Attachment Anxiety, Affect Dysregulation and ODD/Depressive Symptoms In Adolescents

Rachelle A. Yu, Stephanie G. Craig, Carlos Sierra Hernandez & Marlene M. Moretti
Simon Fraser University, Burnaby, BC, Canada

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., 2012).
- Quality of the attachment relationship (Boomsma et al., 2006), and attachment dimension (anxiety and avoidance; Ousbeh, 2009) have also been linked to externalizing symptoms in adolescence.
- ODD symptoms are among the most prevalent and burdensome psychiatric problems in children and adolescents (OCHS; Lavigne et al., 2013) frequently occur in childhood and demonstrate comorbidity with a host of lifetime psychiatric disorders, leading to substantial social costs (Nock, et al., 2007).

CURRENT STUDY

We present a prospective study designed to investigate how the quality of the attachment relationship in adolescence influences risk for ODD dimensions and depressive symptoms in later adolescence. Based on attachment theory and previous research, deficits in effective affect regulation are hypothesized to be an important mediating factor between attachment and ODD symptoms. Based on previous research, ODD symptoms were examined within a two-factor model classified by an emotional dimension and a behavioral dimension. ODD symptoms and depressive symptoms were both investigated as outcomes.

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., 2012; 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 & Depression: The Ontario Child Health Study (OCHS; Boyle et al., 1993) was used to assess adolescent self-reports on oppositional defiant and depressive symptoms. Based on previous literature, ODD emotional symptoms were assessed by 3 items, ODD behavioral symptoms were assessed by 5 items, and depressive symptoms were assessed using a 15-item scale (Moretti & Craig, 2013).

RESULTS

- Results indicated that maternal attachment anxiety was related to both affect dysregulation and ODD and depressive symptoms both concurrently in mid adolescence, and prospectively from mid to late adolescence.
- The relationship between maternal attachment anxiety and ODD dimensions was fully mediated both concurrently and prospectively, while depressive symptoms were partially mediated by affect dysregulation.
- In order to check for gender differences across the model, a multi-group comparison nested model and chi-square difference test. No gender differences were found (χ²(15) = 13.9, p > .05).
- Attachment avoidance was not related to either affect dysregulation or symptomology at Time 1 or Time 2 and was therefore removed from further analysis.

DISCUSSION

- 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 react to their parents through oppositional behavior, and in turn parents respond with attempts to contain and control their teen’s 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.

CLINICAL IMPLICATIONS

- 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 reduce 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 to manage difficult emotions, and reduce both internalizing and externalizing problems in teens (Moretti et al., 2015).
- Implementing a clinical focus on externalizing symptoms such as behavior problems in younger children may cause internalizing symptoms such as depression to be overlooked.
- This study suggests that some disruptive behavior disorders such as ODD may perhaps be better understood as emotion dysregulation disorders.

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Figure 2. Longitudinal mediation model of affect dysregulation in the relationship between mother attachment anxiety and ODD symptoms from mid to late adolescence (R² (5) = 2.96, CFI=1, RMSEA=.00-.07). *** p < .001, ** p < .01, * p < .05.