Video Feedback Eases Attachment Problems

**Short-term intervention appears to enhance parent-child relationship, minimize later psychopathology.**

**BY DIANA MAHONEY**
New England Bureau

**BERLIN — A short-term video feedback intervention in early childhood can enhance parent-child relationships in adoptive families and minimize later child psychopathology associated with attachment problems, Femmie Juffer, Ph.D., said at the 16th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions.**

Previous studies have found that adopted children present more behavior problems and are overrepresented in clinical and mental health services, possibly as a consequence of disorganized infant attachment, Dr. Juffer noted.

To assess the effect that family interventions based on attachment theory can have on adopted child mental health, Dr. Juffer and her colleagues at Leiden (the Netherlands) University tested two intervention programs on 130 families with 6-month-old infants adopted from Sri Lanka, South Korea, and Colombia. Two samples of families participated in the prospective longitudinal study: 90 families with a first-adopted child only and 40 families with birth children and a first-adopted child. All families were randomly assigned to one of three conditions. In the first condition, 30 families were given a personal book that included suggestions and advice on how to parent a child in a sensitive way. In the second condition, 30 families received the same book combined with three home-based sessions offering video feedback. The remaining 30 families were assigned to the control condition and received no intervention.

Both intervention programs “aimed at enhancing parental sensitive responsiveness, with the ultimate goal of promoting secure infant-parent attachment relationships and infant competence,” Dr. Juffer said.

Post-test assessments conducted 3 months after the end of the intervention period showed that the video feedback/personal book intervention resulted in statistically significant enhanced maternal sensitive responsiveness.

Additionally, the children of mothers who received this intervention were less likely to be classified as having disorganized attachment at the age of 12 months, compared with infants in the control group, while the book-only intervention had no effect on the number of infants with disorganized attachment classifications, Dr. Juffer reported.

A long-term follow-up study when the children were 7 years old showed positive effects of the video-feedback intervention among the children who were adopted into families with birth children. ‘Adopted children in ‘mixed’ adoptive families presented fewer internalizing behavior problems,’ Dr. Juffer said.

Also, adopted girls who were in the video-intervention group scored higher on ego resiliency and social competence, compared with controls at age 7, according to Dr. Juffer.

In the total sample, “early parent-child relationship and parental sensitivity predicted adopted children’s socioemotional and cognitive development and rate of behavior problems in middle childhood,” Dr. Juffer stated.

In a separate metaanalysis of adoptive family interventions, Dr. Juffer and her colleagues concluded that effective interventions focused on sensitivity, began at or after 6 months, and were implemented by intervention professionals. The most effective interventions used a moderate number of sessions and a clear-cut behavioral focus. “The video-feedback intervention matches this description well,” she said.

Interventions that were more effective in enhancing parental sensitivity were also more effective in enhancing attachment security, “which supports the notion of a causal role of sensitivity in shaping attachment,” Dr. Juffer said.

“The effectiveness of the (video) intervention in the sample of adoptive parents and their genetically unrelated children documents the importance of parenting in the developing of infant attachment organization,” she concluded.

Adopted Youths No More Likely To Engage in High-Risk Activities

**BY MICHELE G. SULLIVAN**
Mid-Atlantic Bureau

**ST LOUIS — Despite feeling more emotional distress and disconnection from their families, adolescents who are adopted don’t appear to engage in more high-risk behaviors or have worse adult outcomes than nonadopted adolescents, Dr. Cheryl Kodjo reported in a poster at the annual meeting of the Society for Adolescent Medicine.**

“The results seem to contradict what many of us believe based on anecdotal observations,” said Dr. Koджо of the University of Rochester (N.Y.). “I think, however, that they do point up the need for more research into this area.”

Dr. Kodjo’s secondary analysis of the National Longitudinal Study of Adolescent Health (Add Health) compared data on the risk behaviors of 18,250 nonadopted and 656 adopted adolescents, obtained in 1994-1995, to their sociobehavioral outcomes as young adults in 2001-2002.

The three-wave Add Health study was launched as a national school-based survey of adolescent behavior. In the first wave, an in-school survey of adolescents from grades 7-12 was carried out in 140 schools during the spring of 1994.

This survey was followed up in 1995 with an in-home interview of each study youth and a principal caregiver.

In the second wave, the adolescents were interviewed again in the home a year later, in 1996.

The third wave of the study occurred during 2001-2002, when the participants were 18-24 years old. By this time, all respondents had left high school for further education, work, or other options. Approximately 10,000 adolescents participated in all three waves.

Dr. Kodjo examined the link between wave 1 risk factors (trying to lose weight; alcohol, marijuana, or other drug use; sexual activity; violence; and suicide attempts) and wave 3 outcomes (diagnosed eating disorder; drug/alcohol treatment, sexually transmitted disease, emergency room injury treatment, and treatment for mental illness), for both the adopted and nonadopted subjects.

She found no significant differences between the two groups in either the frequency of engaging in risk behaviors or the frequency of experiencing an adverse outcome in young adulthood.

Good parenting might be one reason Dr. Kodjo saw no increase in risk behaviors among the adopted adolescents. “Maybe we’re just not giving adoptive parents enough credit,” she said in an interview. “It could be that the jobs they are doing in setting limits and enforcing rules effectively keep risk behavior down.”

She noted, however, that the survey did show that adopted adolescents reported more emotional distress and family disconnectedness than their nonadopted counterparts.

Internationally Adopted Exhibit More Behavior Problems as Teens

**Baltimore — Most internationally adopted children become well-adjusted adolescents, Femmie Juffer, Ph.D, said at a meeting sponsored by the Society for Research on Adolescence.**

But internationally adopted teens do have more behavior problems than their nonadopted peers—predominantly externalizing problems, said Dr. Juffer of the center for child and family studies, Leiden (the Netherlands) University.

In a poster presentation, she reported the results of a study of 172 adolescents (81 boys and 91 girls) adopted at younger than 5 months from Sri Lanka, South Korea, and Colombia. Data from a comparison group of 2,068 adolescents, aged 12-18 years, were also used in this longitudinal study.

Study results showed that most children with behavioral problems at age 7 years still had those problems at age 14. The boys reported fewer internalizing, externalizing, and total problems, compared with reports from mothers and teachers.

—Deanna Franklin

**DATA WATCH**

Only 25% of Adults Would Allow Their Children to Participate in a Clinical Trial

Note: Based on a nationwide survey of 5,822 adults conducted May 10-17, 2004. Sources: Harris Interactive/Wall Street Journal Online

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