



Behavior Change As Reported By Caregivers Of Children Receiving Holding Therapy By Virginia S. Lester, M.A., L.S.W.

From 1995 through 1997, data was collected for a freelance research project on adopted children and adolescents receiving holding therapy at the Attachment and Bonding Center of Ohio (ABC). The twelve participating families were clients who sought treatment for behavioral problems thought to be related to attachment difficulties. ABC is an internationally recognized treatment facility specializing in attachment and bonding therapies including holding, rage reduction, EMDR, sensory stimulation and integrative techniques, and parent counseling. Interventions are designed to fit the client's individual needs. As a result, clients may receive intensive treatment (daily three-hour therapy for 10 days) or less intensive therapy and may receive any combination of interventions.

The objective of this study was to see if there was any change in the client's behavior over time as reported by the primary caregiver. To measure change, the Devereux Scale of Mental Disorders (DSMD: Naglieri, LeBuffe, & Pfeiffer, 1994) and the Beech Brook Attachment Disorder Checklist were used. These instruments were completed at four points in time: 1) before initial assessment; 2) at the time of initial assessment; 3) before therapy commenced; and, 4) at follow-up (at least four weeks following therapy began). Ten subjects received intensive therapy treatment and all 12 subjects received holding and parent counseling.

THE SAMPLE

The sample consisted of twelve adopted children and adolescents, ages ranging from 4 to 15 years. The racial and ethnic breakout was: 58.3% Caucasian, 16.7% bi-racial, 8.3% African American, 8.3% Asian, and 8.3% Hispanic. Of the sample, 66.7% were male, 33.3% were female; 83.3% had received previous treatment related to emotional and behavioral disturbance; and 66.7% of the sample had history of taking some type of prescription medication. Subjects experienced between 0 and 9 out-of-home placements before the age of two.

THE INSTRUMENTS

The Devereux Scale of Mental Disorders (DSMD) is a 110-item (or 111-item for the adolescent version) behavior rating scale designed to evaluate behaviors related to psychopathology. There are two separate instruments, with comparable items and subscales. The instrument has three composite scores (externalizing, internalizing, and critical pathology) and each is made up of two subscales (conduct and attention [or delinquency for adolescents], depression and anxiety, acute problems and autism). An overall total test T-score is also included. The DSMD total and composite scales have excellent internal reliability and test-retest reliability. There is good interrater reliability with a clinical population. The DSMD is well suited for use in evaluating mental health treatment outcome reflecting the full range of psychopathology, including the more severely disturbed behaviors that are often missing from other rating scales.

The Beech Brook Attachment Disorder Checklist is a 75-item checklist developed by clinicians at Beech Brook to identify negative and positive attachment behaviors. The instrument is still in the development stage and was recently piloted on children who are clients of Beech Brook. Preliminary factor analysis on 101 subjects yielded two groupings of items — one labeled "positive attachment" with 17 items, and one labeled "negative attachment" with 16 items. The two subscales are correlated with a negative direction and have reliability of .87 and .85. Mean scores are 1.44 for negative attachment and 2.03 for positive attachment.

RESULTS

The mean DSMD total scores decreased across time and between all trials (79.8 to 68.9) from very elevated to elevated levels. The largest decrease is between the assessment and the time that therapy commenced. This change in mean total scores before therapy commenced may reflect the stress relief of connecting with an empathetic support person.

The mean negative Attachment scores also decreased across time and between all trials (1.7 to 1.4) reaching the 1.44 mean established by a previous clinical sample. However, the largest decrease in negative attachment scores occurred after therapy began through follow-up. Since attachment therapy usually focuses on reducing the negative attachment behaviors, this decrease may be attributed to the intense focus of therapy.

The mean positive Attachment scores increased across time and between all trials (1.4 to 1.9) and did not reach the 2.03 mean score established by the previous clinical sample. The largest increase occurs before the initial assessment indicating, again, that perhaps parents of attachment disturbed children attain a more positive perspective after having contacted a supportive person.

In conclusion, the reported Attachment scores changed with the DSMD in the expected direction. Specifically, negative attachment scores and DSMD scores were highest before intervention and decreased throughout study and positive scores were lowest before intervention and increased throughout the study. Telephone interviews with subjects revealed that all participants were extremely satisfied with the therapy and reported feeling that the treatment that they received from ABC was superior to previously tried remedies. While the findings present in this study are very general, they show that families coping with children with attachment disorders find improvement in the child's negative and positive behaviors over time.

REFERENCES

Naglieri, J., LeBuffe, P., & Pfeiffer, S.I. (1994). Devereux Scale of Mental Disorders. San Antonio, TX: The Psychological Corporation.

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