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## Evidence-Based Treatment with Delinquent Youth

# Shifting Internal Parent–Child Representations among Caregivers of Teens with Serious Behavior Problems: An Attachment-Based Approach

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*Attachment theory provides a rich framework for the development of interventions for trauma. This study examined processes underlying treatment outcomes of an attachment-based program (Connect; Moretti, Braber, & Obsuth, 2009) for parents of teens with severe behavior problems. Caregivers completed the Parenting Representations Interview and the Child Behavior Checklist prior to and following treatment. Results confirmed significant reductions in teens' problem behavior and changes in parental representations of the parent, teen, and parent–teen relationship. Shifts in parenting representation were significantly related to reductions in teen problem behavior, consistent with the view that changing attachment representations underlies therapeutic effects.*

**Keywords** manualized intervention, adolescence, parent–teen relationship, therapeutic change

Children who witness family violence suffer from a range of negative social and mental health outcomes, including aggressive and antisocial behavior (e.g., Evans, Davies, & DiLillo, 2008; Teisl & Cicchetti, 2008). Other forms of trauma, such as neglect, physical, emotional and sexual abuse, also play a role in the etiology of problem behavior (e.g., Eaves, Prom, & Silberg, 2010), and children exposed to poly-victimization are particularly at risk (Ford, Elhai, Connor, & Frueh, 2010; Turner, Finkelhor, & Ormrod, 2010). Recent studies have focused on the effects of trauma on the transition to adolescence, a period of heightened vulnerability due to rapid neurobiological, social–emotional and cognitive changes (Durston et al., 2006; Moretti & Peled, 2004). The rapid development during this period, including increased hypothalamic–pituitary–adrenal (HPA) reactivity, elevates children's sensitivity to social-contextual and interpersonal influences. Importantly, time with parents and family members plummets and teens begin to turn to their peers for social

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and emotional support. This often leads to greater parent–teen conflict as teens push for greater autonomy, leading many parents to feel that their teens are neither interested nor responsive to their attempts at engagement (Allen, Hauser, O'Connor, Bell, & Eickholt, 1996; Beveridge & Berg, 2007). Even though the push for autonomy is preeminent during adolescence, the quality of parent–teen relationships remains critical in ushering teens through this challenging developmental transition (e.g., Bender et al., 2007; Beveridge & Berg, 2007; Moretti & Obsuth, 2009). The transition of adolescence is doubly complicated in the context of trauma exposure, particularly in families where family violence and child maltreatment has occurred. Such experiences erode security within the parent–child relationship rendering the child at greater risk.

Attachment is an evolutionarily advantageous regulatory system, designed to protect offspring by ensuring proximity to caregivers during times of stress and danger ("safe haven") and providing a foundation from which the child can explore his or her surrounding environment ("secure base"; Bowlby, 1988). According to Bowlby " . . . to stay in close proximity, or in easy communication with, someone likely to protect you is the best of all possible insurance policies" (p. 81). In the context of family-based trauma, children are faced with the irreconcilable situation of seeking safe haven with the very person(s) and within interpersonal contexts that have placed him or her at risk. Many caregivers of traumatized children have themselves experienced traumatic events and threats to their attachment relationships, compromising their ability to provide safe haven and secure base functions to their children. Conflict between parents and children, common to the adolescent period, can be particularly challenging in these families, as such events may trigger past traumas and associated fears of violence and/or loss.

Attachment theory provides a rich and pragmatic framework for the development of interventions to prevent and reduce risk associated with trauma exposure. Over the past two decades a number of attachment-based programs have emerged, however the majority of these programs focus on the caregivers of infants and young children (e.g., Marvin, Cooper, Hoffman, & Powell, 2002; Van Zeijl et al., 2006). The beneficial effects of attachment-based approaches on behavioral, affective, and neurobiological regulation are impressive (Bateman & Fonagy, 2009; Hoffman, Marvin, Cooper, & Powell, 2006; Klein Velderman, Bakermans-Kranenburg, Juffer, & van Ijzendoorn, 2006). Recently attachment-based interventions have been extended to caregivers of preadolescents and teens (e.g., Attachment-Based Family Therapy [Diamond, Reis, Diamond, Siqueland, & Isaacs, 2002; Diamond et al, 2010]). Regardless of the age group targeted, the common focus of attachment-based programs is to enhance parental reflective capacity, or mentalizing (awareness of one's own and one's child's state of mind), leading to greater sensitivity and parent–child partnership in the caregiving relationship.

In light of research showing that disruption of parent–child attachment is associated with serious behavioral and emotional problems in children and teens, and the effectiveness of attachment-based intervention approaches for younger children, we developed a brief (10-week-long) manualized intervention for caregivers of preteens and teens.[1] Connect (Moretti, Braber, & Obsuth, 2009) focuses on the enhancement of the core components of secure attachment: parental sensitivity, collaboration or "shared partnership," parental reflective function and mentalizing, and dyadic affect regulation. This group-based intervention is delivered to 8–16 parents or alternate caregivers by two leaders. Each session begins with a didactic introduction of an attachment principle focused on key aspects of

[1]The Connect program is developmentally designed to be sensitive to parent–child issues that commonly emerge during the preadolescent (8–12 years) and adolescent period (13–17 years), such as increased desire for autonomy, peer relationships, and rejection of parental authority and beliefs.

the parent–teen relationship and common parenting challenges. The program helps parents to: (a) become mindful of the attachment meaning of their teen's challenging behavior; (b) reflect on attachment issues as they relate to their child's state of mind and prior experiences; (c) reflect on their own emotional reactions to their child's behavior, especially in relation to their past experiences; and (d) respond, rather than react, with sensitivity while maintaining expectations and limits. Experiential activities, including role-plays and reflection exercises, are utilized to illustrate each principle.

Connect differs from other parenting programs by recognizing the attachment system as foremost in the theoretical rationale, structure, and content of the program. Rather than helping parents to "manage" problem behavior, Connect strives to help parents understand challenging behavior from an attachment perspective. This requires that parents practice taking a "step back" to momentarily reflect on parent–child interactions so that they understand their teen's state of mind, their role and feelings as parents, and the importance of the interaction for the parent–teen relationship. With this footing in place, parents are encouraged to think about how they might respond to their child in such a way that promotes security within the parent–teen relationship, thus offering developmentally appropriate support to their child in managing distress while maintaining structure and safety.

Parents are encouraged to reframe conflict from an attachment perspective, helping them to understand how conflict and angry feelings are often a signal of distress. Other issues discussed include the use of empathy, how to balance parent needs with those of the child, and the importance of seeing setbacks as an opportunity for growth. Throughout the sessions, parents are encouraged to reflect on their experiences when they were teens and their experiences in their current relationships with others. They learn to recognize and modulate their emotional response to their teens' challenging behavior and to strategically utilize parenting strategies to support their relationship while setting limits and communicating expectations.

The Connect program was developed for parents and alternate caregivers of preteens and teens with clinical levels of externalizing behavior, the majority of whom have experienced traumatic events including family violence and maltreatment (Bartolo, Peled, & Moretti, 2010; Moretti, Jackson, & Obsuth, 2010; Moretti, Obsuth, Odgers, & Reebye, 2006; Obsuth, Watson, & Moretti, 2010; Odgers, Moretti, & Reppucci, 2010; Peled & Moretti, 2007). Evaluation of the program indicated that caregivers of high-risk youth enrolled in a wait-list control study reported significant reductions in their teens' aggressive, antisocial, and oppositional behavior as well as declines in anxiety and depression following Connect versus during the waitlist control period (Moretti & Obsuth, 2009). Caregivers also reported significant increases in their sense of parenting satisfaction and efficacy. Not only were posttreatment gains maintained across the one year follow-up period, but caregivers reported additional decreases in youths' externalizing and internalizing behavior problems over time. In a recent study on the portability and effectiveness of Connect across 17 communities, including over 300 caregivers of youth with severe behavior problems, small to moderate effect sizes were found in prepost treatment reductions in preteens' and teens' externalizing and internalizing problems. In addition, small to moderate effect sizes were found in increased teen social participation, quality of relationships, school participation, and global functioning. Further, moderate to large effect size reductions were found in teen-to-parent and parent-to-teen verbal and physical aggression. Finally, moderate effect sized increases were found for parenting satisfaction and competence; and reductions in caregiving strain (e.g., work-related disruptions, feelings of sadness, guilt, fatigue, anger, resentment, embarrassment) (Moretti & Obsuth, 2009).

What underlies the effectiveness of attachment-based programs for parents? Research has suggested that increasing caregiver sensitivity (Ainsworth, Blehar, Waters, & Wall,

1978) is central to enhancing child attachment security and improving social and psychological health. Beyond sensitivity, Fonagy and others (e.g., Fonagy, Gergely, Jurist, & Target, 2002; Slade, Grienenberger, Bernbach, Levy, & Locker, 2005) have theorized that reflective capacity is crucial to promoting attachment security. When caregivers can reflect on the factors that underlie their child's behavior, including their child's feelings and needs, they are better equipped to make sense of difficult behavior. When they can differentiate their own needs and emotional states and understand how these influence their parenting, they are better equipped to be effective in regulating affect within the relationship.

Reflective capacity enables caregivers to respond to their child's behavior with openness and acceptance of difficult feelings. This process provides the opportunity for the parent and child to jointly come to an understanding of the meaning of the child's emotional experiences, forming a necessary foundation for the parent to provide a secure base and safe haven to their child. Children also learn to understand and make sense of their feelings and behavior. Caregiver sensitivity and reflective capacity go hand-in-hand, as components of what Main, Kaplan, and Cassidy (1985) have termed a "secure parental state of mind" with respect to attachment.

The current study investigated whether parents completing the Connect program showed changes in parenting representations, consistent with those expected as a result of increased reflective function. We predicted that shifts in parental representations of the child, the parent, and their relationship toward a "secure parental state of mind" would occur over the course of treatment and that such changes would be related to reductions in youth externalizing and internalizing behavior problems.

## Method

### *Participants*

Thirty-nine parents completed the Connect program and reported on the functioning of their 31 youth (15 girls and 16 boys; ages 11 to 16; $M = 14.78$; $SD = 1.4$) prior to and following treatment. Youth were consecutively referred to a tertiary facility for youth with chronic and serious behavior problems. To avoid dependency in the data, only one parent was retained per youth where reports from multiple caregivers were available, resulting in the exclusion of eight "duplicate" caregivers.[2] Because the majority of caregivers were maternal figures, we retained maternal caregivers wherever possible to limit variability in the parent sample. This reduced the potential sample to 31 parents, all of whom attended 70% or more of Connect sessions.[3] Of the 31 parents, 24 were biological mothers, one was an adoptive mother, one was a stepmother, one was a female relative, three were biological fathers, and one was a stepfather (aged 29 to 54; $M = 42.1$; $SD = 6.4$). The majority (95%) were of Caucasian ethnic background and the remaining 5% were of South/Southeast Asian ethnic background.

Socioeconomic status was classified into four categories based on parental educational level and occupation and according to Hollingshead's (1979) scale: upper (3.7%;

[2]The eight "duplicate" caregivers not included in the analyses were: four biological fathers, one adoptive father, one step-father, one grandmother, and one aunt. Preliminary analyses revealed no significant difference on basic demographic variables (age, ethnicity) and baseline questionnaire data between the excluded and included caregivers.

[3]Of the 31 "nonduplicate" parents included in the study, 42% ($n = 13$) completed all 10 sessions, 33% ($n = 10$) completed nine of the sessions, 19% ($n = 6$) completed eight sessions, and 6% ($n = 2$) completed seven sessions.

$n = 2$), upper middle (37%; $n = 11$), lower middle (55%; $n = 16$), and lower (3.7%; $n = 2$). Twenty six (15 mothers of daughters and 11 mothers of sons) of the 31 parents also completed the Child Behavior Checklist (CBCL; Achenbach & Dumenci, 2001), which indicated that upon referral all teens fell in the clinical range (63th percentile or above) on the externalizing behavior scale.

### *Measures*

*Parenting Representations Interview–Adolescence (PRI-A).* The PRI-A (Scharf & Mayseless, 1997/2000 cited in Mayseless & Scharf, 2006) is a semistructured interview that assesses parental representations of the child, the parent, and the child–parent relationship. Parents are prompted to provide a general description of their relationship with their child along with specific examples from childhood and adolescence. The interview includes questions regarding experiences of closeness, pain, guilt, anger, worry, discipline, children's increasing autonomy, and the way parents respond to these challenges. In addition, parents describe how they see their child in the future and describe what they anticipate their future relationship will be like with their child. Interviews are audiotaped, transcribed verbatim, and coded using 5-point Likert scales along a number of dimensions (see Table 1 for illustrative examples) related to three basic aspects of parenting representations: (a) Representations of the parent, consisting of three dimensions: parental competence, self-understanding, and self-sacrifice; (b) Representations of the adolescent, consisting of four dimensions: trust/confidence in the child's capacities, child's understanding, elaborate perception of the child, and elaborate perception of the child in the future; and (c) Representations of the parent–adolescent relationship, including 19 dimensions (see Tables 1 & 2). Based on ratings across these dimensions, a summary rating (1 to 5) is assigned for each of four narrative dimensions (adequate/balanced, flooded, restricted, and confused/incoherent) corresponding to the four Adult Attachment Interview (AAI; Main & Goldwyn, 1998) attachment classifications (secure, anxious-preoccupied, dismissing, and disorganized, respectively). Each interview is also classified into a predominant narrative style using this system. All interviews were coded by a trained coder blind to questionnaire data as well as all identifying information. Ten randomly selected interviews were coded by two coders, yielding an agreement on 90% of the cases, $k = .74$; $p < .05$ for classifications. Interclass reliability on each of the individual dimensions was high, ranging from .78 to .98. The PRI-A has good psychometric properties (Mayseless & Scharf, 2006, 2007; Scharf, 2007), including concurrent validity with established measures of adult attachment (the AAI), quality of mother–child relationships, and adolescent socioemotional functioning.

*Child Behavior Checklist.* The CBCL is a parent-report measure of emotional and behavioral problems among children ages 6–18 years. We utilized the revised version of this measure (Achenbach & Dumenci, 2001), which yields DSM-oriented scales, including anxiety, oppositional defiant disorder, conduct disorder and attention deficit-hyperactivity disorder. Standardized t-scores are available for these scales as well as three composite scales: total problems ($\alpha = .88$), externalizing problems ($\alpha = .92$), and internalizing problems ($\alpha = .87$).

*Treatment engagement and client satisfaction.* At the completion of the program, caregivers completed a 23-item questionnaire to rate the helpfulness of each program component.

**Table 1**
Description of selected PRI dimensions

| | | |
|---|---|---|
| Representation of the parent | Parental Competence | The extent to which the parent has realistic confidence with regard to his or her capacity to handle effectively various parenting situations including general difficulties and daily demands and activities |
| | Self-understanding | The extent to which attributions of the causes of the self actions, thoughts, and feelings are logical, accurate, complex, and reflective |
| Representation of the adolescent | Trust/confidence in the child's capacities | The extent to which the parent has realistic confidence with regard to the child's coping capabilities in different contexts |
| | Child's understanding | The extent to which attributions of the causes of the child's actions, thoughts, and feelings are logical, accurate, complex, and reflective |
| | Elaborate perception of the child in the future | The richness of the description of the child in the future as reflecting the parent's thoroughly knowing his or her child. |
| Representation of the parent–adolescent relationship | Partnership and mutuality | Assesses mutuality and reciprocity in the relationship, as well as flexibility and openness, readiness for negotiation, adequate partnership in responsibility and decisions, and open communication between the child and the parent |
| | Autonomy granting | Assesses how much the parent facilitates autonomous decision making and behavior, balanced with adequate scaffolding suited to the situation and the child's developmental stage. The scale reflects tolerance for different opinions, perceptions, and behaviors, as well as the child's privacy and encouraging independent activities and reasoning by the child. |
| | Monitoring | The extent to which the parent exerts behavioral control over his or her child, knows where the child spends his or her free time and his or her friends, and is aware of his or her functioning in school and other settings |
| | Inappropriate/inadequate boundaries | Assesses how far the boundaries between the child and the parent are inappropriate and exhibit lack of differentiation. The parent may try strenuously to behave like the child's friend, or his or her involvement in the child's life is exaggerated. |
| | Conflict and power struggles | Assesses how far the parent describes disagreements, conflicts, and struggles in the relationship with the child. |

*Note.* Adapted from Mayseless & Scharf, 2006; Scharf, 2007.

**Table 2**
Pretreatment and posttreatment means, standard deviations and effect sizes for all variables

| | Time 1 | | Time 2 | | Effect Size |
|---|---|---|---|---|---|
| Variable | *M* | *SD* | *M* | *SD* | Cohen's *d* |
| PRI-A ($n = 31$) | | | | | |
| *Representation of the parent* | | | | | |
| Parental competence | 2.04 | 0.65 | 2.83 | 0.92 | 0.90*** |
| Self-understanding | 1.90 | 0.53 | 2.30 | 0.65 | 0.695** |
| Self-sacrifice | 2.55 | 0.88 | 1.87 | 0.65 | 0.71*** |
| *Representation of the adolescent* | | | | | |
| Confidence in child's capacities | 1.91 | 0.64 | 2.33 | 0.69 | 0.61*** |
| Child's understanding | 2.04 | 0.75 | 2.46 | 0.74 | 0.54** |
| Elaborate perception of the child | 2.24 | 0.58 | 2.64 | 0.67 | 0.63*** |
| Elaborate perception of the child in the future | 1.91 | 0.56 | 2.24 | 0.54 | 0.57*** |
| *Representation of the parent–adolescent relationships* | | | | | |
| Secure base | 1.77 | 0.72 | 2.37 | 0.83 | 0.86*** |
| Partnership and mutuality | 1.98 | 0.65 | 2.62 | 0.79 | 0.95*** |
| Positive feelings | 2.08 | 0.56 | 2.79 | 0.85 | 0.94*** |
| Autonomy granting | 1.62 | 0.53 | 2.11 | 0.59 | 0.95*** |
| Monitoring | 2.21 | 0.68 | 2.58 | 0.69 | 0.53** |
| Acceptance of parental authority | 2.03 | 0.60 | 2.48 | 0.70 | 0.67*** |
| Attention to physical needs | 2.32 | 0.65 | 2.58 | 0.84 | 0.28† |
| Inappropriate/inadequate boundaries | 1.60 | 0.85 | 1.20 | 0.49 | 0.59** |
| Nature of future relationship with child | 1.87 | 0.53 | 2.24 | 0.51 | 0.89*** |
| Intrusiveness | 1.87 | 0.84 | 1.25 | 0.51 | 0.79*** |
| Parentification/role-reversal | 1.69 | 0.76 | 1.16 | 0.43 | 0.82*** |
| Idealization | 1.85 | 0.97 | 1.58 | 0.82 | 0.30* |
| Conflicts and power struggles | 3.45 | 0.83 | 2.77 | 0.75 | 0.73*** |
| Pain/difficulty | 3.31 | 0.91 | 2.66 | 1.01 | 0.67** |
| Worry/fear | 3.31 | 1.06 | 2.59 | 0.98 | 0.63** |
| Anger | 2.76 | 1.10 | 2.29 | 1.07 | 0.49* |
| Guilt | 2.54 | 1.20 | 1.98 | 0.81 | 0.51* |
| Indifference | 1.31 | 0.49 | 1.24 | 0.54 | 0.11 (ns) |
| Emphasizing/stressing achievement | 1.43 | 0.74 | 1.33 | 0.62 | 0.16 (ns) |
| *Narrative style* | | | | | |
| Adequate/balanced description | 1.91 | 1.11 | 2.64 | 1.29 | 0.79*** |
| Flooded | 2.74 | 1.23 | 2.00 | 1.12 | 0.95*** |
| Restricted | 2.01 | 1.14 | 1.61 | 0.98 | 0.42* |
| CBCL ($n = 25$) | | | | | |
| Total Problems | 70.84 | 3.86 | 66.50 | 8.26 | 0.75** |
| Externalizing Problems | 71.84 | 3.61 | 67.84 | 6.76 | 0.60* |
| Internalizing Problems | 68.00 | 6.42 | 63.16 | 9.97 | 0.56* |

*Note.* Paired samples t-tests revealed significant pretreatment to posttreatment differences where: $^{\dagger}p < 1.0$. $^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$. Cohen's *d*'s were adjusted for the correlation between observations and sample size.

### *Procedure*

Parents were referred by mental health professionals to attend the Connect program in one of four community mental health centers in the Vancouver, BC area between January 2008 and January 2009. They completed the CBCL ($n = 25$) and the PRI-A prior to and following treatment. Parents received a $40 honorarium for completion of the questionnaire and the interview at each time point.

*Connect parent group.* Parents attended ten 1-hr sessions of the Connect program, as previously described. Leaders were social workers, MA-level therapists, and BA-level experienced child care workers who followed a detailed treatment manual (Moretti et al., 2009), which describes: (a) the theoretical background and rationale for each attachment principle; (b) session format, goals, exercises and take home messages; and (c) guidance in how to navigate group challenges. To ensure program adherence and group leader competence, all leaders completed a three-day standardized training session, were videotaped in practice, and received hour-per-hour supervision to achieve certification.

### *Analytical Approach*

Paired samples *t*-tests were utilized to assess pretreatment to posttreatment changes in parental representations and parents' ratings of youth behavior. The relationship between changes in parenting representations and changes in youth functioning was assessed with zero-order correlations. Effect sizes were calculated using Cohen's (1988) *d* statistic ($d = .2$ small, $d = .5$ medium, $d = .8$ large) based on the formula for within groups estimation of effect size correcting for the correlation between the two observations and considering sample size (Dunlap, 1994). Table 2 summarizes means and standard deviations of PRI and CBCL scales pretreatment and posttreatment, along with effect sizes related to change.

## Results

### *Change in Parenting Representations of Parent-Adolescent Relationships*

As predicted, parenting representations significantly changed over treatment. Medium to large treatment effects were observed (see Table 2). Specifically, following treatment parents described significant increases in parental competence ($p < .001$) and self-understanding ($p < .010$) and decreases in parental self-sacrifice ($p < .001$). Further, increases were found in parents' trust and confidence in their child's abilities ($p < .001$) and understanding of their child ($p < .002$), as well as a more elaborate perceptions of their child both currently ($p < .001$) and in the future ($p < .001$).

Additionally, parents posttreatment interviews revealed increased security in the parent–teen relationship ($p < .001$); greater partnership and mutuality in the relationship ($p < .001$); increased positive feelings ($p < .001$), and increases in appropriate boundaries ($p < .026$). They viewed their future relationship with their child significantly more positively ($p < .001$) but at the same time showed decreases in idealization ($p < .050$), intrusiveness ($p < .001$), and role-reversal ($p < .001$).

Importantly, posttreatment interviews showed greater autonomy granting ($p < .001$) coupled with increased levels of parental monitoring ($p < .002$) and acceptance of parental authority by their teen ($p < .001$). Reductions in conflicts and

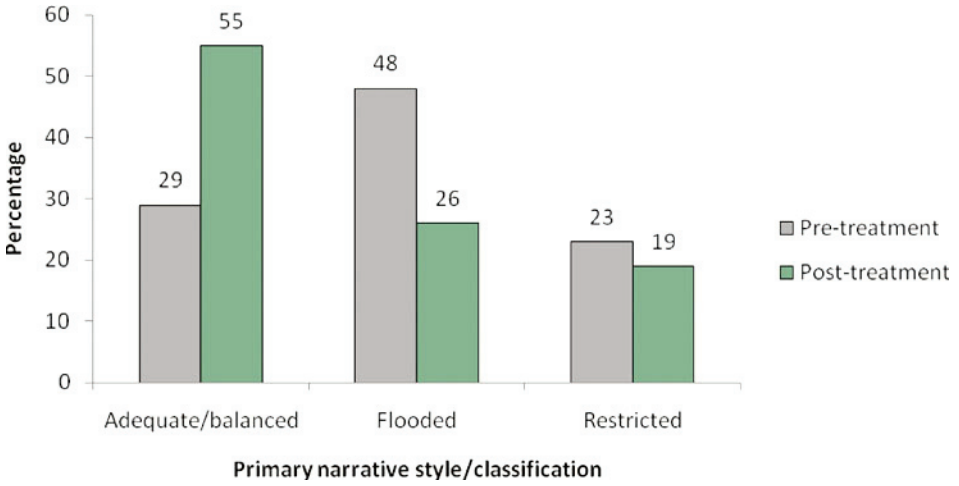


**Figure 1.** Distribution of primary narrative style classification on the PRI pretreatment and posttreatment (color figure available online).

power struggles ($p < .001$), pain ($p < .004$), worry ($p < .002$), anger ($p < .011$), and guilt ($p < .019$) were also noted in the parents' posttreatment interviews.

Overall, parents' posttreatment narrative style was significantly more adequate and balanced (secure: $p < .001$), less flooded (anxious-preoccupied: $p < .001$), and less restricted (dismissing: $p < .020$). All interviews received ratings of 1 on the 4-point scale of measuring confusion and incoherence and thus none were coded as primarily disorganized either prior to or following treatment.

With respect to classification into the remaining three styles, prior to treatment 29% ($n = 9$) were classified as adequate/balanced; 48% ($n = 15$) as flooded; and 23% ($n = 7$) as restricted. Following treatment, 55% ($n = 17$) were classified as adequate/balanced; 26% ($n = 8$) as flooded; and 19% ($n = 6$) as restricted (see Figure 1).

### *Change in Behavior*

Pretreatment and posttreatment CBCL data was available for 25 of the 31 participants. Paired samples *t*-tests showed significant declines in total problems ($p < .004$) as well as externalizing ($p < .011$) and internalizing ($p < .016$) problems, with medium to large effect sizes (see Table 2).

### *Change in Parenting Representations in Relation to Change in Youth Functioning*

Changes in parental representations as measured on some PRI-A scales were related to decreases in youth behavior following treatment. Specifically, decreases in youth externalizing problems were related to increases in partnership and mutuality between parents and adolescents, $r(25) = -.43$, $p < .033$; increases in parent reported positive feelings about their relationship with their teens, $r(25) = -.55$, $p < .004$; increases in youths' acceptance of parental authority, $r(25) = -.48$, $p < .016$; and decreases in conflicts and power struggles in the parent–teen relationship, $r(25) = .55$, $p < .004$.

Similarly, decreases in youth internalizing problems were related to increases in positive feelings, $r(25) = -.40$, $p < .046$, and youths' acceptance of parental authority,

r(25) = −.63, $p < .001$; and decreases in parent-reported conflicts and power struggles in the parent–teen relationship, $r(25) = .50$, $p < .012$. In addition, decreases in youth internalizing problems were related to decreases in parent-reported experiences of pain and difficulties in their relationship with their teen, $r(25) = .46$, $p < .019$; as well as decreases in parental self-sacrifice, $r(25) = .45$, $p < .023$.

### *Parents Evaluation of Program Quality and Usefulness*

Parents reported high levels of satisfaction and felt better equipped to understand their child (93%) and themselves (97%). All caregivers felt respected while attending the program; 97% reported feeling more confident in parenting their child, and 97% noted positive changes in their relationship with their child as a result of applying the skills they developed.

## Discussion

Adolescence thus demands significant flexibility and the capacity for change in both the parent and the child. In Bowlby's (1973) terms, healthy development is facilitated "by the frank communication by parents of working models—of themselves, of the child and of others—that are not only tolerably valid but are open to be questioned and revised" (p. 323). It is not surprising that many parents and teens experience significant conflict within their relationships as they negotiate changes and that this process may be particularly difficult for families with a history of trauma. Attachment-based interventions that are tailored to the transition of adolescence provide a unique opportunity to support parents and teens in revisiting the attachment dynamics within their relationship with the possibility to realign, repair, and expand the potential for security. By increasing parents' awareness and capacity to reflect on internal working models of the teen, the parent, and the parent–teen relationship, parents can step back and consider new ways of understanding and responding to challenging behavior.

The current study replicated our previous findings of positive treatment effects of the Connect program: Parents reported significant reductions in teen externalizing, internalizing, and total behavior problems over the course of treatment. We also predicted that parental representations would change over the course of treatment toward greater positivity, balance, and security in parents' views of themselves; their view of their teen; and their view of the parent–teen relationship. Consistent support emerged for this prediction: parents' narratives revealed greater self-understanding and perceived competence and less self-sacrificing in their role as parents. They also viewed their teen differently, moving to greater understanding of their teen, greater trust and confidence in their capacities, and richer perceptions of their teen currently and in the future. A wide range of positive changes occurred in how they experienced their relationship with their teen. Most notably, parents' narratives revealed increased secure base, mutuality, and positive feelings, but also greater monitoring and perceived acceptance of parental authority. As well, parents' narratives were significantly less marked by indicators of conflicts and power struggles, and parental experiences of pain, worry, anger, and guilt. Overall, there was a shift toward a balanced or secure narrative style, particularly for those parents who were classified as flooded (anxious–preoccupied) prior to treatment.

Importantly, there was some evidence that shifts in parental representation were meaningfully related to reduced problem behavior in teens. Shifts in parental narratives toward greater mutuality and partnership, increased positive feelings in the relationship, fewer

conflicts and power struggles, and increased acceptance of parental authority were associated with reductions in externalizing and internalizing behavior. Although preliminary, these findings suggest that working at the representational level with parents of teens may be critical in promoting positive changes in their relationships and reductions in teen problem behavior. This view is further supported by parents' narratives when asked how they thought the Connect program influenced them. For example, in the below narrative provided by a father, he refers to the importance of stepping back and seeing the world through the mind of his son:

> . . . It gave me a different insight into how to deal with Rob, how to react with him and how to see what was actually in his mind, you know, like try to see it through his eyes, and I think that helps a lot . . . it gives me food for thought whenever I see him doing something or seeing him getting upset, I try and figure out why or what's he doing, what's he thinking sort of thing. Instead of just going in and saying, don't be angry, don't be upset. That doesn't work that well, so it's helped a lot . . .

Similarly, one mother reported:

> Well, I did do parenting classes before where I felt like I was talked at and told what to do in certain situations, which for Sarah . . . she's not an average kid. What I never really thought about before was there is a need behind the behavior. I knew there would be a reason for the behavior, but not so much there's a need that's not being met. That's why when she was younger, she would say be turning everything upside down or . . . it's not that she just wants to be bad, there's a reason for it. And that's what I try and keep in my mind most now when things are going on . . . it helps a lot.

These narratives point to the critical importance of shifting parents' internal representations of their teen and the meaning of their teen's behavior, which in turn shifts their view of themselves as parents and the parent–teen relationship.

Although promising, the current study is limited in several respects. First, it is not clear that these shifts in parenting representation are unique to this intervention or to attachment-focused interventions more generally. This question could be addressed using a randomized controlled trial design; with the expectation that all interventions should deliver benefit to parents, it would be interesting to explore the types of benefits that parents derive from different treatment models. Similarly, a longitudinal design with adequate follow-up is necessary to determine whether treatment benefits are sustained over time, and if they are, how these changes are related to sustained reductions in problem behaviors.

Second, there was insufficient power to test for gendered treatment effects. Although our previous research evaluating Connect did not reveal gender differences in treatment outcomes for girls and boys, it is possible that the relational processes that underlie these effects may be gendered. That is, different types of relational changes may promote greater security in parent–daughter versus parent–son relationships. In addition, we relied on parent-reported information as an indicator of therapeutic outcome. Although recent studies indicate that parent and teacher ratings of child emotional and behavioral difficulties are moderately correlated, with correlations at about the .50 level (Collishaw, Goodman, Ford, Rabe-Hesketh, & Pickles, 2009), ideally studies should draw on reports from a range of

informants and from diverse assessment procedures. This is particularly relevant to studies examining relational issues among family members.

Despite these limitations, this study provides new evidence for the value of attachment-focused interventions for parents and teens. Such programs are aligned with the relationship challenges of the developmental transition of adolescence and offer much promise in buffering parent–teen dyads from stress that typically occurs during this period. For at-risk families, such interventions may be doubly important in reducing the severity of existing problems and preventing the escalation of risky teen behavior. Future research is needed to better understand the processes that underlie the effects of attachment-focused interventions and whether these benefits can be sustained over the turbulence that sometimes accompanies the transition of adolescence.

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