FAMILY INTERACTION PATTERNS, CHILD ATTACHMENT, AND CHILD EMOTIONAL ADJUSTMENT

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The present study examined the links between whole family interaction patterns, parent-child attachment, and child emotional adjustment in a sample of 86 community families with children between the ages of 8 and 11. Family interactions were observed and coded with the System for Coding Interactions and Family Functioning (SCIFF; Lindahl, 2001). Target children completed the Children’s Coping Strategies Questionnaire (CCSQ; Yunger, Corby, & Perry, 2005), and the Behavior Assessment System for Children- 2nd Edition, Self Report of Personality (BASC-2 SRP; Reynolds & Kamphaus, 2004). Results of hierarchical regressions indicated that Secure and Avoidant attachment each independently predicted children’s emotional symptoms in some models. Family Cohesion and Positive Affect moderated the relationship between father-child attachment and children’s emotional symptoms. Results of the current study support the utility of considering dyadic attachment and family interaction patterns conjointly when conceptualizing and treating children’s emotional outcomes.
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FAMILY INTERACTION PATTERNS, CHILD ATTACHMENT, AND CHILD EMOTIONAL
ADJUSTMENT

Introduction and Literature Review

The importance of the family system and particularly parent-child attachment in the determination of children’s developmental trajectories is well established (Sturge-Apple, Davies, & Cummings, 2010; Waters, Merrick, Treboux, Crowell, & Albersheim, 2003). Various system-wide processes in the family intermingle and ultimately shape a child’s emotional and behavioral adjustment. At the dyadic level, the parent-child attachment relationship operates in a similar fashion with interaction patterns laying the foundation for the development of expectations about relationships. Given the theoretical similarities between family systems and attachment disciplines, Marvin (2003) proposed theoretical integration. However, few studies have investigated the association between children’s attachment representations and family group interactions (Dubois, 2008), and even fewer have considered these pieces conjointly in relation to children’s adjustment. In addition, attachment in middle childhood is an under-researched area, largely due to limited elaboration on children’s attachment processes beyond early childhood (Waters & Cummings, 2000). The current study examined the contribution of family interaction patterns and child attachment security to 8- to 11-year-old children’s psychological adjustment. Based on previous research, it was expected that child attachment security would be significantly related to child adjustment, and that this link is moderated by family interaction patterns, which serve as either protective or risk factors for the development of emotional symptoms.
The Family System

Family systems theory entails a view of relationship patterns at individual, dyadic, and systemic levels and an understanding of the interconnectedness among the levels. Minuchin (1974) proposed that all families have an underlying structure that organizes and dictates the ways in which family members interact. The family system is comprised of smaller subsystems that are delineated by the boundaries and rules connected to them. The three primary subsystems are the spousal, parental, and sibling subsystems. Adaptive families are well organized in a hierarchical pattern that promotes close interaction among family members, whereas disengaged, enmeshed and chaotic families have problematic structure and organization (e.g., too rigid or too vague) that make meaningful interaction among members more difficult. These different patterns of relating also dictate how families respond to developmental and situational events that push families into crisis.

The constellation of interactions within the family system plays a substantial role in children’s socialization and biopsychosocial outcomes. The vast majority of research findings identify developmental trajectories that are in accordance with family systems theory. For example, Richmond and Stocker (2006) found that in highly cohesive families parents reported that their teenaged children demonstrated lower levels of externalizing problems. By comparison, Sturge-Apple, Davies, and Cummings (2010) found that kindergarten children from enmeshed and disengaged families demonstrated higher levels of internalizing and externalizing symptoms than did children from cohesive families.

Lindahl (1998) examined the relationship between family processes and children’s behavior problems among families with children between 7 and 11 years of age. Results
indicated that families of children with symptoms of oppositional defiant disorder (ODD) and ODD comorbid with attention deficit hyperactivity disorder (ADHD) had lower levels of cohesion and higher levels of conflict as compared to families of children with no symptoms. These results suggest the possibility that disruptive behavior problems are either maintained or exacerbated by dysfunctional family interaction patterns. Further, higher levels of conflict were often directly related to childrearing disagreements, suggesting a bidirectional influence.

Child Attachment

*Parent-Child Interactions and Child Outcomes*

Interactions within the parent-child dyad, as a microcosm of the larger family system, also play an important role in child development. Attachment theory (Bowlby, 1969, 1973, 1980) describes the role of parent-child relationships in the development of internal working models, which underlie expectations for interaction and reciprocity in social relationships. Research has repeatedly demonstrated that consistency and sensitivity on the part of the caregiver leads to the development of secure attachment organization (van IJzendoorn, 1995). Secure children tend to experience less fear in new situations, be more cooperative interpersonally, and demonstrate greater resiliency (Thompson, 1999). Conversely, inconsistency and insensitivity in responding to the child’s needs leads to the development of insecure attachment (Vondra, Shaw, & Kevenides, 1995). For example, children who experience rejecting parenting behavior typically develop avoidant attachment, which is characterized by a strategy of excessive self-reliance (Main & Solomon, 1986) leading to
emotional insulation and a lack of empathy (Thompson, 1999). On the other hand, children who experience inconsistent and/or intrusive parenting often develop ambivalent attachment, characterized by heightened displays of negative emotion and clingingness geared toward obtaining caregiver comfort (Cassidy, 1994).

Previous research suggests that securely attached children experience better outcomes in the realms of social-emotional competence and mental health than those who are insecurely attached (Ranson & Urichuk, 2008). Schmidt, Demulder, and Denham (2002) assessed predictors of social-emotional competence in kindergarten. They found that less secure children, as measured by the Attachment Q-sort (AQS; Waters & Deane, 1985), were more aggressive and less socially competent in kindergarten. By comparison, in their longitudinal study following children from 15 months of age to 8-9 years of age, Bohlin, Hagekull, and Rydell (2000), found that secure infants were more positive, popular, and socially active at school age. Additionally, secure children reported less social anxiety relative to children who were insecurely attached.

The literature on attachment and mental health suggests that insecure attachment is linked with depression, anxiety, and other symptoms and disorders (Ranson & Urichuk, 2008). For example, Shamir-Essakow, Ungerer, and Rapee (2005), in their study of 3- and 4-year-old children at risk for an anxiety disorder diagnosis, found that insecure attachment, as measured by the preschool version of the Strange Situation procedure (Cassidy & Marvin, 1992), was associated with higher levels of child anxiety. Other researchers reported that attachment disorganization in infancy and disorganized-controlling attachment style at age 6 were predictive of depressive symptoms and higher levels of internalizing behaviors at 8
years of age (Bureau, Easterbrooks, & Lyons-Ruth, 2009; Moss et al., 2006). Taken together, these results illustrate the influence of the attachment relationship on children’s developmental trajectories in several realms.

**Attachment and Child Functioning in Middle Childhood**

Waters and Cummings (2000) pointed out that “traditionally attachment theory has been a theory of infancy and of adult relationships with a great deal of what lies in between left to the imagination” (p. 165). Yet, middle childhood is the time period during which representations of secure-base experience are consolidated (Waters & Cummings, 2000), when attachment becomes “more sophisticated, more abstract, and less dependent on proximity and contact” (Marvin & Britner, 1999 p. 62). Consequently, this developmental period warrants further investigation.

Unfortunately, interest in and acknowledgement of the importance of attachment in middle childhood has somewhat outpaced the field’s development of instruments to adequately quantify this construct. However, several new measures have appeared in the last decade and a small body of literature on attachment in middle childhood is beginning to emerge. For example, Kerns, Abraham, Schlegelmilch, and Morgan (2007) found that securely attached 9- to 11- year old children demonstrated more positive mood, better coping and emotion regulation skills than their insecurely attached counterparts. Granot and Mayseless (2001), in their study of child attachment security and school adjustment found that securely attached 4th and 5th grade children (as measured by the Doll Story Completion task, and the Security Scale) demonstrated better adjustment in a number of
realms including social, emotional, behavioral, and academic. Children with the poorest adjustment were classified as either avoidant or disorganized. Other findings showed that 3rd and 5th grade children with high levels of attachment security indicated fewer anxiety symptoms, and children with high levels of ambivalent attachment indicated more anxiety symptoms (Brumariu & Kerns, 2008). Taken together, the results of these studies highlight the continued influence of the parent-child attachment relationship, and the important implications it has for the middle childhood time period.

Family Systems, Attachment, and Child Adjustment

Recent literature has explored the theoretical similarities among concepts from attachment and family systems theories (Marvin, 2003), positing that the attachment literature provides strong support for many key tenets of family systems theory (Kozlowska & Hanney, 2002). Emphasis on mutuality, caregiving, communication, and the idea of bidirectional influence are among the shared concepts in family systems and attachment approaches (Allison, 2006). Byng-Hall (1999) highlighted parallels between the secure, ambivalent and avoidant attachment classifications, and the family systems categories of adaptive, enmeshed, and disengaged systems, respectively.

Relative to other areas of developmental psychology, system-wide family dynamics are less well researched, so it is unclear exactly how patterns of family relating might contribute to the development of attachment. In an effort to link the two disciplines, Dubois-Comtois and Moss (2008) examined the role of both mother-child and whole family interactions in shaping attachment representations in middle childhood. They found that
higher quality interactions in both dyadic and family realms were related to secure
attachment representations, and family interactions influenced attachment beyond the
experiences in dyadic relationships. These results demonstrate the additive importance of
both dyadic and family interactions in shaping attachment representations in middle
childhood.

Leveridge, Stoltenberg, and Beesley (2005) found that secure attachment styles were
negatively related to family conflict avoidance, and to the individual’s experience of
depression, anxiety and social isolation. Conversely, an avoidant attachment style was
positively associated with family disengagement, family conflict avoidance, as well as the
individual’s experience of social isolation, defensiveness and somaticism.
Anxious/ambivalent attachment styles were linked to cross-generational family triads, as
well as the individual’s experience of depression and anxiety. Generally speaking, these
results highlight the importance of considering attachment style, family patterns and
psychological adjustment conjointly. In so doing, more comprehensive individual and family
assessment is possible, and several possible points of intervention can be identified.

The Current Study

Although previous research has documented the independent roles of the family
environment and the attachment relationship in child adjustment, little research has been
undertaken to evaluate these constructs conjointly. Further, research examining the
interplay of these constructs as they occur in the middle childhood time period is largely
absent. The current study examined child attachment security, whole family interaction
patterns, and child psychological adjustment in a sample of 8- to 11-year-old children and their families. The first two hypotheses were: (a) parent-child attachment would significantly contribute to children’s emotional symptoms, and (b) family functioning would significantly increase the amount of variance explained beyond parent-child attachment alone. Next, we hypothesized that family functioning would moderate the effect of parent-child attachment on child symptoms. Specifically we predicted that high levels of family cohesion and positive affect within the family system would act as protective factors for insecurely attachment children in relation to their emotional functioning. We also expected that high levels of negativity and conflict would exacerbate the effect of insecure attachment on child functioning.

Methods

Participants

This study was part of a larger research project analyzing family attachment networks and processes in middle childhood. Participants included 75 two-parent intact and 11 non-intact (i.e., household with one biological and one non-biological parent of the target child) families ($N = 86$) with at least one child between 8 and 11 years of age ($M = 9.86$). Families were recruited from area schools, churches, universities, businesses, nonprofit organizations, and community groups via flyers and web announcements. The sample was demographically similar to the middle-class families in the North-Central Texas region (U.S. Census Bureau, 2010). The mean age for mothers was 36.51 ($SD = 5.23$), and for fathers was 38.48 years ($SD = 5.45$). In terms of family makeup, 7 of the 86 families were single-child
families (8%), with the remaining families having between 1 and 5 children ($M = 2.56$). The sample was predominantly Caucasian (76.7%), 9.3% as Hispanic/Latino/Mexican American, 7.6% as African American, 1.7% as Asian, and 2.3% as bi-/multi-racial. This was a highly educated sample with 57% reporting a bachelor’s or graduate degree and another 30% reporting some college credit or a two-year or technical degree.

Measures

*Background Information Questionnaire*

This questionnaire was developed to collect demographic data (e.g., age, ethnicity, educational achievement, relationship status) from families. Family background information was also collected, including history of psychotherapy, psychopathology, and parental divorce.

*Children Coping Strategies Questionnaire (CCSQ; Yunger, Corby, & Perry, 2005)*

The CCSQ assesses attachment strategies utilized by the child in relation to either their mother or father. Children are asked to imagine that they had experienced an attachment-related event (e.g., separation, reunion, stress) with one of their parents, and to indicate which of 4 responses they would be most likely to make. The most recent version of the CCSQ is a composite measure comprised of 20 items from the original 36-item Preoccupied and Avoidant Coping Scales (PACS; Finnegan, Hodges, & Perry, 1996), 10 items from the original 15-item Security Scale (SS; Kerns, Aspelmeier, Gentzler, & Grabill, 2001), and 30 items added to assess three types of disorganized coping strategies (Cusimano,
For the purpose of this study, the Preoccupied, Avoidant, and Secure scales were used. All coping scales demonstrated acceptable internal consistency for children’s ratings of relationships with both mothers (avoidant = .85, preoccupied = .73, secure = .85) and fathers (avoidant = .89, preoccupied = .80, secure = .87) in the current study.


The BASC-2 is a multimethod, multidimensional system used to evaluate the behavior of children and young adults aged 2 through 25 years. Target children completed the Self-Report of Personality (SRP) to answer questions regarding their own behavior and feelings in both True/False, and 'Never' to ‘Almost always’ formats. For the purposes of this study, the T-score for the SRP Emotional Symptoms Index (ESI) were used as the dependent variable. In this sample, internal consistency reliability for the ESI is .85.

System for Coding Interactions and Family Functioning (SCIFF; Lindahl, 2001)

The SCIFF is an observational coding system used to behaviorally assess global family functioning, as well as conflict, disagreement, and problem solving capabilities during family interaction tasks. Rooted in structural family theory and social learning theory, the SCIFF yields family-level codes (e.g., mother-father-child), dyadic codes (e.g., marital), and individual (e.g., parent and child) codes. For the purposes of this study, the moderator variables are three family level variables rated on a 5-point Likert type scale (1 = very low and 5 = very high). Negativity/Conflict assesses the overall negative tone or level of tension in the family, and includes expressions of frustration, anger, irritation and hostility.
Warmth/Positive Affect reflects the overall positive emotional tone in the family and includes the presence of laughter, smiles, and enthusiasm. Cohesiveness represents the sense of unity, togetherness, and closeness within a family, and is related to the extent to which family members are affectionate, respectful, and warm with each other.

A team of 4 researchers were trained for reliability and practiced coding on previously recorded family interaction tasks. Subsequently, coders rated and compared their scores for five families from the current sample to ratings provided by the developer, Dr. Kristin Lindahl. Approximately 30% of the sample (n = 26) was double-coded and discrepancies were resolved by team conferencing. Bi-monthly meetings were held to maintain consistency between raters. For the current study, interrater reliability was assessed and found to be adequate for Negativity/Conflict ($r = .82$), Positive Affect ($r = .87$), and Cohesiveness ($r = .79$) scales.

Procedures

This study was reviewed and approved by the University of North Texas Institutional Review Board. Families were recruited from schools, university campuses, churches, community groups, businesses, and nonprofit organizations in the North Texas area. Volunteers came to the Family Attachment Lab on the University of North Texas campus for data collection where a graduate research assistant described the study and addressed all questions prior to the participants signing consent or assent forms. Families first participated in a 20-minute family interaction task requiring them to discuss 3 to 5 topics as a family. The task was videotaped for later coding by graduate students trained for
reliability. At the completion of this task, family members were separated into different rooms where parents were interviewed and paper and pencil questionnaires were administered. The target child remained in the family room to complete a number of questionnaires with the guidance of a graduate research assistant. Once all questionnaires were completed, families were compensated with $30 and a family fun pack.

Undergraduate research assistants double entered data into SPSS, and Graduate research assistants compared and examined for them missing data points. No data were missing for the variables examined in this study.

Results

Preliminary correlations showed that Emotional Symptoms Index was significantly associated with most major predictors with the exception of preoccupied attachment. Consequently, preoccupied attachment was dropped from further analysis in the interest of maintaining power. With respect to demographic variables, preliminary t-tests showed that target children’s (TC) sex was not significantly related to their self-ratings of father-child attachment, mother-child attachment, or child emotional symptoms. T-tests also indicated that of the other key demographic variables, only parents’ educational achievement was significantly related to child emotional symptoms, with children of more educated parents reporting fewer emotional symptoms (mothers $t = 2.91$, $p = .005$; fathers $t = 2.90$, $p = .005$). In addition, results of MANOVA on the variables being tested indicated a significant difference between intact versus non-intact families on the ESI with children from non-intact
families reporting higher levels of emotional symptoms. Based on these findings, parent education and family type were treated as covariates in all analyses.

Hierarchical Regressions

Six hierarchical regressions were run to test the hypotheses. Independent variables and all potential moderators were centered (i.e., standardized) to reduce problems associated with multicollinearity (Frazier, Tix, & Barron, 2004). Regression analyses were conducted separately for children’s attachment to mothers and attachment to fathers. Covariates were included in the first step of regression analyses to control for potentially confounding effects. Two attachment strategies (i.e., Secure, Avoidant) were entered in the second step, one of the family functioning variables (i.e., Cohesion, Negativity and Conflict, or Positive Affect) was entered in the 3rd step, and two interaction terms between attachment variables and family functioning were entered in the final step of the model.

The first set of analyses tested the moderating effect of family cohesion. Model 1a with mother-child attachment was significant ($F(7,77) = 10.54, p = .000$), accounting for 44% of the variance in ESI scores. After controlling for mother education and family type, parent-child attachment significantly contributed to ESI variance, with greater attachment security to mother significantly predicting lower ESI scores. Contrary to hypotheses, neither SCIFF Cohesion nor the interactions significantly contributed to ESI scores in Model 1a. Model 1b with father-child attachment was also significant ($F(7,77) = 6.58, p = .000$), accounting for 32% of the variance in ESI scores. While parent-child attachment significantly contributed to ESI, SCIFF Cohesion in the next step did not. Step 4 with the two interaction terms
significantly increased the amount of variance accounted for in children’s emotional symptoms, indicating a significant moderator effect. As shown in Figure 1, high family cohesion mitigated the negative effect of low levels of secure attachment (i.e., insecure) to father on children’s psychological symptoms. However, when children reported highly secure attachment to fathers, ESI scores were lowest in the context of low family cohesion relative to other levels of cohesion.

The next set of regressions tested the moderating effect of positive affect in the family. Model 2a with mother-child attachment was significant \( (F(7,77) = 11.81, p = .000) \), accounting for 47% of the variance in children’s ESI scores. After controlling for covariates, in Step 2 parent-child attachment significantly contributed to ESI with secure attachment to mother emerging as a highly significant negative predictor. As expected in the next step, positive affect significantly increased the amount of variance accounted for in children’s emotional symptoms for mother attachment regressions. Contrary to expectations, the fourth step with interactions between SCIFF Positive Affect and attachment style did not significantly contribute to ESI scores.

Model 2b with father-child attachment was significant \( (F(7,77) = 7.71, p = .000) \), accounting for 36% of the variance in children’s ESI scores. As hypothesized, both parent-child attachment and positive affect significantly increased the amount of variance accounted for in children’s ESI symptoms. Additionally, the last step adding the interaction terms of attachment to fathers and positive affect significantly increased the amount of variance accounted for in children’s emotional symptoms over and above either attachment or family variables alone. The interaction of secure attachment to father with positive affect
was a unique predictor of ESI. Specifically, when low levels of positive affect are present, an
inverse relationship between secure attachment and ESI scores exists (see Figure 2). In fact,
the interaction of low positive affect and low levels of secure attachment predicted the
highest level of symptomology in children. Positive affect did not significantly interact with
avoidant attachment.

The final two models tested the moderating effect of family negativity and conflict.
The full regression model 3a with mother-child attachment was significant ($F(7,77)=10.10, p
= .000$), accounting for 43% of the variance in children’s emotional symptoms scores. Like
models 1a and 2a, after controlling for covariates, secure attachment to mothers
significantly predicted children’s emotional symptoms, with more securely attached children
reporting fewer symptoms. Contrary to hypotheses, negativity and conflict nor the
interactions significantly increased the amount of variance accounted for in children’s
emotional symptoms for mother attachment regressions.

Model 3b with father-child attachment was significant ($F(7,77) = 7.71, p = .000$),
accounting for 23% of the variance in children’s ESI scores. Although the second step adding
attachment to fathers significantly increased the variance explained in children’s emotions
symptoms, only one unique trend emerged with higher levels of avoidant attachment
marginally associated with greater reports of emotional symptoms. Contrary to
expectations, but in line with Model 3a, neither negativity and conflict nor the interactions
increased the amount of variance accounted for in children’s emotional symptoms for father
attachment regressions.
Discussion

Results of the current study provided mixed support for the theoretically based hypotheses. Several variables independently predicted children’s emotional symptoms in the expected directions. A significant moderator effect was found for both cohesion and positive affect relative to secure father-child attachment, indicating that when these variable levels are high, the negative impact of insecure attachment to father on child well-being is lessened. The implications of these findings will be explored in this section.

All full regression models including mother-child attachment were significant, accounting for over 40% of the variance in children’s reports of emotional symptoms. In particular, secure attachment to mother was a highly significant negative predictor of children’s emotional symptoms across models, highlighting the importance of the quality of mother-child attachment. Additionally, positive affect was a significant negative predictor of children’s emotional symptoms for both mother and father models. These findings are in line with previous research suggesting that attachment security and family harmony are associated with more positive child outcomes (McHale & Johnson, 1996; Ranson & Urichuk, 2008).

The full regression models including father-child attachment were also significant, accounting for 23-36% of variance in children’s reports of emotional symptoms. Interestingly, although the step with attachment to father significantly increased the amount of variance explained in each model, neither secure nor avoidant attachment were significant independent predictors. However, in two father attachment models, secure attachment interacted with family functioning (Cohesion and Positive Affect), yielding a
moderator effect. Specifically, family environments characterized by closeness, contentment and affection acted as a protective factor against low attachment security to fathers, relating to fewer reports of children’s emotional symptoms. Therefore, in the absence of a secure attachment to father, a cohesive family environment with a positive emotional tone is critically important in children’s emotional trajectories. The emotional connection experienced among family members in cohesive families has been linked to lower levels of externalizing behaviors in elementary school children overall, as well as reductions in such behaviors as cohesion improves over time (Johnson, 2003). Similarly, high levels of warmth and happiness among family members have been linked to better frustration tolerance and fewer externalizing behaviors with peers (McHale & Johnson, 1996; McHale, Kuersten, & Lauretti, 1996).

In comparing results across parents, it is notable that mother-child attachment security was a highly significant predictor across those models and father-child attachment security was not an independent predictor. This finding may be related to a greater level of involvement between mothers and children in general (Booth-LaForce, et al., 2006), and/or a lower level of caretaking behaviors by fathers relative to mothers (Lewis & Lamb, 2003). Alternatively, previous research has suggested that fathers take on a more instrumental “playmate” role with children that may differentially impact children’s development as compared to the emotional caregiving role associated with mothers (Van der Mark, Bakermans-Kranenburg, & van Ijzendoorn, 2002). Although the importance of the father-child relationship had been demonstrated by research, it is possible that the traditional attachment construct does not fully capture key elements in this relationship. Thus, fathers
may contribute in unique ways that were not well measured by the CCSQ in this study. However, it is important to note that the children reporting the highest levels of emotional symptoms had both low attachment security to fathers and family environments that were low on cohesion and positive affect. These findings suggest that it is still important to consider quality of attachment to fathers in the context of other family variables. While high cohesion and positive affect buffered the negative effects of insecure attachment to father as expected, it is unclear why high secure attachment might be related to greater emotional symptoms when high cohesion and positive affect were present in the family. It is possible that the presence of cohesion, positive affect, and attachment security to fathers create an environment in which children feel safe expressing negative emotion. Additionally, perhaps secure parents recognize negative affect, label it for their children and provide a forum in which to discuss it. This is in line with Katz et al.’s (1999) theory of “emotion-coaching”, which is characterized by the parents’ awareness of emotion within themselves and their children, and willingness to coach children through their negative emotions. Future research efforts should further examine these hypotheses to draw more definitive conclusions.

Avoidant attachment, cohesion, and negativity and conflict did not independently provide a significant level of predictive value in mother and father models. CCSQ Avoidant attachment measures the child’s tendency to deny a need for the parent and fail to seek him/her when distressed, and to actively avoid and dismiss affection toward the parent. Perhaps this is a difficult construct to assess within this age group with the CCSQ, given that greater self-sufficiency is developmentally appropriate. Previous research has highlighted the difficulty in assessing parent-child attachment in middle childhood because reduced
proximity to parents necessitates an increase in coping skills and self-regulation as children age, making secure base behaviors difficult to quantify (Kerns, Tomich, & Kim, 2006). It is unclear why cohesion and negativity and conflict were not significant predictors of children’s emotional symptoms. It is possible that the brief ‘glimpse’ into these family dynamics provided by the observational measure was a contributing factor, and that a more intensive, long-term study would have produced a different result. Additionally in the case of cohesion, perhaps this construct is difficult to disentangle from attachment security, as both are attempting to tap into the underlying construct of family member responsiveness.

The results of this study were found while controlling for family type. Children from intact families had more adaptive attachment and emotional outcomes than did children from non-intact families. The comparatively small number of non-intact families included in this study made direct comparisons on full models and hypotheses untenable. However, future research comparing different categories of this demographic variable (e.g., intact, non-intact, adoptive families, etc.) may provide more in depth understanding of differences between these family structures.

Strengths, Limitations, and Future Research Directions

The theoretical integration of family systems and attachment research theories is in line with the direction in which the field is progressing (DuBois, 2008; Marvin, 2003), and represents an important step in a more holistic approach to the study and treatment of children and families. Present findings provide valuable new information regarding the direct and interactive contributions of family systems and attachment processes in middle
childhood, which remains an understudied developmental period. Considering the paucity of studies focusing on father-child attachment (Brumariu & Kerns, 2010), the assessment of child attachment to each parent offers a better understanding of their unique contributions to child adjustment. The inclusion of an observational measure in this study also afforded an opportunity to capture an actual “snapshot” of family processes in vivo that reduced concerns about biased reporting and common method variance. Recruitment of whole families allowed for observation of family dynamics that can be used as a comparison point in future research efforts with different types of family systems (e.g., single parent families, adoptive families, etc.).

The findings of the current study should be considered in light of several limitations. First, it is important to note that the participants are a part of a self-selected sample and thus may differ from the general population in a number of ways. In particular, the sample was primarily comprised of middle-class, mostly Caucasian families, so any findings are limited to that specific population demographic. Additionally, although child respondents may have limited abilities of introspection and self-evaluation, research has suggested that in middle childhood, children may be the most reliable reporters of their own emotional symptoms (Ardoin & Martens, 2004). Finally, the cross-sectional design limits causal conclusions. Longitudinal research is needed to answer questions about the contributing influences of family interaction patterns and dyadic attachment relationships on children’s emotional outcomes.

Future research should examine other constructs that also potentially correlate with those in the current study but were beyond the scope of analysis. Consideration of the
parents’ own attachment styles and how these might influence the development of children’s attachment strategies, and further how parent attachment style and child attachment strategies interact are important areas of study in understanding family networks. Along these lines, an examination of these variables with at-risk families that demonstrate higher levels of conflict, disengagement, and negativity would considerably illuminate on the interplay of these family processes with avoidant attachment and children’s emotional symptoms.

Summary and Clinical Implications

Results of the current study support the utility of considering dyadic attachment and family interaction patterns conjointly when conceptualizing children’s emotional outcomes. In addition to focusing attention on treating children’s emotional symptoms directly in therapy, clinicians should consider the child’s contextual situation, including the attachment relationships and family dynamics that are present. Overall, the importance of the parent-child attachment relationship was highlighted, with securely attached children having the most adaptive emotional health outcomes. This suggests that clinical interventions aimed at promoting or repairing parent-child attachment remains an important point of intervention. Tripartite psychotherapy (Berlin, 2002; Mahler, Pine, & Bergman, 1975), in which the parent and child are treated together, focuses on the identification of impediments to the development of a secure relationship, including each partner’s fears, anxieties and conflicts as they are occurring within the dyadic relationship. Interventions might entail observations of parent-child interaction patterns and sensitive intervention through mediation or
redirection of destructive interactions. Embracing an attachment systems perspective enables clinicians to effectively target interaction patterns and perceptions within parent-child and family relationships. In particular, the attachment system provides a framework for understanding the interactive worldviews of each member regarding relationship reciprocity and expectations.

Clinical observations of interaction patterns within the current family environment are an important tool that can identify targets for intervention. For example, a therapeutic objective of creating appropriate levels of cohesion and positive Affect, may increase intimacy and reduce conflict. Minuchin’s (1974) structural family therapy provides a framework for modifying family interaction patterns through clarification of roles, rules and boundaries by which family members relate. Intervention might focus on a reorganization of subsystems within the family (e.g., spousal, parental, and sibling) through redefining members’ expectations of one another, rules for interaction, and the balance of power so that each member and the family as a whole is strengthened. Greater organization of family subsystems is an important area of intervention as it has been linked to the expression of fewer externalizing behaviors (Johnson, Cowan, & Cowan, 1999). Since positive affect is a key predictor of children’s psychological symptoms, clinicians should encourage emotional expression (e.g., shared laughter, smiles, hugs) amongst family members, and assist families in identifying and limiting any hostile or hurtful interaction patterns. Clinicians might also focus attention on disengagement amongst members and difficulties in working together to problem solve. Family members can work toward becoming more cohesive if the balance of power is such that all members’ feelings and opinions matter. A structural family therapy
approach could also be ideal for the targeting of attachment relationships within both the parental and parent-child subsystems. Given the link between parenting styles and the development of certain attachment types in children (Ainsworth, 1979), and in consideration of an intergenerational transmission of attachment styles (van IJzendoorn, 1995), a focus on attachment processes at each subsystem level within the family could be warranted. For example, given research linking marital quality to child outcomes (Davies & Cummings, 1999; Davies & Cummings, 2006), couples therapy may be a viable treatment alternative that could indirectly affect child emotional symptoms. Targeting dyadic attachment and family system levels conjointly in this way can possibly bring about greater change individually and amongst family members thereby fostering a sense of security within relationships.
Table 1

**Hierarchical Multiple Regression Analyses Predicting Children’s Reports of Emotional Symptoms from Attachment and Family Cohesion**

<table>
<thead>
<tr>
<th>Step/Predictors</th>
<th>$R^2$</th>
<th>Final β</th>
<th>ΔF</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Model 1a:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Mother Education</td>
<td>.135</td>
<td>-.160</td>
<td>7.56**</td>
<td>7.56**</td>
</tr>
<tr>
<td>Family Type</td>
<td></td>
<td>.153</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. CCSQ Secure</td>
<td>.438</td>
<td>-.528***</td>
<td>23.15***</td>
<td>17.39***</td>
</tr>
<tr>
<td>CCSQ Avoidant</td>
<td></td>
<td>-.076</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. SCIFF Cohesion</td>
<td>.443</td>
<td>-.101</td>
<td>1.60</td>
<td>14.34***</td>
</tr>
<tr>
<td>4. CCSQ Secure x SCIFF Cohesion</td>
<td>.443</td>
<td>.143</td>
<td>1.03</td>
<td>10.54***</td>
</tr>
<tr>
<td>CCSQ Avoidant x SCIFF Cohesion</td>
<td></td>
<td>.002</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Model 1b:**  |       |         |      |      |
| 1. Father Education | .135  | .188+   | 7.56** | 7.56** |
| Family Type     |       | .151    |      |      |
| 2. CCSQ Secure  | .227  | -.161   | 5.89** | 7.18***|
| CCSQ Avoidant   |       | .042    |      |      |
| 3. SCIFF Cohesion| .224  | -.095   | .676 | 5.85***|
| 4. CCSQ Secure x SCIFF Cohesion | .317  | .386**  | 6.38**| 6.56***|
| CCSQ Avoidant x SCIFF Cohesion |       | .045    |      |      |

+ $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$

Table 2

**Hierarchical Multiple Regression Analyses Predicting Children’s Reports of Emotional Symptoms from Attachment and Family Positive Affect**

<table>
<thead>
<tr>
<th>Step/Predictors</th>
<th>$R^2$</th>
<th>Final β</th>
<th>ΔF</th>
<th>F</th>
</tr>
</thead>
<tbody>
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<td><strong>Model 2a:</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Mother Education</td>
<td>.135</td>
<td>-.185*</td>
<td>7.56**</td>
<td>7.56**</td>
</tr>
<tr>
<td>Family Type</td>
<td></td>
<td>.133</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. CCSQ Secure</td>
<td>.438</td>
<td>-.500***</td>
<td>23.15***</td>
<td>17.39***</td>
</tr>
<tr>
<td>CCSQ Avoidant</td>
<td></td>
<td>.057</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. SCIFF Positive Affect</td>
<td>.476</td>
<td>-.204*</td>
<td>6.73*</td>
<td>16.26***</td>
</tr>
<tr>
<td>4. CCSQ Secure x SCIFF Positive Affect</td>
<td>.474</td>
<td>.182</td>
<td>.845</td>
<td>11.81***</td>
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<tr>
<td>CCSQ Avoidant x SCIFF Positive Affect</td>
<td></td>
<td>.103</td>
<td></td>
<td></td>
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</table>

| **Model 2b:**  |       |         |      |      |
| 1. Father Education | .156  | -.263** | 7.56** | 7.56** |
| Family Type     |       | .153    |      |      |
| 2. CCSQ Secure  | .264  | -.005   | 5.89** | 7.18***|
| CCSQ Avoidant   |       | .132    |      |      |
| 3. SCIFF Positive Affect | .309  | -.234*  | 5.16* | 7.07***|
| 4. CCSQ Secure x SCIFF Positive Affect | .412  | .552**  | 6.73**| 7.71***|
| CCSQ Avoidant x SCIFF Positive Affect |       | .294    |      |      |

+ $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$. 
Table 3

Hierarchical Multiple Regression Analyses Predicting Children’s Reports of Emotional Symptoms from Attachment and Family Negativity and Conflict

<table>
<thead>
<tr>
<th>Step/Predictors</th>
<th>$R^2$</th>
<th>Final β</th>
<th>ΔF</th>
<th>F</th>
</tr>
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<td>Model 3a: Mother</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1. Mother Education</td>
<td>.156</td>
<td>-.175*</td>
<td>7.56**</td>
<td>7.56**</td>
</tr>
<tr>
<td>Family Type</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. CCSQ Secure</td>
<td>.465</td>
<td>-.580***</td>
<td>23.15***</td>
<td>17.39***</td>
</tr>
<tr>
<td>CCSQ Avoidant</td>
<td>-.029</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. SCIFF Negativity/Conflict</td>
<td>.474</td>
<td>.097</td>
<td>1.30</td>
<td>14.23***</td>
</tr>
<tr>
<td>4. CCSQ Secure x SCIFF Negativity/Conflict</td>
<td>.479</td>
<td>-.086</td>
<td>.364</td>
<td>10.10***</td>
</tr>
<tr>
<td>CCSQ Avoidant x SCIFF Negativity/Conflict</td>
<td></td>
<td></td>
<td></td>
<td>.124</td>
</tr>
<tr>
<td>Model 3b: Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Father Education</td>
<td>.135</td>
<td>-.248*</td>
<td>7.56**</td>
<td>7.56**</td>
</tr>
<tr>
<td>Family Type</td>
<td>.119</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. CCSQ Secure</td>
<td>.227</td>
<td>-.197</td>
<td>5.89**</td>
<td>7.18***</td>
</tr>
<tr>
<td>CCSQ Avoidant</td>
<td>.279+</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. SCIFF Negativity/Conflict</td>
<td>.219</td>
<td>.052</td>
<td>.149</td>
<td>5.71**</td>
</tr>
<tr>
<td>4. CCSQ Secure x SCIFF Negativity/Conflict</td>
<td>.234</td>
<td>-.192</td>
<td>1.79</td>
<td>4.68***</td>
</tr>
<tr>
<td>CCSQ Avoidant x SCIFF Negativity/Conflict</td>
<td></td>
<td></td>
<td></td>
<td>-.332+</td>
</tr>
</tbody>
</table>

*p < .10.*p < .05.**p < .01.***p < .001.

Figure 1. Moderator effects of Cohesion on the relationship between father-child attachment security and children’s report of emotional symptoms
Figure 2. Moderator effects of Positive Affect on the relationship between father-child attachment security and children’s report of emotional symptoms.

References


APPENDIX A

EXTENDED LITERATURE REVIEW
Few studies have investigated the role of family-level functioning (mother-father-child) in child adjustment, focusing instead on either the marital or parent-child dyads (Johnson, 2003). This level of analysis represents an oversimplification of the complex pattern of interaction and influence that occurs within the family system. Although the field of attachment research has seen substantial advances due to theory validation and the creation of multiple measures of attachment (Bowlby, 1969; Ainsworth, et al., 1978; Main, Kaplan, & Cassidy, 1985; Main, Hesse, & Kaplan, 2005), attachment researchers and theorists are only recently beginning to consider influences beyond the attachment dyad (Talbot & McHale, 2003).

Family Systems Theory

Family systems theory is grounded in Bertalanffy’s (1968) general systems theory, which posits that the scientific understanding of any phenomenon necessitates both the understanding of the elements in isolation and in relation to one another. All systems are organized with boundaries at differing levels of permeability determined by the amount of feedback received. The importance of the family system was first highlighted in the 1950s as researchers began to study the pathway of the development of schizophrenia (Cowan & Cowan, 2006). While the zeitgeist held that mothers were largely to blame for the development of schizophrenia, researchers were beginning to reject this notion in response to findings of several systemic imbalances within these families. For example, fathers were found to engage in ineffective parenting, and couples had high levels of unresolved conflict and would undermine each other’s ideas and efforts (Lidz, Cornelison, Fleck, & Terry, 1957). Other researchers put forth the idea that psychological dysfunction rested in the family as a
whole rather than within the individual based on evidence that thought disorder symptoms occurred while completing a task as a family but were absent when the family was not present during the completion of the same task (Singer & Wynne, 1965). Additionally, Bowen (1961) found a link between schizophrenia and highly enmeshed family systems with poor boundaries. These findings in sum highlight a shift in thinking about individual development in isolation to the recognition that it is inseparable from the social context of the family.

Researchers from the Mental Research Institute (MRI) identified deviant communication patterns within families as the root of mental illness. Their ideas were heavily influenced by Bateson, who introduced the concepts of cybernetics, communication, and general systems theory (Gale & Long, 1996). A systems viewpoint suggests that an understanding of circular causality and reciprocal influences is crucial. In this regard, systems are simultaneously wholes and parts reciprocally affecting each other as the system moves toward homeostasis. According to Minuchin (1974), organizing boundaries between these subsystems can either be clear, rigid, or diffuse, and determine member interaction patterns.

Another important component of systems theory is the conceptualization of the locus of problems being within the family system, not in individual members. This viewpoint presents an important distinction in terms of how individual pathology is understood (1974). With all of these factors in consideration, Minuchin (1974) described four types of families—adaptive (sensitive, supportive, communicative, and respectful), disengaged (avoidant,
angry, and insensitive), enmeshed (overinvolved, intrusive, and disrespectful of boundaries), and chaotic (erratic boundaries, complete disorganization).

Current research has examined whole family processes and processes at the subsystem level by investigating coparenting interactions and interactions within the marital subsystem. Stated differently, distinctions have been made between functioning within the parental and spousal subsystems regarding contributions to developmental trajectories. Coparenting interactions, a more recent area of study, are described as triadic in nature and distinct from dyadic relationships within the family (see McHale et al., 2003 for review), involving mother, father, and child. Specifically, the coparenting relationship focuses on child rearing and socialization, while the marital relationship focuses solely on spousal welfare and dyadic relationship quality (Caldera & Lindsay, 2006). Interactions within the marital subsystem are dyadic, and as such, do not directly involve the child. However, in accordance with Minuchin’s theory these interactions represent a component of the family system and remain an influential dynamic in that discordant relations within the marital subsystem have repeatedly been linked to child maladjustment (Davies & Cummings, 2006).

Family systems researchers have also explored a variety of other family dynamics including roles, communication patterns, boundaries and power relations (Rothbaum, Rosen, Ujiie, & Uchida, 2002). One of the reasons adaptive families fare better when faced with crisis is the presence of open communication among members. Communication is the most elemental level of family interaction, with different patterns being utilized and adapted over time in accordance with developmental changes in families (Vuchinich & Angelelli, 1995). Vuchinich and Angelelli have defined family communication in terms of the strong affective
nature of the information transmitted, and the influence of the long relationship history and frequency of contact among members. They propose that family communication has a role in the creation and maintenance of relationships at the dyadic level (e.g., husband-wife, parent-child, sibling-sibling) and within the larger social unit of the family. Family communication also plays a substantial role in family problem solving and conflict resolution.

A related family dynamic that has received attention is the concept of meta-emotion, which speaks to the family’s emotional communication and its relation to the psychological well-being of all members (Katz, Wilson, & Gottman, 1999). Specifically, Katz et al. theorized that parents adopt one of two types of meta-emotion philosophies, which differentially dictate how emotion is expressed, understood, and reacted to within the family. The first philosophy, called “emotion-coaching”, is characterized by the parents’ awareness of emotion within themselves and their children, and willingness to coach children through their negative emotions. Coaching is done via labeling and validation of emotions, and problem-solving. Families adhering to this philosophy have less marital conflict and more positive parent-child relationships. Additionally, through emotion-coaching the child learns to regulate their emotions, which impacts a variety of child outcomes such as behavior problems and peer relations.

Katz et al. (1999) called the second philosophy, “dismissing”, because it is characterized by the parents’ tendency to ignore or deny children’s negative emotions. Negative emotional displays are viewed as transient, unimportant, and sometimes warranting punishment. The dismissal of negative emotion has implications for problematic family relations, poor emotion-regulation capabilities and emotional adjustment as a whole.
Taken together, family systems theory and the findings of previous research highlight the complexity with which different subsystems and dynamics interact, and the multifaceted influence of these systems on child development, an issue that is explored further in the next section.

Additionally, research has consistently shown that dysfunction within the marital subsystem is linked to social, emotional, and behavioral problems in children (Davies & Cummings, 1999; Davies & Cummings, 2006). Cox, Paley, Payne, and Burchinal (1999) investigated the effects of marital conflict and withdrawal on parenting in a sample of new parents. They found that parents who were withdrawn during marital interactions were less sensitive and responsive to infants. Fathers displaying both withdrawn and angry behaviors during marital interactions showed the least sensitivity and responsiveness to their children. These results suggest that marital withdrawal in particular may undermine parenting practices that are conducive to child emotional wellbeing.

The Family System’s Influence on Child Outcomes

Distinctions have been made between cohesion and enmeshment with the former being linked to more positive developmental outcomes. Barber and Buehler (1996) defined cohesion as the presence of support, affection and helpfulness within a family system. This is contrasted with enmeshment, which is defined as an emotional fusion between members that can “potentially inhibit the individuation process and maintenance of psychosocial maturity” (p. 433).

Given that the presence of family conflict is an inevitable reality, researchers have also attempted to delineate between conflict that is constructive versus destructive.
Deutsch (1969) defined constructive conflict as solution focused, with members employing tactics such as negotiation and compromise. By contrast, destructive conflict is described as an interpersonal process involving tactics such as manipulation and coercion that typically lead to escalation beyond the parameters of the issue. The type of conflict has a bearing on family processes and relationships, as well as child social and emotional development.

In their study of family dynamics and child coping skills, McHale, Kuersten, and Lauretti (1996) found that indices of family harmony (e.g., high levels of warmth and happiness amongst members) were correlated with better frustration tolerance when the child was presented with a difficult task.

Johnson (2003) examined changes in family functioning and child behavioral outcomes from early to middle childhood. Families that were observed to be non-cohesive at kindergarten and grade 4 interaction sessions had children who received increasingly higher ratings on aggressive behavior over time. Families that were non-cohesive at kindergarten but cohesive at grade 4 showed significant decreases in ratings of child aggressive behavior. In comparing the influence of different family systems on behavioral outcomes, significant differences in behavior were found amongst 4th graders from cohesive, separate (i.e., disengaged), and triangulating families. Specifically, children from triangulating families with a strong father-child dyad were rated as more aggressive by their teachers than children from either cohesive or separate family systems.

Johnson, Cowan, and Cowan (1999) studied the relationship between family organization and teacher perception of child behavior in 1st grade and found that children from families that were more organized (as defined by the presence of adaptive boundaries...
and hierarchies within the family system) displayed less externalizing behaviors.

Comparatively, in another study with parents and children between the ages of 6 and 10, endorsement of a distant or disengaged family system was associated with the highest parent ratings of child internalizing and externalizing problems (Kerig, 1995). Along these same lines, Jacobvitz, Hazen, Curran, and Hitchens (2004) found that 7-year-old children’s anxiety and depression could be predicted from disengaged and controlling family interaction patterns.

Laible, Carlo, Torquati, and Ontai (2004) examined the relationship between 6-year-old children’s perceptions of family interactions and social behavior. Children completed a doll story completion task which was coded for thematic content. This data was compared to parent self-reports of parenting practices (e.g., warm or harsh), as well as parent and teacher reports of child behaviors. Results indicated that warm parenting predicted prosocial themes in doll stories and greater social competence. Harsh parenting, conversely, was linked to aggressive themes and the presence of externalizing behavior.

Brody and Flor (1996) reported direct correlations between family interactions, competence in academics, and the presence of internalizing problems among African American youth. In addition, adolescents’ self-regulation abilities mediated the link between family interactions and externalizing problems. In all instances, higher quality of family interaction (as measured by the level of harmony and engagement observed during an interaction task) were related to more positive child outcomes.

Lindahl and Malik (1999) studied the link between family interaction patterns and child adjustment in European American and Hispanic American families. Results indicated
that marital conflict was associated with higher levels of externalizing behavior, lower levels of family cohesiveness, and a lax or inconsistent parenting style. A hierarchical parenting style, characterized by parental authority with little power given to children, was also linked to externalizing behaviors, but only for European American families.

At the subsystem level, research has demonstrated that coparenting behaviors affect child emotion and behavior regulation capabilities. For example, families engaging in hostile-competitive parenting, characterized by power struggles within the triad, are more likely to have children displaying impulse control and anxiety difficulties (McConnell & Kerig, 1999). McHale and Rasmussen (1998) also found that coparenting processes characterized by higher levels of hostility and competitiveness, and lower levels of family harmony predicted higher levels of child aggression in a sample of preschoolers.

Fosco and Grych (2008) assessed the mediating role of family processes, emotion, and cognition in the association between parent conflict and child outcomes in a sample of 8 to 12-year-old children. Two codes from the SCIFF (Negativity/Conflict and Marital Communication) were used to measure the type and tone of family and marital interactions. Measures of triangulation, as well as children’s emotional distress, cognitive appraisals, and psychological adjustment were also ascertained. Triangulation into parent arguments, as a family process, mediated the link between interparental conflict and child adjustment, uniquely predicting externalizing problems. Emotional distress and cognitive appraisals were also independent mediators and uniquely predicted both internalizing and externalizing problems. Overall, these findings highlight the importance of family processes across subsystems in determining family and individual functioning.
Lunkenheimer, Shields, and Cortina (2007) observed parents’ emotion socialization patterns with their 8 to 11-year-old children during an interaction task and examined parent and teacher reports of the children’s emotional and behavioral outcomes. Children of parents who were dismissing of emotion had greater emotion regulation and behavioral problems. Conversely, parents’ emotional responsiveness to their children’s negative emotions acted as a protective factor against emotional lability and internalizing behavior problems. In a similar vein, Hill and Bush (2001) found that among European American and African American families mothers’ withdrawal of love was positively related to their reports of children’s anxiety symptoms in a sample of kindergarteners. Hostile control and enforcement behaviors by mothers were positively related to children’s reports of their own conduct problems.

Attachment Theory

Rooted in the object-relations tradition of psychoanalysis, attachment theory draws on concepts from evolution theory, control theory, ethology, and cognitive psychology. Bowlby (1969, 1973, 1980) highlighted three principles emphasized by attachment theory: (a) seeking intimate emotional bonds is instinctual and serves a biological function that utilizes models of self and attachment figure in a relational way, (b) a child’s development is heavily influenced by the way he/she is treated by parents, particularly the primary attachment figure which is usually the mother, and (c) child development is best conceptualized by theories of developmental pathways as opposed to developmental stages. In infancy and childhood, emotional bonds are with the primary caregivers and serve a key survival function (protection), in addition to the provision of comfort and support (1988).
6 to 8 months of age, the infant demonstrates a preference for the primary caregiver and displays anxiety with strangers (Zeanah, Boris, & Lieberman, 2000). Ainsworth (1967) first described the pattern of interaction between the infant and parent as exploration from a secure base, whereby a healthy child feels secure enough to explore the surroundings provided the parent is accessible and responsive.

Researchers have more recently become interested in attachment as a system of behavior. Each of these systems is activated or terminated as a function of the environmental context and the child’s internal state. For example, fear system activation triggers a deactivation of the exploration system, in the biological interest of promoting survival. At a more complex level, the different systems interact in a sophisticated process of goal-corrected behaviors, defined as behaviors that have a set goal (e.g., securing comfort), making them purposeful rather than biological/instinctual. Engagement in these more complex goal-corrected behaviors requires an internal working model of self, other, and environment (Marvin & Britner, 1999). Stated differently, the internal working model provides a set of relationship expectations, which guide purposeful behaviors that are engaged in with a specific goal in mind.

Longitudinal Research: Continuity of Attachment

A number of important longitudinal studies were undertaken in an attempt to further understand the human attachment system. Main, Kaplan, and Cassidy (1985) expanded on Ainsworth’s research in their longitudinal study assessing the relation between early infant-parent attachment and later representations of attachment. Beyond infant attachment being related to maternal responsiveness at home, Main et al., posited that the three
different behavioral patterns (e.g., secure, insecure-avoidant, insecure ambivalent) represented the child’s internal working model of relationships, and would hold constant across contexts and guide behavior accordingly. In addition, evidence of intergenerational transmission emerged in the finding that infant attachment patterns were significantly related to parents’ internal working models of attachment (secure, dismissing, preoccupied, unresolved) as measured by the Adult Attachment Interview (AAI) (George, Kaplan, & Main, 1985). In this manner, they reconceptualized attachment as a mental representational process rather than a strictly behavioral one. In Main et al.’s study, children between 12 and 18 months of age were assessed with the Strange Situation procedure and classified into attachment categories. These classifications were compared with several measures of attachment-related behavior at age 6 (e.g., interaction in parent-child dyad, discussion of separations, reunion behavior). High concordance rates were found between measures of attachment at both ages. Regarding the representational nature of attachment, it was found that secure attachment was related to fluency of dyadic discourse, and the child’s emotional openness when discussing separations.

A review of the Berkeley longitudinal study (Main, Hesse, & Kaplan, 2005) highlighted important findings about attachment trajectories and the predictability of behavioral and representational processes. Secure behavior in the Strange Situation at age 1 predicted a lack of anger or distress during separation at age 6, a secure reunion response, and a secure-resourceful response on the Separation Anxiety Test (SAT). Infants’ security, specifically their proximity seeking behavior, was also predictive of their adult attachment classifications and coherency of transcript on the AAI at age 19. Avoidant infant behavior in the Strange
Situation was linked to an avoidance of the mother during reunion and an insecure-inactive classification on the SAT at age 6, as well as a dismissing classification on the AAI (as rated by the presence of idealization for mother and lack of recall) at age 19. Disorganized behavior in infancy was related to controlling behavior upon reunion and a fearful classification on the SAT at age 6. These children were found to be either insecure-dismissing or unresolved on the AAI at age 19. Taken together, these results speak to the stability of attachment security from infancy through late adolescence.

Another seminal study, the Bielefeld and Regensburg longitudinal studies (Grossman & Grossman, 1991; Grossmann, Grossmann, Spangler, Suess, & Unzner, 1985), provided extensive examinations of children’s experiences with parents from infancy through young adulthood. Several indices of parental sensitivity, child and adult attachment were taken over the course of both studies with the goal of determining the pathway of young adults’ development of attachment representations. Findings indicated that sensitive, supportive parenting when the attachment behavioral system was activated or the child engaged in exploration were related to the development of secure attachment representations and strategies at 24 months. These representations and strategies, in turn, were predictive of the tendency to value close relationships and to have a secure attachment representation in adulthood (at age 22). These findings have important implications for understanding the development of the internal working model and how it serves as the roadmap for future relationships.

There has also been a considerable amount of research undertaken to determine the stability and continuity of the parent-child attachment relationship between early childhood
and adulthood, which tries to capture the middle childhood time period. Two lines of thought have emerged from this research: one suggesting that early attachment experiences have no bearing on later representations (discontinuity), the other suggesting continuity of attachment across the lifespan (Ranson & Urichuk, 2008). Bar-Haim, Sutton, Fox and Marvin (2000), in their study of attachment stability at 14, 24, and 58 months of age, found stability between year 1 and 2, but not beyond that. They also found that attachment classification at 14 and 24 months did not correspond to mental representations at 58 months.

In a similar vein, Lewis, Feiring, and Rosenthal (2000) and Weinfield, Sroufe, and Egeland (2000) also found no link between attachment status at 12 months of age and at 18-19 years of age (as measured by the AAI). However in both studies, family environment characteristics in early adolescence (e.g., parental divorce, child maltreatment, maternal depression) differentiated between continuous and discontinuous groups. Several propositions have been made to explain attachment discontinuity. For example, Thompson (1999) suggested that attachment patterns in infancy represent juvenile adaptations that decrease in importance over time, and that fluctuations in the harmony of parent-child relationships can affect attachment relationships. Further, he highlighted other mediating influences such as the presence of other close relationships and personality characteristics, making the link between early and later attachment more tenuous and complex.

By contrast, it has been proposed that the development of the internal working model based on early experiences is the mechanism by which continuity in infant attachment is achieved. In addition, attachment has been conceived as a biological adaptation geared toward survival of the species, whereby early patterns are incorporated
into later behaviors that remain adaptive throughout the lifespan. Finally, the role of attachment in shaping emergent personality processes that influence later psychosocial functioning has been considered (Thompson, 1999). Hamilton (2000) found that infant attachment classification was a significant predictor of adolescent attachment classification. High concordance rates of attachment classification at infancy and in adulthood were also found in a longitudinal study conducted by Waters, Merrick, Treboux, Crowell, and Albersheim (2003). However, in accordance with attachment theory, negative life events were significant predictors of attachment status change across each of these studies.

Contextual Considerations: Caregiver Behavior

Nearly two decades of research undertaken during the Pennsylvania Infant and Family Development Project and the NICHD Study of Early Childcare have also helped to illuminate the mother-child attachment phenomenon (Belsky, 2005; Belsky, Rovine, & Taylor, 1984; NICHD, 1994, 1997, 2001). Among the results were findings that the child’s development of a secure attachment rested on issues such as contextual stresses and supports, maternal sensitivity, and alterations in child behavioral and emotional functioning. Based on these findings, Belsky proposed a causal model whereby contextual factors (e.g., stress and support) affect maternal sensitivity, which in turn affects child emotional development. These factors in combination determine whether the child develops a secure or insecure attachment, which will differentially forecast later development.

Susman-Stillman, Kalkose, Egeland, and Waldman (1996) examined the relationship between maternal sensitivity, infant temperament, and attachment security among a sample of mothers and infants at ages 3, 6, and 9 months. Maternal sensitivity distinguished secure
and insecure infants across ages; infant temperament predicted the type of insecurity displayed by infants at 3 and 6 months of age.

Attachment and Child Outcomes

The Minnesota longitudinal study (e.g., Erickson, Sroufe, & Egeland, 1985; Sroufe, Egeland, Carlson, & Collins, 2005; Sroufe, Egeland, & Kreutzer, 1990; Vaughn, Waters, Egeland, & Sroufe, 1979) is one of the most comprehensive research studies of early childhood experience (inclusive of attachment) and developmental outcomes. To date, this study has included parents and children, who were followed from 3 months prior to birth to 34 years of age. Attachment, as measured by the Strange Situation at 12 and 18 months, was related to a number of later outcomes including levels of independence, self-esteem, school achievement, and the development of peer relationships, with securely attached children having better outcomes.

In the area of social-emotional competence, Fagot (1997) studied the relationship between parent-child attachment at 18 months and peer interaction at 24 months. She reported that children classified as insecure showed less reciprocity with peers six months later as compared to securely attached children. Similarly, disorganized attachment classification in infancy has been linked to later aggressive behavior with peers (Lyons-Ruth, 1996). Verschueren and Marcoen (1999) examined children’s attachment to both mother and father, as measured by the Attachment Story Completion Task (Cassidy, 1998), and found a number of interesting results. Children with a secure attachment to their father displayed more competence in interaction with peers and less anxious or withdrawn behaviors as compared to children with an insecure attachment representation. Secure
attachment to mothers was related greater popularity, peer acceptance, and prosocial behavior. Traits such as self-esteem, self-confidence, independence, and initiative were also linked with the presence of a secure attachment representation to both parents.

Secure attachment to mother in infancy, as measured by the Strange Situation, has been found to be predictive of greater emotional maturity in adolescence, as measured by abilities to work independently and cope with criticisms and frustration (Aviezer, Sagi, Resnick, & Gini, 2002). Along these lines, Steele and Steele’s (2005) longitudinal research based on the London parent-child project presented interesting findings on the role of parent-child attachment in the resolution of emotional conflict. Their research found unique contributions of mother-child and father-child relationships, with mother-child relationships determining the child’s ability to understand and resolve internal emotional conflict, and father-child relationships determining the child’s ability to resolve external emotional conflict (e.g., with siblings and peers).

In the area of mental health Bosquet and Egeland (2006), in their study of the etiology of anxiety symptoms from infancy through adolescence, found that insecure attachment relationships in infancy predicted negative peer relationship representations in preadolescence, which in turn predicted anxiety symptoms in adolescence.

Attachment in Middle Childhood

With the goal of redefining attachment processes as they occur in middle childhood, Mayseless (2005) identified five developmental changes in the attachment behavioral system: 1) greater sophistication and more control by cognitive-affective internalizations, 2) more integrated and generalized, 3) more differentiated and diversified, 4) a shift in
responsibility from parent to child for maintaining accessibility of the caregiver, and 5) a
decrease in intensity of attachment behavior. These changes are viewed as developmentally
appropriate occurrences that set the stage for the growth of autonomy and mature
relationships with peers and romantic partners.

Measurement of Attachment in Middle Childhood

The attachment stability debate is spurred on by the paucity of data on the
attachment process in middle childhood. Much of the previous research in the field of
attachment has focused on the workings of this process in infancy and adulthood, with little
attention given to the preadolescent developmental period. One of the principle reasons for
this knowledge gap is the lack of available instruments for measuring this construct. In
infancy and early childhood, attachment behavior is more easily assessed, as children seek
proximity when distressed through physical and verbal means (Booth-LaForce, Oh, Kim,
Rubin, Rose-Kransor & Burgess, 2006). However as the child continues to develop, the
attachment relationship becomes more representational in nature, with children seeking
psychological availability rather than physical contact. Assessing children’s perception of
their caregiver’s psychological availability has proven to be difficult (Booth, Rubin, & Rose-
Kransor, 1998). Others have also mentioned that reduced proximity to parents necessitates
an increase in coping skills and self-regulation as children age, making secure base behaviors
difficult to quantify (Kerns, Tomich, & Kim, 2006).

More recent research has made strides in the development of instruments used to
measure child attachment in middle childhood. Some researchers have attempted to
develop new instruments specifically for measuring attachment in middle childhood. The
Child Attachment Interview (CAI; Shmueli-Goetz et al. 2004, Target et al. 2003) is a semi-structured interview for children 8 to 13 years of age. Considered a downward extension of the AAI the CAI assesses the quality of the child’s attachment relationship through a series of questions about current and past experiences with the primary caregiver. Based on the coherence and content of responses, children are rated dimensionally on their level of attachment (e.g., high scores indicating higher levels of security, low scores indicating lower levels of security). Fury, Carlson, and Sroufe (1997) developed a family drawing procedure to assess attachment representations among a sample of 8 and 9-year-old children. Drawings are classified into 1 of 3 attachment categories (secure, anxious-avoidant, anxious-resistant) according to Kaplan and Main’s (1986) scoring criteria.

Kerns, Klepec, and Cole (1996) developed the Security Scale, which is a child self-report to assess attachment security within the parent-child relationship for children ranging from 8 to 12 years of age. Specifically, the Security Scale assesses children’s perception of parent responsiveness and availability, and their tendency to rely on and desire to communicate with the parent. The Coping Strategies Questionnaire, another child self-report measure designed by Finnegan, Hodges, and Perry (1996), assesses two facets of attachment insecurity: avoidant and preoccupied coping among children in the 3rd through 7th grade. The avoidant coping scale measures the child’s tendency to deny a need for the mother and fail to seek her when distressed, and to actively avoid and deny affection toward her. The preoccupied coping scale measures the child’s tendency to have difficulty separating from the mother and trouble exploring, to have an excessive need for her when distressed and in novel situations, and to remain upset upon reunion with the mother.
Other efforts have focused on modifying instruments that are typically used with different age groups to make them more applicable to older children. Resnick (1993) modified the Separation Anxiety Test (Kaplan, 1985; Klagsbrun & Bowlby, 1976) for use with 10- to 14-year-old children to assess their state of mind with respect to attachment. The task involves showing pictures of children experiencing a separation and then asking a series of questions regarding the pictured child (e.g., what the child is feeling and why, what the child would do next, etc.). Granot and Mayseless (2001) used an adapted version of the Doll story completion task (Bretherton, Ridgeway, & Cassidy, 1990) to assess the attachment representations of 4th and 5th grade children to their mothers. The task requires children to complete a set of attachment-related stories through use of a set of family figure dolls. Children are classified into one of four attachment prototypes (secure, avoidant, ambivalent, disorganized) based upon the elements of their story. Gullone, Ollendick, and King (2006) used the Family Drawing procedure (Fury et al., 1997; Main & Kaplan, 1985) to assess the attachment representations of children between the ages of 8 and 10. This task requires children to use a set of colored pencils to draw their family engaged in an activity. The examiner then ascertains the identity and activity of each figure, and codes the content of drawings for characteristics of avoidant, resistant, and insecure attachment (e.g., positioning and size of family members, facial affect, use of color, etc.).

Attachment and Child Outcomes

Attachment research has expanded in scope to study the effects of parent-child attachment relationships on child behavior, personality, and mental health. Dallaire and Weinraub (2005) found that insecurely attached children, as measured by the Strange
Situation, reported greater separation anxiety than those who were securely attached at age 6. In a later study, Dallaire and Weinraub (2007) found that child attachment security moderated the impact of negative life events experienced by the family, with attachment security at 15 months serving a protective role in the development of anxiety symptoms in childhood at age 4.

Attachment and Child Functioning in Middle Childhood

Borelli, David, Crowley, and Mayes (2010) analyzed the association between disorganized attachment in middle childhood and the presence of psychopathological symptoms. Children with a disorganized attachment classification on the CAI reported higher levels of depressive symptoms and shyness. Parent reports of child symptoms indicated that higher levels of social anxiety, thought problems, and inattention were associated with disorganized attachment. Similarly, Diener, Isabella, and Behunin (2008) examined child attachment, social and academic competence with a group of 1st, 3rd, and 5th graders using Kerns’ Security scale. Findings supported their hypotheses, with securely attached children having the highest levels of social and academic competence relative to the two other groups.

Gullone, Ollendick, and King (2006) assessed the interplay of attachment, depression, and social withdrawal among a sample of children between 8 and 10 years of age. Using the Family Drawing procedure, children were classified according to their level of attachment dysfunction (e.g., low vs. high), with low dysfunction equated to a greater likelihood of secure attachment. They found that attachment dysfunction moderated the relationship between social withdrawal and depression. Specifically, children with high attachment
dysfunction had a stronger correlation between withdrawal and depression scores than did children with low attachment dysfunction. The findings suggest that attachment security protects children from the full negative impact of social withdrawal on depressive symptomology.

Similarly, Booth-LaForce et al. (2006) studied the relationship between peer-group functioning and attachment security among a group of 10-year-old girls. Kerns Security Scale (1996) and Finnegan’s Coping Strategies Questionnaire (1996) were used to measure children’s attachment. They hypothesized that attachment security with both parents would be linked to children’s social competence and feelings of self-worth, and that coping styles would differentially predict aggression and social withdrawal. Security with mother was related to less avoidant coping, higher levels of self-worth and social competence, and greater security with father. Security with father was also positively related to self-worth and negatively related to aggression.

Along these lines, Violato and Genius (2000) proposed a developmental pathway to psychopathology in adolescence. Adolescent’s attachment, as measured by the Parental Bonding Instrument and Adolescent Attachment Survey, was assessed along with self and parent reports of psychological adaptation and psychopathology (using the YSR and CBCL). Researchers were able to identify a latent variable model linking abuse, attachment, and social/emotional isolation to the development of psychopathology. Importantly, the path model indicated that child attachment was directly related to psychological adaptation in ways that align with previous research findings.
Richaud de Minzi (2006) examined the link between depression, loneliness, self-competence, the parent-child relationship, and attachment in middle childhood using the Security Scale. Results indicated that child perception of parent-child interaction style (e.g., acceptance, acceptable control, strict control, pathological control, extreme autonomy) was strongly related to the development of secure attachment. Father-child interaction characterized by extreme autonomy (characterized by lax parenting) was found to be the most detrimental to the attachment relationship. In addition attachment dimensions such as mother and father reliability and availability (as measured by the Security Scale) were related to children’s experience of depression and perception of social acceptance. These dimensions also protected against feelings of loneliness within the parent-child relationship and in relationships with peers.

Family Systems, Attachment, and Child Adjustment

Although the attachment literature focuses on dyads, these relationships are typically embedded within the larger sociocultural context of the family system. Marvin (2003) outlined conceptual commonalities between the two literatures: (a) the interdependence of parts within a whole system, (b) systems theory, which suggests that complex systems are composed of subsystems separated by boundaries and interacting according to implicit rules and patterns, can be applied to both the child-as-system and the family-as-system levels; in both cases, dysfunction is a result of a breakdown of adaptive rules governing boundaries, (c) the circular tendency of behavioral patterns within the system, resulting in a more complex interaction of behaviors, and (d) the self-regulating and self-reorganizing nature of open systems, both of which play a role in how patterns are developed and maintained.
Marvin also recognized the parallels between attachment categories and Minuchin’s family types. Adaptive families are sensitive, supportive, communicative, and respectful of boundaries in a manner typical of individuals with secure attachments. Disengaged families have rigid boundaries and limited connection, which is characteristic of individuals with avoidant attachments. Enmeshed families have poorly defined boundaries making members intrusive and over-involved, which is common amongst individuals with resistant/ambivalent attachments. Finally, the erratic boundaries that characterize chaotic families are similarly seen in individuals with disorganized attachments.

The network model proposed by Kozlowska and Hanney (2002) involves the application of general systems theory to living systems and provides an avenue by which the two research literatures may work in conjunction. The idea of integration refers to the understanding and recognition of differing levels of complexity as both distinct and interconnected. They posit that dyadic, triadic, and family relationships each represent unique systems that are simultaneously ‘wholes’ and ‘parts’. For example, a child’s functioning is multiply influenced at the triadic level with mother-father-child family roles, at the dyadic level with parent-child reciprocal behaviors, and at the individual level with the child’s attachment and exploratory behaviors. In this regard, information about patterns of interaction within a dyad can increase understanding about family interactions, but does not fully encapsulate the many interactional patterns within the family attachment network. Attachment and family studies researchers have begun to echo this sentiment, highlighting that “the functioning of family subsystems beyond the parent-child dyad contributes
significantly to dimensions of children’s socioemotional adjustment” (Talbot & McHale, 2003, p. 32).

Parallels have also been made between family systems and attachment theories in terms of the function of communication between partners and a history of experiences. From a family systems perspective, clarity of communication is vital in high functioning families, and that same importance is demonstrated in attachment theory, whereby partners have to accurately assess and be responsive to the needs of others (Hill, Fonagy, Safier, & Sargent, 2003).

Researchers have also begun to examine the role of family interactions in the development of children’s attachment representations by considering the influence of coparenting and marital dynamics. Coparenting dynamics have been linked to the quality of parent-child attachment relationships, and are hypothesized to influence child internal working models by impacting child adjustment variables that are central to representational flexibility (Talbot & McHale, 2003).

Caldera and Lindsey (2006) assessed the interplay of coparenting behavior, mother-infant interaction, and infant attachment. They argue that the infant’s exposure to amicable, cooperative coparenting behaviors may increase the sense of security they feel with each parent. Conversely, exposure to contentious, divisive coparenting behaviors may result in insecurity in relationship with each parent. The researchers alternatively posited an indirect path of influence, whereby a negative coparenting relationship might impede parent warmth and responsiveness, which then contributes to the child’s uncertainty about their availability and causes insecurity within the parent-child relationship. Results of their study
indicated that competitive coparenting behaviors were related to parents’ perception of an insecure attachment relationship with their infant, as measured by the Attachment Q-Sort. Additionally, cooperative coparenting dyads typically had mothers rated as being more responsive and secure in their relationship.

Research suggests that children who frequently witness their parents’ marital conflict have negative expectations about their parents’ marriage, concerns about the parents’ preoccupation with the conflict, and negative beliefs regarding parent reliability and availability as a consequence (Davies, Cummings, Meyers, & Heindel, 1999). These negative appraisals have the effect of undermining emotional security and frequently result in child maladaptation in several realms.

Harold, Shelton, Goeke-Morey, and Cummings (2004) examined the relationship between marital conflict, child emotional security, and psychological adjustment. Marital conflict was found to predict emotional insecurity (as measured by Kerns’ Security Scale), which in turn predicted internalizing and externalizing behaviors. In this regard marital conflict is injurious to child adjustment through damage to security in the attachment relationship. Further, marital conflict was linked to threats to children’s emotional security about the marital relationship, which then predicted feelings of insecurity in relationship with parents and resulted in the presence of adjustment difficulties. Taken together these results suggest that security in multiple family systems has important implications for child psychological adjustment.

It remains unclear how family interactions contribute to attachment. It has been reasoned that polyadic interactions within the family may help to “extend a child’s working
models of self in relation to several significant others,” or conversely may “engender qualitatively distinct types of distortion and rigidity in multiperson relationship representations,” (Talbot & McHale, 2003, p. 49). Byng-Hall (2002) described the roles of attachment and the family system in the development of child parentification and related childhood problems (e.g., internalizing and externalizing symptoms) by expanding the idea of dyadic attachment to systemic attachment. This expansion is analogous to his proposition of the family script, which encompasses the shared expectations members have of each other’s roles and contributions. According to Byng-Hall, some children become controlling in interaction with the parent as a survival strategy, which then has the effect of making the parent feel incapable and become more likely to relinquish the caretaker role. In this manner, the child has become parentified and the family script shifts to accommodate the change in roles. Parentification also impedes normal child development, manifesting in a host of psychological problems such as depression, social isolation, psychosomatic symptoms, and conduct disorder (Byng-Hall, 2002).
APPENDIX B

PRELIMINARY DATA ANALYSIS
A total of 86 families participated in this research project. Valid SCIFF data was collected from all 86 families. Valid BASC data was collected from all 86 target children, and valid CCSQ data was collected from all 86 target children for both the father and mother report. Preliminary analyses were conducted to assess scale reliabilities and intercorrelations among scales, to determine the distribution of variables, and to test associations with demographic and other potentially relevant variables. To test the assumption of normality, each variable’s histogram, skewness and kurtosis were examined. All SCIFF family interaction scores and CCSQ scores for Preoccupied attachment to mother and father were normally distributed. CCSQ scores for Secure attachment to mother and father were mildly negatively skewed. Emotional Symptoms Index scores and CCSQ scores for Avoidant attachment to mother and father were mildly positively skewed. Based on graphical examination, all variables met the assumption of homoscedasticity, and no kurtosis problems were present.

Preliminary correlations showed that ESI was significantly associated with most major predictors, with the exception of preoccupied attachment. Consequently, preoccupied attachment was dropped from further analyses in the interest of maintaining power.
Table B1

*Intercorrelations Between Measures*

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**Means (SD)**

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Possible Range 1-4  1-4  1-4  1-5  1-5  1-5  <30-70<

*p < .05; **p < .01
Table B2

Sample Demographics

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<td>1 (1.2%)</td>
<td>2 (1.2%)</td>
<td>1 (1.2%)</td>
</tr>
<tr>
<td>African American</td>
<td>13 (7.6%)</td>
<td>7 (8.1%)</td>
<td>6 (7.0%)</td>
<td>4 (4.7%)</td>
</tr>
<tr>
<td>Hispanic/Mexican American</td>
<td>16 (9.3%)</td>
<td>8 (9.3%)</td>
<td>8 (9.3%)</td>
<td>4 (4.7%)</td>
</tr>
<tr>
<td>Other</td>
<td>4 (2.3%)</td>
<td>1 (1.2%)</td>
<td>3 (3.5%)</td>
<td>11 (12.8%)</td>
</tr>
<tr>
<td>Missing</td>
<td>4 (2.3%)</td>
<td>2 (2.3%)</td>
<td>2 (2.3%)</td>
<td>4 (4.7%)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School Degree</td>
<td>20 (11.6%)</td>
<td>10 (11.6%)</td>
<td>10 (11.8%)</td>
<td></td>
</tr>
<tr>
<td>Some College</td>
<td>33 (19.2%)</td>
<td>20 (23.3%)</td>
<td>13 (15.3%)</td>
<td></td>
</tr>
<tr>
<td>2 Year/Technical Degree</td>
<td>22 (12.8%)</td>
<td>13 (15.1%)</td>
<td>9 (10.6%)</td>
<td></td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>62 (36.0%)</td>
<td>24 (27.9%)</td>
<td>38 (44.7%)</td>
<td></td>
</tr>
<tr>
<td>Graduate Degree</td>
<td>32 (18.6%)</td>
<td>17 (19.8%)</td>
<td>15 (17.6%)</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>3 (1.7%)</td>
<td>2 (2.3%)</td>
<td>1 (1.2%)</td>
<td></td>
</tr>
<tr>
<td><strong>Family Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below $15,000</td>
<td>6 (3.5%)</td>
<td>3 (3.5%)</td>
<td>3 (3.5%)</td>
<td></td>
</tr>
<tr>
<td>$15,000-30,000</td>
<td>13 (7.6%)</td>
<td>7 (8.1%)</td>
<td>6 (7.0%)</td>
<td></td>
</tr>
<tr>
<td>$30,000-45,000</td>
<td>23 (13.4%)</td>
<td>10 (11.6%)</td>
<td>13 (15.1%)</td>
<td></td>
</tr>
<tr>
<td>$45,000-60,000</td>
<td>29 (16.9%)</td>
<td>14 (16.3%)</td>
<td>15 (17.4%)</td>
<td></td>
</tr>
<tr>
<td>$60,000-75,000</td>
<td>30 (17.4%)</td>
<td>12 (14.0%)</td>
<td>18 (20.9%)</td>
<td></td>
</tr>
<tr>
<td>Over $75,000</td>
<td>60 (34.9%)</td>
<td>32 (37.2%)</td>
<td>28 (32.6%)</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>11 (6.4%)</td>
<td>8 (9.3%)</td>
<td>3 (3.5%)</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C

CONSENT AND ASSENT FORM
Title of Study: Family System Predictors of Psychological Well-being in Middle Childhood

Principal Investigator: Shelley A. Riggs, Ph.D.
University of North Texas
Department of Psychology
P.O. Box 311280
Denton, TX 76203-1280

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the proposed activity. It describes the procedures, benefits, risks, and discomforts of the study. It also describes your right to withdraw from the study at any time. It is important for you to understand that no guarantees or assurances can be made as to the results of the study.

Purpose of the study and how long it will last:
The purpose of this research is to examine the functioning of 8- to 12-year-old children in the context of other family relationships and patterns. If you agree to participate by signing this form, your family will be videotaped during interaction tasks, you will complete a battery of paper-and-pencil instruments and an interview, and your children will also complete some questionnaires.

The total data collection process will take approximately 2.5 to 3 hours. If you or your spouse do not complete the questionnaires during this time, you may take home the remaining instruments to complete at home. You will be provided with a postage paid envelope to return the questionnaires to the investigator.

Description of the study including the procedures to be used:
You have chosen to participate in a study investigating child and family functioning. You will review the purpose and procedures of the study with the researcher and have the opportunity to ask questions about the study and your participation. After the consent forms are signed, family members will be given a series of topics to discuss for approximately 20 minutes. Afterwards, you and your partner will be interviewed in separate room while your children will complete their questionnaires. After the data are collected, you will keep a copy of the consent form.

Description of procedures/elements that may result in discomfort or inconvenience: Although not expected, it is possible that you may experience some discomfort as a result of the questions asked in the paper-and-pencil instruments or interview. If excessive discomfort is experienced when completing the various measures, you may choose to stop answering questions at any time without penalty. The researchers will try to prevent any problem that could happen.
because of this research, but the study may involve risks to the participants which are currently unforeseeable. Let the researchers know if there is a problem and they will help you. However, UNT does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research. If you feel the need to discuss your discomfort with a counselor, the researcher will provide you with a list of counseling resources in the community.

**Compensation:** You will receive $30 once you have returned all questionnaires to the investigator.

**Benefits to participants:** A possible indirect benefit of participating in the study will be your contribution to ongoing efforts to learn more about child and family functioning. The knowledge gained in this study will enhance our understanding of factors that contribute to individual and system dysfunction and will offer practical information to family counselors that can usefully be applied to clinical intervention and prevention efforts.

**Confidentiality of research records:**
All information will be kept confidential by the investigators to the extent that is allowed by law. A number of steps will be taken to minimize the risk of loss of confidentiality. Codes, rather than names, will be used on all instruments and in the final report. You should not write your name anywhere on any of the questionnaires. Only the principal investigators, research assistants, transcribers and coders will have access to the questionnaires. The consent forms will be kept separate from the self-report instruments, which will be stored in a locked filing cabinet in the principal investigator's laboratory until October 2017. At that time, all paper-and-pencil instruments will be shredded and audio recordings will be erased. The data will be used for training and research purposes only. It is anticipated that the results of the study will be presented at conferences and published in a psychological journal and/or book. Names and other identifying information will not be included in any presentation or publication.

**Review for protection of participants:**
This research project has been reviewed and approved by the UNT Institutional Review Board (940-565-3940.) Contact the UNT IRB with any questions regarding your rights as a research subject.

RESEARCH SUBJECTS’ RIGHTS: I have read or have had read to me all of the above. The research assistant has explained the study to me and answered all of my questions. I have been told the risks or discomforts and possible benefits of the study.

Research Consent Form -Page 2 of 3 ____________________________ Participant's initials
I understand that I do not have to take part in this study, and my refusal to participate or to withdraw will involve no penalty or loss of rights or benefits or legal recourse to which I am entitled. The study personnel may choose to stop my participation at any time. In case there are problems or questions, I have been told I can call Dr. Shelley Riggs, whose phone number appears at the top of this form. I understand my rights as a research subject, and I voluntarily consent to participate in this study. I also consent for my minor child(ren) listed below to participate in the study. I understand what the study is about and how and why it is being done. I have been told I will receive a copy of this consent form.

Minor Children and Ages: ________________________________________________

Printed Name of Participant: ____________________________________________

Participant's Signature ___________________________ Date __________

For the Investigator or RA Designee:

I certify that I have reviewed the contents of this form with the person signing above, who, in my opinion, understood the explanation. I have explained the known benefits and risks of the research.

Researcher’s Signature ___________________________ Date __________

List below a current address where you would like your compensation sent.

Print Name: __________________________________________________________

Address: ____________________________________________________________

Check here if you give your permission to be contacted by the Principal Investigator for a follow-up study on the transition to adolescence. List below a permanent address and phone number where you or a family member might be reached in the next 3-5 years.

__________________

__________________

Research Consent Form - Page 3 of 3
You are being asked to be part of a research project being done by the University of North Texas Department of Psychology.

This study is interested in finding out more about how different family members interact and feel about their family relationships. You will be asked to join your parents in 3-5 family interaction tasks (e.g., plan a family activity for the weekend) that will take about 20 minutes. Afterwards, while your parents are being interviewed in other rooms, you will complete a few questionnaires with the researcher, then also complete some other questionnaires on your own. The time needed for all of the questionnaires will be about 45-60 minutes.

We hope that you will agree to help us with our study, but you may choose not to participate. If you do decide to be part of this study, please remember that you can ask the researcher for assistance at any time. Also, if you become uncomfortable at any point you can stop.

If you agree to be part of this study, please print and sign your name below.

Printed Name of Child: ____________________________________________________________

Participant's Signature __________________________________________________________ Date

Researcher's Signature __________________________________________________________ Date
Background Information Questionnaire – Form FKC

Part I: Demographic Information

1. Age: ____________

2. Sex: 
   a. Male  
   b. Female

3. Ethnicity
   a. African-American
   b. Native American
   c. Asian/Pacific Islander
   d. White/European American
   e. Hispanic/Latino/Mexican American
   f. Bi-racial or Multi-racial
      (Specify: __________)
   g. Other (Specify: __________)

4. Educational Achievement:
   a. Below high school
   b. High school degree
   c. Some college
   d. Technical/2-year degree
   e. Bachelor’s degree
   f. Graduate degree

5. Occupational Status:
   a. Employed full time
   b. Employed part time
   c. Student
   d. Unemployed

6. Length of current marriage? ____________

7. How many children? ____________

8. How many previous marriages? ____________

9. How many children from past relationship? __

10. Please list all persons living in your home at the present time, their age & relationship to you:

11. Family Income Level
   a. Below $15,000
   b. $15,000-$30,000
   c. $30,000-$45,000
   d. $45,000-$60,000
   e. $60,000-$75,000
   f. over $75,000

Part II: Family Background

12. Number of siblings: ____________ Ages: ________________

13. Were you adopted?  
   A. Yes  
   B. No

14. Did your parents divorce?  
   A. Yes, before I was 18  
   B. Yes, after I was 18  
   C. No

15. If your parents divorced, did your mother remarry?  
   A. Yes  
   B. No

   If yes, how many times? ______
   If yes, how old were you? ______

16. If your parents divorced, did your father remarry?  
   A. Yes  
   B. No

   If yes, how many times? ______
   If yes, how old were you? ______

17. Did you experience the death of a close family member (e.g., parent, sibling, grandparent) before the age of 18?  
   A. Yes  
   B. No
If yes, please circle the relevant relationship of the deceased family member to you.
- a. Mother
- b. Father
- c. Stepmother
- d. Stepfather
- e. Brother
- f. Sister
- g. Grandmother
- h. Grandfather

18. Which of the following best describes your religious orientation?
- a. Pentecostal
- b. Episcopal
- c. Presbyterian
- d. Lutheran
- e. Methodist
- f. Mormon
- g. Baptist
- h. Catholic
- i. Judaism
- j. Hindu
- k. Islam
- l. Buddhist
- m. Spiritual, but not religious
- n. Atheist
- o. No religious affiliation
- p. Other: __________

19. How religious was your family? Not at all a little somewhat fairly very
(While you were growing up) 1.............2...............3 ...............4 ...............5

20. How religious is the family of which you are a parent currently? Not at all
a little somewhat fairly very
1.............2 ...............3 ...............4 ...............5

21. Have you ever sought counseling services? A. Yes B. No
If yes, please circle all relevant services and indicate duration in MONTHS. Using the following scale, indicate how helpful you found these experiences in the far right column below.

<table>
<thead>
<tr>
<th>Service</th>
<th>A. Yes</th>
<th>B. No</th>
<th>Months</th>
<th>Helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Individual Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Premarital Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Couple Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Family Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Group Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Career Counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. AA/NA/etc</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For questions 22-32: Please indicate by checking Yes or No whether you or any of your family members (including aunts, uncles, grandparents) have experienced the concerns/problems listed below.

If you check Yes, please indicate who it refers to using the corresponding letter in the following list (You may indicate more than one person):

<table>
<thead>
<tr>
<th>Concern</th>
<th>a. Mother</th>
<th>e. Brother</th>
<th>i. Uncle</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Father</td>
<td></td>
<td>f. Sister</td>
<td>j. Aunt</td>
</tr>
<tr>
<td>c. Stepmother</td>
<td></td>
<td>g. Grandmother</td>
<td>k. Cousin</td>
</tr>
<tr>
<td>d. Stepfather</td>
<td></td>
<td>h. Grandfather</td>
<td>l. Yourself</td>
</tr>
</tbody>
</table>

Yes No Who: ____________________________

22. alcoholism or alcohol abuse ____________________________
23. abused drugs (other than alcohol) ___________________________
24. fatal or attempted suicide _____________________________
25. criminal charges ___________________________
26. was sexually abused _____________________________
27. was physically abused _____________________________
28. abused someone sexually _____________________________
29. abused someone physically _____________________________
30. took medicine prescribed for emotional problems ____________________________
31. hospitalization due to emotional problems _____________________________
32. diagnosed mental disorder (see #33)

33. If you checked “Yes” for #32, mental disorder, please choose the category or categories that describe to the best of your knowledge the specific mental disorder(s) and who it refers to. (You may indicate more than one person if applicable)

Yes  No  Who:
___  ___ a. depression ___________________________
___  ___ b. bipolar (manic-depressive) disorder ___________________________
___  ___ c. anxiety ___________________________
___  ___ d. post-traumatic stress disorder ___________________________
___  ___ e. obsessive-compulsive disorder ___________________________
___  ___ f. attention-deficit hyperactivity disorder (ADD)____________________
___  ___ g. eating disorder (anorexia, bulimia)___________________________
___  ___ h. schizophrenia ___________________________
___  ___ i. other disorder (specify:____________________) __________________

Part III: Family Status [Answer 34-35 if 8-12 y.o. child lives apart from one or more biological parent(s)]

34. Length of marriage to 8-12 y.o. child’s biological parent in years: _____

35. How old was your 8-12 y.o. child when you separated/divorced his/her biological parent? _____

36. Were you in your first marriage when your 8-12 y.o. child was born? Yes  No

37. How old was your 8-12 y.o. child when you remarried? _____

38. If your 8-12 y.o. child does not live with both biological parents, how often does your child see the other biological parent?

  Almost every day
  _____ At least once a week
  _____ At least once a month
  _____ About once every 6 months
  _____ About once a year
____ About once every few years
____ Never


