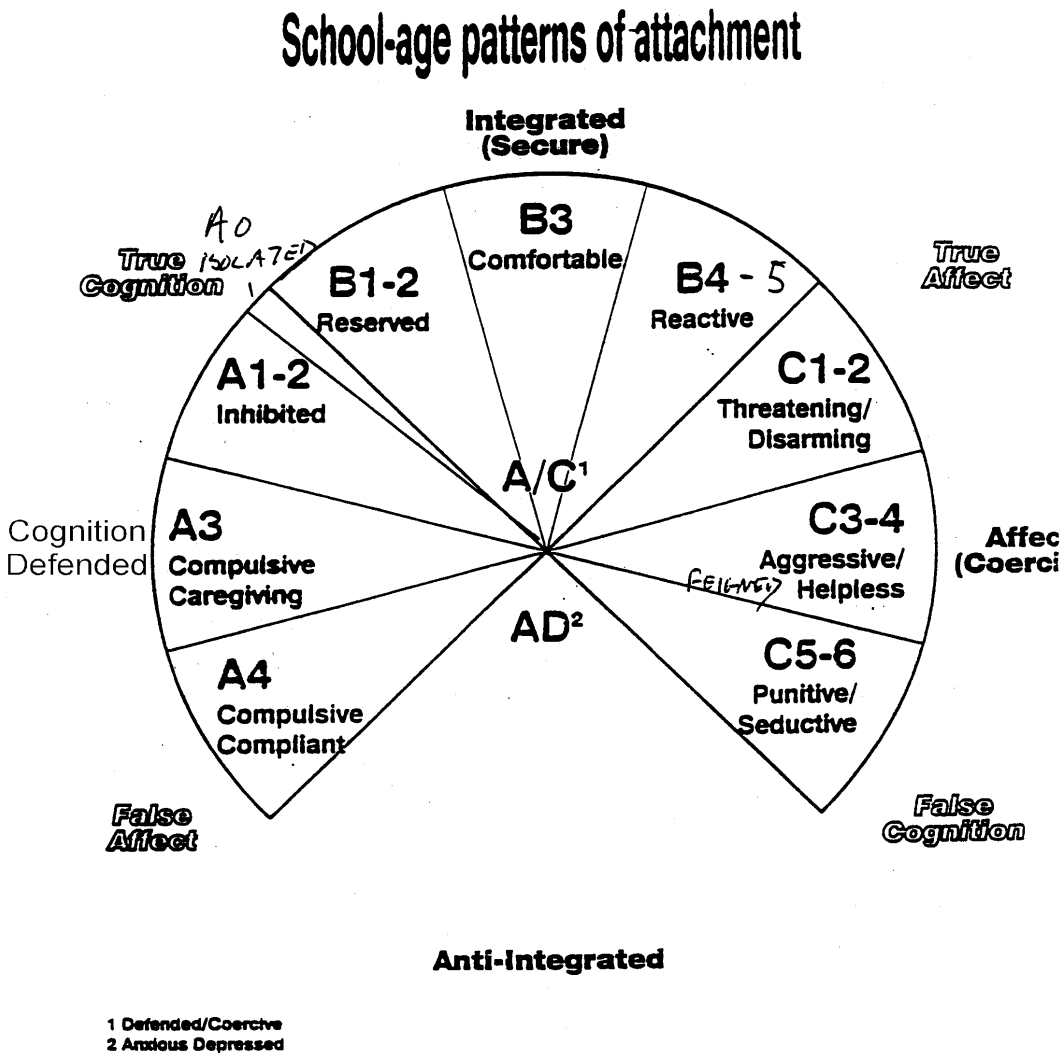
Appendix 1

Crittenden (1995: 376)



Appendix 2

Farnfield (2001: 60)

Table 3.1: Assessing attachment in children					
	History	Observation	Play	Tests	Interview
0–12 mths	•	•	•		
12–18 mths	•	SS	•		
18mths–3 yrs	•	SR	•		
4–6 yrs	•	SR	•	SAT Animal Stems	Facilitated
6–puberty	•	R	•	SAT Doll Stems	Facilitated CAI
Adolescence	•	•		SAT	CAI Modified AAI

Abbreviations/terms:

SS	Strange Situation	SAT	Separation Anxiety Test
CAI	Child Attachment Interview	SR	Separation and Reunion
Stems:	Narrative stems	AAI	Adult Attachment Interview
R	Reunion	Facilitated:	Combination of interview and prompts

Appendix 3

Fahlberg (1991: 37)

Observation Checklist: What to look for in assessing attachment and bonding: primary school years

Does the child...?	*Does the parent...?*
behave as though he/she likes him/herself?	show interest in child's school performance?
show pride in accomplishments?	accept expression of negative feelings?
share with others?	respond to child's overtures?
accept adult-imposed limits?	provide opportunities for child to be with peers?
verbalise likes and dislikes?	handle problems between siblings with fairness?
try new tasks?	initiate affectionate overtures?
acknowledge mistakes?	use disciplinary measures appropriate for child's age?
express a wide range of emotions?	assign the child age-appropriate responsibilities?
establish eye contact?	seem to enjoy this child?
exhibit confidence in his/her own abilities?	know the child's likes and dislikes?
appear to be developing a conscience?	give clear messages about behaviours that are approved or disapproved of?
move in a relaxed manner?	comment on positive behaviours as well as negative?
smile easily?	
look comfortable when speaking with adults?	
react positively to parent being physically close?	
have positive interactions with siblings and/or peers?	

Appendix 4

Howe and Fearnley (199: 22-23)

Social:	Superficial and charming behaviour with strangers, grandiosity Little eye contact Poor peer relations Fights for control over everything
Emotional:	Indiscriminately affectionate with strangers, grandiosity Inappropriately demanding or clingy Lack of affection with carers Resentment
Behavioural:	High levels of anger, rage and even violence towards carers, particularly mothers (adopters, foster carers); oppositional behaviours; constant blaming of others; poor impulse control Restlessness; constant need for stimulation and activity that often leads to antisocial behaviours Children act as if their new carers (particularly adoptive and foster mothers) were responsible for their past abuse and hurt, which is puzzling and hurtful for carers. Coercive, demanding behaviour 'Crazy', obvious lying; manipulative lying to get what they want Early sexual activity Stealing (eg from mother's purse) Preoccupation with fire, blood, gore, and weapons, often expressed in violent drawings Cruelty to animals High breakage rate of toys and objects, and a tendency to trash rooms when in a temper
Developmental:	Lacks cause and effect thinking Abnormal eating patters (gorging, stealing food, hoarding, refusing to eat, particularly in presence of other family members) – these eating problems reflect early failures of nurturing and repeated experiences of hunger and physical neglect Lack of conscience and moral sensibilities Self-neglect; very poor personal hygiene; urinating in inappropriate places

No one child will present with all of these behaviours. Attachment disordered children show both an avoidance of intimacy and extreme attempts to control close relationships coercively (using mixtures of threatening / angry / menacing behaviours and seductive / charming / paranoid behaviours - for example see Crittenden, 1995).

Appendix 5

Zeigler (2001)

Section Two - *Quality of Relationships*

The child produces overall pain, discouragement and heartache in his/her care providers.

SCORE:

0 - Infrequently	**1 - Occasionally**	**2 - Frequently**
(less than 10% of the time)	(about 25% of the time)	(50% or more)

0 1 2	(1)	I do not feel like I really know this child as a person.
0 1 2	(2)	I and/or members of my family are afraid of this child.
0 1 2	(3)	This child does not seem to understand the meaning of remorse or giving a sincere apology.
0 1 2	(4)	I do not feel like I have a significant connection with this child.
0 1 2	(5)	Despite his/her background, this child should respond with more genuine feeling than he/she does.
0 1 2	(6)	I wonder if this child really cares for me or anyone in my family.
0 1 2	(7)	Sometimes this child makes me feel like there is something wrong with me, when there is not.
0 1 2	(8)	I have trouble explaining to others what this child is really like.
0 1 2	(9)	This child cannot/will not accept my affection and love.
0 1 2	(10)	No matter how much time I spend with this child I do not believe I have or can get any closer emotionally.

Appendix 6

Permission request

Dear

As part of my Therapeutic Child Care course at Reading University I need to undertake a short piece of research for a dissertation. I intend to use the SACCS Recovery Needs Assessment as the basis for this research, and would be grateful to you (and your team) if you would help me.

The question I intend to study is whether the SACCS Assessment Process contributes to the 'Recovery' of children in the area of 'Attachment'.

I would like to provide you (and your team) with a short questionnaire with questions aimed at answering the above question. It should take no longer than 10 minutes to complete.

I would like to make it clear that any team member who did not wish to participate would be free to do so. I would provide anonymity and confidentiality to those members that did participate and would like to assure participants that my findings would be generalised. E.g. 'Several people felt that …….'

In addition, I seek your permission to attend the RA's of one of your children with an added role as participant-observer. That is, as well as performing my usual role in the Assessments I would also be attending as part of my research project. I would be paying particular attention to any references to improving the quality of attachments for the child. Any notes that I take would be made available to team members who wished to avail themselves of them.

The full Dissertation Proposal will be made available should you require further information.

Thank-you for your time

Lorraine Easterbrook

Appendix 7

Letter to Patrick Tomlinson

Dear Patrick,

I am writing to confirm that we have met to discuss my Dissertation Proposal and that you have been supplied with a copy of the Proposal and are fully aware of my intention to use the SACCS Recovery Needs Assessment as the basis for my study. You are aware of the methods I intend to use, the areas I intend to study and the ethics by which I will be guided.

I would be grateful if you would confirm the above and that I have your full permission to go ahead with the proposed study.

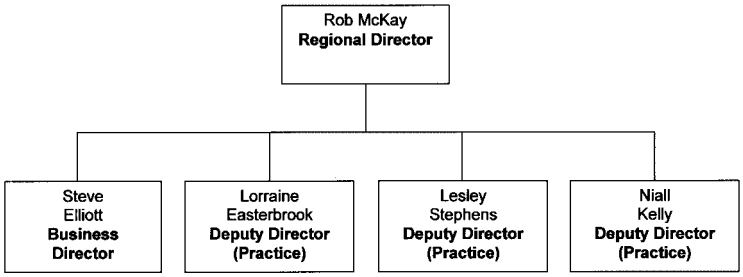
Yours Sincerely'

Lorraine Easterbrook
Deputy Director of Practice

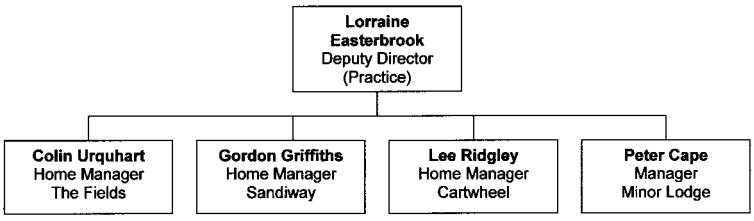
Appendix 8

Organisational Map

SACCS CARE LTD
Regional Directorate
(Shrewsbury)



SACCS CARE LTD
Practice Management Team
(Shrewsbury)



Appendix 9

24 Outcomes for Recovery

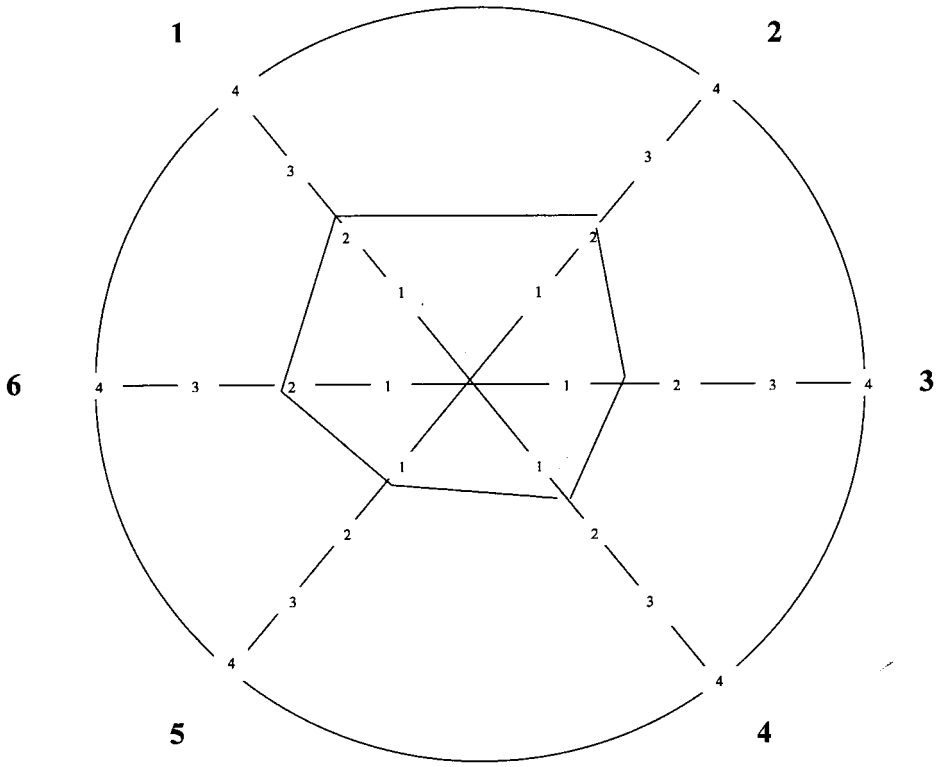
1. When the child has a sense of self – who they are and where they've been.
2. When the child has an understanding of their past history and experiences.
3. When the child is able to show appropriate reactions.
4. When the child has developed internal controls.
5. When the child is able to make use of opportunities.
6. When the child is able to make appropriate choices.
7. When the child is able to make appropriate adult and peer relationships.
8. When the child is able to make academic progress.
9. When the child is able to take responsibility.
10. When the child has developed conscience.
11. When the child is no longer hurting themselves or others.
12. When the child is developing insights.
13. When the child has completed important developmental tasks.
14. When the child has developed cause and effect thinking.
15. When the child understands sequencing.
16. When the child has developed motor skills.
17. When the child has developed abstract thinking.
18. When the child has improved physical health.
19. When the child has normal sleeping habits.
20. When the child has normal personal hygiene.
21. When the child has normal eating behaviours.
22. When the child has normal body language.
23. When the child has normal self-image.
24. When the child is able to make positive contributions.

Appendix 10

SACCS Recovery Assessment Graph

ASSESSMENT SCORE SUMMARY

NAME: **DATE:**



1 = Learning, **2** = Physical Development, **3** = Emotional Development, **4** = Attachment
5 = Identity, **6** = Social & Communicative Development

KEY	
Red –	Therapy
Green –	Life Story
Blue –	Therapeutic Parenting

Signed

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Appendix 11a

Results of 56 Completed Questionnaires

Questionnaire re-: Does the SACCS RA Process contribute to the 'Recovery' of children in the area of 'Attachment'.

1. This section has only three questions. Do you think this is enough to make a judgement as to a child's level of attachment?

Yes	Agree Mildly	Not Sure	Disagree Mildly	No
11%	**32%**	**11%**	**14%**	**32%**

Comment on a 'No' answer: - Should be as a whole outcome from the RA

2. Do you understand the scoring system for these questions?

Yes	Agree Mildly	Not Sure	Disagree Mildly	No
68%	**16%**	**9%**	**0%**	**7%**

3. Is the scoring system helpful in this area?

Yes	Agree Mildly	Not Sure	Disagree Mildly	No
21%	38%	16%	18%	9%

4. Do you understand the questions?

Yes	Agree Mildly	Not Sure	Disagree Mildly	No
57%	**23%**	**13%**	**5%**	**2%**

Comment on a 'disagree mildly' answer: - some are vague
Comment on a 'not sure' answer : - some questions can be vague leaving the interpretation open.

5. If a child scores low scores in this area do you discuss 'Attachment' in the RNA session?

Yes	Agree Mildly	Not Sure	Disagree Mildly	No
70%	**14%**	**6%**	**4%**	**6%**

Comment on a 'No' answer : - rarely

6. If a child scores a low score in this area do you think it is more significant than any other area?

Yes	Agree Mildly	Not Sure	Disagree Mildly	No	Blank
27%	**32%**	**14%**	**5%**	**20%**	**2%**

Comment on a 'No' answer : - Depends on stage of recovery

7. If a child scores a low score in this area do you think it is less significant than other areas?

Yes	Agree Mildly	Not Sure	Disagree Mildly	No	Blank
2%	**14%**	**18%**	**5%**	**57%**	**4%**

8. If a child scores a low score in 'Attachment' then this area figures highly in the discussion for the next IRP

Yes	Agree Mildly	Not sure	Disagree Mildly	No	Blank
36%	**39%**	**9%**	**4%**	**5%**	**7%**

9. I understand how to improve a child's level 'attachment' if there is a low score

Yes	Agree Mildly	Not Sure	Disagree Mildly	No	Blank
46%	**38%**	**11%**	**0%**	**0%**	**3%**

Comment on an 'Agree Mildly' answer: - This can depend on the child and it's past.
Comment on a 'Yes' answer: - But its not clear cut
Comment on a 'Yes' answer: - Depends on individual child

10. The RA helps me to understand how to make positive changes in this area

Yes	Agree Mildly	Not Sure	Disagree Mildly	No	Blank
32%	45%	**11%**	**4%**	**2%**	**7%**

11. Have you received training in 'Attachment'?

Yes	No	Blank
73%	**22%**	**5%**

Comment on a 'yes' answer: - some work with a therapist
Comment on a 'yes' answer: - but not enough
Comment on a 'yes' answer: - but there were no handouts
Comment on a 'yes' answer: - in the SACCS Recovery Programme
Comment on a 'No' answer: - stopped as I started at SACCS

12. Do you understand the term 'Inner Working Model' and how it applies to the child's early experience? Could you explain it in a few words?

Yes	Yes with explanation	No	Blank
7%	**84%**	**2%**	**7%**

Comments

A person's blueprint for relationships.

How a child has learned to be who they are.

The development of the child's brain and nurture to enable them to develop within the first 18 months.

It stems from what a child has learned in its early years off its peers or parents. Important to the child's development.

Vaguely – how the child's emotions are affected by trauma.

The child's view of themselves i.e. good, bad, loveable, unlovable.

How the child functions.

The child's view of themselves, their world and the people who look after them.

Child's internalised belief/sense of self, others, world.

What experiences the child has had reflects on their make up, actions, reactions, thoughts about themselves, their environment and others.

It is the child's view of the environment around them developed in the first 18 months.

Defines child's make up, who they are, how they think after.

We have an understanding of the children.

The make up of a child. How experience has developed their character and traits.

Child's preconceived view of themselves, their environment and the people around them – morals, values.

The children protecting themselves and others.

The way the child perceives itself in relation to the rest of the world, this perception is built on the child's early experience.

The way the child sees themselves and others and how they fit into the world. This is developed during early life experiences.

It is the process which occurs in the first 18 months of life and is how the child sees themselves, others and the world.

The child's belief about themselves, others and their world. Subconscious, developed from very early childhood experiences.

It is looking at how the child views themselves, others and the world.

Is the way the child has been affected by its early years, maybe missing out on good parenting and hence operating at levels lower than age.

It's a plan of how the child views themselves and the world, carers, parents.

The actual stage of development of the child rather than the age.

It's who I am.

About bonding and attachment in the early years.

How the child perceives themselves to others.

A set of expectations about relationships and beliefs about self formed by early interactions with carers and very difficult to change.

Brain development thru nurture in the first few months of being.

It is looking at child's experiences and where they are now, and where we want them to be.

How child is perceived, how perceives him/herself in relation to ….

Child's view of the world, and where they fit into it.

Is the process inside the child's brain development that made up from first attachment and first months of our lives and how they were.

How the child's history and experiences impact on them.

It's the child's perception of the world and his/her place in it.

It is the child's view of themselves, gained through early experience.

How the child perceives the world they live in.

It gives us a understanding of the child and how they function.

Don't understand.

How the child views themselves and others +ve and –ve.

How their experiences develop their understanding of the world.

The child's view of the world.

It's the child's view of the world, themselves in the world and the carers for them.

It's the way the child views themselves and the world around them, i.e. I am good/bad, the world is safe/unsafe.

It is how the child sees themselves, what others see them as and how they see the world.

It's the …. of which an individual child is deemed to be as a result of history, experience and …….

13. Is understanding the child's early experience important to the RA and why?

Yes	Yes with explanation	No	Blank
5%	**86%**	**0%**	**9%**

Comments

Past experiences are what links us to finding out the child's interpretation of life and can help us aid in recovery.

Because it has an impact in the way they think and see the world in general.

As the child's early experiences will have a great impact on how the child behaves now, it's important to have a knowledge and understand the child's history to be able to make educated choices.

As it gives a reason and understanding for behaviour.

So you have an idea of their history and can see some of the factors that influence their thinking.

It helps us understand their behaviour.

Any child's early experiences contribute to how they develop both +ve and –ve.

I think it's important but I don't know why.

In order to get a ….. for the child.

Without knowing the child's history we cannot begin to understand a child's inner working model.

It helps us to understand a child's behaviour.

You can attribute behaviours and certain feelings to past experiences. For example a fear of a bedroom could be because they were locked in it. We can then discuss this in the RA.

Having a good knowledge of a child's past helps the adults to understand behaviours and issues relating to attachment, that can then be improved.

It's very important because it is the structure of their lives.

To gain understanding of the inner working model, their experiences – triggers – view of things.

To gain knowledge and create an understanding of the child in relation to why they behave/attach in specific ways.

To understand where the child is at emotionally and past experiences could influence behaviours shown.

Key to behaviours

It's important to understand the experiences on which the internal working model is based in order to work therapeutically with the child.

Bonding and attachment.

So that you can see how they have come in the development process.

It's where we start – the roots.

It helps us cope with the behaviours they present.

Massively because by realising what attachment has been lacking you can know where to start.

To know how to parent the child and aid recovery.

It makes it easier to understand if the child has attachment issues, self harming etc.

To enable us to have a better understanding of the child's IWM and how we can address unhealthy aspects of this. Acceptance and understanding.

It can tell us how the child's IWM was formed and how they see the world.

To enable us to understand why a child behaves the way they do giving us a base to start our work.

It gives us an understanding of why the child behaves in certain ways at the present time and helps us to think of ways to move the child forward.
You can give further help and know about triggers.

To understand their IWM.

To understand developments and reasons why plans are put in place to aid recovery.

It sets a platform for the child.

To inform who they are today, reasons behind behaviour.

It gives view of child's IWM and early experiences, determine make up of personality.

This governs how they will react, learn etc.

Essential to know where they come from and to address and understand where they're going and how to help.

To understand child's behaviour.

So that you can give them positive parenting to enable them to progress.

Because of child development/ impact of trauma, identifying needs and attachment.

Helps you work through those issues with the child.

Understanding why they may score low scores in areas.

To understand its IWM.

It gives a deeper understanding of the child's IWM

It helps us develop a more detailed IRP.

Early experience influences the rest of their lives – their relationships, how they view themselves.

You need a place to start.

14. Do you have any further comments to make about this section of the RA?

Yes	No	Blank
25%	**37.5%**	**37.5%**

Comments

Require training in attachment.

Could be improved.

Talk about this endlessly in team meetings.

Think involvement of staff team is imperative – seems to have lacked focus.

Too short, more questions would help.

Sometimes it is hard when the child's history is not fully explained.

Not enough time to share thoughts.

It assumes a good understanding of attachment, different levels of attachment and signs and symptoms of attachment problems – many people filling it in do not have this understanding and no training is offered.

More training using real examples.

Attachments are a major figurer throughout life and are essential.

The RA process is worthwhile but I feel it can be better implemented in the house.

Specific difficulties and risk, progress made and the key aims that should be included in the IRP are often missed by the houses.

I feel that RA's are very important tool to aid the team in compiling IRP and understanding the child.

I feel that the RA isn't extensive enough in this area and that the work we do in the houses could suffer because of this i.e. not able to understand how to meet the child's needs where attachments need to be formed.

15. Do you have any further comments to make about the RA as a process?

Yes	No	Blank
28.5%	**43%**	**28.5%**

Comments

Would be useful to have alongside a developmental assessment to be able to give staff some key affirmations to give the children to aid development – or perhaps tying this into the RA.

Staff need training on how to fill in the form in.

It can be difficult for everyone to understand the questions and what is being asked. Everyone has own opinion, important to work together as a staff team.

I think sometimes the scoring section doesn't always score fairly or appropriately.

Time is always an issue.

The process of the whole recovery team focusing on one child is excellent as is the system of regular reviewing. Some of the questions are confusing and mis-catagorised. Scoring cannot be objective, is not a reliable indicator of progress and should not be used outside SACCS. Structure of the IRP is helpful but not enough time and attention is given to it as a recovery team.

It appears very efficient.

I feel the planning part of the process is not comprehensive enough. It can at times feel rushed and make the IRP stage more difficult.

The differences when a child has learning difficulties and how they reach targets is not looked into enough.

It can be a little restrictive in showing how a child has or has not moved forward. The questions are not clear cut and can be perceived negatively or positively changing the outcome.

Find some questions in some sections questionable.

Very different styles of chair.

I think its good, gives a good idea into where the child is at and needs more help.

I find it very interesting and helpful in understanding the child's behaviours.
Useful as a starting point – a tool for discussion.

RA's change greatly depending on the person presenting, need more listening to teams at times.

16. Do you have any further comments about this questionnaire?

Yes	No	Blank
12.5%	50%	37.5%

Comments

More surveys for progress to be achieved.

Hope it helps – I do feel there is some work to be done in fine-tuning the process.

As I have not had any training in it found it hard to answer some questions.

Need more explanation.

Happy collating!!

No problem with questionnaire only to say that I've only worked for SACCS for 1 month so lots of unsures!

Useful to identify areas where RA could be improved and make SACCS aware that not all staff are aware of the IWM and the attachment process.

End of survey

Appendix 11b

Discussion of Data collected in the small-scale survey

The results were quite clear in response to most of the questions. Questions 2, 4, 5, 8, 9, 10, 11, 12, and 13 showed that most people questioned responded with a ‘yes’ or a ‘mildly agree’ answer indicating positive feedback for the Recovery Assessment in these areas.

73% of the people completing the form had received training in attachment and 91% felt that they had an understanding of Bowlby’s ‘inner working model’, with 84% giving an explanation. 91% also believed that understanding the child’s history was important to the assessment, 86% gave a reason why, while 9% gave no answer leaving their papers blank.

57% of people questioned said ‘yes’ when asked ‘do you understand the questions in the attachment section’ a further 23% ‘mildly agreed’ that they did and 13% were ‘unsure’. ‘Do you understand the scoring system’ produced 68% saying ‘yes’ and 16% saying ‘mildly’ 9% were unsure, only 7% said ‘no’.

When asked if a low score in the attachment section led to a discussion about attachment in the following assessment discussion, 70% said ‘yes’ and 14% said ‘mildly’, 5% were ‘unsure’. However in the question of whether the IRP discussion was influenced by a low score in attachment, 36% said ‘yes’, 39% said ‘mildly’ and 9% were ‘unsure’. A further 9% either said ‘no’ or ‘disagreed mildly’ whilst 7% of papers were left blank.

All but 11%, who were unsure, thought that they understand how to improve a child’s level of attachment if there was a low score in this area, with 46% saying ‘yes’ and 38% saying ‘mildly’. 45% felt that the RA ‘mildly’ helped them make positive changes in the area of attachment while 32% felt more strongly that it did, again 11% were unsure and only 5% ‘disagreed mildly’ or said ‘no’.

The questions where there was a wider range of answers were questions 1, 3,6 and 7.
Question 1 began by asking whether there were enough questions in this section to make a judgement about a child's level of attachment. The scoring was very spread with 'mildly agree' and 'no' both achieving 32%, a tie of 11% for 'unsure' with 'yes' and 14% for 'mildly disagree'.

When asked if the scoring system was helpful in this area, there were 18% 'unsure' answers, more than to any other question. 21% of staff thought that it was helpful, whilst 38% found that they 'mildly agreed'. 14% were 'mildly in disagreement' and 9% thought it unhelpful.

Questions 6 and 7 were linked and asked whether a low score in the attachment section was more significant (Q6) or less significant (Q7) than in any other section of the RA. 27% felt that it was more significant, and a further 32% 'mildly agreed'. 19% said 'no' it wasn't and another 5% 'disagreed mildly'. 14% were 'unsure'. However, 57% answered 'no' to it being less significant, with only 2% saying 'yes' it was. There were 18% who were 'unsure', 14% mildly in agreement and 5% mildly in disagreement.

The later questions ask for comments on the understanding of the IWM and of those answers, I estimate that of explanations given, 60% did show a reasonable to good understanding, and a further 17% had some idea. In replying to why it was necessary to understand the child's early experiences, I estimate that 40% of those that gave explanations were able to make the link to attachment and understanding the child's inner working model.

Questions that asked for comments on the attachment section of the RA, the RA in general and the questionnaire itself attracted the most blank answers. However, most of the comments made were very interesting and need to be thought about. 25% of the group questioned made a comment about the attachment section, approximately 79% of the comments made could be construed as critical of this section. 29% of the group commented on the RA process in general and about 62% could be viewed as critical. I couldn't

identify a common theme to either set of comments. What must be noted though is that 75% and 71% respectively made no comments at all and 21% and 38% of the comments made were constructive or positive. Comments about the questionnaire were limited to 12% and tended to be rather neutral.

Appendix 12

Questions on the SACCS Recovery Assessment

1 Attachment to Adults -

(e.g. How does he attach to adults? Is the pattern consistent? Is this secure or insecure?

2 Peer Relationships -

(e.g. Interest and competence in forming same-age significant relationships. Does he have friends, within/out their home? Is he overly dependent on or emotionally distant from friends?)

3 Self-Esteem –

(e.g. What is his level of self-esteem, does he value himself and his abilities?)

Appendix 13

Analysis of scores from the assessment paperwork

Score	No.
1	1
1.5	3
2	13
2.5	8
2.75	1
3	1

Average Score: 2.2

Appendix 14

Fahlberg (1994: 52)

Responding to the arousal-relaxation cycle	**Initiating positive interactions**	**Claiming behaviours**
Using the child's tantrums to encourage attachment Responding to the child when he or she is physically ill Accompanying the child to doctor and dentist appointments Helping the child express and cope with feelings of anger and frustration Sharing the child's extreme excitement over his/her achievements Helping the child cope with feelings about moving Helping the child cope with ambivalent feelings about his/her birth family Responding to a child who is hurt or injured Educating the child about sexual issues	Making affectionate overtures: hugs, kisses, physical closeness Reading to the child Playing games Going shopping together for clothes/toys for child Supporting the child's outside activities by providing transportation or being a group leader Helping the child with homework when he or she needs it Teaching the child to cook or bake Saying "I love you" Teaching the child about extended family members through pictures and talk Helping the child understand the family "jokes" or sayings Teaching the child to participate in family activities such as bowling, camping or skiing Helping the child meet expectations of the other parent	Encouraging the child to practise calling parents "mum" and "dad" Adding a middle name to incorporate a name of family significance Hanging pictures of child on the wall Involving the child in family reunions and similar activities Involving the child in grandparent visits Including the child in family rituals Holding religious ceremonies or other ceremonies that incorporate the child into the family Buying new clothes for the child as a way of becoming acquainted with child's size, colour preference, style preferences, and the like Making statements such as "In our family we do it this way" in supportive fashion Sending out announcements of adoption

Appendix 15

Review of collected data

I studied the data on 30 of the 35 children currently being looked after by SACCS in the Shrewsbury Region. The remaining 5 have yet to have their first assessment. I looked at 274 papers from across all three reporting areas, Therapeutic Parenting, Therapy, and Life Story.

In 50% of the papers, attachment scored the lowest score. Of those papers remaining, 48% had a lower score in Emotional Development, 35% had a lower score in Identity 9% had a lower score in Learning and Social and Communicative Development and Physical Development shared 8%.

In 23% of the total, attachment had the second lowest score and in 15% of the total it had the third.

I also added all of the scores in the attachment section and then divided by the total to gain an average score across the assessments for all children. This came to 2.066. This would equate to moderate concerns.

I could detect no discernible pattern of scores in the attachment section, some scores began low and grew, others high and fell, yet more remained much the same or others troughed and peaked. There was no evidence to suggest in the data that the process always led to increased attachment scores. The reasons for this could be the basis for another study but I would suggest that it may take a further few years of bedding the process in before any patterns might emerge.

Appendix 16

Therapeutic Approaches McMahon (2005)

THERAPEUTIC APPROACHES TO A CHILD WITH ANXIOUS AVOIDANT ATTACHMENT

THE CHILD'S CORE ANXIETY IS ABANDONMENT

with feelings of GRIEF and LOSS - UNDERLYING DEEP SADNESS ANGER and EMPTINESS

THE CHILD'S DEFENCE against these feelings

COPING STRATEGIES such as reading, getting friends in, telling herself she's OK, getting absorbed in the world of things rather than people, achieving at school.

FALSE SELF - a false CHEERFULNESS, denial of pain;
LOOKING AFTER THE PARENT

being COMPLIANT or GOOD
IDEALISING the parent, and BLAMING THEMSELF, or DEROGATING the other parent

COMPULSIONS AND ADDICTIONS e.g. EATING DISORDER, DRUG ADDICTION

if very young, making an ADDiTIONAL ATTACHMENT to someone else
In adolescence, PROMISCUOUS SEXUALITY

THE WORKER'S FEELINGS
THE CHILD'S transference is FEAR OF CONTACT
which makes the worker feel BORED, ANGRY, REJECTED

THERAPEUTIC AIM IS HELP CHILD WITH INTIMACY THERAPEUTIC STRATEGIES

COUNSELLING, PSYCHOTHERAPY, ACCEPTANCE OF RAGE AND GRIEF
COGNITIVE BEHAVIOURAL WORK because the child can use thinking
Additional USE OF CREATIVE THERAPIES - ART THERAPY, MUSIC, SENSORY PLAY/WORK to connnect thinking and feeling.

THERAPEUTIC APPROACHES TO A CHILD WITH ANXIOUS AMBIVALENT ATTACHMENT

THE CHILD'S CORE ANXIETY IS IMPINGEMENT
OR ENMESHMENT

THE CHILD'S COOERCIVE DEFENCE against these feelings

Splitting, blame others, denial of own responsibility, angry
acting out, threatening
BLURRED BOUNDARIES so unable to digest experience
FALSE SELF - coy, helpless, charming, seductive

THE WORKER'S FEELINGS
THE CHILD'S transference is FEAR OF SEPARATION
which makes the worker feel SMOTHERED, MANIPULATED, TAKEN OVER, UNABLE TO THiNK

THERAPUTIC AIM FOR CHILD IS INDIVIDUATION THERAPEUTIC STRATEGIES

Because the child can use FEELING, use the RELATIONSHIP to PROVIDE EMOTIONAL CONTAINMENT AND CLEAR BOUNDARIES, avoiding COLLUSION.
USE OF CREATIVE THERAPIES involving SYMBOLIC COMMUNICATION, such as PLAY THERAPY, ART THERAPY, Help towards THINKING by naming feelings e.g. stop - think – go.

THERAPEUTIC APPROACHES TO A CHILD WITH ANXIOUS 'DISORGANISED' ATTACHMENT or combined severe avoidant and ambivalent attachment

THE CHILD'S CORE ANXIETY IS ANNIHILATION
arising from unresolved trauma or loss

THE CHILD'S DEFENCE against these feelings is lacking although he or she may be both controlling and caregMng.

THE WORKER'S FEELINGS
THE CHILD'S transference is FEAR, amounting to PANIC, of both
contact and separation.
The worker's counter4ransference is to feet HELPLESS AND
WIPED OUT.

THERAPEUTIC AIM FOR CHILD IS A REAL SELF
a ' reflective self-function' , integration.

THERAPEUTIC STRATEGIES
The environment has to change. because the child alone cannot change

The child needs primary experience

sometimes in substitute care which must offer *more* than good child care, e.g. residential school, therapeutic child care setting, therapeutic foster care, local ‘intensive care units’ and therapeutic family centres. Every part of daily life from getting up to bedtime needs careful management with predictable and reliable care.

The child needs to learn how to think so cognitive work in the course of daily life is necessary to help the child acquire a view of the world based on reality.

Hence Dockar-Drysdale’s sequence: good experience - realisation of that good experience - symbolisation - conceptualisation.

Individual psychotherapy and the creative therapies can normally only be used as a supplementary part of the provision of primary experience.

But the child is always a member of his or her family. Therapeutic work needs to take account of this.

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LMcMahon