ADOLESCENTS IN RESIDENTIAL-CARE: THE ROLE OF ATTACHMENT AND EMOTIONAL REGULATION STRATEGIES ON PSYCHOPATHOLOGICAL SYMPTOMS.

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Introduction

Adolescents placed in residential-care, due to their past adverse experiences of abandonment, abuse or neglect in the family of origin, are more vulnerable to emotional-behavioral problems and showed rates of psychopathology that ranges between 71% - 76.2% (Jozefak et al., 2016).

Emotional-behavioral problems, in terms of internalizing (i.e. depression, anxiety, withdrawn) and externalizing symptoms (i.e. delinquency and aggressive behaviors) may be related to attachment and Emotional Regulation (ER) strategies, i.e. Cognitive Reappraisal and Expressive Suppression (John & Gross, 2005; Pace & Muzi, 2017).

Adolescents in residential-care showed both prevalent insecure or disorganized attachments (Quiroga et al., 2017) and difficulties in ER (Batki, 2017). However, no studies before assessed jointly these variables in Italian residential-care adolescents, in order to investigate their relationships with the rates of psychopathological symptoms.

Aims of this preliminary study

1) to investigate the associations among attachment patterns, ER' strategies and internalizing or externalizing symptoms showed by adolescents in residential-care.

2) to examine the predictive role of attachment and ER' strategies for the rates of internalizing/externalizing symptoms.

Method: measures

In this preliminary study, we reported only the data assessed through the following self-report measures:

1) the Youth Self Report 11/18 (YSR 11/18; Achenbach, 2001) to measure the self-reported rates of internalizing (cut-off M=29; F > 35) and externalizing (cut-off M > 31, F > 26) symptoms.

2) the Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1989; italian version by Pace et al., 2011) to measure attachment with respect to mother, father and peers.

3) the Emotional Regulation Questionnaire for adolescents (ERQ-CA; Gullone & Taffe, 2012) to measure the use of ER' strategies Cognitive Reappraisal (CR) and Expressive Suppression (ES).

Results

(1) Associations. Spearman's coefficient [rs] was used to perform correlations, due to the small number of participants (N = 12). Correlations with YSR' total scores are showed in Table 1.

Table 1. Correlations among symptoms, attachment patterns and emotional regulation strategies in Italian residential-care adolescents.

<table>
<thead>
<tr>
<th>Symptoms (YSR 11/18)</th>
<th>Attachment (IPPA)</th>
<th>Emotional Regulation (ERQ-CA)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mother</td>
<td>father</td>
</tr>
<tr>
<td>Internalizing Problems</td>
<td>-.740** (p &lt; .009)</td>
<td>n.s.</td>
</tr>
<tr>
<td>Externalizing Problems</td>
<td>n.s. (all p &gt; .1)</td>
<td></td>
</tr>
</tbody>
</table>

Note. Sign. p < .05 and **.01.

Significant correlations were found also with the YSR' subscales: attachment to mother was negatively correlated with anxiety (rs = -.825, p = .002) and delinquency (rs = -.211, p = .053).

- ER' strategy Expressive Suppression was positively correlated with anxiety (rs = .583, p = .047), withdrawn (i.e. depression, rs = .627, p = .03), though problems (i.e. suicidal ideation, rs = .765, p = .004) and delinquency (rs = .618, p = .032).

- ER' strategy Cognitive Reappraisal was negatively correlated with anxiety (rs = -.680, p = .015). An higher use of this strategy was also correlated with higher attachment to mother (rs = .838, p = .001), father (rs = .833, p = .005) and peers (rs = .679, p = .02).

(2) Predictors for symptoms. In the stepwise Multiple regression (Figure 1), the attachment to mother resulted the unique predictor for 45.5% of variance in internalizing symptoms (adjusted R^2 = .455, p = .028, F = 7.673).

Discussion and conclusions

Results for (1) associations among symptoms, attachment and ER' strategies partially confirmed the literature (Pace & Muzi, 2017). Adolescents placed in residential-care with lower attachment to mother and who reported more use of Expressive Suppression as strategy to regulated their emotions showed more internalizing symptoms (i.e. anxiety, depression, suicidal ideation) and delinquency (Quiroga et al., 2017). Moreover, a major use of Cognitive Reappraisal was associated to less internalizing symptoms, especially anxiety.

Unexpectedly, no associations with the externalizing symptoms were revealed (Pace et al., 2018), except for delinquency.

Among the (2) predictors for internalizing symptoms, the attachment to mother resulted the unique predictor for 45.5% of internalizing symptoms. Even into residential contexts, an higher attachment to mother seems to be a protective factor for adolescents’ internalizing symptoms, in line with the literature (Brumariu & Kerns, 2010).

Further, our results showed that also the ER strategies may be related to internalizing symptoms, as protective (CR) or risk (ES) factors. Moreover, we found that the use of CR was positively related to attachment, supporting the findings of a potential buffering effect of ER’ strategies on attachment effect (Malik et al., 2015) that should be further investigated.

This could be clinically relevant for residential-care adolescents, who predominantly show insecure or disorganized attachment (Quiroga et al., 2017) and often have little contact with parents.

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