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Social cognition, psychopathological symptoms, and family functioning in a sample of inpatient adolescents using variable-centered and person-centered approaches



Malgorzata Gambin ^{a, *}, Tomasz Gambin ^b, Carla Sharp ^{c, d}

^a Department of Psychology, University of Warsaw, ul Stawki 5/7, 00-183 Warsaw, Poland

^b Institute of Computer Science, Warsaw University of Technology, Nowowiejska 15/19, 00-665 Warsaw, Poland

^c Department of Psychology, University of Houston, 126 Heyne Building, Houston, TX 77204, USA

^d Menninger Clinic, 12301 S. Main St., Houston, TX 77035-6207, USA

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ABSTRACT

The process of diagnosis and treatment planning for adolescents requires clinicians to integrate information about various domains of functioning especially: clinical signs and symptoms, social cognition and family functioning. In the current study we applied an integrative analytic approach to mirror case conceptualization by clinicians. Our analyses were performed on the data gathered from the 328 inpatient adolescents. We used a broad range of measures of social-cognitive constructs, family functioning and parent-and self-reported psychopathology. Using a combination of variable-based (PCA) and person-centered (LCA) analyses we determined class membership of adolescents based on variation in social cognition, psychopathology, and family functioning. We identified five latent classes: two internalizing groups, two externalizing groups and a severe psychopathology group. Patterns of general hyperfunctioning (characterized by hypermentalizing and hypervigilance to emotional stimuli) and hypofunctioning (manifested in undermentalizing and under-reactivity to emotional stimuli), can be observed in these groups.

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Introduction

Traditional research in clinical child psychology has often focused on single categorical diagnosis, thereby ignoring the comorbidity among psychiatric disorders as well as subclinical intensity or subthreshold levels of symptoms (Westen, 2012). An increasing number of recent studies apply person-centered approaches that allow a researcher to distinguish groups of participants based on similar profiles of functioning in key domains instead of relying on categorical diagnosis (Bergman & Magnusson, 1997; Mezzich & Salloum, 2008). Even then, groups of individuals that cluster together are identified based on one dimension of functioning e.g. psychopathological symptoms, personality features, or family functioning characteristics (Martel, Goth-Owens, Martinez-Torteya, & Nigg, 2010; Olino, Klein, Farmer, Seeley, & Lewinsohn, 2012). Relying on single diagnosis or one domain of functioning stand in contrast to clinical practice where clinicians integrate information across various aspects of their patients' functioning. Of particular interest to clinicians aiming to develop treatment plans when

* Corresponding author.

E-mail addresses: mgambin@psych.uw.edu.pl (M. Gambin), tgambin@ii.pw.edu.pl (T. Gambin), csharp2@central.uh.edu (C. Sharp).

working with adolescents is a focus on family functioning and various aspects of social cognition as these factors can be influenced in the process of therapy. Clinicians are also interested in family functioning and social cognition in recognition of the profound changes in these domains that occur during adolescence (Choudhury, Blakemore, & Charman, 2006). In the current study, we applied an integrative analytic approach to mirror case conceptualization by clinicians. Our aim was to identify groups of adolescents with similar profiles of functioning in three domains important for treatment planning: psychopathological symptoms, social cognition and family functioning. Below, we further justify a focus on these domains.

Social cognition refers to the perception, interpretation, and processing of all information relating to a person's social environment and relationships (Moskowitz, 2005), and subsumes a plethora of constructs including mentalizing, theory of mind, empathy, self-esteem, self-concept, attributional biases and so on (Moskowitz, 2005; Sharp, Fonagy, & Goodyer, 2008). Lieberman (2007) differentiated various aspects of social cognition into explicit-controlled vs. implicit-automatic; self vs. other; and internal vs. external features of self or other. In addition to Lieberman's (2007) organization, Fonagy and Luyten (2009) have suggested a fourth dimension for the processing of social information to be cognitive vs. affective. For instance, cognitive features of social cognition include belief-desire reasoning and perspective taking, and affective features include affective empathy and mentalized affectivity.

Various aspects of social cognition have been shown to be impaired in child and adolescent psychopathology and are included in the treatment planning for these disorders. For instance, internalizing symptoms are associated more strongly with social-cognitive biases in relation to self (Bradley & Mathews, 1983) and others (Gotlib, Krasnoperova, Yue, Neubauer, & Joormann, 2004), higher level of experiential avoidance (attempts to avoid thoughts, feelings, memories, physical sensations, and other internal experiences) (Venta, Sharp, & Hart, 2012), whereas externalizing problems have been shown to relate to hostile attributional biases (Dodge, Laird, Lochman, Zelli, & Conduct Problems Prevention Research Group, 2002), distorted mentalizing (Sharp, Croudace, & Goodyer, 2007), and reduced emotion recognition from the eye region of the face and reduced empathy (Sharp, 2008; Sterzer, Stadler, Poustka, & Kleinschmidt, 2007).

Accordingly, most of the evidence-based psychotherapeutic approaches for adolescents focus on modification of different aspects of social cognition: e.g., cognitive-behavioral therapy and mentalization-based therapy focus on social-cognitive processes in relation to self and others (Fonagy et al., 2014; Kendall, 2011) whereas mindfulness and acceptance and commitment therapy pay particular attention to aspects of social cognition in relation to self (Coyne, McHugh, & Martinez, 2011; Semple & Burke, 2012). All of the mentioned above approaches refer to both emotional and cognitive aspects of social cognition.

Several theories of social-cognitive development consider the family environment as central to the development of social-cognitive capacity. For this and other reasons, the family environment is a second important domain of clinical relevance. For instance, mentalization-based theory suggests that family functioning (especially the attachment relationship with primary caregivers) provides the basis for the development of mentalizing (Fonagy, Gergely, Jurist, & Target, 2002; Sharp & Fonagy, 2008; Sharp et al., 2009). Consistent with this theory, research has shown that insecure attachment is associated with delayed theory of mind development in children (Fonagy, Steele, Steele, Moran, & Higgit, 1991). Similar findings have been demonstrated for a variety of other social-cognitive constructs (see Dykas & Cassidy, 2011 for a review). Beyond attachment, another important index of the quality of family functioning is parenting practices. Parenting practices are defined as the specific, goal-directed behaviors through which parents socialize their children and perform their parental duties (Darling & Steinberg, 1993). They have been shown to be an important correlate of the development of social-cognitive capacity. Mentalizing abilities were found to be inversely related to parental negative control behaviors (e.g. criticism, corporal punishments) (Hughes, Deater-Deckard, & Cutting, 1999; Pears & Moses, 2003), which do not promote children's understanding of effects of their behaviors on thoughts and feelings of other people. Parenting practices are also associated with internalizing and externalizing psychopathology. In particular, higher internalizing symptoms were found to be accompanied by high parental control (Wood, McLeod, Sigman, Hwang, & Chu, 2003), whereas externalizing symptoms are related most strongly to inconsistent discipline, poor monitoring and use of corporal punishment (Bailey, Hill, Oesterle, & Hawkins, 2009; Shelton, Frick, & Wootten, 1996).

Many studies support evidence that outcomes of therapy for adolescents with various externalizing and internalizing disorders are the most positive when parents or the whole family is engaged in treatment (Kaslow, Broth, Smith, & Collins, 2012). Many of these family-based interventions such as mentalization-based family therapy, cognitive-behavioral family therapy focus on change of social-cognitive processes in the family (Asen & Fonagy, 2012; Graham & Reynolds, 2013).

Taken together, it is clear that integration of information about family functioning, social cognition and psychopathology is very important for treatment planning for adolescents. The aim of the current study was to simultaneously assess and model the relationships between social cognition, family functioning and psychopathology with the ultimate goal of identifying classes of adolescents who are similar in patterns of covariation. To achieve this aim we combined two design approaches. First, we used a variable-centered approach, which is consistent with modern approaches to psychopathology emphasizing dimensional models in lieu of viewing psychopathology as discreet categories (Hudziak, Achenbach, Althoff, & Spine, 2007). Second, we applied a categorical, person-centered approach (latent class cluster analysis) which complements a variable-centered approach and allows researchers to distinguish groups of individuals characterized by similar profiles of psychopathological symptoms and functioning in various spheres related to psychopathology (Bergman & Magnusson, 1997), such as explored in our study: social cognition and family functioning. Moreover, as previous research demonstrated sex differences in social cognition, relationship styles (Baron-Cohen, 2002; Rose & Rudolph, 2006) and psychopathology (Zahn-Waxler, 1993), we explored differences in the proportions of girls and boys in our extracted latent classes. Basing on previous studies

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