

LINKS BETWEEN PREGNANT ADOLESCENTS' UNRESOLVED TRAUMA/MOURNING AND SELF-REPORT OF SOCIO-EMOTIONAL AND BEHAVIORAL ADJUSTMENT



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ABSTRACT

PURPOSE: To examine the links between unresolved vs. not unresolved states of mind with respect to past traumatic experiences of abuse and loss and self-reported socio-emotional and behavioral adjustment in pregnant adolescents.

METHOD: Unresolved trauma/mourning was assessed using the Adult Attachment Interview (adapted for use with adolescents) and reports of socio-emotional and behavioral adjustment were assessed using: 1) Youth Self Report; 2) Beck Depression Inventory II; and 3) Adolescent Dissociative Experiences Scale.

RESULTS: Unresolved trauma/mourning was associated with higher self-reported socio-emotional and behavior problems.

INTRODUCTION

- Unresolved states of mind are lapses in the monitoring of reasoning or discourse during discussions of traumatic experiences or abuse or loss.
- Such lapses in reasoning or discourse are believed to be indicative of a psychological vulnerability that may place an individual at risk for psychopathology.
- Previous research on adult women found links between unresolved states of mind and psychopathology
- Adolescent mothers, especially those who access Young Parent Resource Centres (YPRCs), are known to be at particular risk for experiencing trauma and/or loss and thus at greater risk for developing an unresolved state of mind.
- Thus, in the present investigation it was expected that greater rates of socio-emotional and behavioral problems would be found amongst those pregnant adolescents with unresolved states of mind.

HYPOTHESIS

Unresolved trauma/mourning will be associated with self-report of socio-emotional and behavioral maladjustment.

METHOD

Participants

- N=51
 - Pregnant adolescents
 - Aged 15-18 years ($M_{age} = 16.95$; $SD = 0.971$)
 - Currently enrolled in a larger randomized controlled trial examining the efficacy of Trauma-Focused Cognitive Behavior Therapy in preventing disorganized infant-caregiver attachment.
 - Recruited from (YPRCs) across Toronto and from the Gynecology Clinic at Sick Kids.

Measures

- All measures were obtained when adolescents were 12-23 weeks pregnant.
 - 1) Adult Attachment Interview (AAI; George et al. 2002)
 - Semi-structured Interview that assesses current perspective on 1) childhood and present relationships with attachment figures; and 2) experiences of abuse/maltreatment and loss.
 - 2) Youth Self-Report (YSR; Achenbach & Edelbrock 1983)
 - Self-report measuring internalizing and externalizing behavioral problems.
 - 3) Beck Depression Inventory II (BDI II; Beck, 1996)
 - Self-report measuring the presence and severity of depression
 - 4) Adolescent Dissociative Experiences Scale (ADES; Armstrong Putnam and Carlson 1997)
 - Self-report measuring the frequency of dissociative experiences.

RESULTS

AAI

- Unresolved: $n = 39$ (76.5%)
- Not unresolved: $n = 12$ (23.5%)

YSR

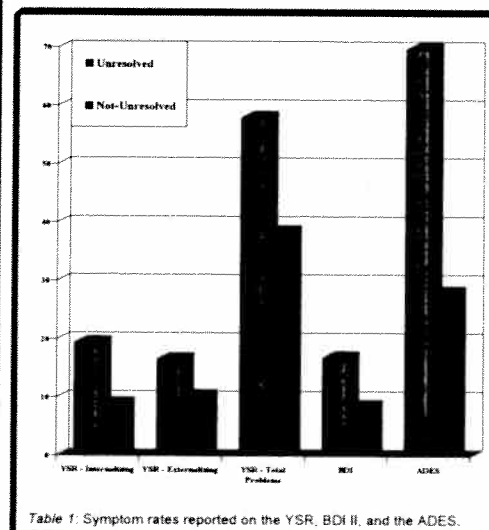
- As predicted, pregnant adolescents with unresolved trauma/mourning reported significantly higher rates of internalizing ($t(43) 3.08$, $p < .01$), externalizing ($t(43) 2.29$, $p < .05$), and total behavior problems ($t(43) 2.720$, $p < .01$), compared to the not-unresolved group.

BDI II

- As predicted, pregnant adolescents with unresolved trauma/mourning reported significantly higher rates of depression ($t(45) 2.36$, $p < .05$), compared to their not-unresolved counterparts.

ADES

- As predicted, pregnant adolescents with unresolved trauma/mourning reported significantly higher rates of dissociation ($t(45) 2.34$, $p < .05$), than the not-unresolved group.



DISCUSSION & RELEVANCE

- Findings from the present study are consistent with previous research in adults showing an association between unresolved states of mind and socio-emotional maladjustment. The present study is the first to examine the association in pregnant adolescents.
- The high rates of unresolved trauma/mourning (over 75%) found in pregnant adolescents in the present study are concerning given the strong link between caregiver unresolved trauma/mourning and disorganized infant-caregiver attachment (which, in turn, has been described as one of the strongest childhood predictors for the most severe forms of later socio-emotional maladjustment).
- Also of concern are the elevated rates of socio-emotional maladjustment reported by pregnant adolescents (Table 1), given that socio-emotional maladjustment in caregivers has been associated with poor outcomes for both caregiver and offspring.
- Thus, it is important to assess pregnant adolescents for the presence of unresolved trauma/mourning and self-reports of dissociation, depression, and externalizing and internalizing behavior problems. The early identification of such factors might allow for the development of efficacious targeted interventions that might prevent/reduce the poor socio-emotional and behavioral outcomes in adolescent caregivers and their offspring.
- Findings from the present study suggest that one possible target of intervention in pregnant adolescents is helping them resolve past experiences of trauma and loss. We are presently conducting such a study.
- Future research should examine whether the type of unresolved trauma (abuse vs. loss) is associated with specific outcomes for adolescents and offspring.

This study was approved by the Research Ethics Board (Hospital for Sick Children) and was conducted in collaboration with Rosalie Hall Massey Centre, Humewood House, and The June Callwood Centre (formerly Jessie's Centre). This study was funded by the Ontario Mental Health Foundation, The Provincial Centre of Excellence for Child and Youth Mental Health, and the Psychiatry Endowment Fund. For more information please contact diane.benoit@sickkids.ca