

BACKGROUND

- ODD symptoms (e.g., irritable mood, argumentativeness, defiant behaviour; APA, 2013) frequently occur in childhood and demonstrate comorbidity with a host of lifetime psychiatric disorders, leading to substantial social costs (Nock, et al., 2007)
- Adolescents with externalizing problems (e.g., ODD) tend to exhibit lower levels of affect regulation and control, and difficulties processing affective information (Cappadocia et al., 2009)
- Quality of the attachment relationship (Bosmans et al., 2006), and attachment dimension (anxiety and avoidance; Obsuth, 2009) have been also linked to externalizing symptoms in adolescence
- Affect regulation skills are developed within the family context through attachment relationships with caregivers (Bowlby, 1944)
- Attachment insecurity may disrupt children's capacity to learn and sustain adaptive affect regulation strategies, thus increasing risk for the development of ODD symptoms such as anger and negativity (Guttman-Steinmetz & Crowell, 2005)
- Therefore, affect regulation may mediate the relationship found between attachment and ODD symptoms

CURRENT STUDY

We present a prospective study designed to investigate how the quality of the attachment relationship in adolescence influences risk for ODD symptoms in later adolescence. Based on attachment theory and previous research, deficits in effective emotion regulation are hypothesized to be an important mediating factor between attachment and ODD symptoms.

MEASURES

Attachment Anxiety and Avoidance: The Comprehensive Adolescent-Parent Attachment Inventory (CAPAI; Moretti, McKay & Holland, 2000) assessed adolescents' self-reported attachment behavior using 5 items measuring attachment anxiety and 3 items measuring attachment avoidance. The scale has been used in previous studies (Moretti et al., 2015) and showed acceptable psychometric properties (Time 1 α = .65-.77; Time 2 α = .51-.68).

Affect Dysregulation: The Affect Regulation Checklist (ARC, Moretti, 2003; Penny & Moretti, 2010) was used to assess affect dysregulation (3 items; e.g., Moretti & Craig, 2013). The scale showed good psychometric properties (Time 1: α = .81; Time 2: α = .80).

Oppositional Defiant Behaviour: The Ontario Child Health Study (OCHS; Boyle et al., 1993) was used to assess adolescent self-reports on oppositional defiant symptoms (7 items; e.g., Moretti & Craig, 2013). The scale also showed good psychometric properties (Time 1 & 2 α = .81).

PARTICIPANTS

Participants were adolescents (T1 N = 179, 46% female; T2 N = 96, 54% female) that were drawn from a larger longitudinal project examining gender and psychopathology among high-risk youth. Approximately half (55%) of the participants were drawn from justice-involved youth and the remainder were from a provincial assessment centre. Participants were measured at two time points from mid to late adolescence ($M_{age} = 15.34$, $SD_{age} = 1.53$; T2 $M_{age} = 17.72$, $SD_{age} = 1.38$, respectively). Full information Maximum Likelihood (FIML) was used to estimate missing data in longitudinal model.

RESULTS

	T1 ODD	T2 ODD
T1 Mother Avoidance	.07	.03
T1 Mother Anxiety	.27**	.09
T1 Father Avoidance	.09	.07
T1 Father Anxiety	.22**	.07
T2 Mother Avoidance	-.05	.00
T2 Mother Anxiety	.32***	.13
T2 Father Avoidance	.07	-.26*
T2 Father Anxiety	.22	.21 ^a

Table 1. Correlations between Mother and Father attachment dimensions and ODD symptoms at Time 1 and Time 2. *** $p < .001$, ** $p < .01$, * $p < .05$, ^a $p = .06$

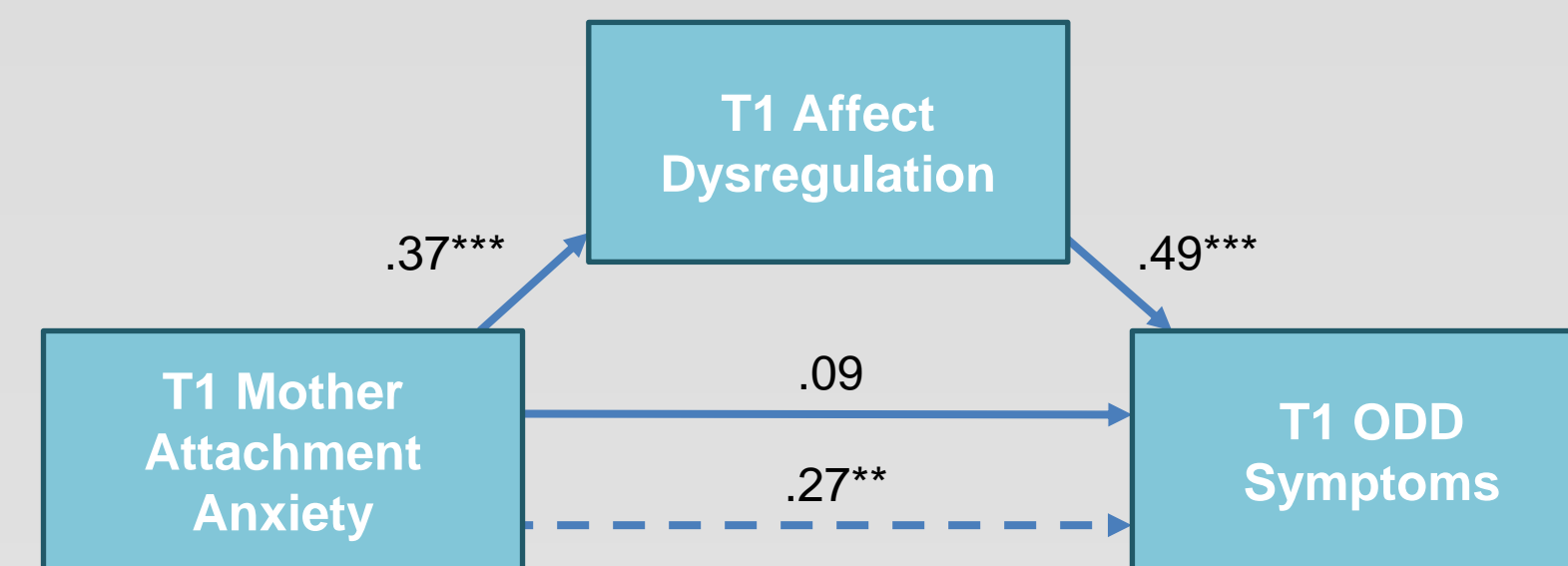


Figure 1. Mediation model for the role of Affect Dysregulation in the relationship between Mother Attachment Anxiety and ODD Symptoms at Time 1. Results show a fully mediated model ($CI_{95} = .24, .70$). Father attachment anxiety showed similar results at Time 1 ($CI_{95} = .14, .66$). *** $p < .001$, ** $p < .01$

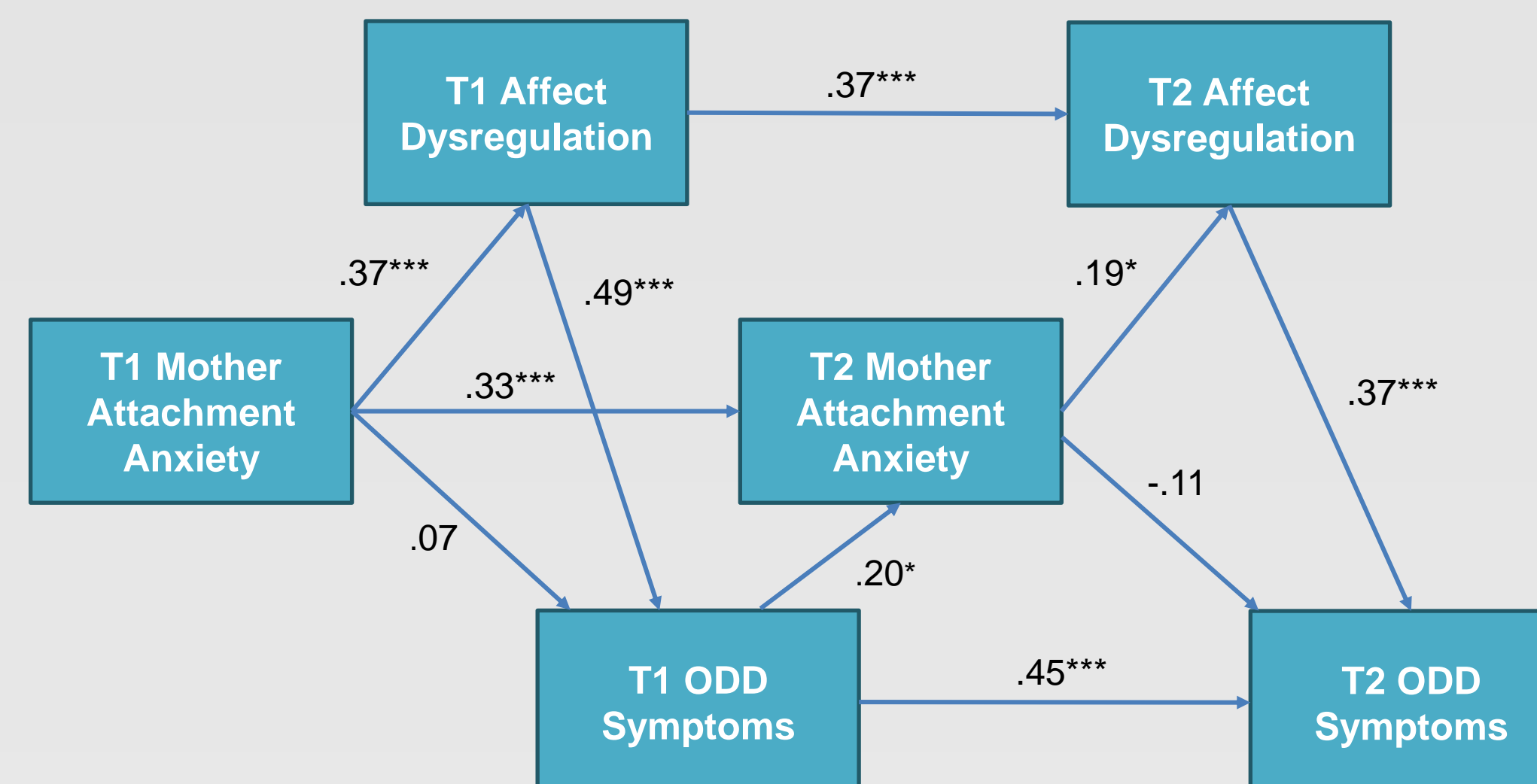


Figure 2. Longitudinal mediation model of affect dysregulation in the relationship between mother attachment anxiety and ODD symptoms from mid to late adolescence ($\chi^2(5) = 2.96$, $CFI = 1$, $RMSEA = .00-.07$). *** $p < .001$, ** $p < .01$, * $p < .05$

DISCUSSION & CLINICAL IMPLICATIONS

- Results indicated that the relationship between attachment anxiety and ODD symptoms was fully mediated by affect dysregulation in mid and late adolescence.
- These findings suggest that disruption within the parent-child attachment relationship may result in deficits in the capacity of teens to regulate difficult emotions, and in turn, this distress is expressed in oppositional behavior.
- Over time, a transactional pattern may evolve between parent and teen in which teens mislead their parents through oppositional behavior and in turn parents respond with attempts to contain and control their teens problem behavior or attempts to distance themselves from the aversive acts of their child (Moretti et al., 2004).
- Such a pattern restricts opportunities for the teen to learn to tolerate and understand challenging emotions, thereby curtailing the development of skills that are essential for affect regulation.
- Interventions that focus on promoting parental sensitivity and enhancing the capacity of parents to serve as a safe haven and secure base for their teen are likely to oppositional behavior in teens.
- Evidence suggests that attachment-based interventions, including Connect (Moretti et al., 2009) and Attachment Based Family Therapy (Diamond et al., 2013), increase parental sensitivity and attachment security, promote the ability of teens of manage difficult emotions, and reduce both internalizing and externalizing problems in teens (Moretti et al., 2015).

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