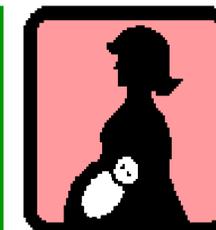




Validity of the Caregiving Helplessness Questionnaire: Associations With Maternal Trauma and Infant Social-Emotional Problems

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INTRODUCTION

• Bowlby (1969/1982) originally proposed that parents are guided by a caregiving behavioral system, which is complementary to the child's attachment system, with the goal of providing care and protection. Subsequently, George and Solomon (1996; 2008) and others have refined our understanding of the importance of the caregiving system for children's social emotional development.

• Some mothers, particularly those of disorganized children, have disorganized (or disabled) caregiving systems; these mothers fail to protect their offspring and psychologically abdicate their role as caregiver (George & Solomon, 2008; in press). This often results from defensive processes that regulate emotions including overwhelming fear in the caregiving role, quite possibly from mothers' own unresolved traumatic experiences.

• George and Solomon (2007; in press) recently developed the Caregiving Helplessness Questionnaire (CHQ) as a possible screener for maternal helplessness and mother-child frightened relationship. They found associations with maternal depression, parenting stress, life events, and children's externalizing problems in a sample of mothers and 3-11 year old children.

AIM: To examine associations between the CHQ, maternal functioning including trauma experiences, and infant social-emotional problems.

METHOD

Participants

- 120 women in an ongoing, prospective study beginning in pregnancy, and their young children
- Mothers' age range: 18 - 42, $M = 26$ ($SD = 5.7$)
- 47% African-American, 36% Caucasian, 13% Biracial, 4% Other Minority Group
- 64% single/never married, 28% married, 4% divorced, 4% separated
- 20% with high school diploma or less, 44% some college, 36% college degree
- Median monthly household income = \$1500
- 88% receive services from WIC, and 90% have public health insurance

Procedures

Pregnant women were recruited through flyers in pregnancy agencies and area community organizations. The first interview took place during the third trimester of pregnancy (T1), with subsequent interviews at 3-months post-partum (T2), 1-year postpartum (T3), and 2-years postpartum (T4). The present study utilized data from the first and third waves of data collection.

METHOD continued

Measures

• The *Caregiving Helplessness Questionnaire* (CHQ; George & Solomon, 2007; in press) is a 26-item questionnaire that screens for caregiving disorganization, yielding three subscales.

- *Mother Helpless* ($\alpha = .86$) includes 7 items
- *Mother-Child Frightened* ($\alpha = .66$) includes 6 items
- *Child Caregiving* ($\alpha = .64$) includes 6 items

Items are rated on a Likert-type scale ranging from 1 (*not characteristic at all*) to 5 (*very characteristic*). Convergent validity was demonstrated through correlations between *Mother Helpless* and *Mother-Child Frightened* and the Caregiving Interview helplessness scale ($r = .45$ and $r = .30$). Discriminant and predictive validity was also established through examination of relations with various self-report measures (see Introduction).

- The *Brief Child Abuse Potential Inventory* (BCAP; Ondersma, Chaffin, Mullins, & LeBreton, 2005) was used to measure child abuse potential at T1 ($\alpha = .86$).
- The *Edinburg Postnatal Depression Scale* ($\alpha = .76$) (EPDS; Cox et al., 1987) and the *Beck Depression Inventory-2nd Edition* ($\alpha = .90$) (BDI-II; Beck et al., 1996) were used to assess maternal depression at T1 and T3.
- The *PTSD Checklist* (Weathers et al., 1993) was used to assess maternal post-traumatic stress symptoms at T1 ($\alpha = .87$) and T3 ($\alpha = .91$).
- The *Trauma History Questionnaire* (THQ; Green, 1996) was used to assess maternal exposure to lifetime traumatic events at T1.
- The *Conflict Tactics Scales-2* (CTS-2; Straus, Hamby & Warren, 2003) was used to assess maternal experiences of partner violence at T1 ($\alpha = .90$) and T3 ($\alpha = .84$).
- The *Parenting Stress Index-Short Form* (Abidin, 1995) was used to assess total parenting stress at T3 ($\alpha = .88$).
- The *Brief Infant-Toddler Social and Emotional Assessment* (BITSEA; Briggs-Gowan & Carter, 2006) measured infant social-emotional problems at T3 ($\alpha = .77$).

Higher scores on scales = higher levels of each construct.

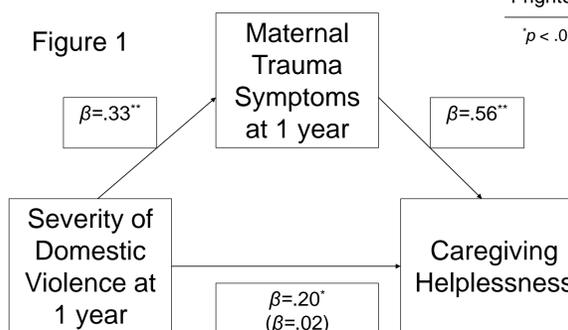
RESULTS

Correlations & Regressions

Bivariate correlations revealed numerous expected significant associations (Table 1). Maternal helplessness was significantly, positively associated with child abuse potential at T1, as well as depression, trauma, parenting stress, and infant social-emotional problems at T3. Frightened scores were significantly, positively associated with all T1 and T3 variables.

Using a depression composite and a trauma symptom composite (across time), a multiple regression analysis revealed that maternal depression, trauma, parenting stress, and child abuse potential across the transition to motherhood accounted for 29% of the variance of helplessness,

$F(4, 105) = 12.23, p < .001$, and 23% of the variance of frightened caregiving, $F(4, 105) = 9.16, p < .001$. A series of regression analyses also revealed that trauma symptoms fully mediated the relationship between partner violence experiences and caregiving helplessness at 1 year (Figure 1).



Note: Beta in parentheses indicates value once the mediator is accounted for in regression. Sobel test statistic for model = 3.10, $p < .01$. * $p < .05$. ** $p < .001$.

11.81, $p < .001$], maternal lifetime exposure to traumatic events [$F(3, 106) = 2.92, p < .05$], and infant social-emotional problems [$F(3, 112) = 15.37, p < .001$]. Tukey HSD tests identified significant between-group differences (Table 2). Overall, results indicated that mothers with high *Frightened* scores, and their infants, were doing poorly, especially when they also indicated high *Child Caregiving*; the latter combination is theoretically expected to occur when mothers abdicate their role as caregiver.

RESULTS

Table 1. Correlations Between Study Variables and Caregiving Helplessness and Frightened Subscales

	Child Abuse Potential	Prenatal Depression	Depression at 1 year	Prenatal Trauma Symptoms	Trauma Symptoms at 1 year	Parenting Stress	Infant Social-Emotional Problems
Mother Helpless	.18*	.16	.55**	.14	.57**	.45**	.32**
Mother-Child Frightened	.21*	.22*	.19*	.31**	.29**	.47**	.68**

* $p < .05$. ** $p < .001$.

MANOVA Analyses

Based on George and Solomon's findings that meaningful groups exist based on the *Frightened* and *Child Caregiving* subscales, and following their recommendations, four groups were formed based on scores in the upper quartile: those high on both subscales (F & C), those high on *Frightened* only (F), those high on *Caregiving* only (C), and those not high on either (N). A MANOVA revealed significant differences between groups on parenting stress [$F(3, 112) =$

Table 2. Frightened and Child Caregiving Group Differences

	F & C		F Only		C Only		Neither		Tukey Post-Hocs
	M	SD	M	SD	M	SD	M	SD	
Parenting Stress-Total	72.83	15.31	78.43	13.12	55.50	13.50	65.72	11.60	FC > C** F > C*** F > Neither*** Neither > C*
Total Lifetime Traumatic Events (z-score)	.84	3.15	-.11	.00	-.11	.00	-.08	.26	FC > F* FC > C* FC > Neither**
Infant Social-Emotional Problems	15.17	4.06	16.13	6.94	8.87	3.95	9.15	4.36	FC > C** FC > Neither** F > C*** F > Neither***

* $p < .05$. ** $p < .01$. *** $p < .001$.

DISCUSSION

- This study supports the validity of the recently developed Caregiving Helplessness Questionnaire (CHQ; George & Solomon, 2007; in press) as a possible screener for disorganized caregiving.
- Results replicated findings by George and Solomon regarding maternal depression and parenting stress and child social-emotional problems.
- Results extended their findings by also demonstrating associations with maternal exposure to trauma and post-traumatic stress symptoms, as well as maternal child abuse potential; these associations with various measures of trauma are consistent with the theoretical literature on disorganized mother-child attachment processes.
- This is the first known study to demonstrate such associations with the CHQ among a higher-risk sample of mothers of 1 year old infants, supporting the promise of this measure in diverse groups.
- However, in the current sample, internal consistency of some subscales (*Frightened* and *Child Caregiving*) was problematic ($\alpha = .34$ and $.63$), indicating that subscales may need to be modified in certain samples.
- Also, future research should continue to examine associations with assessments that allow for the coding of defensive processes, as defensive processes are critical elements to disorganized caregiving.
- Overall, this study supports the continued use, development, and empirical investigation of the CHQ.