



## Differentiating early causes of adolescent disorder: early adverse parenting and attachment style.

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## Lifespan approaches

- | In order to understand the origins of adult disorder, we need to understand early life experience and transition points such as adolescence.
- | Research needs to incorporate childhood relationships with parents as an indicator of early attachment problems, trauma or adversity.
- | Such experience can have social, psychological and biological impacts on the developing child.



## Risk in UK adolescents



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- | Child/adolescent deprivation in UK is high in European terms (Child Action Poverty, 2009) and UNICEF report (2007) shows worse levels of well-being in Europe.
- | Teenagers in the UK have high rates of psychological disorder (Meltzer et al 2000).
- | Child abuse rates have recently reduced (Radford et al, NSPCC, 2011) but still at level of concern with 3 times more abuse in teenage years (1 in 5).
- | Other risk factors such as teenage pregnancy, family break down, risk taking behaviour and violent environments are all common in UK youth.

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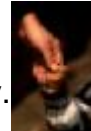
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## Attachment Theory

Bowlby, 1969-80 Attachment and Loss trilogy.



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- | Attachment theory provides a useful framework for investigating linkages between early interactions with parents and subsequent insecure relating styles.
- | Research evidence shows Insecure attachment style relates to:
  - | childhood neglect/abuse (Crittenden 1997),
  - | poorer support (Hazan & Shaver, 1994; Bartholomew & Horowitz 1997),
  - | stress (Mikulciner & Florian, 1998)
  - | psychological disorder in adolescence (Allen, 1998) and adulthood (Mickelson & Kessler 1997)

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## Background to the London study (MRC funded, Brown, Bifulco et al)

- | Adult women studied over a number of years to determine their vulnerability to major depression.
- | Childhood neglect, physical or sexual abuse shown to be key early life vulnerability for adult major depression.
- | Poor relationships with partner and children and low self-esteem shown as recent vulnerability factors.
- | Attachment framework is used to conceptualise these findings.
- | Investigation extended inter-generationally.



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## The London Sample



- | High risk community mothers (1990-5)
    - | Questionnaire screening of high risk women registered with London GP surgeries. 303 mothers with poor support, conflict with partner or neglect/abuse in childhood investigated in relation to depression
- 
- | Transmission of risk to adolescent/young adult offspring (1995-99)
    - | 146 mothers followed-up and re-interviewed with their offspring aged 16-30, male and female interviewed independently.
    - | High mother compliance (70%); moderate compliance by young people (63%)

## Adolescent/young adult offspring characteristics



Average age 20, 78 female, 68 male, 64% living with mother; 84% single, 14% Black/ethnic minority background.

High rates of social risks – 94% had one of the following risk factors:

- | Lone mother upbringing – 52%
- | Lowest social class – 32%
- | History of domestic violence between parents – 21%
- | Maternal recurrent depressive disorder – 46%
- | Paternal disorder (including substance abuse and criminal behaviour) - 52%

## Prevalence of clinical disorder (SCID for DSM-IV)



- | 45% of young people had a clinical disorder in the 12-months before interview
  - | 40% Emotional Disorder (8% representative London rate)
    - 26% Major depression
    - 17% Anxiety (GAD, P/AG, Soc Ph)
  - | 28% Substance abuse (4% representative London rate)
    - 43% drug abuse
    - 26% alcohol abuse
    - 31% both drugs and alcohol
    - Drugs included cannabis (53%), stimulants (23%) cocaine (18%), heroin (5%) Sedatives (3%).

## Childhood Experience of Care and Abuse (CECA) interview

[www.cecainterview.com](http://www.cecainterview.com)

- | A retrospective assessment of a range of childhood experiences before 17. Suitable for use with adults or adolescents (age 14+)
- | A semi-structured, investigator-based interview with a narrative interview style including probing questions. A quantitative scoring system amenable to statistical analysis.
- | CECA has a factual orientation and examples of parental/perpetrator behaviour are required to evidence ratings. Broad range of experiences (family arrangements, care, abuse and social arena) measured chronologically.
- | High inter-rater reliability (average  $K=0.78$ ) good inter-respondent agreement (average  $K=0.65$ ).

## Prevalence neglect or abuse in sample



41% had experienced severe neglect or abuse from parent

- | Physical abuse (frequent hitting, usually with fist or implement such as a belt)
  - 15% mother, 15% father
- | Antipathy (cold, critical or hostile parenting)
  - 14% mother, 14% father
- | Neglect (indifference to child's material care, health needs, school work, friendships, distress)
  - 12% mother, 18% father
- | Other abuse
  - Sexual abuse 6%
  - Psychological abuse 4%
  - *(These latter not included in the index, because too rare and sexual abuse never from mother).*

### Childhood adversity and DSM disorder in 12 months

CECA dichotomy – marked or moderate severity Odds Ratio	Emotional disorder	P<	Substance abuse	P<
Antipathy from mother	4.16	.002	1.6	ns
Antipathy from father	0.86	ns	3.1	.02
Neglect from mother	4.08	.007	1.3	ns
Neglect from father	1.05	ns	2.1	(.08)
Physical abuse from mother	2.70	.03	1.19	ns
Physical abuse from father	0.97	ns	2.9	.02
Sexual abuse (any perpetrator)	1.32	ns	15.0	.015
Psychological abuse (either parent)	0.51	ns	2.14	ns

### Emotional disorder and parent who maltreats

*Logistic regression – outcome emotional disorder in 12 months*

Experience –	Odds ratio	Wald	df	P<
Mother's antipathy or neglect or physical abuse	2.15	10.3	1	.001
Father's antipathy or neglect or physical abuse	.711	0.54	1	NS

Goodness of fit 75.3%

## Substance abuse, and parent who maltreats

*Logistic regression – outcome substance abuse in 12 months*

<b>Experience –</b>	<b>Odds ratio</b>	<b>Wald</b>	<b>df</b>	<b>P&lt;</b>
Mother's antipathy or neglect or physical abuse	1.2	.91	1	NS
Father's antipathy, neglect or physical abuse	3.0	7.43	1	p<.006

Goodness of fit 74.7%

## The Attachment Style Interview (ASI)

[www.attachmentstyleinterview.com](http://www.attachmentstyleinterview.com)



- | Support-based attachment interview.
- | Semi-structured interview covering current relationship with mother and two very close support figures (which can include father).
- | Generalised attitudes to closeness/distance in relating; autonomy/dependence or fear/anger.
- | Poor quality of relationships and negative attachment attitudes combined to provide overall attachment style rating.
- | Overall insecurity of style rated at 'marked', 'moderate' or 'mild' level.
- | Good inter-rater reliability in London adults (K=.77) and adolescents (K=.88) and in European cross-site study (K=.78).

## Secure vs Insecure attachment styles

Secure styles – good supportive relationships, lack of negative attitudes towards others & flexibility relating.

Insecure style, all have low support in close relationships, and poor ability to make and maintain relationships, plus:

### Anxious styles

- | Enmeshed – high need for company, low self-reliance, high fear of separation.
- | Fearful – high mistrust and constraints on closeness, high fear of rejection

### Avoidant styles

- | Angry-Dismissive – high mistrust, high self-reliance and high anger
- | Withdrawn – high constraints on closeness and high self-reliance

Dual /disorganised styles – mix of insecure styles  
Eg angry-dismissive and fearful

## Prevalence of insecure attachment style in the young people.

- | 70% of the young people studied had insecure attachment style at interview at marked-mild levels (comparison rate in community 48%).
- | 47% had insecure attachment at dysfunctional (marked or moderate) levels – involving poor support context, inability to make and maintain relationships and anxious or avoidant attitudes, (comparison rate 28%)
  - | 48% Anxious
  - | 22% Avoidant
  - | 7% Dual or disorganised

## Attachment style and 12-month DSM disorder

Attachment style	% Emotional disorder	% Substance abuse
Dual	60% (6/10)	60% (6/10)
Anxious	49% (16/33)	19% (7/37)
Avoidant	12% (3/25)	21% (6/28)
Secure	19% (15/78)	15% (13/85)
	p< .0001	.01

## Model of emotional disorder

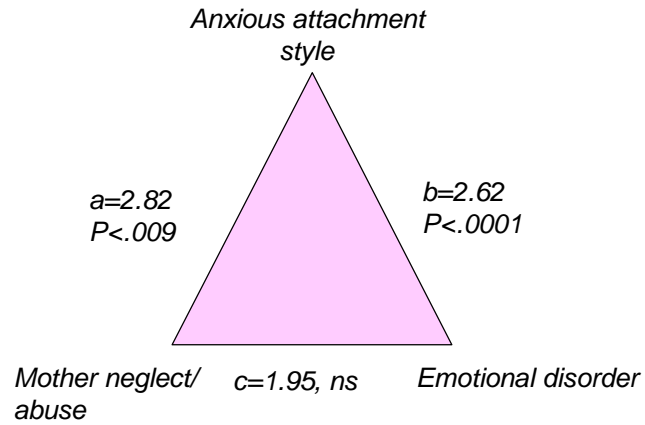
*Logistic regression – outcome emotional disorder in 12 months*

Variable	OR	Wald	Df	P<
Maternal neglect, antipathy, physical abuse	1.95	2.33	1	NS
Anxious attachment style	2.44	13.81	1	.0001
Gender	2.07	3.04	1	(.08)

*Age did not add to the model*

Goodness of fit 74%

Partial mediation of attachment style between mother neglect/abuse and emotional disorder (Baron & Kenny)



Model of substance abuse

(No mediation indicated)

*Logistic regression – outcome substance abuse in 12-months*

Variable	OR	Wald	Df	P<
Fathers neglect, antipathy or physical abuse	2.80	5.46	1	.019
Sexual abuse (any perpetrator)	10.71	4.07	1	.044
Dual/disorganised Attachment style	6.27	6.12	1	.013
Gender	.821	.24	1	NS

*Age did not add to the model*

Goodness of fit 75.3%



## Resilience- 'a second chance'

- I Despite the high risk nature of the sample, 80% of the same young people had positive experience in relation to support, peer relationships or school experience.
- I 30% had Secure attachment style and 15% had very high self acceptance.
- I High self esteem or Secure attachment had a protective effect on disorder for those with parental maltreatment.



## Implications

- I Increasingly, more sensitive and detailed measures of early life environment are needed to explain models of clinical disorder, with more differentiated vulnerability indices of neglect or abuse.
- I As bio-psychosocial models investigate genetic, epigenetic or cortisol risk factors, there will be more demand for detailed assessment of parenting and abusive experience.
- I Whilst prospective studies are very valuable, for measuring sensitive issues such as abuse, retrospective measures also have value in mapping lifespan experience.
- I Intensive interview measures can be used in clinical practice with adolescents to uncover early trauma and to understand early relationships and attachment.



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