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The Use of Attachment Theory in Adoption and Fostering

This paper explores the relevance of attachment theory to fostering and adopting. The paper begins by focussing on three important qualities for substitute carers: the ability to manage a wide range of feelings, both in oneself and in others; the resolution of any past losses and traumas; and the acquisition of reflective function. Emphasis is then paid to gaining an understanding of the attachment patterns of both children and potential substitute carers. Current ideas from attachment theory can help to inform both the selection of substitute carers and the needs and vulnerabilities of looked after children. Ways of matching the child with the carers are thought about, including an analysis of particular areas of vulnerability. A discussion highlights some of the dilemmas that these ideas might create for current social work practice.

Attachment theory is becoming increasingly relevant and useful in a range of social work roles and tasks. The work of Howe and his colleagues has been influential and important in applying many of the ideas and theories to social work (Howe et al, 1999, 2005). Beek and Schofield (2004) have been active in applying attachment theory to fostering. I have previously written about the relevance of attachment theory to child protection and communication within social work (Walker, 2007). As Schofield and Beek (2005) comment, 'attachment theory continues to offer a scientifically rigorous and yet practical framework for making sense of children's troubled and challenging behaviours and for supporting caregivers in providing them with a secure base'.

This paper will seek to develop the use of attachment theory within adoption and fostering. In particular, the paper will explore issues around the selection of substitute carers and the matching of child with carer. The aim will be to assess the capacity of

substitute carers to provide a secure base (Bowlby, 1998) from which children can grow, develop and explore. This task is particularly challenging because most children entering the care system will have experienced significant loss or trauma and will not have had experience of a secure base in their lives.

Qualities of Substitute carers:

I begin by thinking about the qualities of substitute carers which I believe are important in their role. All three of these are characteristics of someone who has an autonomous state of mind. An autonomous state of mind refers to someone who either has a history of secure attachments with primary caregivers or who has resolved any childhood issues (Main and Goldwyn, 1998).

I believe that there are three important aspects:

- The ability to manage a wide range of feelings, both in themselves and others.
- The resolution of any losses or traumas that they have experienced in their lives.
- The acquisition of reflective function.

Any assessment of potential substitute carers should seek to assess these three aspects.

The ability to manage a wide range of feelings:

I believe that it is important that substitute carers are able to manage a wide range of feelings, both in themselves and others.

The concept of affect regulation is now being recognised as crucial to mental health (Schoore, 2001) Affect regulation can be defined as the ability to modulate or control the intensity and expression of feelings and impulses.

Schoore argues that the ability to regulate our feelings is acquired in infancy and early childhood through repeated interactions with primary carers who are able to help the infant or child to re-establish equilibrium and calm when distressed and upset. What begins as a dyadic, two person process involving the primary carer becomes internalised when it goes 'well enough' into a capacity to self soothe and comfort oneself. A feature of a child who has had securely attached relationships will be an ability to manage strong, powerful feelings in a positive, healthy way.

Schoore goes on to argue that one of the major effects of trauma in early life is the loss of the ability to manage strong feelings. A feature of a child who has had a history of insecure or disorganised attachment relationships will be an inability to manage such feelings. An individual who has experienced abuse or neglect in early childhood, and who has not resolved the feelings, is likely to find it difficult to regulate their emotions and more likely to use violence or substance misuse when feeling stressed, threatened or frightened (Schoore, 2001). These are two of the most common of a range of maladaptive strategies.

Consequently, substitute carers need to be skilled at helping children to manage strong, often overwhelming feelings, which they are unable to manage on their own. Children who have experienced significant loss, abuse or trauma will need help from their carers to enable them to deal with the feelings evoked by their experiences.

An assessment of substitute carers, therefore, will need to focus on the individual's capacity to be in touch with a range of feelings in him/herself. It will be important that the individual can experience feelings of joy and happiness as well as feelings of sadness and hurt. This ability to be comfortable with a whole range of feelings will enable the carer to remain emotionally regulated himself in the face of the children's strong, often provocative, feelings.

Essentially it would be necessary to assess how emotionally available an individual is to himself on the basis that an individual's 'emotional availability to himself appears to parallel their emotional availability to children' (Cozolino, 2002). The more open someone is to his own emotions, the more skilled he will be at tuning in to the emotions of others.

Resolution of loss and trauma:

Following attachment theory, it is clear that substitute carers need to have resolved, at least to some degree, any experiences of loss and trauma in their own lives in order to remain emotionally available to any child placed with them. Hughes makes this clear: 'Adults who intend to provide a child with a sense of psychological safety that is sufficient to resolve and integrate experiences associated with trauma and loss, need

to have resolved any similar experiences in their own attachment histories in order to remain present for the child affectively and cognitively whenever the memory of those experiences emerge' (Hughes, 2003). Research at the Anna Freud Centre also identifies that the resolution of loss and trauma issues in carers is an important indicator of the progress that the child will make in the placement (Steele et al, 2003).

Attachment theory is clear that it is not trauma per se which is important but whether there has been any resolution of the trauma. It is the processing, working through and integration of childhood experiences which is the relevant variable in a parent's ability to be a safe haven to his or her children (Cozolino, 2002). The Adult Attachment Interview (Main and Goldwyn, 1998) has a category named 'earned secure' for those individuals who have experienced loss or trauma in their childhood but who have subsequently 'come to terms' with the experiences. Substitute carers who have resolved their own trauma history may be particularly sensitive and understanding of a child's issues of loss and trauma. The crucial aspect, however, is whether they have gained some resolution of the traumas.

For potential adoptive parents the assessment will involve a detailed exploration of their own personal circumstances which have led them to want to adopt. For instance, if adults are putting themselves forward as adoptive parents because of their own childlessness it is crucial that they have come to terms with their situation. Failure to mourn their own childlessness could have significant implications for their ability to bond with any child placed with them: in particular, if the imagined birth child has not been mourned, the danger is that this fantasised child will be idealised with the effect that the adopted child will inevitably be a disappointment.

Reder and Duncan's concept of the meaning of the child becomes relevant here (Reder and Duncan, 1993, 1995). In assessing potential substitute carers I would argue that it is important to tease out the potential meaning of the imagined child for them. What psychological role do they imagine that the child will play in their lives? Examples might be: completing a family; providing a younger sibling for an only child; replacing an unmourned birth child; attempting to save a relationship in trouble. The Working Model of the Child Interview (Zeanah et al, 2006) is a structured interview which can help to tease out the meaning of the child for potential carers.

Often the proposed role is unrealistic and the child is bound to fail in the task. However, should the child fail in the imagined task the danger is that he or she could then become scapegoated and rejected.

Similarly, a history of miscarriages might be extremely significant for potential substitute carers and should be explored in detail. Bakermans-Kranenburg et al (1999) list a series of questions to ask in relation to miscarriages, including an exploration of how a miscarriage might have affected relationships with subsequent children.

It is also important to ask about terminations. I have had clinical experience of working with a woman who had two terminations in her teens. She subsequently felt considerable guilt and self blame when having problems conceiving in her early thirties. It would be important to explore such issues if a potential substitute carer had a history of a termination and how it could impact on her ability to bond with another child.

In assessing loss and trauma the optimum would be for an individual to be midway between the emotional detachment of the avoidant position and the 'overwhelmed-ness' of the ambivalent position. In other words, I would hope to see some acknowledgement of the pain and grief around infertility without feeling that the person is still preoccupied by the loss. A complete disavowal of pain ('I have dealt with that. It's finished') would be as concerning as continuing evidence of being overwhelmed by grief.

It is important that individuals can speak about experiences of loss and trauma in a logical, coherent and understandable manner with an appropriate but contained level of affect. What would be important to assess would be the individual's capacity to be in touch with painful feelings and then find ways of mourning for the loss in a healthy, productive way. If an individual does not have the capacity to manage painful feelings in himself, he will not be able to help any child in his care to deal with their own pain, loss and grief.

Reflective function:

I believe that reflective function is also highly relevant to substitute carers. Reflective function is defined by Fonagy as 'the understanding of self and others as intentional beings whose behaviour is organised by mental states, thoughts, feelings, beliefs and desires' (Fonagy, 1999). More simply he describes it as the ability to think flexibly about thought and feelings in others and oneself. It includes efforts to tease out the internal reasons and meaning behind behaviour, both in self and others.

Fonagy argues that the cycle of disadvantage may be interrupted if the caregiver can acquire the capacity to reflect productively on mental experience. The capacity to think reflectively about both one's own and other's experience is a protective factor in parenting.

Beek and Schofield (2004) refer to 'the capacity to reflect on complex and often confusing behaviours and then to tune in accurately to underlying thoughts and feelings'. Substitute carers need to be able to see beyond the immediate behaviour to think about what might lie behind and motivate the behaviour. The ability to do this will enable the carer to respond more sensitively and in turn help the child to manage the feelings more appropriately.

For instance, a substitute carer who is able to think that an infant is crying because he/she is upset, hungry or frightened is likely to react more benignly than if she thinks that the infant is crying because he/she is deliberately attacking or persecuting him. It is particularly important that carers of traumatised children have the capacity to think what might lie behind a child's behaviour (such as fear and anxiety) rather than responding to the overt behaviour in itself.

Similarly, reflective function allows individuals to access their own defensive processes (e.g. fear of intimacy), so that these defences are not automatically triggered in relationships. If a person can recognise his tendency to withdraw he can watch out for times when this habitual pattern of behaviour emerges.

An important aspect of parenting is to encourage the child to develop reflective function. In part this is done by modelling reflective function and the open expression, naming and management of feelings. Holmes argues that ‘self awareness is inherently protective’, stating that it acts as a psychological immune system (Holmes, 2001). A key role of the work for substitute carers is to help their child to increase their capacity for reflective function and their own self awareness.

Consequently, an assessment of an individual’s capacity to care for children who have experienced loss or trauma should include an exploration of the person’s capacity for reflective function. Questions such as, ‘why do you think x behaved in that way?’ can help to draw out a person’s ability to think about what might lie behind behaviour. In addition, the capacity to think reflectively about one’s own life history and one’s own behaviour is vitally important for substitute carers.

Attachment patterns:

Attachment patterns are discussed fully elsewhere within the attachment literature and will only be discussed briefly here (Holmes, 2001, Howe, 2005). However, it is important to recognise that attachment patterns are on a continuum. In other words, individuals who are securely attached can nevertheless display aspects of either avoidant or ambivalent behaviour. Thus, a securely attached individual who veers towards the avoidant would be likely to withdraw and attempt to comfort himself when stressed. A securely attached person who veers more towards the ambivalent

would be likely to exaggerate emotions and be more likely to seek out and depend on others when stressed or upset.

Avoidant individuals tend to be independent, self sufficient and self contained with a disavowal of emotions. Mildly avoidant parents can often be predictable, reliable and consistent. However, strongly avoidant parents can be critical, cruel and punitive towards any show of vulnerability or need in their child.

Avoidant children are frequently compliant, independent and self contained. They hide their distress and give the message that they are 'ok' and coping, even when they are not ok. Because of their compliance and self contained nature they can often be misunderstood as being happy, content and securely attached. Strongly avoidant children and adolescents can be bullies and punitive towards those weaker than themselves.

Ambivalent individuals exaggerate their attachment needs and emotions. Mildly ambivalent parents can be warm, exciting and fun. More strongly ambivalent parents can find it difficult to allow their child to separate, over dramatise, rather than calm distress in their child and discourage exploration.

Ambivalent children similarly exaggerate their distress and need for others. They can fear separating from their parents and can present as being clingy and needy. Children with ambivalent attachments have learned to maximise their display of attachment – seeking behaviour because of the unreliable/unavailable response of their attachment figure. Therefore what they need from their carer is the experience of someone who is

reliably there for them, holds them in mind and is responsive to their needs. Whilst strongly avoidant children can be bullies, ambivalent children are frequently victims (Holmes, 2001).

In terms of substitute care, avoidant children can mislead their carers into believing that they are ok, when in fact they are not. Ambivalent children can mislead their carers into thinking that they are not ok, when they could be. Avoidant children need carers who can recognise their need for comfort and protection even when the child is pushing them away and saying that he does not need help. Ambivalent children need parents who can calm, rather than exaggerate, their distress and who can give them encouragement to explore the world.

Dozier found in her research that children tended to lead the 'interaction dance' with their carers (Dozier, 2005). Even autonomous carers, who could be expected to provide nurturing care to traumatised children, tended to respond in kind to the child's behaviour. Thus, when children behaved in avoidant ways, foster parents tended to respond as though the child did not need them; when children behaved in ambivalent ways, foster parents tended to respond angrily. The child's experience of inadequate or abusive care seemed to be determining the nature of the relationship formed with the new caregivers.

Assessment of the child:

There are now a number of formal methods of assessing a child's attachment patterns, such as Narrative Story Stems (Hodges et al, 2004) and the Child Attachment

Interview (Target et al, 2003). Such measures are extremely helpful in providing a structured, evidence based method of assessing a child. However, such methods involve training which is both expensive and time consuming. As a result, they may not always be available to social workers. When such methods are not available it is important for social workers and substitute carers to gain some understanding of a child's attachment pattern.

This can be begun by observing the child's reaction and response to fearful experiences. Dozier et al (2005) give substitute carers homework in which they are asked to record how the child responds to distress: for instance, when hurt, frightened or separated. Times of separation from attachment figures are particularly informative: an avoidant child is likely to display no upset or fear, while an ambivalent child is likely to exaggerate distress or show separation anxiety. Similarly, how does the child react when upset or hurt? An avoidant child is likely to 'hide away' in his bedroom and withdraw; an ambivalent child is likely to become more clingy and demanding.

By paying attention to these times of distress social workers and substitute carers can build an understanding of a child's characteristic attachment pattern.

Disorganised attachment:

Disorganised attachment was first described by Main and Solomon in 1986.

Attachment theory argues that a threatened or frightened child will turn to the attachment figure for comfort, security or reassurance when distressed. But if the

attachment figure is itself the source of the threat the child is presented with an insoluble dilemma. Hesse et al (2003) describe the 'fright without solution' which can occur when the parent – normally the child's biologically channelled 'haven of safety' - simultaneously becomes its source of alarm.

Children with a disorganised attachment pattern are likely to view caregivers as the source of terror in their lives; their experience is that to be dependent or vulnerable is dangerous, hence the caregiver must be controlled if the child is to keep himself safe. 'They are likely to try and control them through manipulation, overcompliance, intimidation or role reversal' (Hughes, 2003).

Given the close correlation between trauma and disorganised attachment, it is likely that many looked after children will display aspects of disorganised attachment.

Social Workers should be alert to the possibility that many of the children they work with will show aspects of disorganised attachments. Such children will present particular challenges to their carers. In particular, carers should be helped to understand that behind the behaviour of many children with disorganised attachment patterns lies enormous fear and anxiety.

Assessment of the adult:

An assessment of the adult's attachment pattern is important for all the previous reasons discussed in this paper. However, it needs to be acknowledged that however desirable, the reality is that many adults wanting to become substitute carers may not have an autonomous state of mind. Inevitably many applicants will demonstrate either

avoidant or ambivalent attachment patterns, with some displaying lack of resolution of past traumas. The study at the Anna Freud Centre found that many substitute carers displayed an avoidant attachment pattern (Steele et al, 2003). What then becomes important would be the degree of problems: someone who is mildly avoidant may become a capable substitute carer, whereas a strongly avoidant person probably would not.

An assessment of an adult's attachment pattern can potentially provide an opportunity for the person to understand his own characteristic pattern of behaviour, thereby enabling him to begin to adapt and change. Thus someone whose pattern is to be avoidant can be encouraged to be nurturing and caring to a child even when this seems contrary to their instincts. The aim is to help them to learn to 'provide nurturance when it does not come naturally' (Dozier et al, 2005).

Similarly, more ambivalent substitute carers need to learn to calm, rather than escalate, distress in the child, and to allow the child to explore.

All these ideas can help to build up a profile of an individual or a couple with an understanding of their strengths and particular areas of vulnerability. An understanding of the adult's attachment pattern can then be used to inform the matching of the child with the carer, as will be discussed later in this paper.

Assessment of the couple relationship:

Attachment theory can helpfully add to an understanding of the dynamics of the couple relationship. It is now being recognised that relationships which involve a complementary attachment pattern (that is, a combination of an avoidant person with a more ambivalent person) tend to be more resilient (Solomon, 2003). However, it would be important that the insecure attachment patterns are not too extreme: otherwise what initially acted as an attraction can in time become a major source of conflict. For example, an avoidant mate once admired as strong and solidly based may in time be accused of being rigid and unchanging. An ambivalent partner who was initially seen as passionate and full of energy and excitement may later be put down for being overly emotional and chaotic (Solomon, 2003).

An understanding of the attachment patterns of a couple can also inform whether one individual can compensate for deficiencies in the other's parenting style. For instance, a mildly avoidant person may be able to add order, structure and consistency to the parenting style of a more ambivalent person. In turn, the more ambivalent person may be able to add warmth and excitement to the avoidant parent. However, once again it is important that this difference and the attachment patterns are not too extreme and polarised. Where the parents' attachment pattern is similar it may make it more difficult for them to balance each other in terms of their parenting.

Matching of child and substitute carer:

As a general principle, the more traumatised and damaged the child, the more important it is that the substitute carers have resolved any major traumas of their own, can manage a wide range of feelings and can demonstrate reflective function. Thus,

children who display aspects of disorganised attachment will need carers with an autonomous state of mind, with strong capacity for reflective function.

If the social workers have some understanding of the attachment patterns of both the child and the potential substitute carers this can inform matching the child and the carer.

As with couple relationships, it is also now being recognised that a complimentary 'fit' between substitute carer and child offers significant advantages. Where a carer has a similar attachment style to a child the danger is that the carer will collude in reinforcing the attachment pattern.

Thus, an avoidant child is likely to keep his distress hidden and mislead the carer into believing that he is ok and that he does not need help or nurturing. He is likely to reject and push away offers of comfort and nurturing. The carer needs to provide nurturance even though the child is behaving in ways that suggests that he does not need or want nurturance (Dozier, 2003). An avoidant carer is likely to collude with this pattern and allow the child to withdraw. A carer who veers more towards the ambivalent end of the spectrum may be more able to challenge the pattern without colluding with it. She may be more able to break through his withdrawal and encourage him to express his distress.

Similarly, a child with an ambivalent attachment pattern is likely to exaggerate his distress and mislead the carer into thinking that he is less capable than he actually is. An ambivalent carer may escalate, rather than pacify, the distress and collude with the

notion that the world is a dangerous place and that exploration is risky. In contrast, a more avoidant carer is more likely to minimise the distress and be more willing to 'push the child out into the world' and risk exploration.

Essentially, the child's attachment pattern and habitual way of behaving needs to be challenged, albeit in a sensitive way, rather than colluded with. The aim should be to help the child to move away from habitual ways of behaving. Thus, the avoidant child should be encouraged to be more in touch with his feelings and to allow himself to be looked after and nurtured. The ambivalent child should be helped to contain his feelings more appropriately and to risk separation, independence and exploration in the world.

Discussion:

I am aware that the ideas presented in this paper may create dilemmas for day to day social work practice.

There is a particular dilemma about the scarcity of foster parents. Local Authorities need to have a pool of foster parents available for looked after children. Attachment researchers are becoming increasingly clear that children develop optimally with carers who have an autonomous state of mind. However, the reality is that many people applying to adopt or foster will not meet these criteria. If the ideas previously outlined in this paper are applied in a rigorous manner it could result in the rejection of many people who apply to adopt or foster, with serious implications for practice.

One possible way of addressing this dilemma could be the development of training programmes for substitute carers. The Attachment and Biobehavioural Catch-Up (Dozier et al, 2005) is an attachment based training programme for foster carers. The model accepts that there will be a range of states of mind in respect of attachment amongst the caregivers, but aims to increase each carer's capacity to promote safety and security in their child. The Circle of Security Intervention (Cooper et al, 2005) focuses more on the child and aims to help the parents to gain an understanding of their child's attachment pattern, thereby modifying their approach to their child. Papers such as Attachment, Self Regulation and Competency (Kinniburgh et al, 2005) can also provide a theoretical underpinning to help carers understand the impact of traumatic experiences on their child's behaviour and functioning. These models can be used as the basis of a training programme for substitute carers. The aim of such a programme would be to develop the carer's capacity for reflective function and their ability to manage strong feelings in their child and in themselves. Therefore an important aspect of an assessment of substitute carers would be an exploration of an individual's willingness to engage in such a training programme and their openness to learning and their ongoing development.

There may also be practical issues about matching the child with a substitute carer, particularly in foster care. Given the shortage of foster parents and the frequent need to place children urgently, carefully planned matching of a child with a foster parent may not be possible. It is likely that the concepts about matching are more relevant to adoption and long term fostering, when there may be less urgency and more choice of potential carers.

There is also a question about the relative importance of the concepts outlined in this paper. For instance, how should these ideas be balanced against the desire to match a child in terms of his ethnicity? It is now recognised that children benefit from being placed with carers who match the child's cultural and ethnic background. Issues of race, religion and ethnicity are extremely important in placing a child. Should the priority be to place a child with carers who have an autonomous state of mind or who match their ethnicity? However, it should also be recognised that a feature of an individual with an autonomous state of mind is the capacity to tolerate and value difference. Carers with an autonomous state of mind are more likely to be able to value and encourage exploration of a cultural and ethnic identity different to their own.

It is also interesting to reflect on sibling placements in terms of matching. I have recently carried out an assessment of a 13 year old boy and his 9 year old sister. The boy shows strongly ambivalent aspects in his behaviour, while the girl is much more avoidant. They will present significant problems for their carers who will need to have the flexibility to adapt their parenting in relation to each child's differing needs. Sibling placements such as this will place particular demands upon their carers and the process of matching will be more complex.

Conclusion:

Attachment theory is becoming increasingly sophisticated and now has much to offer the work of fostering and adoption. Current developments in attachment theory offer powerful insights into the areas of selection of foster carers, understanding of a child's

particular needs and problems and the matching of the child with potential carers. Social workers will benefit from embracing these ideas as they can add depth, meaning and sophistication to their assessments, which in turn are likely to improve the life chances of looked after children.

Key words: Attachment theory, adoption and fostering, attachment patterns, matching, selection.

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