Section B

Adult Attachment Outcomes and Interventions
Measuring Adult Attachment: Two Basic Approaches

- Developmental psychology
  - Interview
  - Attachment “state of mind”
  - Example = Mary Main’s Adult Attachment Interview

- Social psychology
  - Self-report scales
  - Attachment “style”
  - Example = Feeney and Noller’s Attachment Style Questionnaire
Intergenerational Transmission

- Early childhood tasks and social fields
- Attachment theory basics
- Measurement of attachment
- Intergenerational transmission
Intergenerational Transmission of Attachment Status

Mother per adult attachment interview

- Secure/autonomous → Secure
- Dismissing → Avoidant
- Insecure
  - Preoccupied → Resistant/ambivalent
  - Unresolved → Disorganized

Child per Strange Situation procedure
Outcomes

- Early childhood tasks and social fields
- Attachment theory basics
- Measurement of attachment
- Intergenerational transmission
- Outcomes
Association of Attachment with Later Development

- Low-risk samples
  - Weak associations, but small studies

- High-risk samples
  - Preschool, elementary school
    - Early insecure attachment $\rightarrow$ poor peer relations, moodiness, depressive symptoms, aggression
  - Adolescence
    - Anxiety disorders, dissociative disorders
Association of Attachment w/Psychopathology in Adulthood

- Mostly case-control and cross-sectional studies

- Depression, anxiety disorder, borderline personality disorder
  - 3-way classification
    - Preoccupied at greatest risk
  - 4-way classification
    - Unresolved/disorganized at greatest risk
Approaches to Intervention

- Early childhood tasks and social fields
- Attachment theory basics
- Measurement of attachment
- Intergenerational transmission
- Outcomes
- Approaches to intervention
Conceptual Framework—Determinants of Parenting

- Parent’s developmental history
- Personality/relationship capacity
- Family relations
- Social norms
- Parenting
- Stresses
- Child attributes
- Child outcomes

Adapted by CTLT from Belsky’s Framework.
Conceptual Framework—Determinants of Parenting

Adapted by CTLT from Belsky’s Framework.
Intervene Early

- Intervene early because early parenting tracks into grade school

<table>
<thead>
<tr>
<th></th>
<th>AOR*</th>
<th>p</th>
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<tbody>
<tr>
<td>Nonviolent discipline</td>
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<td>Neglectful behavior</td>
<td>3.7</td>
<td>&lt;.01</td>
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<tr>
<td>Confirmed CPS report</td>
<td>6.7</td>
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* AOR for later use if tactic used birth-3 years
Video-Based Parent Training in Well Child Visits

- Design: RCT; assignment by family

- Setting: inner city public hospital clinic

- Sample: Latino mother-newborn dyads
  - Inclusion criterion: low maternal education
  - Exclusion criteria: prematurity, medical complication, psychosocial issue, no VCR at home

- Measures:
  - Cognitive development: Bayley MDI
  - Language development: PLS-3
  - EI eligibility: <2 SDs below mean on 1 scale
    <1.5 SDs on both scales

VIP Study—Definition of Conditions

- Control = usual care per AAP guidelines

- Experimental = usual care per AAP guidelines

  plus

  12 sessions with child development specialist
  2 weeks - 3 years old, about 45 minutes each visit
  Curriculum for cognitive, language, SE development

  - Three parts to each session
    1. Discuss parent expectations and concerns
    2. Give developmentally stimulating book or toy
    3. Videotape 5- to 10-minute parent-child interaction; review; focus on strengths, activities to do at home; copy for family
Mothers completing 7th-11th grade: substantial impact
Mothers completing <7th grade: smaller effects
Conceptual Framework—Determinants of Parenting

- Parent's developmental history
- Personality/relationship capacity
- Parenting
- Child outcomes
- Stresses
- Child attributes
- Family relations
- Social norms

Adapted by CTLT from Belsky's Framework.
COS Protocol—Principles

1. Lasting change results from parents developing specific relationship capacities vs. learning parenting techniques
   - Understanding children’s relationship needs
   - Observational and inferential skills
   - Reflective functioning
   - Emotional regulation
   - Empathy

2. Capacities are best enhanced within a secure-base relationship

3. Interventions are most effective if they focus on the strengths and struggles of each dyad
<table>
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<tr>
<th>Weeks</th>
<th>Content</th>
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<tbody>
<tr>
<td>1-2</td>
<td>Introduce attachment theory and COS graphic</td>
</tr>
<tr>
<td>3-8</td>
<td>Observe Strange Situation video clips; note successes</td>
</tr>
<tr>
<td>9</td>
<td>Build framework to look at defensive processes</td>
</tr>
<tr>
<td>10-15</td>
<td>View new video clips; focus on under-developed capacities</td>
</tr>
<tr>
<td>16-20</td>
<td>View new video clips; celebrate positive change; make a plan for future</td>
</tr>
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</table>
Results—COS Early Head Start Study
pre/post improvement in attachment status (p<.001)

- Pre-Tx status
  - Secure: 20%
  - Insecure: 80%

- 90% Remained secure
- 44% Became secure

Conceptual Framework—Determinants of Parenting

Adapted by CTLT from Belsky’s Framework.
Breaking negative intergenerational cycles of ineffective parenting

- **Hypothesis:**
  - Five competing theoretical models of adult attachment as an influence on parenting

- **Design:**
  - Cohort study, 10-27 months old

- **Sample:**
  - Mother-firstborn son dyads

- **Measurement:**
  - Maternal attachment status: AAI at 11 mos
  - Parenting: 180 mins observation at 27 mos
  - Stress: Parenting Daily Hassle

Positive parenting score by maternal attachment status and level of stress

Mean and 95%
Home Visiting: A Comprehensive Approach

Home visiting is a comprehensive approach to parent training

Program model
- Outreach
- Trust building
- Crisis intervention
- Case management
- Parenting education

Process
- Screening & assessment
- Home visiting
- Medical home
- Other services

Family functioning
- Mental health, SU, IPV
- Social support
- Economic sufficiency

Parenting
- Knowledge & attitudes
- Interaction with child
- Learning environment
- CAN

Child outcomes
- Health and development
Home visiting is a comprehensive approach to parent training.

**Program model**
- Outreach
- Trust building
- Crisis intervention
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**Child outcomes**
- Health and development
Participant responsiveness influences HV fidelity and impact

**Program model**
- Outreach
- Trust building
- Crisis intervention
- Case management
- Parenting education

**Process**
- Screening & assessment
  - Home visiting
  - Medical home
  - Other services

**Family functioning**
- Mental health, SU, IPV
- Social support
- Economic sufficiency

**Factors for fidelity**
- Model complexity/clarity
- Implementation system adequacy
- Participant responsiveness

**Parenting**
- Knowledge & attitudes
- Interaction with child
- Learning environment
- CAN

**Child outcomes**
- Health and development
Participant responsiveness—varying response to creative outreach

An assertive outreach policy promoted retention of mothers with high relationship anxiety.
Participant responsiveness—varying identification of poor mental health

AOR = 1.07, p < .05
Home Visiting Need and Impact

Differential home visiting need and impact—highest in mothers with relationship anxiety

Example: Depressive Symptoms

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<th></th>
<th>All AR</th>
<th>Neither high</th>
<th>Anxiety high</th>
<th>Avoidance high</th>
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<tr>
<td>Solid bar</td>
<td>34%</td>
<td>19%</td>
<td>68%</td>
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<td>57%</td>
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<tr>
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<td>32%</td>
<td>19%</td>
<td>31%</td>
<td>33%</td>
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Solid bar = control
Striped bar = home visited
Home Visiting Need and Impact

Differential home visiting need and impact—highest in mothers with relationship anxiety

Example: Depressive Symptoms

Solid bar = control
Striped bar = home visited
Recap of Points

- Early childhood is a crucial time; parents are a key influence
- Early experiences with attachment figures have long-term consequences
- Parenting interventions should explicitly consider caregivers’ attachment status