

Developmental Changes in Adolescent Girls' Attachment Security, Social Functioning, and Psychopathology Symptoms in a High-Risk Community Sample



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INTRODUCTION

Theory and research indicate that attachment security has important implications for social functioning and resilience. Evidence suggests that security of attachment to caregivers may decline during adolescence in high-risk samples (Ammaniti et al., 2000; Weinfield, Sroufe, & Egeland, 2000). The specific risk factors for such changes in attachment security in high-risk samples are poorly understood. Additionally, it is unknown whether such changes in attachment to caregivers are normative or if they are related to concurrent increases in social dysfunction and psychopathology symptoms.

OBJECTIVES

- 1) Examine developmental changes in attachment security to caregivers from ages 11 to 16 in a high-risk sample of girls.
- 2) Identify the predictors of initial level and changes in attachment security over time.
- 3) Examine how changes in attachment to caregivers relate to developmental changes in social dysfunction and psychopathology.

METHODS

Participants

Participants were 2,187 girls enrolled in the Pittsburgh Girls Study (PGS), which involves a household sample of four girl cohorts, ages 5-8 at the first assessment, and their primary caretaker, who have been followed annually for ten years according to an accelerated longitudinal design.

METHODS

Measures

Child Reports (Ages 11-16)

- Child's Attachment to Caregiver: Inventory of Parent and Peer Attachment (Gullone & Robinson, 2005)
- Child Conduct Disorder (CD) and Depression
 Symptoms: Child Symptom Inventory (Gadow & Sprafkin, 1994); Adolescent Symptom Inventory (Gadow & Sprafkin, 1998)
- Social Dysfunction (i.e., Low Social Self-Worth, Low Social Competence, and High Peer Victimization): Perception of Peers and Self Inventory (Rudolph et al., 1995)

Caregiver Reports (Baseline [Ages 8-13])

- Caregiver Depression: *Beck Depression Inventory* (Beck et al., 1961)
- Caregiver Stress/Poor Coping: *Perceived Stress Scale* (Cohen et al., 1983)
- Harsh Punishment: Conflict Tactics Scale (Straus et al., 1998)

Child & Caregiver Reports (Baseline [Ages 10-13])

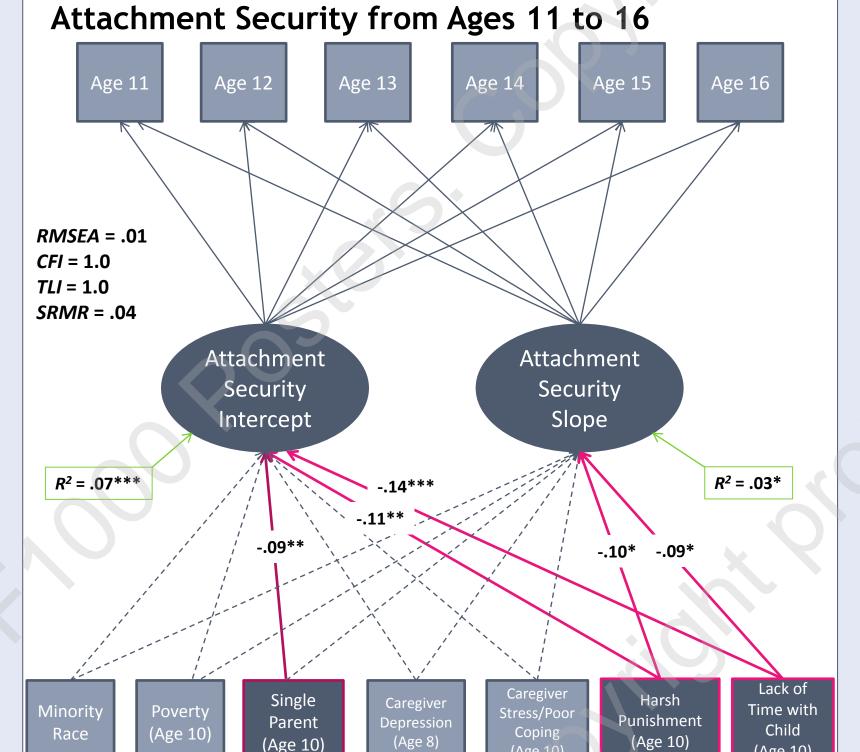
Lack of Parent-Child Activities (Time with Child):
 Supervision/ Involvement Scale (Loeber et al., 1998)

RESULTS

Objectives 1 and 2: A univariate latent growth curve model (LGCM) was specified to characterize changes in girls' attachment security to their primary caregivers from ages 11 to 16 (See Figure 1).

- ➤ In the unconditional model (no predictors), attachment to caregivers **decreased** over time from ages 11-16 (B = -.71, SE = .05, p < .001).
- Harsh punishment, lack of time spent with child, and single parent household at baseline predicted lower initial attachment security.
- Harsh punishment and lack of time spent with child predicted more rapid decreases in attachment security over time.

RESULTS Figure 1: Univariate Conditional LGCM for



*p < .05, **p < .01, ***p < .001

Objective 3: Relations between changes in attachment security and changes in CD symptoms, depression, and social dysfunction were examined in three separate parallel process LGCMs, controlling for race, poverty, single parent status, parent psychopathology, and parenting practices (See Figures 2-4).

- Lower initial levels of attachment security were related to higher initial levels of CD, depression, and social dysfunction.
- Decreases in attachment security were related to faster increases in CD, depression, and social dysfunction over time.
- > Lower initial attachment security predicted faster increases in social dysfunction.

RESULTS

Figure 2: Parallel Process LGCM of Relationship between Attachment Security and Conduct Disorder

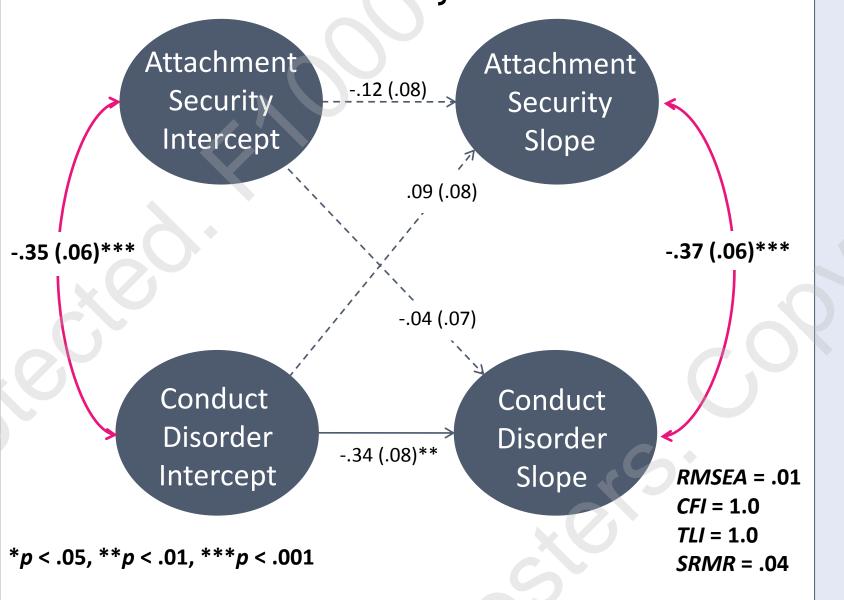
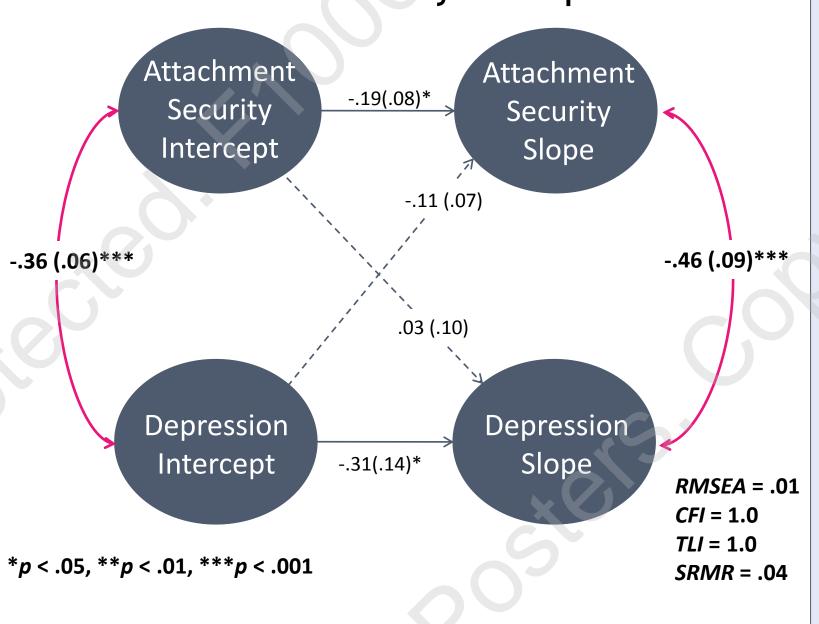
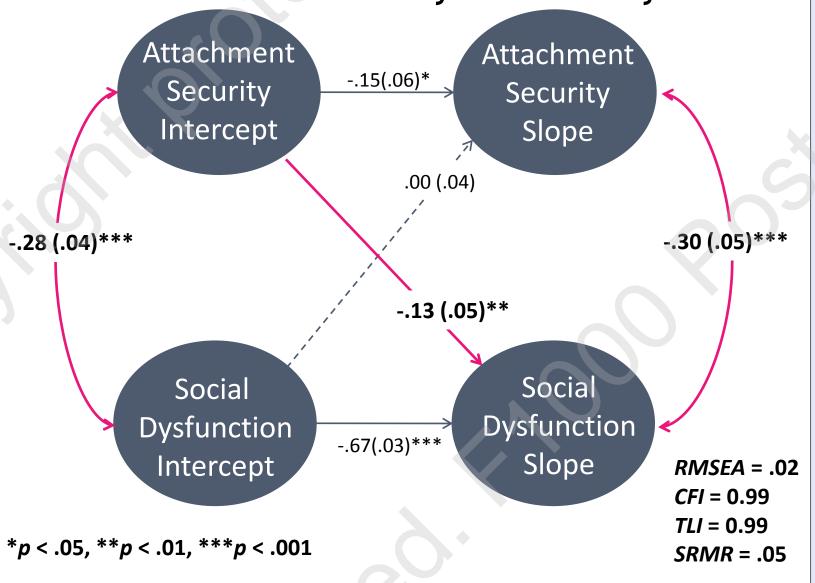


Figure 3: Parallel Process LGCM of Relationship between Attachment Security and Depression



RESULTS

Figure 4: Parallel Process LGCM of Relationship between Attachment Security and Social Dysfunction



CONCLUSIONS

Parenting practices predict decreases in attachment security from ages 11-16 in girls, even after controlling for sociodemographic risk factors and parental psychopathology.

Lack of secure attachment to caregivers and decreases in attachment security during adolescence are related to psychopathology symptoms and social dysfunction. These results support prevention and intervention efforts for at-risk girls aimed at strengthening parent-child relationships during adolescence.

ACKNOWLEDGEMENTS & CONTACT INFORMATION

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