Disorganised and in care

Working in the here and now with children in care who display disorganised patterns of attachment

Cathie O'Brien heads up the psychological service at the Serendipity Centre in Southampton, a specialist BESD* school and children's home for girls. Here, she offers a model of work for children in care that involves integrating the process of contact and withdrawal – namely, self-regulation in Gestalt therapy – with the process of attachment and separation in attachment theory. She uses this concept to consider environmental factors, inform assessment and undertake a whole-service approach to therapeutic interventions.

**behavioural, emotional and social difficulties*

This is a very brief overview of complex work, and I will start with a vignette of a typical type of referral that our service receives.

Fourteen-year-old Sarah has assaulted another member of staff in the residential children's home, and this behaviour has become increasingly unpredictable. She has returned from a secure unit where she was placed on welfare grounds. Her behaviour was exactly the same in the secure environment as it was in the community. She is self-harming, using both drugs and alcohol, having unsafe sex, and absconding for long periods of time with no one knowing where she is or who she is with. Her presentation is chaotic and she finds it difficult to manage both closeness and distance with professionals and family. This often results in her lashing out or seriously hurting individuals. She has a complex understanding of her family, who live a chaotic life and she has an innate need to return home while simultaneously wanting to withdraw. She also has a string of labels, from conduct disorder, ADHD and autism to attachment disorder, and is starting to develop a criminal record.

Staff and professionals have become nervous, feel unsafe and at a loss regarding how to manage her. Behaviour strategies do not appear to work for a sustained period of time. Professionals at a multi-agency level start to pressure each other to put more resources in place, and a competitive element starts to develop. The professional network, out of its awareness, starts to develop a parallel process with the family.

Professionals faced with this situation may well want to turn on their heels and flee. Taking this sort of work on is exhausting and requires real commitment, as well as the ability to contain yourself and others through the eye of the storm. It is multi-systemic work and needs a whole-service/multi-agency approach.

Environmental factors

The environment is often not considered within the context of change and outcomes, or at least, it is not specifically described. With children in care, it is vital to understand environment, in order to consider the best course of action for all involved, and ultimately effect change.

I first became interested in this area of work, when I worked in a secure unit as part of a specialist CAMHS team. I became acutely aware of how some young people changed behaviours on admission and others did not. And the young people who did *not* change generally had a chronic presentation, displaying disorganised patterns of attachment. With these young people it was really important to understand their contact/attachment style and work out their rhythm of contact. It was crucial that the whole service also learnt this.

Gestalt therapy, as well as attachment theory, pays a lot of attention to the environment and its impact on the developing personality. Both Bowlby[1] and Perls, Hefferline and Goodman[2] describe how the organism adjusts to its environment in order to maintain equilibrium.

Both theories describe how the organism is stimulated from a need within. For example, a baby feels the sensations of hunger. This activates the attachment system and the baby may cry, rage, grasp, root etc. The mother may respond lovingly; not respond at all; respond angrily and roughly; or respond in a non-contactful manner. The baby, therefore, has to adjust to the other/the environment in order to get his needs met. This is called attachment behaviour or, in Gestalt therapy, creative adjustment. In response, the baby may feed contentedly, feel the contact between himself and mother/other, and reach a level of satisfaction that enables him to withdraw/separate – thereby learning to regulate affect between self and other, which ultimately leads to healthy self-regulation.

> The disorganised young person has little capacity to discriminate, and tends to fully digest the environment without spitting out the parts they do not need or want, the parts that do not nourish them

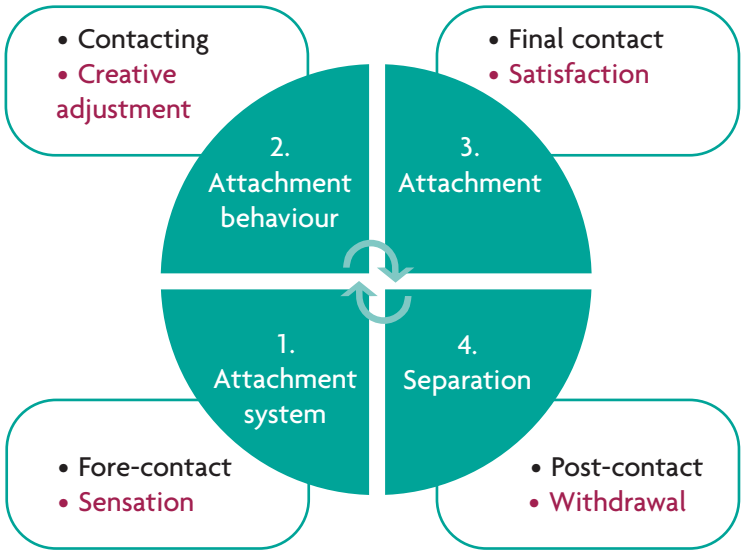

Figure 1. The process of contact and withdrawal/self-regulation meets the process of attachment and separation

On the other hand, the baby may turn her eyes away while being fed, stop crying or cry furiously. In other words, the baby either learns to down-regulate or up-regulate affect. Either way, the infant has had to creatively adjust in order to get her needs met, albeit with lowered capacity for contact and self-regulation[3] (see figure 1).

With this in mind, it is important for professionals to consider the young person in the context of their environment, as subtle environmental manipulations can greatly effect change in behaviour. This can be anything – from what I will offer here to consideration given to the appropriateness of the child's placement. Is the child better placed nearer to home or further away (will the risks be higher or lower)? Is the child better suited to an individual placement with residential staff, or a foster placement? Is it best for the young person to remain at home with intensive support, and can the young person even cope with group living?

Assessment

With the above process of self-regulation in mind, I also set about integrating attachment classifications with the cycle of contact and withdrawal.

I integrated the two theories, because attachment theory appeared to have no clear therapeutic model, albeit it has become a common language among practitioners. In Gestalt therapy, the process of contact and withdrawal is so important, in terms of both self-regulation and the relationship between client and therapist. With children in care who display disorganised patterns of attachment, like Sarah, this is crucial to understand. They have experienced very little co-regulation between themselves and their mother/carer, which has left them with little ability to regulate affect. Fonagy, Gergely et al[4] write that *affect* regulation is a prototype for *self*-regulation and argue that 'affect regulation, in early development, facilitates the emergence of a sense of self and transformation of co-regulation into self-regulation'. They describe affect regulation as the capacity to maintain organisation in the face of tension, and that this is not a matter of cognition influencing affects.

It is this co-regulation, in the young person's early years, that has generally been inconsistent, often due to the mother's unresolved traumas[5], other environmental factors such as hospitalisation, war etc, or the infant's biological predisposition[4].

Professionals often do not realise that it is this relationship between self and other that they have great difficulty with. They don't understand the young person's rhythm, the non-verbal cues and the importance of this 'right hemisphere to right hemisphere' co-regulation[6]. It is therefore important for all that we have a clear understanding of the contact/attachment style of the young person, because otherwise, behaviour strategies and teaching aids will have little impact, as staff will spend the major part of their time firefighting.

Placing the categories of attachment around the cycle of contact and withdrawal/self-regulation, means we can look at how we can help the young person self-regulate in a more useful manner than in a fixed pattern. But more importantly, we can understand their particular contact/attachment style.

I consider the disorganised young person to be in stages 1 and 2 of the cycle; the ambivalent in stage 3 and the avoidant young person in stage 4. This is because (looking at the segments on either side) the disorganised young person struggles with both contact and withdrawal, in relation to another, remaining in a hypervigilant state. The ambivalent young person finds separation very difficult and as a result can become very controlling as well as resisting the carer, and the avoidant character finds moving towards sensation and contact overwhelming, wishing to remain self sufficient.

A whole service and multi-agency approach

In order for staff teams to be able to manage hypervigilance in disorganised young people, such as Sarah, which may lead to aggressive behaviour, they need to learn how to contain the attachment behaviour system, which is generally hyperactive[4], while being aware that the relationship is the main stimulant and cause for alarm. I therefore teach staff to pretend they have a hoola hoop around their waist – their 'contact boundary'. This allows non-therapeutically trained staff to recognise

their boundary and difference, because some school and residential staff can become overly empathic and confluent, with little capacity for separation. These staff are often more at risk, especially if they move between confluence and rejection/isolation. They need to walk the middle ground between closeness and distance, narrowing these polarities[7,8].

This balance is crucial for the disorganised young person and enables them to develop psychologically within the context of an interpersonal relationship. In Gestalt therapy, this is called, as I said, the 'contact boundary'. With these young people, the contact boundary between self and other has never truly developed[9]. The young person has little capacity to discriminate and tends to fully digest the environment without spitting out the parts they do not need or want, the parts that do not nourish them.

Training and supervising staff to understand the young person's individual dance/contact style is the first step towards containing the young person and the organisation. The next step often involves a multidisciplinary and multi-agency approach, teaching all professionals the young person's contact style, as well as developing a containing network. Often, with disorganised patterns of attachment, it is crucial that the environment is consistent, predictable and reliable: developing a secure base[10], object constancy[8] and a core team approach[11]. This approach is also in line with *Working Together to Safeguard Children*[12] and the Children Act 2004[13]. This is hard work, as the young person attracts a large number of professionals around them due to their behaviour. So it is crucial that the network does not become fragmented, mirroring the young person's fragmented state. If done well, the network can develop the self/other work that individuals may struggle to do alone.

Family

I also feel, depending on the circumstances, that it is important to involve families, as most young people have regular family contact and usually return home at age 16. I teach families about attachment, in particular environmental factors, and that it is about 'how' the attachment has developed rather than whether they are attached or not[14]. Most families are doing their best with the only tools they have and often feel blamed by the label 'attachment disorder'. This often taps into their own childhoods and I find most parents need some nurturing of their own before they can fully embrace being a nurturing parent.

If appropriate, families can also be involved in the network meetings. The network can support the family as part of a virtual community or extended family that contains and manages the young person. This sort of approach can minimise family conflict, prevent the family or professionals from being split or becoming fragmented, can role-model sound parenting and be a good container for the family and child. All the young people I have worked with like this level of involvement; they feel they are being taken seriously and they get to know a team of people who can withstand them and who can survive them.

This process also helps everyone to share risks and feel safe, which ultimately lowers anxieties in the young person.

Therapy: a whole service approach

Training staff to work with a phenomenological attitude – which underpins mindfulness techniques – can also have a real impact. Helping staff to stay in the *present* moment can contribute to calming the environment, where *anticipation* often becomes the norm due to the young people's unresolved traumas. Transference and projection are high on the list and staff often develop secondary traumas and burn out. It is very important that staff are looked after and feel contained; otherwise, organisational politics can become the focus rather than the young person.

The ethos can become part of the whole-service approach, and mindfulness techniques can be developed in a fun way, involving both staff and young people. This means the young person can start to notice how they feel without threat from the other, who may feel like an intruder, or past feelings being evoked that may block the process of healthy self-regulation.

For instance, using the process of contact and withdrawal/self-regulation, the young person can be helped to notice sensations, asking themselves what they need, accepting or rejecting from the environment, moving on to satisfaction and self-regulation (see figure 2).

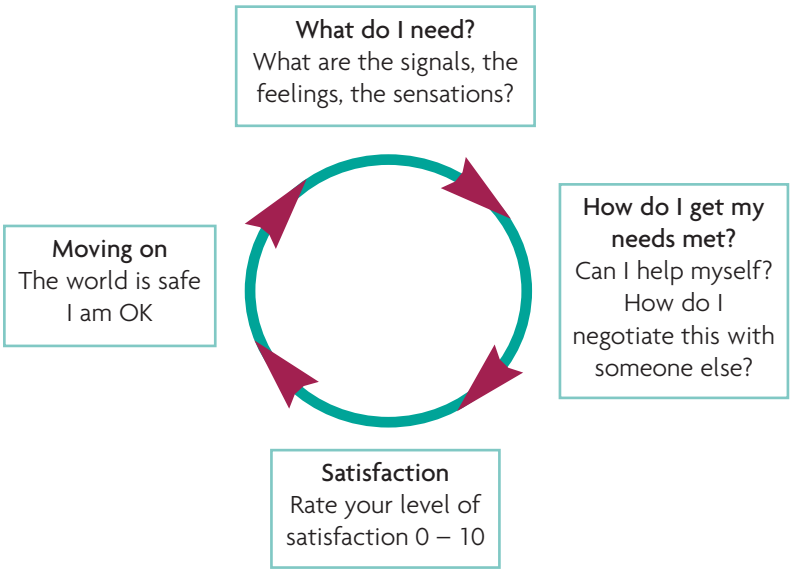

Figure 2. The Cycle of Awareness

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This can be done through sensory games, in small groups or individually. If it is a group, I tend to involve the whole staff team – they become the group's container as well as learning and becoming involved in the process themselves. The point of the game is twofold, involving the young person noticing sensory/physical sensations, as well as helping them to notice how they feel about doing the actual game. For instance, I may introduce a tasting game. Some people would use the above process to get a result around the actual game. However, I teach staff to grade this process and check out how the young person feels before doing the exercise. This is because young people often do not recognise how they feel; they then do the exercise and suddenly 'blow up', mainly because they did not really want to do it, or they felt embarrassed, or something else was going on. We need to help them recognise how they feel right from the start, helping them to make choices, empowering them to express their feeling(s) and negotiate what they need or want to do.

Conclusion

This approach uses both the concept of working in the 'here and now' as well as 'how' the organism adjusts in relation to its environment. This does not discount the past but works with the past in the present; when working with traumatised young people, the past is re-enacted every day.

The neurosciences reinforce this 'here and now' concept and also the fact that Gestalt therapy, along with many other therapies, integrates the left and right hemispheres of the brain[15]. In my opinion this *is* self-regulation, which is described as a unitary action of perception, motion and feeling[2].

However, it's important that practitioners understand the individual's contact/attachment style in order to develop the necessary environment that will effect change. This process prepares the ground for individual therapy and is key to its success. Therapy alone, in my opinion, will not bring about change with disorganised patterns of attachment. ■

STOCKBYTE/THINKSTOCK (POSED BY MODEL – FOR ILLUSTRATION PURPOSES ONLY)

Cathie O'Brien undertook an MA in Gestalt Therapy at the Gestalt Centre, London, and developed her theory and research through this process. This article is about a small part of the research she has undertaken in this area. Cathie heads up the psychological service at the Serendipity Centre in Southampton, a specialist BESD School and Children's Home for girls (www.serendipity-education.com), and has over 25 years' experience working with children and families across all the statutory services, previously having worked in CAMHS, as a team lead, specialising in working with children in care, from residential, fostering and adoption, through to children's secure units. Email cathie.obrien@serendipity-education.com

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