Attachment stories in middle childhood

General notes:

APA style (used by this journal) requires the use of a comma before the "and" when listing a series of items or ideas. You will need to correct this throughout. (See lines 80, 119, 125, 126, 139, 141, 160, 166, 168, 186, 276, 335, 364, 365, 372, 447, 449 for examples)

APA style – double vs. single quotation marks – in general you should use double quotation marks to signify words, phrases, etc. you want to emphasize, as well as direct quotes. If you are highlighting a new term, APA suggests putting it in italics. You only use single quotes when you have a quote within a quote. See this website for details on this: https://blog.apastyle.org/apastyle/2013/02/quotation-mark-uses-other-than-quotes.html. Note that end-of-sentence punctuation goes inside the quotation marks.

You reference, "golden standard" several times in the paper, including the abstract. The correct term is, "gold standard." A golden standard indicates a level of perfection that is unattainable; a gold standard is a standard to which other assessments of the same construct are measured.

The names of measures and constructs need to be capitalized: Attachment Story Completion Task, Coherence Scale.

Line 30 – identify the ages you mean by "middle childhood"

Line 35 – as solid as - do you mean: as well researched as

Line 39 – the Attachment Script Assessment was not given to middle childhood subjects. They found continuity between college students' recalled attachment stories from childhood and later adult adjustment.

Lines 42-43 – Is this a direct quote from someone? You need to cite the reference after the quote (and the pg #). I don't understand the sentence. In part this is because there is a lot to unpack – how are the attachments characterized in early childhood? How do the behavioral adjustments explain the representational levels? What are the 4 dominant attachment reps in adolescence?

I'm wondering if this could all be said in a simpler way.

Line 41 contradicts Lines 38-39. You might note that the lack of research on the ASCT might be partly due to . . .(etc) – although even this statement doesn't justify your argument that there are few assessment tools available to measure attachment in middle childhood.

Line 49 – their own and others' minds

Line 50 In other words, children's mentalizing capacities

NOTE: The logic of this opening paragraph does not justify the study. You need to 1) Briefly explain attachment, what it is (the attachment representations), why it's important, and how it has been assessed in young age groups; 2) Explain briefly what the ASCT is and what it assesses – note that Bretherton, R, and C developed the coding with preschoolers (not middle childhood). 3) Explain why assessing attachment is important – and why important to assess this across the lifespan (Lines 47-65 – but you need to explain better why the development of these representations are important to

mental health. 4) Note that there are a couple other measures of attachment (CAI, Security Scale), but they are not adequate because ???(you need to explain why not adequate). This might be in a couple SHORT paragraphs.

Line 73 – ". . .but also increases social sharing
Line 83 – If "patterns of being with" is a direct quote from Stern, 1995, you need to put in quotes and indicate pg #. I would suggest you explain what this means. I believe the rest of the quote would be, "patterns of being with caregivers?"
Line 104 – 105 ". . . Warren described themes of disobedience, danger, preoccupation with food, and having the doll figure acting like a superhero."
Lines 106-107 – Use the past tense verbs – "seemed" and "lacked."
Lines 109 – "related"
Line 116-117 – quote isn't clear. How about: "These negative models of the ambivalently-attached self reflect past experiences with inconsistent caregiver messages.
Line 118 – "In the case . . ."
Line 145 – You could end the sentence after the word, "populations."
Lines 160 -163 ". . .were rated on four story stems. The Cooking/bandage and Lost keys stories were particularly challenging and revealed that the clinical compared to the nonclinical children were more likely to tell very negative stories, had less positive content, and had fewer supportive parents." (or whatever the findings were)
Lines 164-187 I thought this whole section was not necessary. At best it can be shortened to say some folks have used single scores, some other scales, etc. This will give you more room to explain your coding, which needs more detail.
Line 172 "were related"
Line 183-184 Verbs need to be in past tense
Line 184-187 I don't understand these lines; it might be the "In order to do so" part. Maybe start that sentence with: "To begin, "
Line 208-209 ". . . girls had higher secure and ambivalent attachment scores and lower . . etc"
Line 267 " . . .we expected . . .and expected that . . .children would . . ."
Line 269 " . . . we expected
Line 271 "We also expected. . .
Line 277 " We expected . . ."
Line 278 "Also, we expected
Line 282 ". . . we expected. . .scores would be positively related to
Line 285 ". . . expected. . . would report
Line 289 ". . . and the usefulness of the ASCT as an . . ."
Line 293 "Two groups of children (from ages 4 years . . .) comprised the study participants."
Line 300-303 "Children in the nonclinical group were recruited via local primary schools to form a control group for another study(?). . .problems with math computation, . . ." Was the control group used for another study? Otherwise, I don't get the math dyscalculia part.
Line 324-325 The right bar looks like there are about 6-7 children in this category. Your sentence says there are 11. Which is correct?

Statistical Analysis section – you should put this after the Measures section. It's unclear what variables you are putting into the PCA or what is being correlated. This would be clearer after the reader understands the measures.
So, were all 36 items entered for each of the 9 story stems? If so, say this.
Line 343 – For which scales did you examine the reliability and check for IRR? Now that the Analysis section comes after the measures, you can be clearer about this.
Line 347 There are some words missing? What is the "test value box"?
Line 350-352 This goes in the Measures section with more clarity as to how the categories were formed. I don't understand the low, middle, and high part. Do these represent different categories (secure, ambivalent, disorganized)?
Line 353 In parentheses, identify the names of the attachment scales and, separately, the main scales of the CBCL you used.
Lines 354-357 Why didn't you use the continuous scores on the attachment scales (i.e., a total of the 32 ratings for each of the 9 stems) to compare with the CBCL?

Line 365 – You might give an example of a story stem for clarity
Line 378 – Were the stories recorded and later coded?
After Line 385 Can you give a handful of examples of the 36 items? And, let me be sure I understand – the max score a child could get on any one story is 36 x 2 (present) = 72.
Rest of this section – I'm a bit confused – Hodges et al. have 36 items but you used only 32? The 5 you did not use are listed in the text? In the beginning of the paragraph you say 36, then later 32, and then later in the FA, 36. Also, participants get a total score for each story stem – and then a grand total for all the stems? Additionally, Hodges et al. identified which attachment type each of the items mapped onto? Was this done theoretically?

Coherence scale – this needs more explanation. What is the range on the 9-point scale and what were the ranges on the narrative coherence and emotional coherence scales? What were you looking for when coding coherence? How was it defined? Give some examples. What was the range of coherence scores in your population?
I'm not sure how Oppenheim et al. calculated alpha when there is only one score. Did they look across multiple stories?

Behavioral problems – did you only use the Int/Ext/Total scores of the CBCL in your analyses? If so, say this.
Line 495 Could you write a summary sentence here that identifies the Name of the 4 constructs found? Your subsequent tables (age and gender t-tests) suggest everyone got a score for each construct (secure, ambivalent, etc.). Is this correct? If so, you need to state this clearly.
Align tables on the left better so that the header is clearly over the constructs:
Attachment scales

- Secure
- Ambivalent
- Avoidant
- Disorganized

Other scales

Coherence

Distress/anxiety

You didn't run a Confirmatory FA to see if the nonclinical sample also mapped onto the 4 constructs?

IRR section I'm curious why you didn't calculate IRR for the Clinical group. This would be harder to code, I imagine. However, if the purpose of this research is to establish the reliability of this measure, then you need to know how accurate clinicians will be in analyzing the stories.

Table 7 It's hard to read because significance stars are far from numbers. This might get fixed in the printing.

Section beginning on Line 567 – Rather than doing a median split, had you thought about looking at scores 1 SD above/below the mean for each scale? Not sure how everyone would get categorized, but could start with your ranking – disorganized, insecure organized, etc.

Line 582 "included"

Section starting on Line598 – So, first you did corrs with the continuous attachment scales and the 3 CBCL scales, separately for each group – 4 scales x 3 CBCL scales X 2 groups = 24 corrs. This answers the question: Do parents whose children report varying levels of secure, avoidant, ambivalent, and disorganized attachment report different levels of int and ext bx problems. Hmm – hard to wrap your head around this. And, you only found 2 signif results.

Then you did this median split (not sure why) and looked at the whole CBCL. How many t-tests did you run? Was this with the clinical population or both? It looks like the clinical sample.

Don't you really want to know if parents whose children reflect different kinds of attachment patterns report different kinds of bx problems? In this case, you would do 12 ANOVAs: Groups are 4 scales x each of the 3 main CBCL scales (although I would look at just the int and ext scales; the total scale are these 2 combined) – that's 3 (2) ANOVAs for boys and 3 (2) for girls. You could include gender in a MANOVA, but that would look at interaction effects, and I don't think you want to go there. I'm sure there is a citation that mothers report more internalizing bxs for girls and more externalizing for boys, which justifies running them separately. I think this would give you more fruitful data = and it's certainly more relevant for clinicians: Do parents report more internalizing or externalizing bxs depending on their child's perception of the quality of their relationship?

I'm not sure you want to include the nonclinical sample in these analyses. There was probably little variance in the CBCL scores and few kids represented in the non-secure attachment groups.

Line 657 Words missing? What is "premature foreclosure?'

Line 662 Remove ampersand in citation

Line 662-664 The logic is unclear. Are you trying to say that your findings demonstrated that coherence can be detected at a younger age than Moss et al. found? Who found interesting differences in early and late childhood? You need to rework these sentences to make this clearer.

Line 665 Also unclear is the, "surprised their unconscious" reference. It might help to explain the separation-reunion assessment first – is this the Ainsworth Strange Situation? Most people reading this article would know that reference. If so, you might be saying that younger children are more surprised than older children at the return of the caregiver to the assessment room due to a less well-developed cognitive understanding of the situation.

Line 682 Do you mean: ". . . may have less clinical relevance for them as a sole indicator of psychological problems." Not sure what the second half of that sentence means.

Line 711 "provide" not "provides"
Line 717 – delete the "in" before turmoil
Line 791 "psychometrically-sound"
Lines 792-94 Did you get the quote correct? The sentence doesn't make sense. What is the ABCD model (if you referenced it in the Intro, I don't remember it)?