

The Effect of Short-Term Cognitive-Behavioral Group Therapy on Adolescents with Attachment Difficulties

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Abstract

This study was designed to investigate the effect of short-term cognitive-behavioral group therapy on fourteen adolescents with attachment difficulties. All of the participants in this study had a history of child abuse/neglect and have been in foster or adoptive care. Participants were divided into two male adolescent groups and two female adolescent groups. Each participant completed the Reynolds Adolescent Adjustment Screening Inventory (RAASI; Reynolds, 2001) pre – and post group intervention. A six-week group intervention resulted in a significant change in self-ratings on measures of both externalizing and internalizing adjustment problems. Results of the study are encouraging given that there is a stigma among adolescents, especially males, related to disclosing in groups with peers (Black & Rosenthal, 2005).

Keywords

attachment difficulties, group intervention, adolescent therapy, token systems

An essential part of development involves learning how to regulate emotions and behave in ways that are socially appropriate and adaptive (Morris, Silk, Steinberg, Myers, & Robinson, 2007). Researchers have found links between difficulty regulating negative emotions and emotional and behavioral problems. There is evidence that the type of attachment developed early in life can predict how individuals regulate emotions. Adolescents who view their attachment relationship with their parents as more secure have higher emotion regulation and ego resiliency and lower anxiety and hostility than those who have more insecure attachment relationships with their parents (Morris et al., 2007). In order to form a secure attachment, parents must respond to the emotional needs of their children in a consistent manner and provide an emotional regulation model for their children.

ADOPTION, FOSTER CARE AND ATTACHMENT DIFFICULTIES

Adopted children and adolescents are at a greater risk of experiencing many different problems, including attachment difficulties and poor coping skills. Fullerton, Goodrich, and Berman (1986) found that adopted children often exhibit poor impulse control, running away, anti-social behavior, sexual acting out, rejection of discipline, difficulty with adult authorities, and rejection of parental figures. In addition, these children may also exhibit an increased incidence of emotional problems including Post Traumatic Stress Disorder, anxiety and phobias, and disruptive disorders (Cicchetti & Toth, 1995). Some adopted children and adolescents may also have difficulty expressing their feelings and are unlikely to develop secure attachments with caregivers (Hall & Geher, 2003; Hughes, 1999).

The transition into adolescence is often more difficult for children in foster care (Chamberlain, Leve, & Smith, 2006). Not only do they have to worry about puberty and peers, but they may

have histories of abuse or neglect, complicated living situations, and the possibility of being moved around yet again. Youth in foster care are at risk for various negative outcomes, including risky sexual behaviors, substance use, being moved around in foster care, being homeless, and educational deficits. These outcomes are especially problematic for girls in foster care, who have higher chances of also experiencing sexual abuse (Chamberlain et al., 2006).

Cooper, Shaver, and Collins (1998) found that each of the original three attachment types (secure, anxious, and avoidant; see Ainsworth & Bell, 1970) exhibited unique profiles of symptoms and problems during adolescence. The adolescents considered to have secure attachments reported superior functioning and developed more adaptive coping styles. Both of the insecure attachment groups (anxious and avoidant) exhibited patterns of maladjustment. The anxious adolescents reported the poorest self-concepts and the highest levels of risky behaviors and the avoidant adolescents, while less hostile and depressed than the anxious adolescents, were also less socially competent and less likely to have had romantic relationships.

Research has also shown that attachment style is related to coping behaviors and social support. Seiffge-Krenke and Byers (2005) found that adolescents with secure attachments were more likely to use active coping as opposed to passive coping behaviors. They also found that as young adults individuals with secure attachments showed more growth in coping styles and reported more social support than individuals with dismissing or preoccupied attachment styles. In a study by O'Conner and Zeannah (2003) teenagers with attachment difficulties reported problems in forming friendships and being rejected by their peers. In addition to social problems, these adolescents experience problems with stress tolerance, anger control, and drug abuse

(Caspers, Cadoret, & Langbehn, 2005; Seiffge-Krenke, 2000).

EMOTION REGULATION

Children's attachment styles have implications for their emotional development and ability to regulate those emotions. Emotional regulation refers to individuals' efforts to modulate, manage, inhibit, and enhance emotions (Kopp, 1982). This is the ability to use strategies such as self-comforting, help seeking, and distraction to assist in managing frustration and fear responses.

Emotional regulation also affects behavioral control later in life. Studies have indicated that adolescents experience more intense and frequent emotions than younger or older individuals (Larson, Csikszentmihalyi, & Graef, 1980; Larson & Lampman-Petratis, 1989). Also, many of the cognitive, hormonal, and neural systems that are thought to be the cause of the development of emotion regulation appear to mature during the adolescent period (Spear, 2000). However, children with trauma and attachment difficulties may have neurological damage that impedes the normal development of emotion regulation (Schore, 2003; Perry & Szalavitz, 2006).

In adolescents, regulatory capacities become increasingly sophisticated and predict children's capabilities in a number of important domains, including behavioral regulation and social competence (Lewis & Haviland, 1993). Silk, Steinberg, and Morris (2003) examined adolescents' emotion regulation and its link to depressive symptoms and problem behavior. They found that adolescents with a lower ability to regulate emotions are at a much higher risk for depressive symptoms as well as problem behavior.

Studies have found that children and adolescents with poor emotion regulation skills are more likely to have externalizing problems like hyperactivity, fighting behavior, and defiance as well as poor interpersonal skills (Dunn & Brown, 1994; Rydell, Berlin, & Bohlin, 2003). It is therefore reasonable to assume that emotion regulation skills have a major influence in many developmental aspects and are vital in determining the degree of adolescent adjustment.

COPING

Coping is an important aspect of emotion regulation. The most widely accepted definition of coping is from Lazarus and Folkman (1984) which states coping is "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p.141). These researchers classified two different coping strategies: problem-focused coping and emotion-focused coping. Problem-focused coping is simply trying to improve troubled persons' environments or relationships by changing events and circumstances. Emotion-focused coping refers to the thoughts or actions used to relieve the emotional effect of the stress (Lazarus & Folkman, 1984).

Longitudinal research has shown that it is much more effective to reduce stress in most situations if a combination of problem-focused and emotion-focused techniques are used (Zakowski, Hall, & Cousino Klein, 2001). Ineffective coping, however, is usually largely emotion-focused and is either for the goal of escaping or simply due to impulsivity (Lazarus, 1991). It

is important for individuals to form adaptive coping responses so that the stress does not become exacerbated and contribute to negative outcomes.

Inadequate responses to stress by school-age children is linked to many psychosocial problems including poor academic performance, anxiety, depression, eating disorders, suicide, conduct problems, and violence (Matheny, Aycock, & McCarthy, 1993; Compas, Orosan, & Grant, 1993). Adolescence is a time when the use of both functional and dysfunctional coping styles significantly increases (Seiffge-Krenke, 2000). The ability to successfully cope with different types of stressors is greatly needed during the developmental period of adolescence, and social support is seen by many as the cornerstone of the coping process (Frydenberg & Lewis, 2004).

GROUP THERAPY

Researchers agree that group therapy is beneficial to adolescents, especially those with social skills deficits or low self-esteem (Mishna, Kaiman, & Little, 1994), and is even more effective than individual therapy (Chaffin, Bonner, Worley, & Lawson, 1996; Tillitski, 1990). Mishna et al. (1994) suggests that group therapy helps adolescents because it provides them with peers through whom they can evaluate their ideas about themselves, opportunities to help one another, and social interaction to support their self esteem and reduce their feelings of being alone.

Adolescents with attachment problems who have been in foster care and/or adopted have often experienced neglect, abuse, and/or exposure to trauma at some point in or throughout their childhoods. Williams, Fanolis, and Schamess (2001) proposed that foster children who have experienced trauma may act out, withdraw, or have difficulty concentrating. Even for children who are eventually adopted, it may take a long time for new parents and their children to develop attachment relationships and intervention can help with this process (O'Connor & Zeannah, 2003). Experiencing neglect and abuse may lead children to grow up thinking that there is no one available to support them and they may fail to attach to caregivers because of this lack of trust. Studies show that group therapy can be effective for these adolescents by providing a safe, focused place to learn more effective coping strategies and develop a trusting relationship with others (Calhoun, Bartolomucci, & McLean, 2005; Foy, Eriksson, & Trice, 2001; Glodich & Allen, 1998).

Cognitive-behavioral group therapy is especially popular for treating adolescents with attachment problems. Components of this type of therapy may include exploring feelings, psychoeducation, coping skills training, exposure therapy, and cognitive restructuring. These groups are most successful when they are composed of same-sex members and the weekly sessions typically last anywhere from 8 to 24 weeks (Foy, Eriksson, & Trice, 2001).

An important aspect of group therapy is the group composition. Mishna and Muskat (1998) found that it was much more beneficial to have a homogenous group composition than to have different diagnoses in the same group. This allows the members of the group to better relate to one another and to share common issues. There is no official treatment method that has been declared as the most effective for treating children with attachment problems; however, there are various treatments

that have been proposed and studied because of the recent high interest in children with attachment problems. Areas that need to be focused on during treatment include enhancing current attachment relationships, creating new attachment relationships, and decreasing any maladaptive behaviors that children demonstrate (Hardy, 2007).

THERAPEUTIC INTERVENTIONS

Some of the interventions that are preferred for treating attachment problems include techniques such as cognitive behavioral management of mood symptoms, behavioral modification, psychoeducation, and providing social support. Goals for these interventions include improving social relationships and increasing self-esteem and self-efficacy (Hardy, 2007). While there is also a growing body of research on the positive aspects of group therapy for adolescents with anxiety, depression, and other psychological problems (Edelman & Remond, 2005), research on the benefits of group therapy with adolescents with attachment difficulties is lacking.

Although there are various types of treatment to choose from, the general consensus is that when treating attachment problems there is no preferred course to follow. The most effective form of treatment involves pulling from different sources that intervene with both the children and their parents (O'Connor & Zeanah, 2003).

PURPOSE OF STUDY

The purpose of the current study was to determine the effectiveness of a short-term cognitive-behavioral group intervention in improving coping skills for emotional regulation for adolescents with attachment difficulties. Measures of self-regulation were obtained pre – and post-intervention by the adolescents' self-reports on the *Reynolds Adjustment Screening Inventory* (RAASI; Reynolds, 2001). Hypotheses were as follows: 1) adolescents would have a decrease in self-reported anti-social behaviors; 2) adolescents would have a decrease in self-reported anger-control problems; 3) adolescents would have a decrease in self-reported emotional distress; and 4) adolescents would have an increase in self-reported positive views of themselves.

METHOD

PARTICIPANTS AND SETTING

Nineteen participants were initially enrolled in the study, but three male and two female adolescent failed to complete the study. Fourteen adolescents completed the study in its entirety (nine boys and five girls ranging in chronological age from 10 to 17 years). Ten of the participants had been previously adopted, three participants were currently living in group homes, and one participant was currently living in a foster home. Each adolescent had a history of trauma and/or attachment difficulties as well as problems with coping skills and difficulty regulating emotions. All had been diagnosed prior to the study with attachment difficulties and were receiving family therapy from a licensed social worker who specializes in these types of disorders.

The study was approved by the Institutional Review Board and complied with APA guidelines regarding research with hu-

man participants. The group sessions took place at the private practice of a licensed social worker. The office suite provided rooms that were specifically used for the adolescent boy and adolescent girl group therapy sessions.

INSTRUMENTS

Reynolds Adolescent Adjustment Screening Inventory, (RAASI; Reynolds, 2001). The RAASI is a 32-item self-report measure. It uses a three response frequency scale (never or almost never, sometimes, nearly all the time) to rate thoughts, feelings, attitudes, and behaviors. The Total Adjustment (AdjT) score is derived from four separate subscales: Antisocial Behavior (AB), Anger Control Problems (AC), Emotional Distress (ED), and Positive Self (PS). All of the items in the report are written at a third-grade reading level. Administration of the RAASI takes between 5 and 10 minutes.

The AB subscale is associated with symptoms of externalizing behavior disorders such as Conduct Disorder and anti-social, rule breaking behaviors. The AC subscale is also associated with symptoms of externalizing behavior disorders such as Oppositional Defiant Disorder and problems such as aggression, hostility, and defiance. The ED subscale is associated with internalizing disorders such as anxiety and depression. The PS subscale is associated with problems with self-esteem and social interactions. The AdjT score is used for screening of adjustment problems.

PROCEDURE

The adolescents participating in the study were divided into four groups, two female and two male adolescent groups, for the therapy sessions. The adolescents completed the RAASI prior to and after completing the group intervention program. Pre – and post-measures were obtained for the four subscales of the RAASI (AB, AC, ED and PS) and the AdjT score. The two male adolescent groups were led by a male licensed psychological associate and a male master's student in clinical psychology. The two female adolescent groups were led by two female masters' students in clinical psychology. The intervention program was adapted by the authors from an individual intervention for adults in a substance abuse treatment program named *Skills for Improving Distress Intolerance* (Bornovalova, Trotman, Daughters, Grata, & Lejuez, 2006). The therapy groups consisted of six sessions.

In addition to the group intervention program, a token economy reinforcement system was used in each session. The participants earned tokens for completing worksheets, sharing in the group, and following group rules. If the participants earned the criterion number of tokens by the end of the session they then picked a small reward such as candy or other treats. At the end of the final session, the tokens were added up and if they had enough tokens they were then allowed to choose a larger reward such as a gift card. Token economies have often been used in combination with other treatment options and therapies. One important aspect of cognitive behavioral treatment involved learning self-monitoring and self-reinforcement strategies, which consisted of the adolescents learning how to observe their own behaviors and to reward themselves based on their self-monitoring. Self-reinforcement helped to promote maintenance of treatment gains and fading of token economies

Table 1. Means and Standard Deviations for the Pre- and Post Intervention Scores on the Reynolds Subscales and Reynolds Total

Variable	Adolescent Boys Mean (SD)		Adolescent Girls Mean (SD)		Total Mean (SD)	
	Pre (<i>n</i> = 9)	Post (<i>n</i> = 9)	Pre (<i>n</i> = 5)	Post (<i>n</i> = 5)	Pre (<i>n</i> = 14)	Post (<i>n</i> = 14)
Antisocial Behavior	57.88 (7.91)	50.67 (7.53)	60.80 (11.82)	55.20 (12.72)	58.93 (9.14)	52.29 (9.47)
Anger Control	57.66 (4.53)	51.44 (7.73)	70.40 (4.45)	58.80 (7.66)	62.21 (7.67)	54.07 (8.26)
Emotional Distress	66.78 (12.08)	59.22 (12.02)	59.40 (14.29)	57.80 (13.92)	64.14 (12.89)	58.71 (12.21)
Positive Self	49.67 (10.13)	51.44 (11.39)	50.40 (9.81)	48.20 (10.13)	49.93 (9.03)	50.29 (10.68)
Adjustment Total	61.78 (7.79)	54.78 (9.20)	63.40 (10.71)	57.00 (9.17)	62.36 (8.56)	55.57 (8.90)

that were previously instituted by parents, teachers, and therapists (Abramowitz & O'Leary, 1991).

GROUP THERAPY INTERVENTION

The group sessions focused upon five major areas: 1) identifying upsetting emotions, which involved recognizing triggers; 2) identifying unpleasant/upsetting feelings, behaviors, and consequences; 3) controlling emotions and using willingness and acceptance to experience emotions when they cannot be controlled; 4) discussing the differences between distraction and avoidance as well as finding healthy ways to use distraction to take one's mind off of upsetting emotions for a brief period of time; and 5) developing assertiveness skills and accomplishing goals effectively. During the last two sessions, the participants were asked to combine the aforementioned concepts and integrate them for use in realistic situations from examples that were given by the group. Not only were these skills discussed in real-life situations, they were also practiced in role play situations with each participant.

At the end of each session the therapists gave the participants a practice worksheet (homework) that focused on emotional and/or behavioral regulation. At the beginning of the next session, the practice worksheet was reviewed and discussed by the group. After the worksheet was reviewed, the new topic of the day was introduced. Progressive muscle relaxation was performed at the end of each session in accordance with a script that was a part of the manual (Bornovalova et al., 2006).

RESULTS

In order to determine if changes reached significance on the RAASI from pre – to post-group intervention, scores were compared using t-tests on each of the four subscales and overall score of the RAASI. Two-tailed t-tests for paired samples were run for the pre – and post-intervention measure. For the purposes of these analyses, male and female adolescent scores were combined.

Means and standard deviations for the participants are presented in Table 1. As can be seen from Table 1, the self-reported scores on the AB, AC, and ED subscales and AdjT scores decreased over the intervention period. Scores on the PS subscale, however, increased slightly for boy participants but decreased for girl participants.

The t-tests revealed significant differences between the pre – and post-intervention measures for three out of four subscales and the overall scale. The PS subscale did not show a significant difference between pre – and post-intervention measures. Adolescents participating in the intervention program indicated significant improvement in terms of reducing antisocial behavior patterns, controlling their anger, and a lessening of their experience of emotional distress. Overall scores on the RAASI were also significant. Results are presented in Table 2. Results were supportive of using short-term cognitive-behavioral group therapy designed for improving distress tolerance along with a token economy system to help provide adolescents with more effective ways of coping.

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DISCUSSION

The present study investigated the effectiveness of short-term cognitive-behavioral group therapy designed for improving distress tolerance along with a token economy system on adolescents with attachment difficulties. The study found significant differences in pre-post intervention for anger control, anti-social behavior, and emotional distress, but not for positive self. It is interesting to note that although these adolescents with attachment difficulties admitted to problems controlling their anger, exhibiting anti-social behavior, and experiencing emotional distress, they did not indicate having problems viewing themselves positively. This seems consistent with the findings of Hall and Geher (2003) that children and adolescents with reactive attachment disorder (RAD) exhibit more anti-social and aggressive behavior than typical children and adolescents and the speculation of these researchers that children and adolescents with RAD attempt to impress others by falsely presenting themselves in a more positive light. It is also possible that children with attachment difficulties (such as RAD) may actually view themselves more positively despite their shortcomings.

There are a myriad of adjustment problems that have been attributed to children with attachment difficulties, such as difficulty with anger control, anti-social behavior and emotional distress (Fullerton, Goodrich, & Berman, 1986). Antisocial and angry behaviors are externalizing and cause problems in relationships with others. Antisocial behaviors such as lying, cheating and stealing indicate a disregard for authority and the basic rights of others. Externalizing behaviors are often thought to relate to poor impulse control, i.e. acting without thinking about the consequences or simply responding to emotions (Dunn & Brown, 1994; Rydell, Berlin, & Bohlin, 2003). Emotional distress and views of self are internal processes that relate to how people feel about themselves and their own emotional pain and discomfort (Dunn & Brown, 1994; Rydell et al., 2003). Emotional distress and views of self are more related to people's thoughts and feelings and ultimately to their subjective evalu-

Table 2. Pre-Post-Intervention t-tests Comparisons on Reynolds Adolescent Adjustment Screening Inventory ($n = 14$)

Variable	<i>t</i>	<i>p</i>	95% CI	
			LL	UL
Antisocial Behavior Subscale	4.51	<.01	3.46	9.83
Anger Control	4.83	<.01	4.50	11.79
Emotional Distress	2.24	.04	0.19	10.66
Positive Self	-0.15	.88	-5.39	4.69
Reynolds Adjustment Total	3.37	<.01	2.43	11.14

ations of positive and negative feelings. These subjective feelings may also be the underlying reasons for or causes of anger-related or antisocial behaviors. For example, the child may feel distress or anger, not know how to regulate or cope with those feelings and thus lash out with overt violent behaviors or more covert ways (lying, stealing or cheating). The root of these maladaptive thoughts and feelings may lie in the lack of an early attachment relationship with caring parents. As noted earlier, parents who respond to the emotional needs of their children in a consistent manner provide an emotional regulation model for their children. Due to the absence of responsive parents and an early attachment relationship, adolescents with attachment difficulties are more vulnerable to experiencing distress and perceiving situations as hostile than their typical peers.

A six-week cognitive-behavioral group intervention resulted in significant positive changes based on adolescents' self-ratings on measures on both externalizing and internalizing adjustment measures. The opportunity to address distressing and anger-provoking situations that these adolescents encounter in their everyday lives in a group format where they have adult and peer support appears to have been helpful in at least changing these adolescents' perceptions of their lives. In looking at the noted changes from Table 1, there appeared to be gender differences in anger control with adolescent girl participants rating this at a higher level than adolescent boy participants on the pre-measure. The opposite pattern was seen with emotional distress with boy participant rating this at a higher level than girl participants on the pre-measure. Boy and girl participants rated antisocial behaviors similarly pre-intervention and reported fewer problems in this area at post-intervention. There were no significant changes in positive self from pre – to post-intervention. However, both pre – and post-ratings on this subscale were not indicative of perceived problems. Due to the limited number of overall participants, it was not feasible to evaluate male and female participants separately, but this should be assessed in future research with a larger number of participants to see if these patterns hold. Future research would also be beneficial in determining if post-intervention improvements were maintained over time.

Confronting real-life issues in the group as well as on their own may have been difficult for these adolescents. The purpose of the token system was to encourage and increase group participation, as well as completing of homework. For this purpose the system appeared successful. All of the participants except two of the boys participated in and completed homework for

each session throughout the intervention. The two participants who did not do their homework the first week did not get a reward for that week. Both appeared to be upset that they did not receive a reward. Each week after that they came to the sessions with their homework completed. Some of the parents/guardians voiced concerns that we were using "bribery" and that their adolescents would now expect to get gifts whenever they were asked to do something. The reasons for using the token economy were explained to them but a few were still uncomfortable with the token economy portion of the intervention.

There were several limitations to this study that should be noted. Two of the most significant limitations were the small number of participants and the wide age range among the adolescents. As noted earlier identifying children and adolescents with attachment difficulties is problematic, and in order to maintain group homogeneity in regard to diagnosis (Mishna & Muskat, 1998) and sex (Foy, Eriksson, & Trice, 2001) the potential number of participants was limited. Future research needs to focus the benefits of short-term cognitive-behavioral group therapy with larger numbers of participants and more homogeneity among group participants in regard to age. In addition to limited numbers, external factors may have also affected some of the adolescents during the group therapy intervention. One female participant had recently lost her custodial grandfather and was beginning to re-establish contact with her biological father. Another female participant was going through an unsuccessful foster placement during the time of the group intervention. Occasionally a family was unavailable for one of the sessions necessitating an individual make-up session. The intervention was also spanning a timeline from July to September where many of the participants were going from summer vacation to beginning the school year. All of these factors may have contributed to increased levels of stress among the adolescents making it difficult to determine the specific effect of the intervention. While these external factors were likely to result in additional stressors, they also represented the stress seen in the daily lives of most of these adolescents.

It should also be noted that the study relied on adolescents' self-reports, and the group intervention was for a limited period of six-weeks. Future research would be beneficial that included data from multiple sources (caregivers, schools, etc.) in regard to behavioral changes. In addition, the development of measures for specific use during short-term interventions could be very beneficial for this type of research. While positive effects were found for the six-week intervention, questions still remain about the long term effect. Future research needs to include follow-up data on the progress of the participants in order to determine the effectiveness and long-term benefits of this type of cognitive-behavioral intervention.

CONCLUSION AND FUTURE DIRECTIONS

The current study was a six-session group intervention with adolescents with attachment difficulties and seemed to show some indication that the group therapy modality is promising for this population. Most of the participants, as well as their parents, wanted to continue the groups and thought they were helpful. This is a positive finding given that there is a stigma among adolescents, especially boys, related to disclosing in groups with

peers (Black & Rosenthal, 2005). One of the reasons the adolescents may have benefited from the groups is that they were around others going through experiences similar to those that they were going through. In their everyday lives most of the adolescents probably do not come in to contact with other adolescents that have been neglected or abused. Every participant contributed to the group through interaction as well as doing the homework throughout the intervention.

The current study is a part of a growing body of research on the positive aspects of group therapy with adolescents (Calhoun et al., 2005; Foy et al.; 2001; O'Connor & Zeanah, 2003; Williams et al., 2001). Research in this area needs to continue in order to better understand the problems encountered by individuals with attachment difficulties. Better assessment tools could help professionals to differentiate attachment difficulties from other diagnoses and could contribute to the development of effective treatment plans for this population. It is promising that the current study found evidence to substantiate the hypotheses and that there was positive feedback from the adolescents participating in the groups, as well as from their parents/guardians.

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