Adolescent Attachment style in Residential Care: The Attachment Style Interview and Vulnerable Attachment Style Questionnaire

Abstract

Attachment frameworks are increasingly used to understand human development and used by social workers in care planning for children and young people in care. To date, there have been few assessment tools that social workers can use easily and therefore little sustained use of attachment assessment by practitioners in residential care. This paper describes the use of the Attachment Style Interview (ASI) for adolescents, and the Vulnerable Attachment Style Questionnaire (VASQ) self-report in a pilot study of young people in residential care in the UK and Isle of Man. The aim was to test these relatively new measures in practice contexts administered by practitioners, and to determine rates of insecure and disorganised attachment style to compare with other studies. Results show around half of the young people had disorganised (or mixed) attachment styles using either measure, with avoidant attachment styles more common than anxious ones. Secure style was rare. There was some difference in young person and carer ratings, with young people rating slightly less disorganised style and more anxious style, but simplified classifications were similar. The implications for assessing attachment style in residential care to improve identification of interpersonal risk and aid with care planning are discussed.

Keywords: Attachment; Residential care; Adolescents; Attachment Style Interview

Introduction

Historically, attachment theory has proved a significant force behind changes in the type of care provision for children removed from their parents. John Bowlby's work as early as 1951 emphasised the importance of personalized care-giving and the need to develop selective attachments, without which the child would suffer adverse psychological consequences (Bowlby, 1951). In 2015, of the 69,540 children and young people Looked After in England, 9% were placed in residential care homes and hostels (Department of Education, 2015). Those placed in residential care in the UK are usually adolescents with complex needs who have often exhausted or disrupted other types of arrangements, with residential care increasingly seen as a last resort (Colton and Hellinckx, 1994). Research shows that poor outcomes are pervasive for all children in care, with half having emotional and behavioural problems at clinical levels, and the highest rates found in residential care (Ford et al., 2007). Longitudinal studies have found that, as adults, these individuals are more likely to become involved in criminal activity (Farrington, 1990) and to be referred to forensic psychiatric services (Department for Children, Schools and Familes, 2007) and high security hospitals (Scott, 2004). They have worse educational outcomes (National Clinical Assesment Service, 2008), are more likely to be homeless, and more likely to become teenage parents (Department for Education and Department of Health, 2004). It is now recognised that an attachment approach is needed to examine these young people's difficulties in forming relationships and to create the required stable and caring residential environments required to develop resilience. However, this has not been operationalised in care settings. The current study reports on one approach to mainstreaming assessment of attachment in residential care.

The need for new measures of attachment in residential care

Attachment theory views relationship dynamics throughout the lifespan as the outcome of early childhood interactions with caregivers (Bowlby, 1973, 1980, 1988). Thus, although the origins of attachment approaches are psychodynamic, adolescent and adult investigation are increasingly using social psychological approaches (Bifulco, 2002a; 2002b; Bifulco and Thomas, 2012). This involves assessment tools which focus on current relationships and cognitive-affective attitudes to closeness and autonomy (Bifulco et al., 2008). Whilst the categories of 'Secure' vs. 'Insecure' (sub-categorised into Avoidant and Anxious insecure styles) and 'Disorganised' (reflecting more disordered attachment patterns, at times combining avoidant and anxious aspects) are common to both approaches, there is an important difference whereby psychodynamic approaches, such as the Adult Attachment Interview (AAI; George, Kaplan, and Main, 1984), focus on perceptions of attachment figure availability and sensitive responsiveness and the coherence of the individual's narrative regarding this is the central marker of security. In contrast, the focus of social psychological approaches captures Bowlby's presiding concern with observable behaviour rather than the inner world (Oskis, 2015).

Most previous residential care and foster care research has been conducted using the Adult Attachment Interview (AAI). Research employing the AAI with adolescents in either residential or institutional settings consistently shows that insecure attachment style is rife, with varieties of Disorganised, and Avoidant styles the most common categories (Schleiffer and Muller, 2004; Wallis and Steele, 2001; Zegers et al., 2006; Zegers et al., 2008). The AAI however is not a measure that can be mainstreamed in social care services due to its need for expert psychological administration. It is an expensive and time consuming method involving not only video-taping of the assessment but also careful transcription of all interviews. Because of the focus on narrative coherence, the interview is sensitive to developmental

differences which has led to an under-representation of disorganised attachment strategies and over-representation of dismissing attachment strategies in adolescents (Ammaniti et al., 2000; Shmueli-Goetz, et al., 2008). All of these issues inevitably restrict the AAI's applied use, and thus its potential to contribute to an evidence-based attachment model for managing and charting change in vulnerable young people.

The Attachment Style Interview (ASI) and the Vulnerable Attachment Style Questionnaire (VASQ) are increasingly being used as a social measures of attachment style (Bifulco et al., 2003; Bifulco et al., 2002a) in community research samples and in practice settings by social workers with relevant training (Bifulco 2008; Bifulco et al., 2008). An adolescent version of the ASI is now being used extensively in research in high risk community groups (Bifulco, 2008); in pregnant teenagers (Figueirido et al., 2006) and in normative school populations (Oskis, 2009). The VASQ has been validated in relation to the adult attachment style interview (Bifulco et al., 2003) and has been used in a large representative cohort (Kupeli et al., 2014), as well as psychophysiological research (Smyth et al., 2015).

The ASI is a support-based assessment of attachment, which asks about relationships with a parent and up to two individuals named as 'Very Close'. The combination of poor relating ability, (having little objectively rated support) and negative attitudes to closeness and autonomy as well as indications of fear or anger in relationships leads to the categorisation of Insecure as opposed to Secure styles. As well as Secure, there are two Anxious styles (Enmeshed or Fearful) and two Avoidant styles (Angry-dismissive and Withdrawn). The VASQ is a self-report questionnaire validated against the ASI which produces a score for insecurity of attachment, as well as subscales reflecting Insecure Anxious/Enmeshed or Insecure Mistrustful Avoidant styles. For both measures when more than one profile is

evident simultaneously, a scoring of Disorganised attachment style is made. Insecure and Disorganised styles are highly related to psychological disorder, particularly at higher levels of insecurity with disorganised styles similarly denoting risk (Bifulco, 2008; Bifulco et al., 2004; Bifulco et al., 2006; Bifulco et al., 2003). Its validation against the ASI and its brevity make the VASQ ideal for use by the case worker.

National guidance on the importance of attachment

Recent guidelines published by the National Institute for Health and Care Excellence (2015) highlight the wide ranging implications attachment theory has for child care policy and practice in the UK. The guide seeks to develop formal guidance on the attachment and therapeutic needs of looked after children and those adopted, and advocates the greater use of attachment frameworks with children and families, and training for social workers and teachers in its application. This recent development therefore underpins a key priority, which is to determine measures which can be used in social care contexts to enable accurate assessment of those with problematic attachment styles and interpersonal relating to focus intervention and document change.

The current study

The current study describes the use of the ASI and VASQ within social care services in England and Isle of Man run by St Christopher's Fellowship voluntary organisation. St Christopher's have residential care provision around London and in the Midlands (9 homes) and have all the provision on the Isle of Man (9 homes) all of which utilise the attachment assessments. As a preliminary report on the assessment process this study will i) describe the attachment styles among the young people using the ASI and VASQ and provide a comparison of the rates produced, ii) compare the ASI rates to those found in other studies

using the AAI, iii) describe the quality of supportive relationships in the young people using the ASI and iv) compare the VASQ self- and carer- reported rates of attachment style.

Methods

Participants and procedure

In collaboration with the Centre for Abuse and Trauma Studies, Middlesex University, St. Christopher's Fellowship routinely assesses attachment style within their residential services in England and the Isle of Man. In the first phase of mainstreaming attachment measures, the ASI was utilised to provide a baseline assessment for care planning in addition to informing research findings. All young people participating in the interviews were given information sheets about the research and gave informed consent. All interviews were audio-recorded and subsequently scored according to established procedure. Over time and in a second phase of development a decision was made to additionally use the VASQ self-report attachment scale to enable its repeat use on a follow-up basis. VASQ's were completed independently by the young person and by one of the carers reflecting on the young person's attitudes and behaviour.

This study therefore presents data from these two different subsamples; 118 adolescents were interviewed using the ASI (75 (63.6%) male, 43 (36.4%) female) aged between 10-18 years (mean = 14.2, SD = 1.86). Carers assessed 83 young people using the VASQ ((54%) male, (46%) female) aged between 10-22 years (mean = 14.8, SD = 3.34) and 76 were also completed by the young people.

Ethics

Ethical permission was granted by Middlesex University Ethics Committee. Each young person was provided with an information sheet and signed consent to undertaking the interview. The young people were told that the interviews would be kept confidential but it was also made clear that a summary report of the interview would be provided for care workers and the key social worker. If a request was made by the person for information not to be passed on, this was respected, with the usual proviso that if they presented as a danger to self or others this confidentiality would be broken.

Measures

Attachment Style Interview for Adolescents (ASI-AD; Bifulco et al., 2008)

The ASI is a one-hour semi-structured interview assessing attachment style. The interview is audiotaped and scored by the interviewer by transcribing and rating selected narrative sections. It has been used reliably at age 13 or more, with the youngest interviewed aged 9 (Oskis, 2009; Oskis et al., 2011). The interview elicits evidence-based examples of behaviours which serve as quantified information on the degree of support both sought and received (in terms of confiding relationships to parents and others) and cognitive-affective attitudes concerning mistrust, anxiety, avoidance, autonomy and anger. There are two insecure anxious styles defined in the ASI-AD (Enmeshed and Fearful) and two Avoidant styles (Angry-dismissive and Withdrawn). When more than one insecure profile is present at the same time a categorisation of Disorganised can be made. Inter-rater reliability of the measure is good; 0.70- 0.84 (K^w) in adults (Bifulco et al., 2002a, Bifulco et al., 2002b) and adolescents 0.76-1.00 (Oskis et al., 2011).

Vulnerable Attachment Style Questionnaire (VASQ; Bifulco, Mahon, Kwon, Moran, and Jacobs, 2003)

The VASQ is a 22 item measure that provides a total score of insecurity together with two subscales reflecting mistrustful avoidance and anxious proximity seeking. The items reflect behaviours, emotions and attitudes relating to attachment and are scored on a five-point likert scale from 1 'strongly disagree' to 5 'strongly agree'. The insecure mistrustful avoidance subscale (12 items) parallels the ASI Angry-dismissive or Fearful style. A 10 item subscale of anxious proximity-seeking in relating parallels the Enmeshed ASI style. Published cut-offs are utilised for indicating presence or absence of these attachment factors at dysfunctional levels. A score on both factors indicates a Disorganised style. A low score on either mistrustful avoidance or anxious proximity-seeking denotes Secure style. (This also includes the interview Withdrawn style). The internal reliability is good, and the comparison with the ASI interview significant.

Analysis

The interviews and self-reports were collated centrally by the organisation and analysed by the university evaluation team anonymously using SPSS. Frequencies, and cross-tabulations using chi-square at a $p<0.05$ level are utilised in the analysis. For the ASI interview, overall attachment style frequencies were examined and in comparison to other published rates of young people in residential care. Also prevalence of different qualities of relationships with parents, for example involving closeness and antipathy/hostility are examined as well as the presence of confidants. For the VASQ self-report, the prevalence of overall attachment styles are also given, together with the comparison of carer-rated and young person-rated rates.

Results

Prevalence of attachment styles from interview assessment (n = 118)

Rates of ASI attachment style were examined. All but one young person was rated as having an Insecure attachment style. This secure rate compares with community rates of 52% Secure (Oskis et al., 2011). Conversely 53% (62) had Disorganised (i.e. mixed style). This compares with community rates of 9%. The next most common insecure style was Angry-dismissive at 22% then Withdrawn at 11%, followed by Fearful at 8% and Enmeshed at 6%.

In Table 1 the styles are regrouped in order to compare rates with the AAI measure used by other residential care studies. Average rates were found to be similar to those of the present study. Thus the ASI Angry-dismissive and Withdrawn styles were combined to make an equivalent Avoidant style and Enmeshed and Fearful styles were combined for the Anxious style.

Table 1

Using the ASI, the current study found significantly different rates of attachment style than that found by Oskis (2009) in schools ($\chi^2 = 90.82$, $p < .001$). Indeed, comparing rates across all the studies showed that the Secure style is approximately 10 times more common (50% vs 5% on average) in normative samples.

Relationships and support (ASI; n = 118)

The ASI collects information on quality of contact with parents and quality of confidant support. It showed there were 23% (27) young people who had no contact at all with their mother and 40% (47) had no contact with their father. When asked about the quality of

contact 31% (36) reported no or low closeness to mother and 29% (34) reported high (marked or moderate) antipathy or hostility to mother. Rates for father showed almost half (47% or 56) reporting low closeness and 14% (17) high antipathy. When support from other sources was examined, only 39% (47) of the sample were able to name a very close relationship. For 18 respondents this included friends, 9 named a parent and 18 named a professional. However, there was only one respondent who was objectively assessed as having confiding support and ultimately rated as secure. On the basis of the presence of close support, most of the young people 67 (56.8%) were rated as having 'little/no' ability to make and maintain relationships with 49 (41.5%) rated as having only 'some' ability to relate.

Self-report VASQ assessment of attachment style (n = 76)

The self-report VASQ scores showed that 49% (38) of the young people were rated as Disorganised, 26% (20) were rated as mistrustful avoidance and only 9% (7) as anxious-proximity-seeking. There were 16% who rated themselves as Secure (including Withdrawn styles). The VASQ and ASI results were compared to assess whether they produced similar rates of the different attachment styles (see table 2). Here for purposes of comparison Angry-dismissive and Fearful ASI styles were combined as 'mistrustful' and Withdrawn combined with Secure (as the Withdrawn style is also noted for its resilience aspects). There were no substantial differences in rates between the two measures (p = .69).

Table 2

The young people and carer VASQ scores were then compared for similarity. Here it can be seen that the young people reported higher rates of Disorganised style (49% vs 37%), whereas carers rated higher levels of anxious-proximity-seeking style (37% vs 9%). Secure

styles were rated at similar levels (12% vs 7%). When tests of significance were applied for the 4-way grouping the differences were statistically significant ($p<.001$) but when a three-way grouping was used (Disorganised, single Insecure and Secure) no statistical difference was found. This was also the case for a two-way categorisation of Disorganised versus the rest (See table 3).

Table 3

Discussion

This report describes assessment of attachment style using two different measures in young people in residential care services in the UK and Isle of Man. The distribution of attachment styles using the ASI, were largely similar to other findings in residential settings using alternative interview measures. Nearly all were categorised as having Insecure attachment styles with nearly half a Disorganised style. Comparison with other studies in the UK (Oskis et al., 2011) and in continental Europe shows a fairly consistent ten-fold higher rate of insecure styles in residential care than in normative adolescent samples (50% versus 5%). In addition, the young people gave comparable rates of attachment styles using the VASQ, suggesting that both perspectives have utility. There were some differences in the young person and carer report using the VASQ, but this tended to be over type of style rather than Secure versus Insecure. Rates of Disorganised style were not significantly different.

There are limitations to this preliminary study. First there was little overlap between the interview and self-report administration, so comparing the two measures for particular

individuals was not possible. Second there are differences in categorisation between the interview and self-report measure which largely derive from methodological issues around dimensional and categorical measures (Stein et al., 2002). Third the analysis does not include assessment at this stage of other risk factors and psychological disorder to further understand attachment risk. We also acknowledge that the relatively small sample may restrict the generalisability of study findings. However, the work is ongoing, with the measures extended to foster care settings, and to prospective use of the VASQ to examine change over time for future reporting.

One of the problems of comparing across measures and studies is that attachment assessments utilise different categories and self-report dimensional scores tend to be different from categorical interview measures. Also, whilst Disorganised styles are common amongst adolescents with previous trauma and chronic abuse, the meaning of this category varies between different theoretical and measurement approaches. In the ASI and VASQ it is formulated as the presence of two parallel styles, particularly involving both Avoidance and Anxious-ambivalence and denotes a mixed strategy in dealing with relationship difficulties. In this it is perhaps closest to Crittenden's category of dual style or anti-integrated style, which she relates to psychopathy (Crittenden, 1998). The Disorganised styles were less like the 'Can't Classify' category in the AAI reflecting a total collapse of strategy at a global level, or the Unresolved classification focused on traumatic events (Main and Solomon, 1986) although elements of both are likely to be associated. It is known that Disorganised attachment style is associated with worse mental health outcomes (Green and Goldwyn, 2002) and this may in part reflect ongoing comorbidity of psychiatric disorder which may reflect the disorganised styles or vice versa. There is a need for longitudinal work in order to tease out the sequence in adolescence of attachment style and disorder. In this series it is

likely that both emanate from early life experience of multiple neglect and abuse, separation from parents often in stressful circumstances and high numbers of different subsequent care arrangements. In addition, biological bases for disorder, for example due to high stress hormones or problem brain development associated with adversity, or through genetic risk cannot be ruled out (McCrory, de Brito, and Viding, 2010). Indeed, it has recently been show that young individuals with high scores on both the insecurity and proximity-seeking subscales of the VASQ showed greater cortisol reactivity compared to other participants (Smyth, Thorn, Oskis, Hucklebridge, Evans and Clow, 2015). The mechanisms for Disorganised attachment style occurring are not well understood, although there is agreement about their high rates in children maltreated (Shemmings and Shemmings, 2011). Issues of dissociation arising from the failure to process previous trauma, as in post-traumatic stress reactions, have been outlined (Liotti, 2004) and uncontrolled anger is another feature attributed to such styles, involving a mixed strategy for dealing with attachment linked to adult violence, trauma and child maltreatment (Lyons-Ruth and Jacobvitz, 1999). Amongst the young people with Disorganised styles in this series a number had criminal convictions and periods in Secure Accommodation because of their uncontrolled angry outbursts. Among some of these young people there was a lack of awareness of their anger, which may indicate some dissociative elements being present.

It has been recognised that social workers and managers may benefit from assistance in identifying and distinguishing between risk, protective and resilience factors, and introducing structured tools to support this in their current practice is a key step (Wilkins, 2013). There is also growing recognition that child and family social workers in the UK are expected to integrate theory and research into their practice (Wilkins, 2016). As demonstrated in the present study, the ASI and VASQ are tools that have the capacity to be used in this way.

Given the importance of assessing attachment style in young people in residential care in order to understand the extent of their damaged interpersonal relationships and 'internal working models of attachment' and to provide interventions and referrals on a number of fronts, it is necessary to find standardised measures that are usable in such settings, preferably by the practitioners themselves. The ASI and VASQ have proved to be readily usable in such settings. These measures emphasise the social and interpersonal approach to attachment style and recognise the early parenting input. The advantage of the ASI is that useful descriptive information about the quality of close relationships and the barriers to getting close are articulated, and these can be the basis for determining ongoing intervention work. The VASQ can be used as a 'lighter touch' way to track change and monitor effectiveness throughout the intervention as well as compare the young person and carer's view of attachment exhibited. Both measures can be used to adduce change over time, and the team is currently working on such follow-up data.

The lack of any consistent supportive figures in these young people's lives is an important aspect to note in their risk profiles. A primary requirement of any intervention should be the stable placement of the young people for as long as possible to effect positive change. Graham (2006) argues that it is essential that youth who have had unsuccessful attachments within their primary relationships, are given the opportunity to experience the "second chance secure base". A secure base develops from the quality of relationship with a caregiver, who provides security for the development of autonomy, and a safe environment to return to when distressed or frightened. Whilst this should always be the ideal of residential care, such efforts are often thwarted by factors such as the young person's sudden removal to other accommodation for commissioning reasons or in relation to the young person's criminal behaviour and 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 security difficult to attain. It is these factors which interventions seek to counteract.

The pilot study presented here can be extended to further cohorts of young people in residential care to obtain a clearer and more comprehensive picture of attachment styles in this population. The ASI and VASQ are likely to be useful tools in understanding vulnerabilities of young people in the care system and to monitor effectiveness of interventions in the residential care setting to improve both the evidence-based and assessment tools in social work practice to aid young people.

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Table 1: Adolescent attachment styles in different residential and normative settings using interviews

	Residential Care				
	Current Sample	**UK***	**Dutch****	**Germany*****	**Average**
Attachment Style	ASI	AAI	AAI	AAI	N=310
ASI/AAI	n = 118	n = 39	n = 81	N = 72	%
	%	%	%	%	
Secure/ mild autonomous	1	8	4	7	5
Avoidant/ Dismissive	33	23	39	44	35
Anxious / Preoccupied	15	8	11	19	13
Disorganised / Unresolved	52	62	46	30	48

Note: Comparison data from: *Wallis and Steele (2001); **Zegers et al., (2008); ***Schlieffer and Muller, 2003 using the Adult Attachment Interview

Table 2: Rates of insecure styles using the ASI and VASQ with young people in residential care

Attachment Style	VASQ n = 76 %	ASI n = 118 %	ASI 4-way
A. Secure	16 (12)	1 (1)	12 (14)
Withdrawn		11 (13)	
B. Angry dismissive	26 (20)	22 (26)	30 (35)
Fearful/ mistrustful avoidance		8 (9)	
C. Enmeshed/ proximity -seeking	9 (7)	6 (7)	6 (7)
D. Disorganised/ dual style	49 (38)	53 (62)	53 (62)

Note: 4-way categorisation χ^2=1.44 (3) p=.69

Table 3: Comparison of Styles (%) across different respondents using the VASQ self-report

VASQ Attachment Style	Young Person % (n=77)	Carer % (n=83)
Secure	12 (9)	7 (6)
Avoidant (mistrustful)	26 (20)	18 (15)
Anxious (proximity-seeking)	9 (7)	37 (31)
Disorganised (both styles)	49 (38)	37 (31)

Note: 4-way grouping χ^2=32.07 (9) p<.0001

3 way grouping (Secure, single insecure, disorganised) χ^2= 8.64 (4) p<.07

2 way grouping (Disorganised vs rest) χ^2X2=3.39, (1) p<.06