Child & Adolescent Behavior Problems and Attachment

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Problems with adolescent conduct are a significant area of clinical treatment in both the psychiatric outpatient and inpatient settings. In a review of the Conduct Disorder (CD) literature, Browne and Finkelhorn (1986) indicate that a variety of definitions are used to describe the disorder, including acting-out, antisocial behavior, aggression, and oppositional behavior. Moreover, Browne and Finkelhorn identify multiple behaviors associated with the disorder including: fighting, disobedience, temper tantrums, destructiveness, impertinence, bad companions, truancy from home and school, stealing with others, loyalty to delinquent friends, gang membership, lying, destruction of property, deceitfulness, fire-setting, and cruelty to animals.

Axis I diagnoses describing childhood and adolescent problems of conduct are grouped as a subclass called Disruptive Behavior Disorders. These disorders are characterized by socially disruptive behavior that results in greater distress to others than to the diagnosed individual. The diagnostic syndromes include Attention-Deficit Hyperactivity Disorder, Conduct Disorder, and Oppositional Defiant Disorder. The most severe of these syndromes, Conduct Disorder, is described as "a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated" (D*iagnostic And Statistical Manual Of Mental Disorders-IV*, American Psychiatric Association, 1994, p. 88.). This behavior is found to occur across contexts (e.g., home, school, and in the community), across persons (e.g., parents, peers,

and strangers), and across time (e.g., a duration of at least 6 months during which three or more antisocial behaviors occur). Deliberate destruction of others' property, deceitfulness and theft, and serious violations of rules are critical for the diagnosis, though running away and lying are also reported to be characteristic of the disorder (*DSM-IV*).

Types of Conduct Disorder include Childhood-Onset Type and Adolescent-Onset Type. The Childhood type is characterized by onset prior to age 10, and is typically diagnosed in males who display disturbances in peer relationships often associated with physical aggression (*DSM-IV*). The Adolescent type is characterized by the absence of Conduct Disorder behaviors prior to age 10. These individuals are described as less likely to be physically aggressive and may evidence some pro-social peer relationships (*DSM-IV*). The male to female ratio for Conduct Disorder is higher for Childhood type than the Adolescent type (*DSM-IV*).

Oppositional Defiant Disorder (ODD) is characterized as "a recurrent pattern of negativistic, defiant, disobedient, and hostile behavior toward authority figures" (*DSM-IV*, p. 91). Diagnostically important behaviors include: losing one's temper, arguing with adults, refusing to comply with adult requests, annoying or blaming, and displaying resentfulness, and vindictiveness. Although these behaviors may also be found in Conduct Disorder, the Oppositional Defiant Disorder lacks the occurrence of the serious violation of the rights of others (*DSM-IV*).

According to epidemiological studies by Esser, Schmidt, and Woermer (1990), prevalence rates for Conduct Disorder have increased over the last few decades and are thought to be higher in urban and inner city areas than rural settings (*DSM-IV*). Wolff (1967) indicates that Conduct Disorders receive the highest rates of referral to mental

health facilities, representing at least one third to two thirds of child referrals, with male to female ratios raging from 4:1. According to Shaw, Owens, Vondra, Kennan, and Winslow (1996), Childhood-Onset Type is more common in males than females, with gender being an important factor for differentiating types of conduct disturbances. Whereas males tend to display physical aggression, stealing, and school discipline problems, females tend towards lying, truancy, substance abuse, and prostitution (*DSM-IV*). Overall, males tend to be more confrontational and females tend to be more non-confrontational (*DSM-IV*).

Gender differences were identified in the empirical study by O'Keefe, Carr, and McQuaid (2000). These investigators identified a distinct psychological profile for 20 male and 20 female adolescents with CD. In their study, girls had fewer conduct problems overall and, when compared to boys, they had fewer overt behavior problems. Whereas boys showed a pattern of overt behaviors characterized by higher levels of cruelty, bullying, destructiveness, weapon carrying, and initiating fights, girls demonstrated a more covert pattern characterized by deviant peer group membership, lying, prostitution, eating disorders, and running away.

While numerous predictors have been identified as etiological for disorders of conduct, the epidemiological evidence of Fingerhut and Kleinman (1990) suggests that there has been a surge in the rates of violent crime by youth in the United States, with progressively increasing numbers of children and adolescents serving as perpetrators of aggression, assault, and murder. Consistent with the research by Wolff in 1967, Achenbach and Howell (1993) found that among youth, the highest rate of referral for mental health services involve aggressive, acting-out, and disruptive behavior patterns.

Due to increasing prevalence rates and the threat that such behaviors pose to local communities, the need for sound empirical research directed towards understanding the etiology and mechanisms of disorders of conduct, as well as policy initiatives that seek appropriate interventions must be prioritized.

A survey of the literature on CD indicates that a growing number of investigators have come to question the role of attachment in the etiology of conduct-disordered adolescents. For purposes of this study, attachment is understood as a system (Bowlby, 1969/1982) through which infants and caregivers are innately predisposed to respond to one another in ways that serve to maximize the child's likelihood of survival, by promoting caretaker-child proximity, especially in times of stress. For Bowlby the function of the attachment behavioral system was to provide protection to the infant, with the subjective goal of achieving a sense of security and safety.

According to this theory, the child's mechanism for achieving proximity to the caretakers is to signal them. Signaling occurs in both socially desirable and aversive ways, evoking a response from the caretakers. Whereas caretaker response patterns vary, sensitive responding to the infant's signaling during infancy is thought to facilitate the child's development of an internalized expectation that the child would be cared for and responded to when necessary. Over time the caretaker's pattern of response to the child resulted in the infant's internalization of a working model for relationships. Further, Bowlby (1988) suggests that the child's model for relationships was construed as a decisive influence on the developing child's feelings of self-worth, sense of security in the world, and their capacity for meaningful interpersonal relationships.

To test aspects of Bowlby's theory of attachment, particularly the relevance of his theory across the life-span, Ainsworth (1978) introduced the Strange Situation as an empirical framework to access infant responses to stressful situations. Of particular interest to Ainsworth was the outcomes generated from the process of separation and reunion of the infant and caretaker. From this data Ainsworth noted three distinct patterns of behavior. Following separation some infants clearly sought to re-connect with their caretaker, evidencing minimal tendencies to avoid contact. Ainsworth described these children as securely (S) attached to their caretaker. Other children avoided their caretakers and were described as having an insecure-avoidant (I/Av) attachment to their caretaker. Finally, another set of children alternated between resistance and contact-seeking behaviors. Ainsworth described this group as having and insecure-ambivalent (I/Am) attachment.

In 1986, Main and Solomon furthered the original research of Ainsworth, studying those infants in Ainsworth's study that did not fit the three attachment styles described earlier. Main and Solomon concluded that most of the unclassifiable cases fit a fourth pattern, which they described as a disorganized/disoriented (D/D) attachment style. Usually, these children evidenced a variety of unusual behaviors when reunited with their caretaker, often combining attributes of the avoidant and resistant patterns, as well as appearing confused, apprehensive and depressed. Interestingly, a number of the children identified as fitting the D/D pattern came from at-risk families due to a history of maltreatment, maternal depression, and poverty (Carlson et al., 1989). Main and Hesse (1990) argued that the D/D attachment style represents a response to a fearful caretaker,

with whom the sense of safety is compromised, and for which no strategy consistently results in secure proximity to their caretaker.

Bowlby (1944) suggested the possibility for a correlation between attachment difficulties and psychopathology. Due to a number of factors, empirical investigation for such a link has been long delayed. Historically, attachment measures were initially developed on low risk samples. Secondly, disorders are often heterogenous and have complex etiologies. Third, there have been few longitudinal studies that include large sample sizes and high-risk populations. Finally, post-infancy measures for attachment have only emerged in the past 15 years (Bretherton, 1985).

Presently, Crittenden's theory of attachment and psychopathology throughout the life span (2003) proposes a developmental construct for exploring a maturational model of attachment. Crittenden argues that patterns of attachment in childhood and adolescence have implications for attachment relationships in adulthood. Building on the relationship between patterns of attachment in childhood and adulthood, Crittenden suggests that exposure to danger in the childhood family of origin may result in the internalization of distorted interpersonal processing skills that may latter effect interpersonal relationships outside of one's family of origin, such as marriage and child-rearing. Finally, Crittenden argues that attachment is an important pathway for understanding the development of preferred patterns of interpersonal behaviors and that professional interventions must explore attachment based experiences in order to help undo distorted interpersonal processing and further the development of adaptive interpersonal skills.

Building on studies exploring the relationship between caretaker response style and disorders of conduct, Loeber and Farrington (1995) identified how parenting

practices are recognized to be a powerful predictor of antisocial behaviors in children and adolescents. Equally, Patterson (1982) found a strong correlation between harsh, abrasive and inconsistent parental discipline and child antisocial behaviors. Forgatch (1991) replicated this model across the two cohorts of the Oregon Youth Study (OYS) with a single parent sample and a clinical sample. Similarly, Patterson et al. (1993) found an association between inept parental discipline practices, parental monitoring and child anti-social behavior in mid-adolescents.

Moreover, a relationship between caretaker response style and disorders of conduct have also been found using longitudinal data. Patterson et al. (1992) and Vuchinich et al. (1992) used structural equation modeling to demonstrate that parental discipline practices were associated with child antisocial behavior during middle childhood and early adolescence. Perhaps most importantly, the relation between caretaker response style and antisocial behavior in early adolescence held even when controlling for the stability of antisocial behaviors from ages 9-12. Finally, researchers in criminology have also predicted adolescent antisocial behavior from comprehensive measures of family functioning during middle childhood (Farrington, 1986).

Thus the rationale for analyzing the link between attachment and conduct disorder is based on the emerging empirical evidence and a developing consensus among proponents of various theories that identify caretaker-child response patterns as important markers in the development of disorders of conduct. Whether based on longitudinal data (Patterson et al., 1992) or organizational measures such as attachment (Lyons-Ruth et al., 1997), significant associations between caretaker response style and child outcomes have

been found. Consequently, attachment concepts may be an important aid in furthering our understanding of conduct problems.