



PRO TEEN

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Scientific Events

Adolescent update 2005

2nd Quebec conference on
child and adolescent abuse

Approach to the adolescent patient

Articles

Attachment to parents and
adjustments in adolescence

The war on condoms

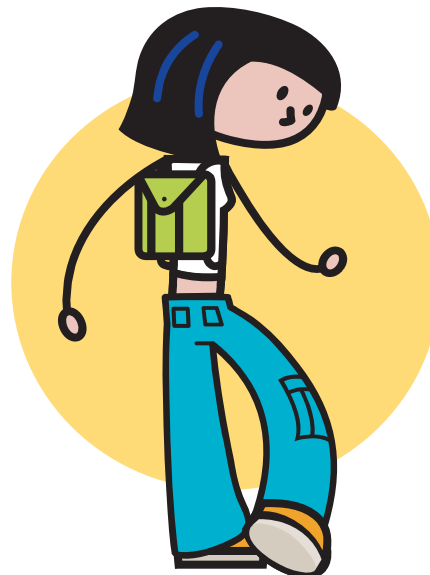


Publications

Healthy student: a parent's guide
to preparing teens for college years

2005 edition of the report
Family Violence in Canada

Youth: Choices and Change
Promoting Healthy Behaviors in
Adolescents



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News from the Association

National survey on sexuality

An online National survey will be carried out on behalf of CAAH by IPSOS, a known survey firm. The survey relates to adolescent sexuality. A first group of 1000 mothers of teens aged 14 to 17 years old will complete the online survey. Then in different households, 1000 teenagers from 14 to 17 years old will complete the online questionnaire.

Online technology makes it possible to achieve a higher response rate (20% for a telephone survey versus 40% for an online survey).

IPSOS has a data bank of several thousands of Canadian households that can be requested for online surveys.

Sampling will be representative of Canadians from all the major regions. For teenagers, both sexes will be represented. The survey is bilingual.

The questionnaire includes the following topics:

- Use of the health services, perception of healthcare professionals, access to health services adapted to teenagers...

- Resources for information regarding sexuality: type of resources, most interesting resources, gaps in information, topics discussed with parents, doctors, friends...
- Sexually transmitted infections: knowledge, consequences, risk perception
- Sexual activities: definition of sex, status, reasons to be active sexually or not, contraception, protection against STI...
- Attitudes and perceptions: a series of questions are asked regarding attitudes and perceptions on STI and sexuality...

This survey is carried out within the partnership between Merck Frosst company and CAAH. The survey should be online in Fall 2005. The results will be presented in Winter 2006.

Scientific Events

Canadian Association for Adolescent Health 11th Annual National Conference

Wednesday November 2nd, 2005

**Location: The Hospital for Sick Children
Toronto, Ontario, Canada**

Speakers

Faculty from the Hospital for Sick Children:

Lisa Allen, MD, Head, Gynecology Mary Bell, MSW,
Adolescent Medicine

Joanne Bignell, NP, Psychiatry

Sheila Bjarnason, MSW, Adolescent Medicine

Ahmed Boachie, MD, Psychiatry

Nicolette Caccia, MD, Adolescent Gynecology

Margus Heinmaa, PhD, Psychology & Psychiatry

Laurie Horricks, RN, Adolescent Medicine

Debra Katzman, MD, Head, Adolescent Medicine

Karen Leslie, MD, Adolescent Medicine

Leora Pinhas, MD, Psychiatry, Eating Disorders

Johanne Roberge, MD, Head Emergency Psychiatry

John Westland, MSW, Adolescent Medicine

Guests:

Karen Binch, MA, Director of Professional & Clinical
Supervision, Kids Help Phone.

Amy Cheung, MD, Psychiatrist, Sunnybrook
& Women's College HSC, Toronto

Christina Grant, MD, Paediatrician, McMaster
Children's Hospital, Hamilton

Sarah Collinge, OT Reg., Bloorview MacMillan
Children's Centre, Toronto

Steve Kean, SexAbility Advisory Committee, Toronto
Bernice Krafchik, MD, Paediatric Dermatologist,
Toronto

Katherine Austin Leonard, MD, Paediatrician, North
York General Hospital, Toronto

Bev Lepischak, MSW, Supporting Our Youth,
Sherbourne Health Centre, Toronto

Marlon Merraro, BSW, St. Stephen's Community
House, Toronto

John G. Reiss, PhD, Institute for Child Health Policy,
University of Florida, Florida, USA

Diane Sacks, MD, Paediatrician, Toronto

Bridget Sinclair, BA, St. Stephen's Community House,
Toronto

The Program

Keynote Address: Creating and Evaluating Excellent
Programs for Transition from Paediatric to Adult Care.
John G. Reiss

GLAD-PC: A tool for diagnosis and assessing
adolescent depression in the primary care setting.
*Depression is a major cause of adolescent morbidity
and mortality. It is poorly diagnosed and managed
with difficulty. The development of guidelines for*

the appropriate management of adolescent depression in primary care was a unique project (GLAD-PC). We will discuss the project development and the resulting guidelines. Diane Sacks & Amy Cheung

Quick Hit Presentations A) *Firearms & Youth: Relevance to Clinical Practice.* Katherine Austin Leonard. B) *Deliberate Self-harm in Adolescents: A new “norm” of coping with stress – Or is it?* Ahmed Boachie. C) *Bullying – Best Practices.* Karen Binch

Concurrent Workshops

1A. Adolescent Psychiatric Emergencies. This workshop will help clinicians recognize the warning signs of psychiatric emergencies in the adolescent population, differentiate between a crisis situation and a psychiatric emergency situation, understand how to assess a child/adolescent’s level of risk (HSC Risk Assessment Form), and identify the different management strategies used for psychiatric emergencies and crisis situations. *Johanne Roberge & Joanne Bignell*

2A. Adolescent Dermatology Update. This image filled session will update participants on the interesting skin diseases and conditions affecting adolescents today, including acne, psoriasis, nickel allergy, tattoos and piercing. *Bernice Krafchik*

3A. To HPV or Not to HPV. This workshop will review the evidence behind new cervical cytology screening guide- lines including the incidence/prevalence of HPV in adolescent populations and the natural history of both HPV and SIL in this age group. The success of HPV vaccine trials will be discussed along with potential strategies for their use in preventing cervical dysplasia. *Lisa Allen*

4A. Pills, Patches & Rings: The new world of adolescent contraception. Through an interactive case-based approach, we will explore recent advances in contraception that are particularly relevant to today’s teens. *Christina Grant & Laurie Horricks*

5A. Supporting Our Youth: A community-based approach to reducing risks and building resilience in LGBTT youth. This workshop will focus on the development and operation of Supporting Our Youth (SOY), a highly successful & unique model of community-based service delivery to LGBTT youth that engages the adult community in supporting youth. *Bev Lepischak*

6A. Joined at the Hip Hop. This workshop aims to provide participants with a broad overview of teen attachment and separation. It covers a range of modalities for intervention in cases where complications in parental attachment hinder age-appropriate separation and the development of a healthy autonomy in adolescents. The material is addressed within the context of our contemporary multicultural environment. *Mary Bell & Sheila Bjarnason*

7A. Bluebird is an insightful and provocative film that deals realistically and deftly with the subject of bullying. This coming of age film looks at physical and emotional abuse, issues of self-esteem and self-determination. The viewing of the film will be followed by Q&A session that will lead to stimulating discussion on bullying. *Moderator Karen Binch.*

1B. Adolescent gynecologic emergencies. *Nicolette Caccia*

2B. Adolescent Substance Abuse – A Practical Approach. This interactive, case-based workshop will highlight aspects of screening, assessment and management of adolescents who have substance abuse problems. Participants will review current trends in adolescent substance abuse, identify effective means of screening and assessment, and review strategies in the management of adolescents with substance abuse problems. *Karen Leslie*

3B. Adolescents with Eating Disorders in my Office, Oh NO! This workshop will increase the health care practitioner’s comfort level in working with adolescents with eating disorders by providing an approach to the assessment and medical and

psychological treatment of adolescents with eating disorders. Using clinical cases, clear guidelines and strategies for intake, assessment, medical & psychological monitoring, case formulation & referral decision making will be presented as they apply to an office-based or out-patient practice. *Margus Heinmaa, Debra Katzman & Leora Pinhas*

4B. What's Stopping Youth from Getting What They Need? This interactive presentation will introduce and view excerpts from a new educational training tools created by youth for family physicians. *Marlon Merraro, Bridget Sinclair*

5B. Developing a peer counseling program: lessons learned in the SexAbility program. *Sarah Collinge and Steve Kean*

6B. Motivational Interviewing: Facilitating Youth in Creating Their Own Solutions. Clinicians often try encouraging young people to "change" what they are doing, encouraging compliance with taking

medication or convincing a smoker to "kick the habit". This case-based workshop will examine motivation as an interactive process between a young person and the clinician, and how motivational interviewing can help to facilitate youth to create their own solutions. *John Westland*

To receive Full Program, Registration and Information

Brenda Rau, Continuing Medical Education, The Hospital for Sick Children, 555 University Avenue, Toronto, M5G 1X8
Phone: 416-813-8122
FAX: 416-813-5230
Email: brenda.rau@sickkids.ca

Fees before Oct 1st

Doctors \$150.00
Allied Health \$100.00
Trainees (limited) \$75.0

2nd Quebec Conference on Child and Adolescent Abuse

October 24-25, Montreal

This Conference, in FRENCH, is organized jointly by Ste-Justine Hospital, The Québec Ministry of Health and Social services and les Centres jeunesse de Montréal-Institut universitaire.

The Guest Speakers will discuss physical punishment, psychological abuse, and street youth during three plenary sessions.

There will be 38 workshops given by different specialists in the field on many aspects of child and adolescent abuse and neglect: medical, justice, police investigation, forensic investigation, youth protection, community intervention, prevention, etc.

For more information

www.maltraitance.ca
www.hsj.qc.ca/fpcm

Approach to the adolescent patient

November 17, Montreal

McGill Centre for Continuing Medical Education

We look forward to welcoming you to the 34th Annual Thursday Evening Learning Series presented by the Centre for Continuing Medical Education, Faculty of Medicine, McGill University.

This series is aimed to meet the needs of the primary care physicians, medical and surgical residents, specialists and other health care professionals. The Planning Committee has sought out top professionals in their field of practice to deliver 54 current topics. These lectures cover the latest updates and challenges common to your practice.

Participants will have a chance to meet with colleagues and presenters during the welcome reception while listening to the “classical” sounds of McGill Faculty of Music artists.

High quality accredited education and low-cost registration fees make this event the CME conference not to be missed.

Schedule

6:30 Pitfalls in Approaching Adolescents with Body Issues
Franziska Baltzer, MD (MCH)

7:30 Menses too Heavy, too Long or not at all: Gynecological Issues in Adolescents
Franziska Baltzer, MD (MCH)

Registration and payment

The Thursday Evening Learning Series education program is developed by the Planning Committee and the McGill Faculty and Associates, and is independent of and commercial influence. All decisions about the program content and faculty are made exclusively by the Planning Committee.

No session in the Thursday Evening Learning Series CME program receives direct financial support from any pharmaceutical or other commercial company; nor does any speaker receive such support for participation in this program.

Exhibit Area: Exhibitors comply with the Canadian Medical Association Policy Summary on “Physicians and the Pharmaceutical Industry” and the Commercial Support Policy of Continuing Medical Education, Faculty of Medicine, McGill University.

Registration per Evening \$20.00

Online registration, scheduling changes and archived videos are only a “click” away at <http://cme.med.mcgill.ca>

For planning reasons, participants are strongly encouraged to pre-register

Articles

Attachment to Parents and Adjustment in Adolescence

Literature Review and Policy Implications

Anna Beth Doyle, Ph.D. Concordia University &

Marlene M. Moretti, Ph.D. Simon Fraser University

with the assistance of

Kirsten Voss, M.A. and Stephanie K. Margolese, M.A. Concordia University

Report prepared for the Division of Childhood and Adolescence

Public Health Agency of Canada

Objectives

Secure attachment has been increasingly recognized as central to adaptive functioning over the life span. During the past two decades, researchers have clarified the role of attachment security in promoting psychological well-being during infancy and adulthood. Most recently attention has turned toward understanding the role of attachment with parents to healthy adjustment during adolescence. The objectives of this paper are two fold:

- To review the literature and provide a qualitative critique of the relation between adolescent-parent attachment and adolescent adjustment; and
- To develop recommendations regarding healthy parenting practices that enhance the quality of adolescent parent attachment and to identify policy implications for government programs.

Context: The Challenge of Adolescence to Youth and their Parents

As a preface to addressing the question of the role of attachment security in healthy adolescent adjustment, we begin with a brief discussion of the special challenge of the adolescent period to children and their parents.

Adolescence brings new challenges and opportunities for understanding oneself within our social context. Developmental shifts in metacognitive and representational capacity that occur during adolescence (Case, 1985; Chalmers & Lawrence, 1993; Selman, 1980) promote a more highly differentiated and complex view of the self and others (Harter, 1990; Marsh, 1989; Moretti & Higgins, 1990; Moretti & Higgins, 1999). Adolescents form increasingly abstract generalized perceptions of themselves and others based on their consideration of multiple attributes. Most important, they develop metacognitive skills which enable them to simultaneously compare and contrast their own evaluation of these attributes with the evaluations

that they believe others hold, such as their parents and their peers. Furthermore, adolescents can speculate about what it would be like to be a different person, to be in a different relationship with parents or peers, and so on. The capacity of adolescents to represent these scenarios provides them with the opportunity to imagine and act out alternative images for the self in relationship to others and to consider the consequences of trying different roles.

Adolescence also introduces a period of significant transition in family and social role expectations, coupled with increases in the range and intimacy of social relationships (Buhrmester & Furman, 1987; Selman, 1980). The cognitive and social transitions of the adolescent period offer opportunities to explore new personal and social roles and to negotiate new and different complex relationships. A key challenge of adolescence is the integration of new, complex and sometimes conflicting information about the self within the social context (Collins, 1990). It is not surprising that this developmental period is characterized by intense self-preoccupation (Elkind, 1967; Elkind, 1985) as adolescents attempt to understand, integrate and solidify their identity and their position in relationships with those around them.

Adolescence is typically divided into three periods: early (ages 13-14), middle (ages 15-18) and late (age 19, adoption of adult roles). During early adolescence, the emergence of autonomy is viewed as an important developmental task (Allen, Hauser, Bell, *et al.* 1994; Collins, 1990). Previous models of adolescence emphasized detachment and disruption as the normative developmental course of parent-child relationships (Blos, 1968). Although adolescence involves a transition from a dependency relationship with parents to mutually reciprocal relationships with others (e.g., parents, peers, and intimate partners), this shift need not require that adolescents detach themselves from parents (Lamborn & Steinberg, 1993; Ryan, Deci, & Grolnick, 1995). Recent models, based on attachment theory, emphasize the importance of attachment or

connectedness to parental figures for adjustment during the adolescent years, despite decreases in shared activities and interactions (Bowlby, 1969, 1973, 1980; Larson, Richards, Moneta, *et al.* 1996). Researchers now argue that secure attachment and emotional connectedness with parents facilitate the transition to increased autonomy (Ryan & Lynch, 1989). For example, Grolnick and Ryan (1989) found that autonomous self-regulation in children was related to parental autonomy support - that is, parental encouragement and support of participation in decision making and independent problem solving. They contend that autonomy is facilitated when parents allow children to move toward independence in self-regulation within a secure and supportive relationship. As Ryan and Lynch (1989) point out, "individuation is not something that happens from parents but rather with them" (p. 341).

Even with parental support, however, the transition to autonomy is a challenge to adolescents and their parents. This developmental task requires that adolescents increasingly differentiate and define who they are, what values they aspire to and the significance of relationships to their identity. As youth move through adolescence, they are more concerned with the views that others hold of them, particularly their peers and romantic partners (Keating, 1990). Intense feelings of connection to romantic partners and close friends emerge and must be balanced with relationships with parents and family members. Adolescents are strongly motivated to gain acceptance from others and may attempt to do so by presenting themselves "falsely", i.e., as possessing attributes or beliefs that are not their own but are designed to impress others or conceal attributes they feel are not accepted by others (Harter, Marold, Whitesell, *et al.* 1996).

Although difficult and painful at times, the consolidation of identity and clarification of values assist adolescents in regulating their behavior independently of others around them. But this process can pose risks for adolescents and their relationships with those they are close to. As adolescents differentiate their own beliefs and values

from those of parents, peers and other social figures, there is an increased likelihood that they will detect conflict between these diverse sources of information (Collins, 1990; Moretti & Higgins, 1999). Conflict between one's own values and beliefs, and those of parents, peers and other significant social figures, is particularly acute during early to mid-adolescence when the capacity to represent multiple and possibly conflicting views outweighs the cognitive capacity to integrate these divergent perspectives (Harter & Monsour, 1992). During this developmental phase adolescents may be more intensely aware of the divergence rather than the convergence between their beliefs, the beliefs that their parents hold, and the beliefs of peers and important others.

In their attempts to differentiate their own beliefs and values from others, many adolescents experiment with risky behaviours in the areas of delinquency, substance use and abuse, and sex (Adlaf, Ivis, Smart, *et al.* 1995; King, Beazley, Warren, *et al.* 1988; Moffitt, 1993; Moore & Rosenthal, 1993). For some, such risky involvement is limited; however, for others it becomes problematic. Moreover, the stressful process of differentiation and identity consolidation can result in significant psychological distress. Compared to adults, adolescents show higher stress levels and fewer coping resources (Allen & Hiebert, 1991). In addition, depressive symptoms and depression increase substantially from middle to late adolescence (Compas, Orosan, & Grant, 1993), particularly for girls (Nolen-Hoeksema & Girgus, 1994).

It is important to understand that the quality of parent-child relationships within adolescence is linked to the quality of these relationships prior to adolescence, and adjustment during adolescence is related to childhood adjustment. Similarly, although adolescence marks a period during which the crystallization of identity is the central developmental challenge, self-construction extends from birth across the life span (Erikson, 1963). Nonetheless, the period of adolescence presents unique developmental challenges for adjustment and new opportunities for growth in parent-child relationships. Some adolescents and their parents will experience this developmental period as rewarding and reinforcing to the adjustment of their relationship while others will experience it as stressful and damaging.

Attachment Theory

Attachment theory was proposed by John Bowlby (1969, 1973, 1980) to account for infant social and emotional development and adjustment. He conceptualized attachment as a life-span construct, with children maintaining attachment bonds to their parents across childhood and into adulthood. A basic premise of the theory is that the quality of attachment relationships stems from interactions between infants and their caregivers, reflecting the degree to which infants can rely on their caregivers to provide proximity and companionship, safe haven in the face of threat or anxiety, and a secure base from which to explore. The unique pattern of caregiver sensitivity and responsiveness to the infant's needs results in a particular attachment organization in the child (Ainsworth, Blehar, Waters, *et al.* 1978).

Over time, the infant's attachment experiences are consolidated into internal "working models" of self, other and self-in-relation-to-other with respect to attachment. These working models have cognitive, affective and behavioural aspects, through which they affect adjustment. Expectations and attributions about close relationships, (Youngblade, Park, & Belsky, 1993), the ability to regulate emotion (Kobak, Cole, Ferenz-Gillies, *et al.* 1993), and behaviour (Putallaz & Heflin, 1990) are influenced by attachment representations at each developmental phase.

Attachment research in infancy and early childhood has progressed in two waves (Lyons-Ruth, 1996). Early investigations (1970-1985) concentrated on establishing the validity of three basic patterns demonstrated in situations that present a threat to security:

1. **Secure Attachment:** the tendency to appropriately identify and respond to threats of security and to approach caregivers for reassurance;
2. **Anxious-Avoidant Attachment:** the tendency to suppress affect and behaviour related to threats to security, to avoid attachment figures, and to dismiss associated emotions toward caregivers; and

3. **Anxious-Ambivalent Attachment:** the tendency to be vigilant and anxious regarding threats to security and the availability and responsiveness of a caregiver, seeking proximity to the caregiver but failing to derive reassurance from them.

The next phase of research (1985-present) focused on understanding attachment adjustment in high-risk child populations, and further delineation of patterns of attachment organization. In 1990, Main and Solomon introduced the concept of “disorganized attachment” to refer to the lack or collapse of a consistent pattern of attachment behaviours, typically found in children exposed to maltreatment and other forms of adversity (Lyons-Ruth, Repacholi, McLeod, *et al.* 1991).

At the same time that researchers were making progress delineating these patterns of attachment behaviour, and examining the distribution of attachment patterns in different child populations, investigators were also developing methods for assessing attachment patterns in adults. Main and Goldwyn (1984) introduced the Adult Attachment Interview (AAI), a semi-structured interview that assessed the content and coherence of adults, recollections of their own early attachment experiences. Four attachment patterns were delineated in adult attachment, corresponding to the four attachment patterns defined in children: secure, dismissing (avoidant), preoccupied (ambivalent), and unresolved (disorganized). At the same time, brief self-report measures were developed to identify attachment patterns in adult romantic relationships (Hazan & Shaver, 1987; Simpson, 1990). During the last decade, other researchers have introduced interview and self-report methods to further differentiate attachment patterns in late adolescents’ family and peer relationships. This work has focused on differentiating two forms of avoidant attachment: dismissing versus fearful. Dismissing attachment is characterized by the tendency to be disengaged from attachment figures and to devalue the importance of attachment and associated feelings. In contrast, fearful attachment is characterized by the tendency to avoid attachment figures due to fear of rejection coupled with the desire to pursue relationships and express attachment behaviour (Bartholomew & Horowitz, 1991). Some investigators have likened

Bartholomew’s (1990) fearful category to Main’s disorganized/unresolved category (Brennan, Shaver, & Tobey, 1991).

The most recent advances in attachment research have focused on understanding attachment during the transition from childhood to adulthood; that is, during adolescence. Various methods have been employed to assess attachment patterns in late adolescence, including parent-adolescent interaction sequences, adolescent attachment interviews, and self-report measures (e.g., Bartholomew & Horowitz, 1991; Hauser, 1984; Kobak & Sceery 1988). Patterns of attachment similar to those observed in childhood have been identified in late adolescent (e.g., Kobak & Sceery 1988) and young adult samples (e.g., Collins & Read, 1990; Hazan & Shaver, 1987; Main & Goldwyn, 1984).

It is important to note that most extant measures of attachment were originally developed for either young children or adults, and only recently have researchers extended these instruments to examine attachment patterns in adolescents. Researchers are now beginning to contrast and compare these tools and to ask whether they indeed measure what they are intended to measure (Bartholomew & Shaver, 1998; Brennan, Clark, & Shaver, 1998; Stein, Jacobs, Ferguson, *et al.* 1998).

The progress that researchers have made in delineating patterns of attachment has had implications for integrating research findings over time. For example, with the identification of the disorganized attachment pattern in infancy (Main & Solomon, 1990), studies began to report that disorganized rather than avoidant attachment was predictive of behavior problems and noncompliance (Lyons-Ruth, 1996). Thus, in reviewing the literature on attachment and adjustment it is important to keep in mind that findings need to be understood in terms of the historical progress of researchers in delineating attachment patterns. Further research is also required to solidify our understanding of the range of attachment patterns in the population at each phase of development, and the factors that contribute to the emergence of these patterns and to their stability or transformation over time.

Attachment and Adjustment in Childhood

Extensive research links attachment and adjustment in childhood. For example, in normative samples, children who are securely attached to their mothers engage in more prosocial behaviour and are perceived as more socially competent than insecure children (Sroufe, 1983). They demonstrate higher positive affect and lower negative affect in social interactions than do insecure children. Securely attached children are also rated by their teachers as more empathic and more compliant (LaFreniere & Sroufe, 1985).

On the other hand, several sources of research show a link between insecure attachment patterns (avoidant, ambivalent, disorganized) in infancy and noncompliance and aggression in early childhood. Consistent with the theory that insecure attachment is related to poor emotional regulation, longitudinal studies have demonstrated that avoidant attachment in infancy predicts negativity, noncompliance and hyperactivity at 3.5 years of age, and higher ratings of problem behaviour in grades 1 to 3. Compared to secure children, avoidant children are more aggressive and confrontational with their mothers (Main & Weston, 1981), and more aggressive, hostile, and distant with their peers (Erikson, Sroufe, & Egeland, 1985; Sroufe, 1983). Similarly, disorganized attachment in infancy has been shown to predict later aggressive behavior. Several researchers have shown, for example, that children with disorganized attachment patterns in infancy develop controlling and coercive behavior as they move into the preschool and early childhood period (Lyons-Ruth, *et al.* 1991; Wanner, Grossmann, Fremmer-Bombik, *et al.* 1994). Ambivalently attached children, on the other hand, are more adult-oriented and emotionally dependent than securely attached children (Erikson, *et al.* 1985; Renken, Egeland, Marvinney, *et al.* 1989). With peers, ambivalently attached children have been found to be lower in peer status, more withdrawn and more apt to be victimized (Finnegan, Hodges & Perry, 1996; LaFreniere & Sroufe, 1985; Renken, *et al.* 1989).

Insecure attachment patterns are not, however, consistently related to later behaviour problems. A number of researchers (Fagot & Kavanagh, 1990; Goldberg, Perrotta, Minde, *et al.* 1986) do not report that avoidant or disorganized attachment predicts later aggressive behavior. A review of this literature

shows that the relationship between insecure attachment and later problem behavior is found more consistently among children in high-risk contexts (e.g., family poverty, low social support, parental psychopathology) than among children in low-risk contexts. For example, Lyons-Ruth, *et al.* (1991) found that infant security was most predictive of later aggressive problems in families where mothers suffered from psychopathology, particularly chronic depression, and mothers engaged in hostile intrusive parenting practices toward the infant. She reports that 56% of low-income children who were classified as disorganized in infancy, and whose mothers suffered from psychopathology at that time, displayed aggressive behavior in kindergarten. In contrast, only 25% of low-income children with one risk factor and 5% of low-income children with neither risk factor (i.e., maternal psychopathology, maternal use of hostile intrusive parenting) showed aggressive behavior in kindergarten.

In summary, there is consensus that insecure attachment is a risk factor for later problems in life, but neither necessary nor sufficient in itself. However, these are generalizations based on small samples, with attachment measures at only one point in time.

Development of Attachment in Adolescence

There are three basic and related issues to consider with respect to attachment in adolescence:

1. the nature of changes in the child-parent relationship and their influence on the attachment relationship;
2. the adolescent's development of new close relationships (e.g., with peers and romantic partners) and the impact of these new ties on the child-parent relationship; and,
3. the emergence of a differentiated attachment system versus a generalized attachment stance.

There are complex changes in the child-parent relationship during adolescence. Although some studies have shown that self-reported attachment security to both parents decreases with pubertal maturity (Papini, Roggman, & Anderson, 1991), recent

investigations indicate that only certain components of the attachment relationship change while others remain stable. For example, the degree to which children seek proximity and rely on the principal attachment figure in times of stress decreases but that attachment figure's perceived availability does not (Lieberman, Doyle, & Markiewicz, 1999). These findings indicate that the maintenance of physical proximity to parents and need for protection in times of threat or stress is less essential for older children due to increased mental and physical capacities (e.g., more sophisticated coping mechanisms), but that the availability of the attachment figure (i.e., the belief that the attachment figure is open to communication and responsive if help is needed) remains important (Bowlby, 1973; Kerns, Klepac, & Cole, 1996). Moreover, although the frequency and intensity of some attachment behaviour is acknowledged to decline with age, the quality of the attachment bond is viewed as relatively stable (Bowlby, 1980). The ability of adolescents to successfully balance their need to attain autonomy with their desire to maintain a sense of relatedness, particularly in the context of adolescent-parent disagreements, may even be considered a stage-specific manifestation of attachment security (Allen, Moore, & Kuperminc, 1997).

With respect to the development of new attachment relationships during adolescence, it is generally accepted that this developmental phase involves a transition from a primary focus on parents as attachment figures to the development of a wider range of attachment relationships (e.g., peers and romantic partners; Fraley & Davis, 1997; Hazan & Zeifman, 1994; Trinke & Bartholomew, 1997). Time with and variety of activities with same-sex friends peaks at Grade 9, and then declines as older adolescents spend more time with a romantic partner (Laursen & Williams, 1997). Children turn to peers more than parents for companionship from age 9 on, and for comfort when upset from age 12-13 (Fraley & Davis, 1997; Hazan & Zeifman, 1994). However, parents, particularly mothers, continue to be sought more than best friends as a base of security well into late adolescence (Fraley & Davis, 1997; Trinke & Bartholomew, 1997). Some investigators have argued that adolescents generalize from attachment to parents to attachment to best friends and later to

romantic partners (Furman & Wehner, 1994), but evidence is lacking.

It is widely accepted that adult long-term romantic relationships are attachment relationships as well as sexual relationships (Hazan & Shaver, 1987; Hazan & Zeifman, 1994). Individuals seek proximity to their romantic partners, desire to rely on them as a safe haven and secure base, feel an emotional tie to them, and mourn their loss (Bowlby, 1979/77 in Trinke & Bartholomew, 1997). However, in early and mid-adolescence, romantic relationships are often quite transitory, and parents, especially mothers, remain the primary providers of security (Hazan & Zeifman, 1994). Though in late adolescence, as in adulthood, romantic relationships become the primary attachment relationship of the individual after two years duration (Fraley & Davis, 1997; Hazan & Zeifman, 1994), parents remain important, albeit secondary, attachment figures (Trinke & Bartholomew, 1997).

The question of whether adolescence ushers in the emergence of a generalized attachment orientation is debatable. On the one hand, some theorists postulate that a generalized attachment orientation emerges which may complement or displace earlier multiple models of attachment that relate to specific attachment relationships (e.g. to mother and to father; Allen & Land, 1999). These researchers point to studies showing that by adulthood this generalized stance is highly predictive of future behaviour in attachment and caregiving relationships (Steele, Steele, & Fonagy, 1996). Other researchers disagree, however, arguing that the attachment system during adolescence is characterized by differentiation and relationship-specific patterns of behavior. For example, Furman and Wehner (1994) have noted that although an individual's attachment pattern is relatively stable within specific relationships, their attachment style frequently differs across relationships. This evidence suggests that a generalized attachment style is not well established in adolescence. They and others conclude that a working model of attachment is a composite of representations of different attachment relationships, which are organized hierarchically (Trinke & Bartholomew, 1997).

If a generalized attachment style does emerge in adolescence it does not appear to result in markedly

greater stability of attachment pattern for adults versus children. Typical estimates of stability of attachment from infancy to early childhood as assessed by the strange situation are 53-96% (Thompson, Lamb, & Estes, 1982; Waters, 1978). In young adulthood, typical short-term stability in self-reported attachment is 70% (Baldwin, Keelan, Fehr, *et al.* 1996; Scharfe & Bartholomew, 1994). Moreover, concordance of 70% has been found between infant strange situation and late adolescent Adult Attachment Interview classification (Waters, Merrick, Albersheim, *et al.* 1995, in Allen & Land, 1999). Though changes in self-reported attachment style in young adults have been less clearly linked to changes in environmental circumstances than in infant studies (Scharfe & Bartholomew, 1994, versus Thompson, *et al.* 1982), in at least one study covering the adolescent years (Waters, *et al.* 1995, in Allen & Land, 1999), adolescents who had experienced major life changes evidenced much lower rates of concordance than those who had not (44% versus 78%).

The nature of specific attachments to parents, their relation to a generalized attachment style, and the implications of these attachments for adjustment in adolescence merit closer examination and additional research (Cantor & Sanderson, 1998; Trinke & Bartholomew, 1997). More research is necessary to ascertain whether, and at what developmental stage, attachment status becomes a stable property of the individual rather than primarily a reflection of the qualities of the ongoing relationship (Allen & Land, 1999). Results also indicate considerable potential for change in attachment style in adolescence as well as earlier in childhood. However, the variety of measurement instruments utilized in research on the stability of attachment make it difficult to reach firm conclusions about the essential issues of stability, potential for change, and the relation between attachment to parents and adjustment.

Attachment and Adjustment in Adolescence

In the past decade, studies have begun to examine the contribution of adolescent-parent attachment to psychological adjustment. The majority of these studies have examined this relationship within late adolescent (junior college, first-year university) samples and relatively few in early and mid-adolescent samples.

With reference to the relation between attachment patterns in adolescence and adjustment, reports to date confirm findings based on studies of young children. That is, secure attachment is typically related to healthier adjustment whereas insecure attachment is linked to various forms of maladjustment.

In normal population studies, late adolescents who are classified as securely attached are rated by their peers as less anxious, less hostile, and more able to successfully regulate their feelings (i.e., more ego resilient) compared to insecurely attached adolescents (Kobak & Sceery, 1988). While problem-solving with their mothers, secure adolescents more successfully modulate their anger, and balance assertiveness with their desire to remain connected to their parent, suggesting greater ability to regulate emotion (Kobak, *et al.* 1993). Secure individuals are also able to acknowledge both positive and negative self-attributes, and have been shown to have a coherent, well organized self-structure (Mikulincer, 1995). Adolescents who report a positive relationship with their parents, and who feel comfortable turning to them for support, have been found to have a greater sense of mastery of their worlds (Paterson, Pryor, & Field, 1995) and to experience less loneliness (Kerns & Stevens, 1996). Similarly, adolescents secure in a romantic relationship reported significantly fewer symptoms of psychological distress and more positive self-concept (Cooper, Shaver, & Collins, 1998). Finally, more positive attachment with parents among 15 year olds is also associated with fewer mental health problems such as anxiety, depression, inattention, and conduct problems (Nada-Raja, McGee, & Stanton, 1992).

Secure attachment also appears to play an important role in developing effective coping abilities. Mikulincer and colleagues (Florian, Mikulincer, & Bucholtz, 1995; Mikulincer, Florian, & Weller, 1993) have found that securely attached young adults seek more emotional and instrumental support from others in times of stress. Adolescents who are more secure with their mothers endorse more constructive coping skills (e.g., problem solving, positive reappraisal, and support seeking; Voss, 1999). Secure attachment also buffers the stressful transition to high school (Papini & Roggman, 1992) and, during their first year of college, securely attached adolescents see themselves

as more socially competent, and report less psychological distress than their peers, even if they are anxious regarding separation (Kenny & Donaldson, 1991).

A good relationship with parents may also protect adolescents from risk. Adolescents who report close, accepting relationships with their mothers report less involvement in delinquent activities (Aseltine, 1995; Smith & Krohn, 1995). Similarly, affect tone, time spent and identification with both parents, and preference for parents over peers, have been negatively associated with teen's subsequent drug use, both directly, and indirectly through adolescent's adoption of conventional attitudes (Brook, Whiteman, & Finch, 1993) and low sensation-seeking (Barnea, Teichman, & Rahav, 1992). These positive relationship qualities are those typical of secure attachment. Indeed, adolescents' secure attachment to mother has been linked to less experimentation with drugs (Voss, 1999) and less frequent substance use (Cooper, *et al.* 1998). Security of attachment is also related to more positive attitudes about safe-sex (Voss, 1999), and for girls, lower rates of risky sexual behaviour, and fewer past pregnancies compared to insecurely attached girls (Cooper, *et al.* 1998).

In terms of specific insecure attachment style, a dismissing style (i.e., poor communication and trust, combined with feelings of alienation and disengagement from the attachment relationship) has been associated with externalizing problem behaviours (e.g., aggression and delinquency, Nada-Raja, *et al.* 1992, Voss, 1999), more experimentation with drugs (Voss, 1999), and riskier attitudes about safe-sex (Voss, 1999). Adolescents and young adults with a dismissing style are rated by their peers as more hostile than individuals in all other attachment groups (Bartholomew & Horowitz, 1991; Kobak & Sceery, 1988). In problem-solving interactions with their mothers, dismissing teenage boys (but not girls) exhibited more dysfunctional anger than did secure adolescents (Kobak, *et al.* 1993). Dismissing girls, on the other hand, deactivated the attachment relationship, such that their mothers dominated the interaction (Kobak, *et al.* 1993). Finally, dismissing young adults report less family support and more loneliness than their peers (Kobak & Sceery, 1988).

Dismissing individuals appear to protect themselves from feelings of rejection by developing a defensive stance and only acknowledging positive self-attributes (Mikulincer, 1995). This defensive stance is also reflected in the use of distancing strategies to cope with stressful situations (Mikulincer, *et al.* 1993; Mikulincer & Orbach, 1995). *Adolescents who are high in dismissing attachment with both mother and father also report using emotion avoidance in response to stress (Voss, 1999).*

Like dismissing adolescents, fearful adolescents are avoidant, but they are distressed by their lack of closeness to others, and suffer from feelings of inadequacy and anxiety (Griffin & Bartholomew, 1994). Fearful attachment with mother has been linked to delinquency and greater experimentation with drugs (Voss, 1999). In addition, both forms of avoidant attachment (dismissing and fearful) with father are associated with teen's reports of using drugs in response to negative emotions and conflict with others (Voss, 1999).

Although research regarding fearful attachment is limited, existing findings suggest that adults with a fearful attachment style are socially inhibited, lack appropriate assertiveness skills, and tend to be exploited by others (Bartholomew & Horowitz, 1991). Adolescents who are higher in fearful attachment with their mother or father are also likely to engage in self-criticism when under stress, which may impede effective coping (Voss, 1999). Furthermore, those teens who are more fearful with their fathers are also likely to withdraw behaviourally in response to stress (Voss, 1999).

Adolescents who have a preoccupied attachment style (i.e., have positive views of others, and negative views of themselves) see themselves as socially incompetent and are rated by their peers as more anxious than all other attachment groups (Kobak & Sceery, 1988). Compared to other adolescents, these teens report more physical symptoms (Kobak & Sceery, 1988). In response to distress, preoccupied university students are likely to turn to others for support (Ognibene & Collins, 1998). Adolescents who are more preoccupied with their mothers may also use emotion avoidance when under stress, perhaps as a way of lessening heightened anxiety associated with a "hyperactivated" attachment system (Voss,

1999). In a three-category system of attachment classification (secure, dismissing, preoccupied), preoccupied adolescents have been found to be the most vulnerable to maladjustment (Cooper, *et al.* 1998). Preoccupied attachment in adults is related to a poorly integrated self-structure, with little differentiation, and difficulty regulating distress (Mikulincer, 1995).

It is important to survey research on both normative and clinical populations in a review of attachment and adjustment in adolescents. First, reviewing both populations provides a picture of the associations between attachment security and adjustment over a wider range of security. Research shows that secure attachment is dominant in non-clinical samples while insecure attachment is dominant in clinical samples (Van-IJzendoorn & Bakermans-Kranenburg, 1996). Second, including both literatures provides a basis for developing recommendations for parenting across a wide range of family contexts and has implications for suggesting mental health initiatives.

Research in high-risk populations confirms findings based on normative samples: high-risk adolescents with insecure attachment patterns are more likely than securely attached adolescents to experience a range of mental health problems (Allen, Hauser, & Borman-Spurrell, 1996), including suicidality (Lessard & Moretti, 1998), drug use (Lessard, 1994), and aggressive and antisocial behavior (Fonagy, *et al.* 1997; Moretti, Holland, & Moore, 1998; Reimer, Overton, Steidl, Rosenstein, *et al.* 1996; Rosenstein & Horowitz, 1996). For example, in a sample of male adolescent in-patients, Rosenstein & Horowitz (1996) found that symptoms of conduct disorder were associated with a dismissing attachment pattern. Attachment style was also examined in relation to personality characteristics. Consistent with attachment theory, dismissing individuals were more antisocial, narcissistic, and paranoid than were preoccupied subjects. Allen, *et al.* (1996) also found that derogation of attachment, characteristic of the dismissing style, was associated with concurrent criminal behaviour and drug use in adulthood for patients who had been hospitalized for psychopathology during adolescence. Preoccupied adolescents, on the other hand, have been found more likely to report anxiety, dysthymia and an interest in others combined with a fear of criticism and/or

rebuff (Allen, Moore, Kuperminc, *et al.* 1998; Rosenstein & Horowitz, 1996). Preoccupation has also been found to be associated with adolescent externalizing behaviours, though only in the presence of the additional demographic risk factors of male gender and low income (Allen, *et al.* 1998).

In a recent study, Moretti and colleagues employed Bartholomew's family attachment interview to differentiate secure, preoccupied, fearful and dismissing attachment styles in adolescents diagnosed with conduct disorder (Moretti, Lessard, Scarfe, *et al.* 1999). The majority of adolescents were classified as predominantly fearful or preoccupied, rather than dismissing; consistent with previous research, very few were classified as secure. Fearful and preoccupied attachment predicted higher levels of internalizing problems; in contrast, secure and dismissing attachment predicted lower levels of psychopathology. The study, in addition to others that have examined dismissing and fearful attachment separately (e.g. Bartholomew & Horowitz, 1991; Voss, 1999), points to the importance of differentiating adolescents who desire connection with others but are vigilant of rejection (i.e., fearful) versus adolescents who are uninterested in close relationships with others (i.e., dismissing). Fearful adolescents are more likely to anticipate rejection in social relationships; such beliefs coupled with their desire for closeness is likely associated with oversensitivity to benign social cues and this may lead to aggressive behaviour.

Although similar patterns of results are present in normative and clinical samples (e.g., Allen & Hauser, 1996), research with younger children (Lyons-Ruth, *et al.* 1991) also shows that the relation between attachment and adjustment is **stronger** among children in high-risk (e.g., poverty, low social support, parental psychopathology) than low-risk contexts. In other words, the relationship between attachment and adjustment appears to be **moderated** by exposure to adversity. This suggests that insecure attachment alone does not differentiate well adjusted from poorly adjusted adolescents. Further research is required to confirm the moderating effects of adversity on the relationship between attachment and adjustment in adolescents. Extrapolating from existing research with young children suggests that adolescents who grow up in conditions of adversity and inadequate access

to resources may not suffer from psychopathology if they share secure attachment relationships with their parents. Conversely, adolescents who develop in a supportive and resource rich environment, albeit with less secure attachment, may have poor outcomes at least in some domains.

Parenting, Attachment Security and Adjustment in Adolescence

In infancy, caregivers who are sensitive and consistently responsive to their child's needs have been found to foster secure attachments. These children develop perceptions ("internal working models") of themselves as loveable and of others as helpful and available. Conversely, caregivers who are insensitive and rejecting have been found to have avoidant children who view themselves as unworthy, and others as uncaring and undependable. Research has linked avoidant attachment to mothers' suppressed anger, lack of tenderness in touching and holding, and rejection of child-initiated attachment behaviour. Such children tend to suppress their feelings and avoid contact in times of stress, in order to avoid further alienating their caregivers (Main & Weston, 1981; Renken, *et al.* 1989; Shaw & Bell, 1993). Caregivers who are inconsistent, sometimes responsive and sometimes rejecting tend to have children who are preoccupied with discovering ways of eliciting care and are hypervigilant to sources of distress. Such children experience conflict between the desire to approach the caregiver for support and feelings of anger and anxiety at their unreliability (Bowlby, 1973). They come to view themselves as incapable and unworthy of obtaining support.

In adolescence, empirical studies of parenting style have established that responsive parental involvement, encouragement of psychological autonomy, and demands for age appropriate behaviour combined with limit setting and monitoring ("authoritative" parenting) contribute to good psycho-social, academic and behavioural adjustment (Baumrind, 1971, 1991; Steinberg, Dornbusch, & Brown, 1992; Steinberg, Darling & Fletcher, 1995). Recent findings indicate that, similar to the way in which parental sensitivity and responsiveness contribute to secure attachment in infancy, parental warmth/involvement, psychological autonomy-granting, and behavioural control/monitoring, are

associated with security of attachment in late childhood and early adolescence (Karavasilis, Doyle, & Margolese, 1999). Low warmth and low control were particularly significant for dismissing/avoidant attachment, and low psychological autonomy granting for adolescent preoccupied attachment. Thus, in adolescence, it appears that parent behaviours that foster autonomy in the context of parental availability, in addition to parental warmth/responsiveness, become important for secure attachment.

In terms of correlates with adolescent adjustment, parental warmth/involvement and behavioural control are associated with greater social competence, autonomy, positive attitudes towards school and work, academic achievement and self-esteem, and with less depression, school misconduct, delinquency and drug use (Allen & Hauser, 1996; Lamborn, Mounts, *et al.* 1991; Parish & McCluskey, 1992; Steinberg, Lamborn, *et al.* 1992). With respect to protection against depressed mood, adolescent perceptions of parental availability seem to be particularly important (Margolese, Markiewicz, & Doyle, 1999; Margolese, Markiewicz, Doyle, *et al.* 1999). In terms of resistance to substance abuse, the effect of parenting appears to operate through the adolescent developing better self-regulation skills (i.e., self control, behavioural competence, and adaptive coping), and less affiliation with deviant peers (Wills, DuHamel, & Vaccaro, 1995). The negative associations between observations of maternal warmth and teacher and official reports of delinquency are robust, persisting even after controlling for child IQ, age, attachment to delinquent peers, ethnicity, poverty, family size, parental deviance, supervision, and discipline (Sampson & Laub, 1994). On the other hand, hostile punishment and coercive interactions between parents and children combined with poor parental monitoring contribute to conduct problems in preadolescence and antisocial behaviour in adolescence (Conger, Patterson, & Ge, 1995; Dishion, Patterson, Stoolmiller, *et al.* 1991).

Although it is likely that the link between adolescent attachment quality and parent behaviour is bi-directional, the above longitudinal studies, and at least one other showing that parental rejection is a stronger predictor of delinquency than the reverse (Simons, Robertson, & Downs, 1989), support the

crucial importance of parenting behaviour for adolescent outcome. Moreover, of particular importance is the recent finding that in high-risk contexts (e.g., neighbourhood poverty, crime and unemployment), parental monitoring may only be effective in reducing adolescent deviance for securely attached adolescents (Allen, Moore, Bell, *et al.* 1998).

Attachment, Parental Socialization and Gender

It is important in understanding the relationship between adolescent-parent attachment and adjustment to examine two important moderating effects: gender of child and gender of parent. First, there is some evidence that sex differences emerge in attachment patterns by adolescence and early adulthood. The factors that contribute to these differences are important to investigate. Second, there is evidence that attachment relationships with mothers and fathers may differ in their importance for predicting adjustment.

With respect to gender differences in attachment patterns, in infancy and early childhood, sex differences in attachment quality are neither implied theoretically nor typically found. However, by late adolescence and adulthood, sex differences in patterns of insecure attachment are sometimes found, with more men being dismissing and more women being preoccupied (e.g., Bartholomew & Horowitz, 1991). Gender-specific parental socialization practices may contribute to these gender differences in attachment style. For example, parents monitor the behavior of their daughters more than their sons (see Cross & Madsen, 1997, for a review). Moreover, although parents exert similar levels of control over the behavior of their daughters and sons, recent investigations have shown subtle differences in how this control is exerted. That is, Pomerantz and Ruble (1998) demonstrated that mothers are equally likely to employ control with their daughters and their sons but are more likely to apply control without granting autonomy with their daughters. Furthermore, the use of control without granting autonomy was found to increase the extent to which children accepted responsibility for failure. Such differences in socialization are likely to be associated not only with lesser self-efficacy for autonomous behaviour in girls (Bussey & Bandura, 1999) but with less positive views

of the self as reflected in preoccupied and fearful versus dismissing and secure attachment.

Other studies on gender specific socialization have shown that daughters more than sons are encouraged to attend to others' needs, to conform to others' expectations, and to judge their success or failure in terms of acceptance by others. Mothers are more likely to engage their young daughters than sons (age 18 months) in discussions of others' feelings (Parke, 1967), and by 2 years of age girls are more likely to talk about feelings than are boys (Dunn, Bretherton, & Munn, 1987). Parents also encourage their daughters, more than their sons, to attend to others' feelings by using induction techniques that help them understand the impact of their behavior on others (Grusec, Dix, & Mills, 1982; Smetana, 1989). In turn, girls are more likely than boys to anticipate feeling badly if they act aggressively toward others and to express concern about the impact of their aggressive behavior on others (Perry, Perry, & Weiss, 1989).

It is possible that gender-specific parenting increases the risk for anxious/preoccupied attachment in girls and for dismissing attachment in boys; however, research has yet to explore this link. Studies are required to determine whether, and to what extent, parental reliance on gender-specific socialization practices is related to qualitative differences in attachment orientation. With respect to differences in attachment relationships with mothers and fathers, it is important to understand that most studies of child attachment and adjustment have focused on mother-child rather than father-child relationships. This focus has occurred because the primary caregiver in infancy is typically the mother, and because childhood attachment security is predicted more from infant attachment to mother than from attachment to father (Cassidy, 1988; Main, Kaplan, & Cassidy, 1985). Moreover, infant attachment is predictable primarily from mothers' as opposed to fathers' attachment style (Van-IJzendoorn & De-Wolff, 1997). In late adolescence, as in childhood, mothers remain the principal attachment figure (Hazan & Zeifman, 1994; Trinke & Bartholomew, 1997). Although both boys and girls see their mother's availability as remaining constant across age, adolescent girls perceive their fathers as less available than do younger girls (Lieberman, *et al.* 1999). Consistent with these findings, several studies have

demonstrated that there are significant changes in the quality of relationships that girls have with their fathers during adolescence (Hosley & Montemayor, 1997; Paterson, Pryor, *et al.* 1995; Youniss & Smollar, 1985). For example, with the transition to adolescence, girls report feeling more distant, uncomfortable and withdrawn from their fathers, and feel that their fathers do not meet their emotional needs (Youniss & Smollar, 1985).

Attachment to father has sometimes been found to have significant, albeit different, associations to adjustment (i.e., peer competence) than does attachment to mother (Kerns & Stevens, 1996; Kerns & Barth, 1995; Suess, Grossmann, & Sroufe, 1992; Youngblade & Belsky, 1992; Youngblade, *et al.* 1993). It appears that fathers' warmth and involvement play a unique role in intellectual development (Radin, 1981) and academic achievement (Wagner & Phillips, 1992), and is associated with higher self-esteem in middle childhood (Amato, 1986). Moreover, it is possible that stronger relations between child-father attachment and adjustment might emerge in adolescence. That is, in a longitudinal study of north German children, coping styles at age 16 were related to several measures of quality of early childhood attachment to father but not to mother (Grossmann, Grossmann, & Zimmermann, 1999). Moreover, adolescents' ratings of their father's negative affect but not their mother's was associated with the adolescents' ratings of the quality of their relationship with their parent (Flannery, Montemayor, & Eberly, 1994). Finally, with respect to depressive symptoms in mid-adolescence, perceptions of self as unworthy of father's love was of particular importance (Margolese, *et al.* 1999a & b).

It is important to clarify the changing nature of girls' compared to boys' attachment to their fathers during adolescence, the relation of these differences to differential parental socialization, and implications for adjustment.

Again, further research is required to fully understand the differential role of attachment relationships with mothers versus fathers across development.

Cultural and Social Context

Given the diversity of cultures contributing to Canadian society, it is important to assess the degree to which the findings reviewed above apply across Canadian families with diverse ethnic backgrounds. Parenting practices have been found to vary with cultural norms and socialization values (Ellis & Petersen, 1992). For example, parents in China use more behavioural control with their children and grant less psychological autonomy than parents of European background in the USA (Lin & Fu, 1990). The distribution of insecure attachment styles among infants also varies between countries differing in emphasis on individualism versus interdependence (Sagi, Van-IJzendoorn, & Koren-Karie, 1991). For example, more infants in Germany are classified as avoidant and more in Japan as ambivalent. In a sample of 400 Montreal children and adolescents, Arab parents were warmer and more involved with their children, and French-Canadian parents granted more psychological autonomy; West-Indian parents did less of both (Karavasilis, Dayan, Doyle, *et al.* 1999). However, cross-cultural differences are usually less pronounced than intracultural differences (Sagi, *et al.* 1991). Moreover, despite cultural differences in parenting style or child attachment, the relation between parenting style and child adjustment typically remains the same (Feldman & Rosenthal, 1991). That is, children who perceive their parents as warm, involved, appropriately demanding and permitting of psychological autonomy are typically found to have higher self-esteem, greater self-reliance, and less depression and delinquency, irrespective of ethnicity or cultural orientation (Karavasilis, *et al.* 1999; Steinberg, *et al.* 1995). The one area of exception is academic performance, where European- and Hispanic-American adolescents benefited from this authoritative parenting style whereas African- and Asian-American adolescents did not (Steinberg, *et al.* 1995).

It is also important to assess the generality of the above findings across different family structures, e.g. both single-earner and dual-earner. Most of the studies of the effects of maternal employment on parenting and attachment have focussed on infants and young children. These studies indicate that it is not the mother's employment *per se* which affects child attachment security, but rather her sensitivity

and responsiveness to her child, investment in parenting and participation in shared activities (Hoffman, 1989; Moorehouse, 1991). Early adolescents with employed mothers spend no less time with family, parents, friends, in class or alone, but do spend more time alone with fathers (Richards & Duckett, 1994). Moreover, adolescents with single or employed mothers do not have more contentious or distant relationships with them than their peers in “traditional” families (Larsen, 1995). However, more research is necessary to determine how maternal employment and single parenthood interact with other factors, such as poverty, low social support, and life stress, to influence parental availability and adolescent-parent attachment.

Implications for parenting

In the following section of the report we address implications of research on attachment for recommendations regarding parenting. It is important to recognize that adjustment cannot be predicted by attachment alone. A multitude of factors, including attachment, interacts in complex ways to predict adjustment. Thus, the implications that we discuss must be considered in the context of research on other factors that influence child and adolescent adjustment.

Adolescence: Detachment or Autonomy?

What Parents Need to Know

A common misperception in society is that adolescence is a time of moving toward *detachment* from parents. This is reinforced by several factors:

1. The amount of time that adolescents spend with their families decreases dramatically. Research shows that the amount of time spent with family drops from 35% to 14% of waking hours between late childhood and mid-adolescence (Larson, *et al.* 1996). Parents often attribute this shift in the behaviour of their adolescents to increasing detachment or rejection of the family.
2. The view that adolescents detach from parents has been propagated by dated theories of adolescence that dominated the past several decades. These theories

proposed that the pubertal and social role challenges of adolescence necessitated a gradual increase in emotional distance from parents.

3. Past theories confused the concepts of detachment and *autonomy*. “To be autonomous is to be self-initiating and self-regulating” (Ryan, *et al.* 1995). Autonomy with parents is the sense that an adolescent has the freedom to express beliefs and desires, the option to negotiate with parents and other authority figures, and the opportunity to assume reasonable control over important decisions in his or her life. In contrast, detachment necessarily requires disengagement from parents, both emotionally and physically, coupled with negative feelings regarding the significance of the child-parent relationship and the value of parents as a source of guidance and emotional comfort (Steinberg & Silverberg, 1986). Adolescents who experience separation from parents as a movement to greater autonomy and self-governance, coupled with continued connection with parents, experience the transition to adulthood more positively than do adolescents who experience separation from parents as emotional detachment (Moore, 1987).

It is now clear that parent-child relationships undergo transformation during adolescence, but that most adolescents remain emotionally and psychologically connected with their parents. Educational efforts to dispel the myth of adolescent detachment can be beneficial for parents.

What Parents Need to Do

Parents need to recognize the continued importance of their relationship with their adolescents, despite the changes that occur in the nature of their interactions. Parents need to be careful not to mistake the need for autonomy with rejection of the parental relationship and they need to work with their adolescent to balance continued connectedness with growing autonomy.

How Can Parents Contribute to Healthy Adolescent Development?

What Parents Need to Know

If adolescents don't need parents to be physically present and protective in the same way as younger children, what do they need?

1. Although time with family decreases during this period, adolescents continue to spend as much time alone with their mothers and fathers as they did in late childhood and they spend more time discussing interpersonal issues.
2. Adolescents need to feel that their parents are accessible and supportive of them. Adolescents who feel confident in the availability of their parents' emotional support develop more effective coping skills.
3. Adolescents particularly benefit from parental support in the development of their autonomy. Parental autonomy support (e.g., supporting their adolescent in expressing and discussing reasons for disagreements; attending to their adolescent's statements; validation of their adolescent's position and feelings) during mid-adolescence (age 14) has been shown to predict secure attachment and healthy adjustment in early adulthood (Allen & Hauser, 1996). Adolescents whose parents gradually permit more involvement in decision-making over the adolescent years are less likely to respond to pressure from peers to engage in delinquent activities (Fulgini & Eccles, 1993).
4. In adolescence, parental sensitivity is expressed in terms of being psychologically available to the child while fostering autonomy. Specific parenting skills include warmth, acceptance of individuality, active listening, behaviour monitoring, limit setting, and negotiation. Adolescents require the engagement of parents in discussions about interpersonal relationships, values and goals. Adolescents also need parents to be willing to renegotiate rules and

responsibilities. Neglect, hostility, over-control and intrusiveness are to be avoided throughout.

Assisting parents in the development of parenting skills that support autonomy and connectedness with their adolescent can be beneficial in supporting attachment security through this developmental period.

What Parents Need to Do

Parents need to be available to their adolescents, supportive and actively engaged in negotiation of increased autonomy and self-reliance. They need to support their adolescent's expression of feelings, beliefs and goals. This can be difficult as the clash between parental values and adolescent values can give rise to conflict and emotional distress. Understanding that conflict can be an opportunity for development of autonomy, interpersonal problem solving, and growth in the adolescent-parent relationship can help in avoiding power struggles, conflict escalation and feelings of rejection. Parents need to continue to state their concerns and limits but with an openness to discussion and negotiation.

For example, a parent whose adolescent was considering taking on a first job at a late-night cafe downtown rather far from home may reasonably be concerned about safety in travelling home, time away from schoolwork, and ability to be on time for school. Rather than stating that the adolescent is not permitted to take the job, the parent would be wise to first listen to the adolescent discuss their interest in the job, perhaps inquiring just "what are your thoughts about it?" This grants the adolescent the opportunity to take the lead in stating his or her own wishes and concerns regarding the job. If the adolescent raised concerns, the parent might be supportive of the goal of having a part-time job and inquire about the possibilities of other alternatives with fewer drawbacks. If the adolescent assumed the parent would chauffeur to and from work, or agree to any hours of work, the parent should state their limits, reasons for these, be willing to discuss their reasonableness, listen to the adolescent's views and be open to the possibility of negotiating change. Parental involvement could be expressed by, for example, continued availability to talk through issues and concerns, providing temporary assistance with

transportation, expressing interest in visiting the cafe as a customer if the adolescent wished.

Are There Times When Secure Attachment is Particularly Beneficial for Adolescents?

What Parents Need to Know

Secure attachment is important in providing a safe haven during times of stress and in promoting exploration during times of growth. Adolescents typically undergo several significant transitions that are associated with increased feelings of stress and anxiety. Parental support during these periods can be particularly beneficial in fostering the secure attachment and promoting healthy adjustment.

School Transitions: Transition to high school is frequently associated with increased vulnerability to low self-esteem and feelings of incompetence, combined with greater risk for depression and antisocial behaviour. Evidence shows that secure attachment buffers adolescents from the stress associated with such transitions (Papini & Roggman, 1992).

Exploration of Social Rules and Norms:

Engagement in some types of delinquent activity is normative during adolescence (e.g., Shedler and Block, 1990) and may be related to adolescent exploration of social rules and norms. Social pressures on adolescents to conform to peer group expectations also contribute to engagement in delinquent activity. Adolescents benefit from parental accessibility for emotional support, structure, and monitoring regarding their engagement in such behavior and their association with peers who support this behavior. In fact, for adolescents from high-risk contexts, parental structure and monitoring is less effective in the absence of a secure adolescent-parent attachment relationship (Allen, Moore, Kuperminc, *et al.* 1998). Involving adolescents in discussions about values associated with behavior, providing clear structure and promoting autonomy in good decision making, are also productive parenting behaviors during this period.

Helping parents identify particular periods of stress for their adolescents where parental accessibility and support are critical can contribute to effective parenting strategies.

What Parents Need to Do

Parents should anticipate that their adolescent will need increased availability and emotional support during periods of transition, such as entry into high school. Before the transition occurs parents need to be available to their adolescent to discuss the changes that entry to high school may bring, how they may feel about it, what they can do if they feel stressed, what resources are available to them and so on. Parents need to engage in such discussions in a matter-of-fact manner, neither minimizing the concerns of their adolescent nor creating unnecessary worry. Parents may find teachers and other parents a useful resource in supporting the transition to high school. For example, such transitions are easier when a peer group makes the transition together, and when new friendships are established. Parents can facilitate their adolescent's social integration in the new setting by discussing and cooperating with other parents and teachers, (e.g. on providing transportation to school events and outings, setting normative rules such as curfew, and providing appropriate supervision for social activities such as house parties).

Parents need to support adolescents in their exploration of social norms by listening to their adolescent's concerns about social approval and peer pressure, discussing values associated with various behaviors, discussing reasons for limit setting, and negotiating rules when appropriate. If parents perceive their adolescent as moving beyond their competence in exploration of social norms they need to express their concerns and work with their adolescent to ensure safety.

Hormones: How Important Are They?

What Parents Need to Know

In the past it was commonly assumed that hormonal changes during adolescence invariably create turmoil, disruption and disengagement from family. Research showing that most adolescents do not experience profound distress or disruption during this period, and feel positively about themselves and their families, has dispelled this myth (Arnett, 1999). Although some researchers have argued that puberty stimulates distancing between offspring and their parents, as a biological mechanism to discourage endogenous mating (Steinberg, 1990), research has failed to show conclusive evidence of this effect. In

one study, onset of puberty in boys was related to reduced amount of time spent with family during early adolescence, however, this effect did not emerge for girls (Larson, *et al.* 1996). Moreover, other factors, such as opportunities to socialize with peers, were found to be more important mediators of boys' reduced time with family.

Dispelling myths of adolescent turmoil and disengagement due to hormonal changes can help parents better identify and recognize the real challenges that confront their adolescent.

What Parents Need to Do

Parents need to recognize when their adolescent is distressed. They must be careful not to disregard real emotional difficulties and mistakenly assume that these are due to physical changes associated with adolescence.

Peer Relationships and Peers versus Parents as Sources of Influence on Adolescents

What Parents Need to Know

Adolescents spend increasing amounts of time with peers as they get older, surpassing time with parents by Grade 12 (17 years) (Clark-Lempers, Lempers, & Ho, 1991; Larson & Richards, 1991), and relying on their peers more than their parents for intimacy and support (Furman & Buhrmester, 1992; Laursen & Williams, 1997). Close friendships are more long lasting and valued by young adolescents than by young children (Sullivan, 1953). Young adolescents often feel great pressure from their peers to conform in many aspects of dress, activities, likes and dislikes (Feldman & Elliott, 1990). As a result, parents may feel ineffective and unimportant in guiding and supporting their adolescents. Parents may also feel that the adolescent's friend is replacing the parent as a primary attachment figure, i.e. being sought out in times of stress, being missed when separated. They may fear that their adolescent is being influenced by "bad" friends to follow undesirable directions in their goals and behaviours. Although friends influence adolescents, adolescents also play a role in the selection of peers. A primary process governing adolescents' selection of friends is the tendency of an adolescent to associate with peers whom are perceived as similar to themselves (homophily; Fletcher, Darling, Steinberg, *et al.* 1995).

- It is important for parents to understand that despite the increasing importance of peer relationships, parents continue to be a strong influence in their adolescents' lives (Laursen & Williams, 1997). Intimacy with parents, parental support, and guidance are significant determinants of adolescent adjustment. Close friendships fulfill primarily affiliative rather than attachment needs. The adolescent's growing investment in close friendships and peer activities is more fruitfully viewed as the adolescent using the parental attachment relationship as a secure base from which to explore the social world of peer relations.
- In general, adolescents are less influenced by peers and more influenced by their parents in fundamental values such as academic goals, religious beliefs and morality (Laursen & Williams, 1997). Indeed, as noted earlier, by supporting the appropriate development of autonomy, parents protect their adolescents from undue peer influence. That is, adolescents whose parents increasingly include their adolescents in decision-making are less likely to succumb to peer influence to engage in antisocial activities (Fulgini & Eccles, 1993). Moreover, as noted earlier, parents who monitor their adolescents' activities and companions protect their adolescents from involvement with delinquent peers, itself a risk factor for delinquent activities such as use of illegal drugs (Dishion, Patterson, & Kavanagh, 1992). The need for conformity to peers in dress and activities, that is experienced so strongly by younger adolescents (Feldman & Elliott, 1990), decreases with age and is best viewed as an indication of their fragile sense of autonomy and need for tangible evidence of similarity, acceptance and belonging.
- It is important for parents to understand the meaning of monitoring (firm control) in the context of warmth and with the aim of promoting autonomy. It is also important that they understand the distinction between

availability and intrusiveness, as defined earlier.

- Parent involvement and communication with the adolescent's school is also associated with academic competence. That is, parents who are involved in school activities are more knowledgeable and available to their adolescent, both in good times to support their autonomy, and in stressful times to provide security and protection.

Providing parents with an understanding of the role of peers versus parents as sources of support and guidance during adolescence is a useful strategy to improve parent effectiveness.

What Parents Need to Do

Parents need to recognize the continued importance of their engagement with their adolescent for adjustment, despite increased interest and time spent with peers. They need to listen to their adolescent's concerns regarding peer pressure, good choices in peer relationships and feelings of social acceptance. Parents need to be aware of their adolescent's involvement with various peer groups and their activities at school. They need to be appropriate and respectful in how they monitor these issues. As previously noted, if parents find that their adolescent is involved in peer situations that are harmful and beyond their competence in terms of judgement and influence, they need to act in ways to protect their child from these situations.

Romantic Relationships

What Parents Need to Know

The nature and significance of a romantic relationship earlier in adolescence is unclear and the subject of considerable research. Fundamental questions in the research are: 1) to what extent do romantic relationships fulfill attachment functions during the adolescent period; 2) how are romantic relationships related to shifts in adolescent-parent attachment; and 3) what are the implications of romantic relationships for adjustment.

- Developmentally, romantic relationships in early adolescence are typically brief, and

often entail little intimate knowledge of the partner and much fantasy. At least for early adolescence, they are best conceptualized as exploration of the social world rather than as attachment relationships *per se*.

- This view of romantic relationships does not deny that they are important and emotionally powerful experiences for adolescents. Though romantic relationships may be especially important for older adolescents because of the gradual transfer of attachment functions, younger adolescents may experience romantic relationships as emotionally powerful because of their less mature ability to deal with emotional events. Parental availability and support as a secure base and safe haven through these events is important. Adolescents with a secure attachment to their parents are better equipped to cope adaptively in this new realm. For example, by mid-adolescence, securely attached adolescents have been found to engage in sexual intercourse later, and securely attached young adults have fewer sexual partners and are less likely to engage in risky sexual relationships than their insecurely attached peers (Cooper, *et al.* 1998).

Providing parents with information regarding the significance of romantic relationships during late versus early adolescence, and the continued need for parental availability as a secure base for adolescents, will assist them in responding appropriately to these new relationships.

What Parents Need to Do

Parents need to understand that their adolescent can benefit from their emotional support and guidance as they move into romantic relationships. They need to be careful not to mistakenly interpret involvement in romantic relationships as displacing the importance of the parental relationship. Parents need to be available to adolescents to discuss their feelings, values and decision making regarding issues of intimacy and sexual involvement in romantic relationships.

Are Some Adolescents More at Risk for Attachment Problems During Adolescence?

What Parents Need to Know

Some adolescents are vulnerable to insecure attachment patterns due to very difficult early socialization experiences. For example, children who have been exposed to maltreatment, such as physical or sexual abuse, neglect or exposure to family violence, are at substantial risk for insecure attachment (Cicchetti & Barnett, 1991; Morton & Browne, 1998). When these children reach adolescence, insecure patterns of attachment and other affect regulation problems may make this developmental period particularly challenging for them and their primary caregivers. Relationships with caregivers may be threatened and risk of psychopathology may increase substantially. It is particularly important that the needs of these adolescents are anticipated prior to the emergence of difficulties and that special programs are accessible to these families. Preventative measures, initiated before the onset of adolescence, may well prove to be cost-effective in the long run.

What Parents Need to Do

It is advisable that parents of children who have experienced extreme difficulty in early child-parent relationships anticipate the challenges of adolescence and assess the need for mental health support. When children have experienced disruption in their relationships with caregivers, resulting in extended separation or loss, adolescence may rekindle emotional issues related to early experiences. This will depend on the quality of past and current relationships and the amount of support that adolescents have experienced in integrating these different caregiving relationships. Parents need to support their adolescent in working through the meaning of their relationships with various caregivers and to assist them in balancing their connection and autonomy within these relationships. They need to strive to understand this process and not to mistakenly interpret this as rejection of the parental relationship. In some cases this may require the support of family and/or individual therapists.

How Does Parental Psychopathology and Parent Attachment Style Relate to Adolescent Attachment?

What Parents Need to Know

Research shows higher rates of insecure attachment in children of parents who suffer from various disorders, including depression (Lyons-Ruth, *et al.* 1991) and alcoholism (Brennan, *et al.* 1991). Similarly, children of parents who themselves experienced insecure attachment in their relationships with their own parents are more likely to be insecurely attached than are children of parents who enjoyed a secure relationship with their own parents (Van-Ijzendoorn & Bakermans-Kranenburg, 1996). For example, Benoit and Parker (1994) found that mothers' attachment style predicted infant attachment in 81% of cases, and that grandmothers' attachment style predicted infant attachment in 75% of cases. Although research has yet to examine intergenerational transmission in attachment during the adolescent period, it is likely that insecure attachment in parents will be associated with increased rates of insecure attachment in adolescents, perhaps somewhat less profoundly than in infancy.

What Parents Need to Do

Parents who recognize risk factors in themselves that may place their adolescent at risk for insecure attachment may benefit from counseling or therapy for their own difficulties, and/or to reduce the transmission of risk within the family.

To What Extent do Child Characteristics versus Parenting Characteristics Account for Attachment Security?

What Parents Need to Know

Unfortunately research on attachment patterns in the adolescent period is insufficient to provide an answer to this question; however, studies from other developmental phases are informative. Although both parent and child contribute to their relationship over time (Lollis & Kuczynski, 1997), evidence with younger children points to the significance of parents in shaping attachment patterns in their children. For example, if attachment style were inherent to the child, one would expect to see similar types of attachment across both parents. Yet, it is well established that the quality of a child's attachment to one parent is not strongly associated with the quality of his or her

attachment to the other parent (Lyons-Ruth, 1996). In addition, although temperament predicts the amount of distress a child expresses upon separation with mothers, it does not predict specific attachment patterns (Belsky & Rovine, 1987; Vaughn, Lefever, Seifer, *et al.* 1989). Perhaps most convincing, however, is the fact that child attachment can be predicted by mothers' own attachment pattern prior to the birth of the child (Fonagy, Steele, & Steele, 1991).

Clearly more research is required to understand the role of factors endogenous to adolescents versus parental socialization that account for attachment during this particular period of development. The research we reviewed in this document, coupled with studies of infancy and childhood, point to the powerful and important role of parents in shaping adolescent attachment.

What Parents Need to Do

Although both children and their parents actively contribute to their relationship over time, parents who recognize the importance of their role in shaping their adolescent's attachment orientation, and who feel confident and supported in meeting their adolescents' needs, will most likely contribute to healthy development. Parents need to be careful not to dismiss problems in the adolescent-parent relationship as simply due to temperament or other child characteristics. They need to recognize that both they and their adolescent contribute to patterns of interaction and behaviour.

Stability of Attachment During Adolescence

What Parents Need to Know

There is substantial opportunity for change in attachment patterns during adolescence. For example, research has shown that approximately 30% of young adults change in their attachment orientation over a short time (Baldwin, *et al.* 1996; Scharfe & Bartholomew, 1994).

What Parents Need to Do

In light of these findings, parents should understand the importance of continued efforts to promote secure attachment in their adolescents. Conversely, parents of adolescents with insecure attachment patterns may be reinforced by the knowledge that this period of

development offers a significant window of opportunity for change toward greater security.

Providing parents with an understanding of the role of peers versus parents as sources of support and guidance during adolescence (see III - 5. p 21, this document) is a useful strategy to improve parent effectiveness.

Summary

Research Question 1:

Does attachment to parents during adolescence impact psychological and social adjustment?

Secure attachment during adolescence is related to fewer mental health problems, including lower levels of depression, anxiety and feelings of personal inadequacy¹⁻⁵. Securely attached adolescents are less likely to engage in substance abuse, antisocial and aggressive behaviour, and risky sexual activity^{2,6-9}. Securely attached adolescents also manage the transition to high school more successfully, and enjoy more positive relationships with family and peers^{10,11}. They demonstrate less concern about loneliness and social rejection than do insecurely attached adolescents and they display more adaptive coping strategies^{1,12}.

Research Question 2:

What role, if any, do parents play in ensuring secure attachment during adolescence?

Parent-child relationships undergo important transitions during adolescence, including a decrease in time spent with parents and a shift from dependency to mutual reciprocity^{13,14}. Parents play a significant role in supporting secure attachment during these transitions¹⁵. Adolescents benefit from parental support that encourages autonomy development yet ensures continued monitoring and emotional connectedness. Specific parenting skills that promote attachment security and autonomy development include psychological availability, warmth, active listening, behaviour monitoring, limit setting, acceptance of individuality, and negotiation of rules and responsibilities¹⁶⁻¹⁸. Parental support during stressful periods of transition (e.g., entry to high school) predicts positive adolescent adjustment¹¹.

Implications for Effective Parenting

Parents need to recognize the continued importance of their relationship with their adolescent. They should be careful not to confuse adolescents' development of autonomy with rejection of the parental relationship.

- Parents need to be available to their adolescents, supportive and actively engaged in negotiation of increased autonomy and self-reliance.
- Parents need to anticipate that their adolescent will require increased availability and support during periods of transition, such as entry into high school. Parents should support their adolescent in effective planning and management of this transition.
- Parents need to support adolescents in their exploration of social norms by listening to concerns about social approval and peer pressure, discussing values and reasons for limit setting, and negotiating rules when appropriate. Parents need to monitor involvement in potentially dangerous situations and work with their adolescent to ensure safety.
- Parents must be careful not to disregard adolescents' real emotional difficulties by assuming that these are due to physical or hormonal changes associated with this period.
- Parents need to be careful not to dismiss problems in the adolescent-parent relationship as simply due to age, temperament or other child characteristics. Both they and their adolescent contribute to the quality of the relationship.
- Parents need to recognize the continued importance of their relationship with their adolescent for adjustment, despite their child's increased interest in and time spent with peers. Parents need to be aware of and monitor their adolescent's involvement with

various peer groups and their activities at school.

- Parents need to understand that as adolescents move into romantic relationships they can benefit from parents' emotional support and guidance. Parents need to be available to adolescents to discuss their feelings, values and decision making regarding issues of intimacy and sexual involvement in romantic relationships.
- It is advisable that parents of children who have experienced extreme difficulty in early child-parent relationships anticipate the challenges of adolescence and assess the need for mental health support.

Parents who recognize risk factors in themselves that may place their adolescent at risk for insecure attachment may benefit from counseling or therapy for their own difficulties, and/or to reduce the transmission of risk within the family.

Implications for Government Programming

Government should support the following initiatives in mental health programming:

- Public education initiatives that debunk the myth of adolescent detachment from parents and enhance recognition and understanding of the importance of the parent-child relationship. Strategies to achieve this goal include media advertising campaigns and provision of information brochures through government agencies, public health offices and schools. Provision of funds for appropriate speakers, written and video materials, for junior high and high school parent groups, community centres, libraries, etc. would also be effective.
- Development and evaluation of programs to assist parents in developing effective skills in parenting adolescent children, including skills in providing support and guidance during transition periods. This is most expediently achieved through the

development of universal programs that target entry into high school and provide education and support regarding transitions in the parent-child relationships and effective parenting skills.

- Development and evaluation of targeted programs that focus on attachment issues and effective parenting strategies for high-risk adolescents and their families.

Support of educational training to increase the understanding and awareness of adolescent attachment issues by mental health workers and other professionals involved in service delivery.

Recommendations for Research Initiatives

Development and validation of self-report, observational and/or interview based measures of attachment for adolescents.

- Research on the determinants of stability and change in attachment from childhood to adolescence, and from adolescence to adulthood.
- Investigation of transitions in attachment functions of parents, peers and romantic partners from early adolescence to early adulthood.
- Documentation of the emergence of generalized versus differentiated attachment representations from early adolescence to early adulthood.
- Investigation of parenting factors related to shifts from secure to insecure attachment versus from insecure to secure attachment during adolescence.
- Identification of mediators and moderators of the relationship between adolescent attachment and functioning in young adulthood (i.e., poverty, parental psychopathology, peer relationships, school success).

Development and evaluation of both universal and targeted programs that focus on attachment, family relations and adjustment in adolescence.

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The war on condoms

HHS Watch

This month, the full Senate finally approved the nomination of Lester Crawford for commissioner of the Food and Drug Commission by a 76-16 vote. One of the reasons for the Crawford holdup was that Sen. Tom Coburn (R-OK) had blocked the vote, demanding FDA action on a four-year-old Congressional mandate to revise condom labels. The mandate requires the labels to include scientifically sound information about protection against specific STDs, or lack thereof. Under a compromise announced on July 15, Coburn lifted his objection to the vote on Crawford in return for a promise that the FDA will now actively pursue the condom label issue.

The re-emergence of the condom labeling issue comes at a time when scientific studies increasingly show that condoms offer more protection against STDs than previously demonstrated.

One of the most contentious of these diseases is the most common, *human papillomavirus (HPV)*. Some HPV varieties cause genital warts and a few are the source of cervical and anal cancers (*see the June HHSWatch*). Although there has been some evidence that condoms reduce the rate of cervical cancer, Coburn (an MD with a family medicine practice) and other condom critics want a specific warning on condom labels stating they cannot prevent HPV. Their reasoning is that HPV can spread by skin-to-skin contact outside the genital parts covered by condoms.

HPV: Very Common... Hard to Study... But New Research Reveals Condom Have Protective Role

HPV studies have been notoriously difficult to do. "Previous studies had trouble because it is hard to find women who have not been infected by some HPV strain already, and they didn't start out

looking specifically at condom use in any case," says Laura Koutsky, an epidemiologist and HPV expert at the University of Washington.

To perform a rigorous evaluation, Koutsky and her colleagues followed 200 female college students who had their first sexual intercourse either during the study period or at most three months before. The women had to complete diaries about their condom use during a two-year observation period. They also underwent regular HPV testing. *When the incidents of HPV infection were tallied, it turned out that the study participants who reported always using condoms during sex had 70% less risk of acquiring HPV than those who never or almost never used condoms.*

The University of Washington study was presented at a July 10-13 conference sponsored by the International Society for Sexually Transmitted Diseases Research.

A University of California San Francisco study at the same conference looked at anal HPV in gay men. It found that consistent condom users' risk of infection was 9.5 times lower than nonusers'. "It's all about risk. If the only exposed area is a small patch outside the anal canal, then your risk of infection and significant disease is much less," commented Peter Chin-Hong, the lead investigator.

Finding the right population

Design problems have troubled nearly all of the previous condom studies, says Lee Warner, an epidemiologist at the Centers for Disease Control and Prevention (CDC). Warner recently published two studies on chlamydia and gonorrhea, showing how

poor methodology can greatly reduce estimates of condom effectiveness.

“Gonorrhea and chlamydia are two STIs where condom effectiveness should be high since these infections are all transmitted via the male urethra. They should be prevented with consistent and correct condom use, like HIV,” said Warner.

Yet here too, past results have been inconsistent. Warner and his colleagues first looked at a large cohort of women, some of whom contracted one of these diseases and some of whom did not. When the researchers compared the women’s condom use records, they could find no significant protection from consistent use. The big problem was that most of the women did not have infected partners. These were the women who tended to use condoms less regularly. Their condom non-use made no difference; they were never exposed to disease. The women more likely to have infected or suspect partners may be more careful about using condoms. They may also be more frequently exposed to gonorrhea and chlamydia on the relatively few occasions when they don’t use condoms.

To minimize this effect, Warner looked at a group of women who had partners known to be infected. *Here, the results indicated a high degree of protection for consistent condom use.*

Moreover, women with infected partners who reported more than ten unprotected sex acts in the previous three months had nearly *four times* the risk of contracting gonorrhea or chlamydia than those who reported no unprotected sex in this period. The second study evaluated condom use and infection monthly among women who contracted gonorrhea or chlamydia during a six-month observation period. Among these women, non-use of condoms in the month before infection had an effect similar to the first study. Ten or more unprotected incidents of sexual intercourse correlated with a 2.6-fold increase in risk compared to no unprotected incidents.

Prior Studies’ Methods Likely to Have Underestimated Condom Protection Rates

Both of these studies showed a very strong “dose response”: *The more unprotected sex with a partner likely to be infected, the greater your chance of getting infected.*

This observation underscores a subtle feature of Warner’s research. Measuring condom use in percent of sex acts does not reveal how much exposure there actually was. An individual might have sex ten times or 100 times. A 10% rate of unprotected sex in the latter case will lead to ten times the exposure to infection that it would in the former case, if the partners are infected.

The fact that these two differently constructed studies led to similar results further supports the notion that prior studies have underestimated condoms’ protection against chlamydia and gonorrhea. Warner says, “The point we were making was that conventional studies were biased to finding no effect for condoms. They were underestimating the condoms’ effectiveness. When you see consistency with different methodologies, you have more confidence in the strength of your conclusions.”

Need for correct use underscores role of education

Another major issue is poor condom technique, which obviously can make a big difference in condom results. Warner notes, “Several studies have reported large misuse of condoms, but few have related it to STDs.” In his second study, Warner’s group did take account of occurrences when condoms either slipped off or ruptured. Not surprisingly, even consistent condom users had increased odds of contracting gonorrhea or chlamydia if they reported at least one slippage or breakage incident during a given study month. Their risk was about the same as the women who reported inconsistent condom use. Still, about a third of new chlamydia and gonorrhea infections in the second study occurred during months when participants claimed that they had used condoms for all sex in the past month without slippage or breakage. Aside from false reports – which would reduce

apparent condom effectiveness – this observation suggests that there are many other problems that arise when using condoms and underscores the need for more education on correct condom usage.

A final new study, published in June, directly addressed the effects of condom misuse on acquiring chlamydia and gonorrhea. In this study, CDC researchers assessed the condom experiences of sexually active female patients at an adolescent health clinic. In addition to frequency of condom use, slippage, and breakage, the researchers tracked the following typical condom errors: starting to put a condom on upside down and then flipping it over, beginning sex without a condom, and removing the condom before finishing sex. Of the 509 young women who were interviewed, 86% said that they had used a condom at least once in the previous three months. But only 16% said that they had correctly used condoms for all vaginal intercourse. Nearly three-quarters of condom users described some problem, the most frequent being beginning sex without a condom. Breakage occurred at least once in the prior three months to almost a third of condom users.

The consistent and correct condom users had a greatly reduced risk of current infection compared with non- or irregular users – 60% less risk for chlamydia and 90% less risk for gonorrhea. As with Warner's study, women with a record of consistent but problematic use were not significantly different from those admitting to no or intermittent condom use. These data speak to the role of education, not just on the *use* of condoms but the *correct use* of condoms, and should provoke additional inquiry into abstinence-only-until-marriage programs that train only on the harmful effects of condom misuse, rather than the methods of correct use.

A common thread, and an opportunity to re-assess claims of inconclusiveness

Taken together, these studies have a constant refrain. *Accurate measure of condom effectiveness requires a careful measurement of exactly how many times you are exposed to an STD.* Less than perfect condom practice with an infected partner still carries a lot of risk, but downright poor behavior with an uninfected partner has no risk at all. In 2001, the National Institutes of Health issued a report on condom

effectiveness that dismissed most condom research as inconclusive (except for that relating to HIV). In the coming debate on condom labeling, the advances since then in study design should have great influence so long as the political debate does not overwhelm the scientific one.

A call for evaluation of abstinence failure rates

And to flip the debate over, what about “abstinence failure” – when people rely on abstinence for protection and then have unplanned sex without condoms? As Guttmacher Institute analyst Cynthia Dailard has argued, “By contrasting the perfect use of abstinence with the typical use of other contraceptive methods... [abstinence-only promoters] are comparing apples to oranges. From a public health perspective, it is important both to subject abstinence to the same scientific standards that apply to other contraceptive methods and to make consistent comparisons across methods.”

David Gilden researched and wrote this issue.

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HHSWatch, a watchdog newsletter from CHAMP, monitors and reports on activities related to HIV prevention at Health and Human Services agencies, including CDC, NIH, HRSA and SAMHSA.

HHSWatch is a resource for community members, policy advocates, researchers and anyone interested in more fully understanding and tracking the committees, panels and administrators whose recommendations and decisions affect our work.

HHSWatch is committed to providing an outlet for those concerned about infringements upon science-based HIV prevention and treatment, and will respect your wishes for confidentiality. If you are interested in contributing information or suggesting a story, please contact champ@champnetwork.org.

Publications

Healthy student: a parent's guide to preparing teens for college years

Society for Adolescent Medicine

The Society for Adolescent Medicine is pleased to share with you that the 4th printing of THE HEALTHY STUDENT: A PARENT'S GUIDE TO PREPARING TEENS FOR THE COLLEGE YEARS – 2005-2006 Edition is now available.

These brochures are available in quantities of 100 (35\$) or in boxes of 800 (\$250). SAM accepts checks, VISA or MasterCard. If you would like a supply of these informative brochures, please contact Alice Berry at 816 224 8010 or at sam@adolescenthealth.org

You can also consult the brochure online at http://www.adolescenthealth.org/The_Healthy_Student.pdf

About Society for Adolescent Medicine (SAM)

Founded in 1968, the Society for Adolescent Medicine (SAM) is a multidisciplinary organization of professionals committed to improving the physical and psychosocial health and well-being of all adolescents.

SAM is dedicated to the following organizational goals:

- **Communication and collaboration** among professionals of all disciplines involved in issues related to adolescent health.
- **Excellence in research** related to the health of adolescents and to disseminate the results of such research.
- **Public and professional awareness** of the health-related needs of adolescents and of strategies to address those needs.
- **Access to quality health-related services** for all adolescents.
- **Availability of special training** related to adolescent health for all appropriate professionals.

2005 edition of the report **Family Violence in Canada**

Statistics Canada

Statistics Canada recently released the 2005 edition of the report *Family Violence in Canada; A Statistical Profile*. This year's release focuses on spousal violence and stalking experienced by both women and men as reported to the 2004 General Social Survey on Victimization. It also provides the most recent police-reported data on family-related violence against children and youth and seniors.

In addition, national data from the Homicide Survey are included for 1961 to 2003 to analyze family-related homicide-suicides.

Highlights are captured in *The Daily* at www.statcan.ca/Daily/English/050714/d050714a.htm

Youth: Choices and Change Promoting Healthy Behaviors in Adolescents

Cecilia Breinbauer and Matilde Maddelena

PAHO, 2005, Scientific and Technical Publication No. 594, Washington DC

This 390 page volume consists of four sections: 1) Developing effective health promotion and prevention programs for adolescents; 2) Theories and models for health promotion and behavior change, their application to adolescents; 3) Adolescent Developmental Changes and goals, the importance of early intervention; 4) Conclusions and Recommendations.

It is not indexed but has well organized Table of Contents, References, and Web-site resource list.

The subject matter is timely and the authors write clearly and with authority. While the text is directed to a Latin American readership it is of great relevance to all those interested in adolescent health promotion and adolescent health policy.

This volume is available for purchase (\$ 38.00 US plus shipping) on-line or directly from PAHO (Pan American health organization, WHO branch for North America).

For more info e-mail paho@pmds.com



ADOLESCENT UPDATE 2005

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11th National Conference
of the
Canadian Association for
Adolescent Health
organized jointly with the
Division of Adolescent Medicine
Department of Paediatrics
The Hospital for Sick Children
University of Toronto

CONFERENCE LOCATION

The Hospital for Sick Children
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