

Caring about attachment in young people in residential care:

The use of the Attachment Style Interview.

Report of a voluntary sector and university partnership

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Social workers and other practitioners in child and family work are only too aware of attachment problems presented by children and young people in care, but have limited assessment tools or evidence-based models available for managing and charting change. A partnership between St Christopher’s Fellowship (SCF) and the Lifespan Research Group, Centre for Abuse and Trauma Studies, was established in 2006 in order to help implement attachment-based working for young people in residential care. This article will describe how a new model, using an attachment-based assessment interview, and training care workers in attachment principles is impacting on the practice of residential care workers for the benefit of vulnerable young people.

Young people in care typically have damaged attachment histories, problems in relating, and high disorder levels which makes caring for them challenging. John Bowlby first outlined how neglect or abuse from parents/carers leads to insecure attachment styles through distorted ‘internal working models’. These psychological templates, whilst under normal circumstances regulate stress and negative emotion, generate trust, help-seeking and autonomy, when distorted lead to uncontrolled emotions and mistrustful views of others. Patterns which develop typically persist as Insecure attachment styles based around Anxious, Avoidant or Disorganised categories. These are expressed through heightened levels of mistrust, barriers to closeness, high self-reliance (Avoidance) or fear of rejection, fear of separation and high need for company (Anxious) styles, with anger featuring at times in either style. Disorganised styles reflect confused and unstrategic relations to others, unresolved loss and trauma, poor mentalising (‘mind-blindness’), and with mixed anxious and avoidant behaviours. For all insecure styles, emotions are poorly regulated and relationships are absent or devoid of support or care. Such patterns most often persist into adulthood, but with change possible for at least a third of young people.

Many who work in residential care have fought to have attachment principles incorporated into care strategy with a demand for smaller unit care homes, an emphasis on stability of arrangements and bonding with the carers to supplant the unstable family models in building resilience. However, further developments in this direction are likely to be hampered by new financial constraints in services under

stress. Despite insecure attachment styles being endemic in young people in residential care with as many as 6 out of 10 classified as having Disorganised style, there are few if any UK service-wide interventions established which include attachment style assessments to address the attachment needs of young people in care.

Residential care at St Christopher's Fellowship (SCF)

SCF is a children's charity that provides a unique combination of care, accommodation, housing, education and support to children, young people and vulnerable adults. It has residential care homes in London, Bedford, the West Midlands and on the Isle of Man. The agency takes a holistic approach to care, working closely with CAMHS, Education and Children's Services. By forming an effective partnership with the Lifespan group at Middlesex University (previously Royal Holloway, University of London) they are able to benefit from evidence-based models of working and tailored assessment methods: *'We know from experience that by using established academic theories, our work can be more informed and our staff better able to meet the complex needs of our service users. In all our developments, we involve the people who use our services, or have used them in the past. This means that as we develop, we are informed by the beneficiaries of our services'* (Director of children's services, SCF).

The pilot Programme for Behavioural Management was initiated by SCF in 2008 as a means of providing a structured, social learning and attachment intervention with adolescents in their residential care homes, loosely based on the Oregon model used in fostering. The scheme was developed in-house, and uses praise and rewards (based on a points system) for pro-social behaviour and sanctions or point deduction for anti-social behaviour with daily care records to chart progress made. The attachment element addressed deficits in the young person's close relationship network, increasing trust and closeness, ensuring a stable placement, smaller residential homes, a focus on the relationship with the care workers, efforts to improve family contacts and the encouragement of positive peer relationships. The aim was for the homes to serve as a "second chance secure base" - a safe environment to return to when distressed or frightened. Whilst this should be the ideal of all residential care, such efforts are often thwarted by factors such as the young person's sudden removal, on occasions for reasons that are hard to understand, and sometimes due to the young person's criminal behaviour or absconding. The often high turnover of staff in the challenging emotional atmosphere in many care homes, and the often negative impact from other disturbed peers in these settings make such a secure-base difficult to attain. It is these factors which SCF's behavioural intervention programme seeks to counteract.

Assessing attachment style

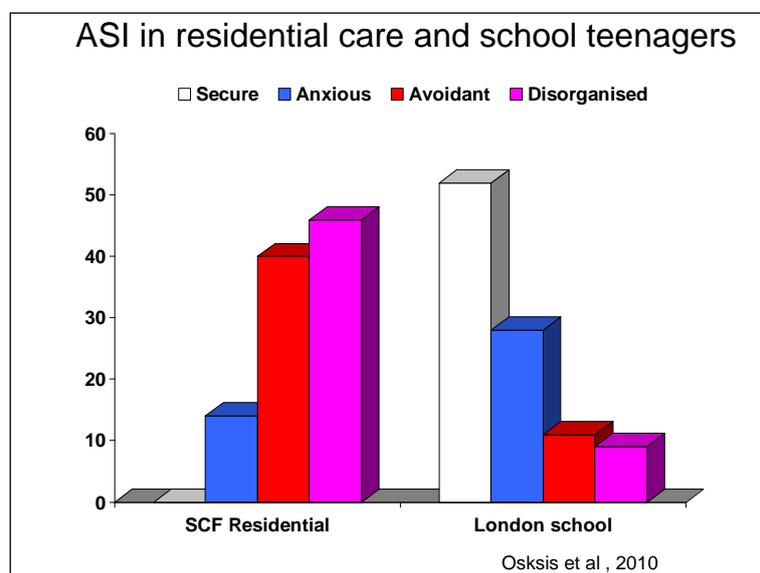
A suitable assessment tool was needed to inform the programme. The Attachment Style Interview for Adolescents (ASI-AD) was chosen as the most user-friendly, transparent and reliable measure, already well developed in research studies. Given its adult version is now used extensively in Adoption and Fostering assessment for carers, it made sense to extend it further in the Looked After context. It consists of a face-to-face interview with the young person, taking around 45 minutes to administer, with further time needed to rate material from the recorded session. The questioning is flexible – additional probing questions can be added when needed to clarify responses and encourage the young people to talk. It offers the young people an opportunity, often lacking in formal assessment, to talk about their recent life events, their close relationships (with parents and friends), their support networks and how they feel about getting close to others. The interview is scored on a number of scales which culminate in an attachment style category. The attachment styles reflected are shown in figure 1 and include Anxious (Enmeshed or Fearful), Avoidant (Angry-dismissive or Withdrawn) as well as Dual/disorganised styles, in contrast to Secure.

Figure 1: Description of ASI-AD Attachment styles:

STYLE	DESCRIPTOR
SECURE	<ul style="list-style-type: none">• Two or more close support figures with full confiding.• Flexible self reliance, showing signs of autonomy as well as being able to ask for help.▪ A lack of negative attitudes such as mistrust, anger or fear.
Anxious-Enmeshed	<ul style="list-style-type: none">• Lack of effective support, superficial relationships but no confiding• Dependent style with low self-reliance.• High need for company and fear of separation.• Anger present at times showing ambivalence.
Anxious-Fearful	<ul style="list-style-type: none">• Lack of close support due to fearful mistrust with no confiding• Avoidance of relationships for fear of being let down• High fear of rejection• Lonely and would like closeness.
Avoidant-Angry-dismissive	<ul style="list-style-type: none">• Lack of close support, with angry interactions but no confiding• High mistrust and high self-reliance.• High need for control and self-reliance.• Anger and conflict in relationships.
Avoidant - Withdrawn	<ul style="list-style-type: none">• Lack close support due to detachment, no confiding• High self-reliance and barriers to closeness.• A need for boundaries and privacy.• No emotional expression in relationships
Disorganised or Dual insecure style	<ul style="list-style-type: none">• Lack of support with more than one insecure style evident• Combined Avoidant and Anxious styles• Contradictions in need to approach and avoid others, and in fear and anger to others.

The lack of any consistent caring and supportive figures in these young people's lives proved to be an important aspect in their risk profiles. In the 28 cases interviewed to date, of whom most (78%) were young men, with an average age of 14 (ranging from 11-17) all were found to be highly Insecure (see figure 1); just under half were classified as Dual/disorganised style and most of the remainder Avoidant, usually Angry-dismissive. Only 12% had Anxious styles. This is far from the pattern found in a community school setting also using the ASI-AD shown by Dr Oskis and colleagues on 60 teenagers, in London schools (*Oskis, Loveday et al. 2011*). Of these around half were found to be Secure, and over a quarter Anxious, with Avoidant and Disorganized rare and less than one in ten, consistent with other community rates (see figure 2).

Figure 2: Attachment styles in residential and school adolescents.



(*Oskis, Loveday et al. 2011*)

How is the model implemented at St. Christopher's homes?

The attachment assessment is conducted within the first few weeks of the young person being placed so that the knowledge gained can be utilised in day-to-day care planning and to inform the behaviour modification programme. A report of the assessment is also distributed to key professionals working with the young person including social workers or CAMHs practitioners. Short written feedback is provided for the young person and given face-to-face by the key worker as a psycho-educative tool. It provides an opportunity to open up dialogue about relationships, support and trust. Attachment style assessments were seen as very informative by staff. For example in the Disorganised styles which include Angry-dismissive and Fearful elements, staff reported becoming more aware of the frightened youngster behind the angry exterior, and this helped them to be more understanding and react more

sympathetically. Work undertaken included reassurance for the young person to quell fearful feelings and anger management for the hostility, and work to counter communications misinterpreted angrily as victimising, through encouragement to be calm and to explain the communication more carefully. Such emotional regulation is clearly needed by staff as well as young people in such emotionally charged environments.

Case study: Leigh – Angry Dismissive style

Leigh was 15 years old when placed, having been moved from a prior care home due to his violence towards staff. His records indicated the presence of Conduct Disorder and problems in managing anger. When interviewed with the ASI he reported recent stressors around family contacts, and with the police, as well as the stress of moving home. When asked about support, he was unable to name a single person, family or friend, with whom he could share his problems, together with evidence of conflict with his birth family. He reported very high self-reliance, felt unable to get close to others, and was highly mistrustful towards others in general, leading to anger and conflict. Leigh was categorised as having an Angry-Dismissive attachment style, at a marked level. This was summarized for staff, highlighting his need to cope alone and his mistrustful, angry reactions when under stress, which increased his vulnerability in day-to-day interactions and when under pressure. It was recommended that staff explore ways to relate to him to reduce his psychological barriers and increase his ability to confide and to be calmed when under pressure. Anger management techniques enabled him to identify triggers and curb his hostile responses as well as improving peer and adult interactions. One method was by encouraging Leigh to get involved in activities, which he typically avoided, and to try out experiences which 'were not under his control.' There was additional focus on monitoring contact with family members to reduce anger flashpoints and to create a safe and secure base for Leigh. At follow up interview 10 months later, Leigh was re-interviewed and found to have reduced levels of anger, reduced mistrust and his degree of confiding in staff and friends increased somewhat, although his self-reliance remained extremely high. His attachment style at follow-up was re-classified as Withdrawn (highly self-reliant but without anger). This was considered a positive shift because whilst still indicating insecurity, it was at a less extreme level (moderate and not marked) due to improved relationships with staff and reduced anger and conflict in interactions. Thus changes in his style meant that Leigh was more approachable, more careful of his interactions with others and considered easier to work with by staff.

• **Staff briefings and workshops**

Assessment findings and report are shared by the research group and care staff at a team meeting to provoke discussion and lead to specific pointers for the behavioural management programme. The

meeting enables better tailoring of the behavioural intervention to the young person's specific attachment needs and to allow for practitioner reflection. This was valued by the staff: one home manager reported: *"Having briefing sessions makes staff want to read the report and makes a difference in the level of understanding of the needs of the young person and increased understanding of the cases"*. Holding workshops on attachment principles and current research findings, illustrated with in-house case studies further aided the understanding of attachment theory and helped to embed these principles in practice. This helped provide additional continuing professional development for residential workers as well as increased motivation for the programme. Staff feedback from workshops was consistently positive, with comments including: *"I found it valuable in implementing this (attachment) into working directly with the young people. It gave me a better understanding of why young persons act in certain ways and how we can work closer with them."*

- ***Measuring change in attachment and behaviours***

All of the six initial follow-up interviews completed showed improvements in ability to make relationships, reduced fear or anger and reduction in intensity of insecure style and change from Disorganized to single insecure styles. Managers were especially keen for follow-ups to be completed wherever possible with one stating: *"It enables staff to reflect back on practice and look at progress"*. However, it proved difficult to undertake the full follow-up interview on routine basis. This was because often there was little warning of the young person leaving, and given the measure is too intensive to apply on a regular or repeated basis the timing of delivering follow-up proved difficult. Therefore in order to monitor change, two further amendments to the practice are now being made (i) to have workers on site trained to deliver the interview assessment promptly and (ii) to use the 'Q-pack'- a questionnaire pack including attachment scales, symptoms and life events, to monitor change more swiftly at follow-up on a 3-6 monthly basis..

Summary of the SCF programme

- Workshops are provided for the different care homes around attachment and adolescent development.
- Training in the ASI is provided for 'Champions' in each of the homes by the university team.
- Staff are trained in the manualised intervention programme.
- All new young residents are given an attachment style interview by a trained staff member, as well as the 'Q pack' for symptoms, attachment style score and life events. A report is produced for other staff and copies sent to other agency workers where appropriate.
- Feedback summary is provided for the young person through face-to-face discussion.

- A case briefing meeting discusses how elements of the young person's attachment and relating style will feed into the behavioural management programme – identifying key behaviours for change to be charted on the daily care records.
- At 3-6 monthly interviews, change is charted through the Q pack summary scales around symptoms, attachment and life events. Brief reports produced with staff feedback look at change over the course of the programme.

- **Next steps**

SCF are mainstreaming the use of the ASI-AD and Programme for Behavioural Management in more of their homes. The aim is to embed attachment and social learning principles within the service by training key 'ASI champions' in each home to undertake the interviews for all young new residents and to be channels for encouraging the use of attachment approaches among the staff. Briefings to staff and workshops from the research team are ongoing to further 'translate' attachment information into practice. The 'Q-packs' are being utilised in all homes for more frequent monitoring. These are completed by the young person as well as by carer or teacher. The 'Q-pack' comprises a child-friendly layout of the well known Strengths and Difficulties Questionnaire (Prof Goodman and colleagues), the Vulnerable Attachment Style Questionnaire VASQ- a self-report measure validated against the ASI interview, and a life events checklist. Staff are given instruction in its careful administration, analysis and interpretation of scores. The 'Q pack' can also be administered service-wide even where the ASI-AD is not used, and can potentially be adapted for foster care and other children's services. The partnership with the research team and SCF is considered highly beneficial and continues with its remit of knowledge exchange, involving the university as an instance of interagency working to aid practice and to benefit young people in residential care services.

More information

For more information on the work of the St Christopher's Fellowship please visit www.stchris.org.uk and the project page of www.cats-rp.org.uk. Any practitioners interested in either ASI for adolescents including training possibilities or the possibilities of new partnership work see www.attachmentstyleinterview.com

Further Reading

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