

# YCRA RESEARCH

## BRIEF: TRUST AND INTIMACY IN FAMILY RELATIONS:

### FAMILY FUNCTIONING: A STUDY ON ADOLESCENTS IN RESIDENTIAL TREATMENT.

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**Journal:** The Family Journal Volume 18.

#### Key Points in the Literature Review:

- Sullivan (1952) proposed intimacy as closely linked to identity development, and suggested that the level of felt security in familial relationships guides the desire and capacity for increased intimacy in future interactions.
- Mikulincer (1998) suggested that “a sense of trust is a necessary condition for the development of secure, intimate, and satisfactory relationships” (p. 1211), and there is evidence to suggest that adolescents who have difficulty developing and maintaining close interpersonal relationships are guided by negative trust-related experiences from the past (Hill, Fonagy, Safier, & Sargentet, 2003; McWhirter et al., 2004).
- If a child’s representational world is shaped by uncertainty, fear, or negative trust-related experiences, he or she will develop insufficient interpersonal understanding and is likely to react to people with fear, mistrust, or uncertainty (Ornduff, 2000; Wallin, 2007).
- Adolescents are participating members of a larger dynamic family system, and

emotional experiences are dependent on the reciprocal influence of family relations (Gunderson & Lyons-Ruth, 2008; Miller, 2008).

- Healthy family functioning is exhibited by parent-child communication that is open and relaxed, particularly about experiences of positive and negative emotions (Kerns, Tomich, Aspelmeier, & Contreras, 2000).
- Some larger scale studies have discovered that relational learning in adolescence is highly influenced by the level of family engagement and perceived emotional availability of family members (Coll, Juhnke, Thobro, Haas, & Robinson, 2008; Trumpeter et al., 2008).
- Poor family relations have been linked to a number of adolescent psychosocial issues including anxiety disorders (Keeley & Storch, 2009), depression and suicide (Allen, Porter, McFarland, McElhancey, & Marsh, 2007; Steinberg & Davila, 2008; Taliaferro, Rienzo, Miller, Pigg, & Dodd, 2008), and bipolar disorder (Miklowitz & Change, 2008), conduct disorder (Chen & Simons-Morton, 2009; Coll et al., 2008; Colman et al., 2009; Jensen, 2008; Liable et al., 2000; Zegers et al. 2008), self-injurious behavior (Crowell et al., 2008; Herr, Hammon, & Brennan, 2008), and substance use disorders (Chassin & Handley, 2006; Coll, Thobro, & Haas, 2004; Fromme, 2006; Tucker, Ellickson, & Klein, 2008; Schindler et al., 2005; van der Vorst, Engels, Meeus, Dekovic, & Vermulst, 2006).
- Hofer (2006) concludes that when caregivers are either absent or inadequate, physiological and behavioral changes occur within the child; resulting in altered, “...complex, changing patterns of vulnerability over the lifespan” (p.87).

**Purpose of the Study:** The purpose of this study was twofold. First, we aimed to examine specific constructs of psychosocial development associated with perceived family functioning among adolescents in residential treatment.

Second, we aimed to provide treatment recommendations to facilitate the development of felt trust and intimacy among adolescents and their families within a residential treatment setting.

**Methods:** Data for the present study were collected from adolescents residing six months or longer at a residential treatment center in the Rocky Mountain Region of the United States.

**Participants:** All participants were referred to this facility for one or more of the following reasons: (a) non-compliance in school, (b) history of criminal activity, or (c) having been a referral to Child Protective Services. Three hundred twenty eight (n = 328) participants ranged in age from 12-17 with a mean age of 14.9.

**Instruments Used:** The MPD (Measure of Psychosocial Development) was used to assess levels of psychosocial development related to trust and intimacy in interpersonal relationships. FACES-III (Family Adaptability and Cohesion Evaluation Scales-III) was used to measure the level of family functioning.

**Key Results:** This study examined whether family functioning predicted psychosocial development of trust and intimacy among adolescents in a residential treatment setting. As hypothesized, adolescents who reported low level of family engagement were also more likely to describe their families as rigid and inflexible.

It was also discovered that the level of perceived family engagement and flexibility was significantly related to lower levels of psychosocial functioning with regard to trust and intimacy. Disengaged scores represented the highest level of separation, indicating that the adolescents perceived their families as emotionally distant with negative and confusing communication patterns between family members. Interestingly, cohesion predicted the level of trust, but when added to the model, trust (rather than cohesion) predicted the level of intimacy as measured by the MPD. This particular finding leads to various inferences

about the integral role of trust in interpersonal relationships and psychosocial well being.

Consistent with previous studies, it appears that adolescents who hold a negative sense of trust lack sufficient ability to develop long-lasting, satisfying relationships.

**Key Conclusions/Recommendations:** The most salient features in the current study were the lack of trust and intimacy in interpersonal relationship stemming from an inflexible and disengaged family environment. Therefore, treatment should be aimed at modifying internal representations of mistrust, and focus on increasing sensitivity and accuracy of family interactions (Zegers et al., 2008). We recommend intervention approaches that integrate attachment, cognitive-behavioral, and psychodynamic theories, with an emphasis on **three key mechanisms of change:** (a) increasing trust through the therapeutic alliance, (b) fostering the capacity for the reflective functioning, and (c) improving the accuracy of family dialogue through caregiver involvement.

Therapists should assist families in learning how to negotiate their needs and desires based on respect and reciprocity (Young et al., 2003). In order to attain this goal, two **key elements of family dialogue** must be considered in treatment: (a) the influence of affectively-charged discourse (including verbal and nonverbal sharing of emotional states), and (b) ruptures in communication and misunderstandings (Hill et al., 2003; Lyons-Ruth, 1999). Several studies note that adolescents benefit from parenting characterized by sensitivity, accurate communication, predictability, and the encouragement of psychological autonomy, while maintaining a high level of supervision (Allen et al., 2007; Chassin & Hadley, 2006; Dekovic, 1999; Laible et al, 2000; Riggs, Sahl, Greenwald, & Atkinson, 2007). Therapists should provide **psychoeducation** designed to increase these specific, interpersonal parenting goals.