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ATTACHMENT STYLE ASSESSMENT OF ADOLESCENTS IN RESIDENTIAL CARE, USING THE ATTACHMENT STYLE INTERVIEW (ASI)

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Background



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- Attachment frameworks are increasingly used to understand human development in relation to forming close supportive relationships and understanding risks for psychological disorder in children looked after by the state.

Residential Care:

- In England, 11% of the 64,400 'Looked After' children or adolescents were placed in residential care homes or hostels in 2010 (DfE, 2010).
- Pervasive poor outcomes are shown for all 'Looked After' children, with half having emotional and behavioural problems at clinical levels: HIGHEST rates found for those in residential care (Ford et al., 2007).
- There has been a move in the UK towards smaller units and fostering rather than residential care as the smaller units better imitate the dynamics of a 'family' and shed the negative 'institutional' connotations of larger homes (Cameron & Maggin, 2008).

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Attachment theory

John Bowlby, Mary Ainsworth

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- The theory first developed in the 1940s has now become mainstreamed in research and practice.
- It emphasises the importance of early relationships with parents in healthy child and adolescent development.
- Individuals need closeness, support and feelings of security (ie close attachment) for normal child and adolescent development.
- Secure attachment is formed through close relationships with parents/carers.
- Children develop an 'internal working model' about relationships based on earlier experience. This is open to change in positive conditions.

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What is insecure attachment?

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Attachment can be

- Secure: The most well adapted form - flexibility around trust, autonomy and closeness to others.
- Insecure: Can take different forms: Anxious, Avoidant, or Disorganised styles
 - Disorganised representing a lack of clear strategy in responding to attachment stimuli. Also known as Unresolved (Main et al) or Dual (Crittenden et al).

Insecure attachment affects long term behavioural, emotional and social outcomes, particularly relationships and support seeking.

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Attachment in residential care

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- Studies of attachment styles of adolescents in residential care have shown most to have Insecure styles, with high rates of Disorganised attachment.

For example using the AAI*

- Germany: 94% Insecure, including 46% unresolved/Cannot classify (Schleiffer & Muller, 2004)
- Netherlands: 93% Insecure, including 30% Unresolved/Cannot classify (Zegers, et al., 2006)
- UK: 92% Insecure, including 62% Unresolved/Cannot classify (Wallis & Steele, 2001)

*Adult Attachment Interview (George et al., 1984)

Unresolved equivalent to Disorganised style.

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A case for good assessment in practice

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- Attachment vulnerability needs operationalising in social care and clinical practice to help practitioners undertake meaningful assessments and direct care planning.
- Reliable assessments across sites needed for consistency of practice.
- Attachment interviews and models can be helpful for practitioners to recognise vulnerability in children and families.
- Understanding the potential for attachment change and better outcomes needed in assessment and care planning.
- Consistent measures and models should ideally be used across agencies (eg social and psychological services).

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Objective of action research project

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- To assess the attachment style of young people in residential care, using the *Attachment Style Interview for adolescents (ASI)*.
- To look at change over time in relation to social learning intervention.
- To engage with practice by briefing care staff on the young person's attachment categorisation and stimulate case discussion on the contribution of attachment to care planning and work with the young person.

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What is the ASI?

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- The ASI (Bifulco et al., 2002) is an attachment measure originating in a social-psychological approach, which utilises a pragmatic and transparent interview and scoring method.
- The measure identifies
 - Current relationship with family and sources of social support
 - Degree of attachment insecurity [Mild, Moderate, Marked]
 - Attitudes which define the adolescents' interpersonal style whether secure, anxious, avoidant or disorganised.

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Setting

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3 residential care homes in England and the Isle of Man, run by

St. Christopher's Fellowship (www.stchris.org.uk)

- All homes delivering a social learning intervention (based around Oregon model) with praise and rewards for prosocial behaviour and daily assessment of progress in achieving aims.
- This combined with attachment-related principles involving stability of placement, relationship to carers and support enhancement.
- Baseline assessment of attachment style and follow up



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Method

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- The ASI-AD was administered to all young people 1-3 weeks after entering the residential home
- The interview was delivered by a trained researcher.
- Other measures included:
 - a life-events inventory
 - a measure of self-esteem
 - case file scrutiny for diagnosis of psychological disorder
- The interview was recorded and later rated. A summarised report was produced for staff based on the support and attachment categories.
- a feedback sheet produced for the young person also given as a psycho-educative tool.
- Attachment categories discussed with staff at a 'Briefing session' which facilitated translation of the findings into daily care planning and management.

Initial findings

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- 28 young people in SCF residential care (mostly boys - 78%), aged 11-17, average 64 months in care,
- Most (96%) had psychological disorder including ADHD, conduct disorder, substance abuse, self harm or depression.
 - Most (79%) had some contact with mother , fewer (64%) had contact with father.
 - 36% had no closeness mother; 46% high antipathy to mother;
 - 54% no closeness father; 43% high antipathy to father
 - 71% had no close confidant (family or friends) and very low ability to relate to others.

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Attachment style

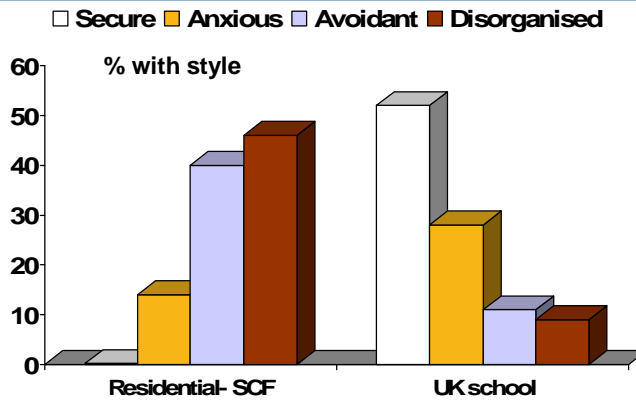
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- 100% highly insecure attachment style – 71% 'marked' and 29% 'moderately' insecure style.
 - ✘ 46% (13) dual/disorganised style
 - n (9Angry-Dismissive-Fearful, 1Angry-Dismissive-Enmeshed; 3 Fearful-Enmeshed)
 - ✘ 40% (11) Avoidant
 - n (9 Angry-dismissive, 2 Withdrawn)
 - ✘ 14% (4) Anxious Style
 - n (4 Fearful; 0 Enmeshed).

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ASI in residential care and comparison

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*School sample ref Oskis et al JCPP, 2011

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ASI at follow-up

(preliminary findings - 6 interviews)

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- .. 7-10 months after first interview.
- .. Only one changed to 'mildly insecure' style (within Secure range) but:
- .. All exhibited some positive change in attachment –
 - improvement in ability to relate to others and decrease in degree of insecurity (marked to moderate)
 - or change from dual to single style,
 - or decrease in level of anger, mistrust or fear of rejection.
- .. All increased their role involvement eg taking up drama or sport, or improved school attendance, or had more psychological service support.

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Case study Mark - support

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- Mark is a 14-year-old male who was sent into care aged 13 because of neglect and abuse by his father. Problems started after his mother's death when he was aged 10.
- Family: He was angry at his father and brother for the abuse. : 'I am not close to my father, I never see him. I used to have maximum respect for him. I don't now though. He took the piss out of me; I hate him and my brother for that'. He felt close to his sister and grandmother. 'I am close to my sister who lives with my Nan. I get on o.k. with my sister. I am an o.k. brother to my sister but not to my brother.'
- Support: He did not confide in anyone and had no close friends. 'I don't confide in anyone. I don't really talk to my Nan that much. I don't tell people things because they are private' He was therefore rated 'low' on ability to make and maintain relationships.
- He was rated as both Angry-dismissive and Fearful on the ASI.

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Case study Mark - Mistrust

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His attitudes towards others exhibited high mistrust and angry avoidance: He reported finding it difficult to trust other people, or to get close:

'Yes, I find it hard to trust people. I think mostly people are out for themselves. I think people are against me in everyway. I sometimes question people's motives. It's just the way I think. I sometimes trust people I know; I don't trust people I don't know, it depends on their attitudes. People have let me down my dad my brothers and my friends. I want people to know how much my dad let me down.

'Constraints on closeness: 'I wouldn't say I'm that close to them, I'm not close to anyone. I don't love anyone. I don't confide in anyone. I don't really care about having anyone to confide in. I would maybe like one person but I don't really care'.

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Mark's Angry-Dismissiveness

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- Mark had extensive anger in relationships: 'I argue a lot with people. I would get angry at school. I would fight with people at school about normal stuff but we would make up. I sometimes argue with my Nan over police and stuff and living with her. I get angry with my dad and brother the way they treated me. I can shout and swear'.
- Mark was moved from previous residential placement due to his constant fights and assaults on other young people and staff. He was excluded from school because of his disruptive and aggressive behaviour.
- Mistrust and anger are attitudes associated with Angry-Dismissiveness which was taken to be Mark's primary style of relating.

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Mark's Fearful style

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- However Mark also reported some fearful attitudes .
- Fear of rejection: 'I have been let down in the past. By my dad, my brother and my friends'. When asked if he feels that he can't trust other in case they let him down he said 'Yes, I sometimes back off. Recently I've found myself backing off – in case people let me down. I do not get close to anyone. .. I don't have feelings'.
- He did want the company of others: 'I like having people around me all the time, I get lonely. I get lonely on my own.'
- Mark had contradictory statements on his self-reliance: On the one hand he indicated dependency - he stated that he doesn't cope well with his problems on his own and needs a lot of reassurance. He reported that it wasn't important to be independent. 'I cope better with other people's help. I can make decisions on my own but I need others help'. On the other hand he had a high need for autonomy: 'Yes it is important to feel that I have control over my life. If things don't go the way I want them I get angry. I need to have some control'.

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Mark's follow-up

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At follow-up 9 months later Mark showed improvement. Whilst still rated as disorganised/dual style, he was rated as 'moderately' rather than 'markedly' insecure.

His relating style improved: He was beginning to be able to confide and relate to the care staff: *'yes.... I can talk to most of them, there is one or two persons that I can tell lots of stuff to. This is better here than other places I've been to' and that "you can express your feelings, that is the best thing about here'.*

'The bad things about leaving here are the relationships that you've got, people you trust, the contact. Basically the people that you like most, times you have. I have talked to them while I've been here, or they would come to me, ask how I was feeling.'

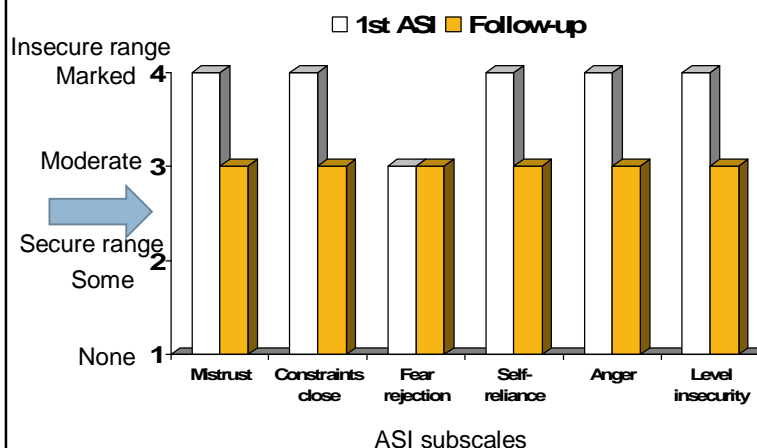
His anger reduced – it became less explosive: 'I would say I CAN be an angry person.... It is just me... (change in behaviour?)... I don't know actually. I more like nag people than lose my temper. Staff observed him becoming calmer.

He became focused on school work and wanted to improve his education. He learned to swim and play tennis.

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Mark's change in ASI scores

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Measuring change – the challenge



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- What constitutes change? Move to secure, or reduction in intensity of negative attitudes and behaviour?
- The ASI is intensive – difficult to apply as monitoring tool, timing the follow-up proved difficult for staff since young people often left unexpectedly.
- The service is therefore intending to use self-report monitoring for regular follow-up assessment.

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Mainstreaming the ASI



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- (i) Practitioners on site are being trained to deliver the interview assessment on entry of young person to the home.
- (ii) Regular use of a self-report questionnaire pack including the Vulnerable Attachment Style Questionnaire (validated against the ASI), symptom scales and life events, is being implemented to monitor change more swiftly at follow-up on a 3-6 monthly basis.
- (iii) Regular briefing sessions held with staff about attachment interpretations of young people's behaviour.

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Conclusion

- The ASI showed similar rates of insecure attachment style as other research studies in residential care.
- It generated useful current information on the young person's, social support and family relationships, negative attachment attitudes as well as overall attachment categorisation.
- Communicating the ASI data to professionals working with the young people, enables a greater understanding of an attachment perspective useful for managing their care.
- The ASI provides an opportunity for reliable assessment of young people in care, and can be combined with a self-report measure for charting change. Decreases in negative attachment attitudes shown in relation to social learning intervention.