher Frueh, Ph.D.

Sponsor: Department of Defensc (DoD)
U.S. Army Medical Research and Materiel Command (USAMRMC)

Investigational Site(s): Department of Psychology, University of Central Florida
Department of Psychology, University of Houston
Department of Psychology, University of Hawaii, Hilo

Introduction: Researchers at the University of Central Florida (UCF) study many topics. To do this we need the help of people who agree to take part in a research study. You and your child are being asked to take part in a research study which will include about 149 families at UCF. Your child is being invited to take part in this research study because he or she has (a) parent who is currently on military deployment or (b) has a parent who is in the military but not on deployment and both parents live in the same household or (c) has parents who are not living together because of divorce or (d) has parents who are living in the same household. Your child must be between the ages of 7 and 17 years old.

The people doing this research are Deborah C. Beidel, Ph.D., ABPP, Sandra M. Neer, Ph.D., Michael Bermes, Ph.D., and Brian Bunnell Department of Psychology, University of Central Florida, Candice A. Alfano, Ph.D., at the University of Houston, and Charmaine Higa, Ph.D., and B. Christopher Frueh, Ph.D., Department of Psychology, University of Hawaii, Hilo.

What you should know about a research study:
- Someone will explain this research study to you.
- A research study is something you volunteer for.
- Whether or not you take part is up to you.
- You should allow your child to take part in this study only because you want to.
- You can choose not to take part in the research study.
- You can agree to take part now and later change your mind.
Permission to Take Part in a Human Research Study

- Whatever you decide it will not be held against you or your child.
- Feel free to ask all the questions you want before you decide.

Purpose of the research study: This study will examine how military deployment affects children and non-deployed spouses using biological and psychological measures of stress, clinical interviews, and assessment of family, social and academic functioning. This research has three specific aims:

1) To compare mental health related symptoms among children of deployed parents, children of non-deployed parents, divorced/separated parents and two parent families.
2) To compare parental psychological stress and parenting stress in these same four groups.
3) To determine the relationship between parental emotional stress/distress and children’s responses to stress.

What you and your child will be asked to do in the study: This entire study will take place over one week. First, you and your child will come to the clinic to participate in a clinical interview where you will both be questioned about your child’s mood, anxiety and stressful behaviors. You and your child will also complete several surveys that ask about feelings of anxiety, stress, sadness, and family activities and you will complete a survey about your child’s behavior. You or your child do not have to answer every question or complete every task. You are free to skip any questions on the surveys that make you feel uncomfortable answering. We also will ask your permission to contact your child’s school to access their academic record and to ask your child’s teacher to fill out a survey about your child’s behavior at school. The rest of the study will take place in your home. We will ask you and your child to collect small amounts of your child’s saliva once per day for five weekdays. You and your child will be instructed about how to collect the saliva samples, but it is as simple as drooling into a plastic cup. You will receive written instructions for gathering and storing the saliva samples. We also want to understand your child’s sleep. Your child will wear a “sleep watch” for a week – the sleep watch will tell us how well your child sleeps at night. We will send you reminders each day to help your family remember what to do each day. After your child has completed the cortisol collection and the sleep study, a research assistant will come to your home to collect the cortisol samples and the sleep watch.

Location: The first part of the study will take place at the Anxiety Disorders Clinic at the University of Central Florida. The rest of the study will take place in your home.

Time required: We expect that you and your child will be in this research study for a total of 10 hours (3 hours in our clinic and no more than 1 hour per day for the seven days at home).

Audio or video taping: You and your child will be videotaped during the clinical interview that is part of this study. If you do not want you or your child to be videotaped, your child will not be able to be in the study. Discuss this with the researcher or a research team member. If your child is videotaped, the tape will be kept in a locked, safe place. The tape will be erased or destroyed when the researchers have scored the interview and the tapes will not be used for other research purposes.

Funding for this study: This research study is being paid for by the Department of Defense (DoD) U.S. Army Medical Research and Materiel Command (USAMRMC).

Risks: The assessment procedures may cause some temporary increase in anxiety or exacerbation of other symptoms as a result of asking about stress, mood or fears. Based on our prior experience, such

UCF IRB Version Date: 01/2010
Permission to Take Part in a Human Research Study

increases will be temporary. Results of the clinical interview will be discussed with you and if problems/concerns are noted or if the clinical interview reveals that you or your child are suffering from a psychological disorder, you or your child may be able to obtain services at the UCF Anxiety Disorders Clinic. If the Anxiety Disorders Clinic is not the most appropriate place for you or your child to receive treatment, we will assist you in finding an alternative, appropriate treatment provider.

Benefits: We cannot promise any benefits to you or your child by taking part in this research. However, possible benefits include the detection of psychological stress or an emotional disorder and its subsequent treatment.

Compensation or payment: Compensation for your family’s participation will be $100 for the completion of the entire study including the 5 cortisol samples and the 7 days of sleep watch data, once these items are returned to the Anxiety Disorders Clinic. If you choose to withdraw from the study prior to completion, you will be compensated with $20 (for the completion of the clinical interview), following the completion of the interview.

Confidentiality: We will limit your personal data collected in this study. Efforts will be made to limit your child’s personal information to people who have a need to review this information. We cannot promise complete secrecy. Organizations that may inspect and copy your information include the IRB and other representatives of UCF. If you or your child reveals that your child has been the victim of physical or sexual abuse, we must disclose this information to the appropriate authorities per Florida law. In addition, because this research is sponsored by the Department of Defense and the U.S. Army, the Army Human Research Protections Office is eligible to review the research records.

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaints, or think the research has hurt your child talk to Dr. Deborah Beidel at the UCF Anxiety Disorders Clinic (407) 823-3254 or by email at deborah.beidel@ucf.edu.

IRB contact about you and your child’s rights in the study or to report a complaint: Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901. You may also talk to them for any of the following:

• Your questions, concerns, or complaints are not being answered by the research team.
• You cannot reach the research team.
• You want to talk to someone besides the research team.
• You want to get information or provide input about this research.

Withdrawing from the study: You may decide not to have your child continue in the research study at any time without it being held against you or your child. If you decide to have your child leave the research, you will not receive the $100 in compensation. The person in charge of the research study can remove your child from the research study without your approval. Possible reasons for removal include the failure of you or your child to comply with the study procedures.

UCF IRB Version Date: 01/2010
Permission to Take Part in a Human Research Study

Your signature below indicates your permission for the child named below to take part in this research

DO NOT SIGN THIS FORM AFTER THE IRB EXPIRATION DATE BELOW

<table>
<thead>
<tr>
<th>Name of child participant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of parent or guardian</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Parent
☐ Guardian (See note below)

Printed name of parent or guardian

☐ Obtained

Signature and printed name of person obtaining consent and assent

<table>
<thead>
<tr>
<th>Signature of witness to signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Printed name of witness to signature

Note on permission by guardians: An individual may provide permission for a child only if that individual can provide a written document indicating that he or she is legally authorized to consent to the child’s general medical care. Attach the documentation to the signed document.

UCF IRB Version Date: 01/2010
Parentification Questionnaire-Youth Version (PQ-Y)

I'm going to read a list of statements that may describe life in your family now. If you pretty much agree with the statement, say “yes.” If you don’t agree, say “no.”

YN 1. I often have to do other family members' chores.
YN 2. I seem to get the blame for most of what happens in my family.
YN 3. I often feel like an outsider in my family.
YN 4. I feel there’s enough problems at home; so I don’t want to cause more.
YN 5. I’m often asked to do more than my share of the work in my family.
YN 6. I often feel like a referee in my family.
YN 7. It often seems that no one in my family pays attention to my feelings.
YN 8. It’s OK to tell people in my family how I feel.
YN 9. I’m told that I act older than my age.
YN 10. I feel I’m asked too often to take care of some other family member.
YN 11. It seems that people in my family bring me their problems.
YN 12. I often do extra housework to help my parents.
YN 13. My family notices that I give-up a lot of things for them.
YN 14. My parents are very helpful to me when I have a problem.
YN 15. I feel my family understands me pretty well.
YN 16. My parents seem to disagree about everything.
YN 17. I often feel more like an adult than a child in my family.
YN 18. The chores are shared equally in my family.
YN 19. I do a lot of the cooking at home.
YN 20. I have to help a lot with the family bills.
REFERENCES


US: SAGE Publications, Inc.


