

# Disorganised and in Care

## Working in the Here and Now With Children in Care Who Display Disorganised Patterns of Attachment\*

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This article offers a model for working with children in care; integrating the process of contact and withdrawal, namely self-regulation in gestalt therapy, with the process of attachment and separation in attachment theory. This model considers the importance of adaptive function and environmental factors to inform assessment and to provide a whole service approach to therapeutic interventions.

This is a very brief overview of this 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, in relation to others, 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 both closeness and distance in relation to professionals and family, difficult to manage. This often results in her lashing out or seriously hurting people. 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 diagnostic labels from conduct disorder, attention deficit hyperactivity 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

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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 a whole service/multi-agency approach.

### **The young person in a disorganised state of mind**

Secure attachments are now understood to buffer the infant and child from toxic levels of stress and serve a critical role in the organisation of the neuro-physiological substrates responsible for self-regulation. (Solomon & George, 2011, p. 3)

Self-regulation is goal orientated, (Solomon and George, 2011) and Bowlby (1969) describe this in terms of instinct and control systems theory. The attachment system is both purposeful and flexible, it has the features of a simple regulator like a heating thermostat and the flexibility of a much more complex control system, and is therefore able to adjust and adapt to stimuli from within, in relation to its environment.

Bowlby (1969) describes this as a process of approach/avoidance behavior and in newborns, argues that approach behaviour precedes avoidance. It is through experience of the environment that the newborn starts to discriminate and early attachment patterns are formed. In disorganised patterns of attachment the infant struggles on reunion with his/her care-taker, and displays both approach and avoidance behaviour. The infant has an innate drive to move towards the attachment figure, who is also the source of alarm, thus the child is faced with an unresolvable problem (Brisch, 2002; Cozolino, 2002; Geddes, 2006; Hughes, 1997; Solomon and Siegel, 2003).

Indications of disorientation, confusion, or fear of the parent sometimes accompany these events and are also defined as indices of disorganization. These moments of behavioural disorganization impede the achievement of the functional goal of the attachment system. (Solomon & George, 2011, p. 4)

Parents of disorganised infants can have both punitive and constricted representational positions and both are indications of maternal helplessness. Both of the above violate the adaptive function of the care-giving system, known as the contact boundary in gestalt therapy.

The care-giving system is "a biologically based behavioral system that is reciprocal to the attachment system and has evolved to protect the immature young" (Bowlby, 1982, quoted in Solomon & George, 2011, p. 28).

When it is impaired the infant is left in state of hyper-vigilance.

## Environmental factors

With children in care, it is vital to understand the environment, in order to consider the best course of action for all involved and ultimately effect change. This is often not taken into account.

I first became interested in the impact of the environment when I worked in a secure unit as part of a specialist child and adolescent mental health team. I became acutely aware of how some young people changed their behaviour on admission and others did not. 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 attachment pattern and work out their rhythm of contact. It was crucial that the whole service also learnt this.

As described, both attachment theory and gestalt therapy, pay a lot of attention to the environment and its impact on the developing personality. Both Bowlby (1969) and the gestalt theorists, Perls, Hefferline, and Goodman (1951) describe how the organism adjusts/adapts to its environment in order to maintain equilibrium.

Both theories also describe how the person is stimulated from a need within, such as a baby feeling sensations of hunger. This activates the attachment system and the baby may cry, rage, grasp, or root. 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 adapt to the other/environment in order to get her needs met. This is called attachment behaviour or, in gestalt therapy, creative adjustment. In response, the baby may feed contently, feel the contact between herself and mother/other, and reach a level of satisfaction that enables her to withdraw/separate—thereby learning to regulate affect between self and other, that ultimately leads to healthy self-regulation. 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 (Gerhardt, 2004). Either way, the infant has had to creatively adjust/adapt in order to get their need met, albeit with lowered capacity for contact and self-regulation.

With this in mind, it is important for professionals to consider the young person in the context of their environment, as subtle environmental changes can greatly influence a change in behaviour. This can be anything—from what I will offer here, to consideration given to the appropriateness of the child's placement involving questions such as: 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, or can the young person cope with group living?

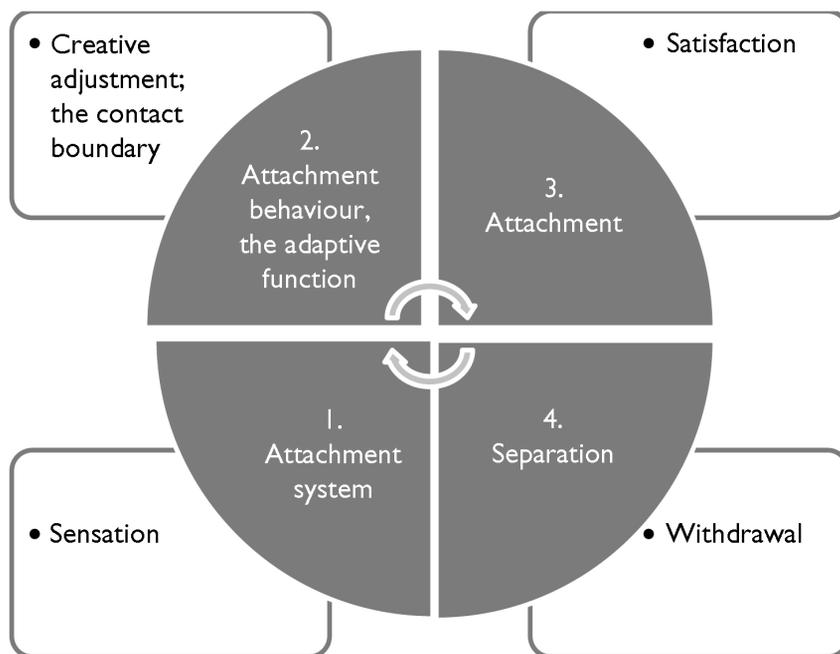


Figure 1: The process of contact and withdrawal/self-regulation meets the process of attachment and separation.

### Assessment

With the process of self-regulation in mind, I also set about integrating attachment classifications with the cycle of contact and withdrawal/self-regulation (Figure 2). I have made an integration of the two theories to provide a model for practice in this setting with children in care. In gestalt therapy, the process of contact and withdrawal is so important, in terms of both self-regulation and the relationship between the 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, Jurist, and Target (2002) 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" (p. 92).

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 (Steele &

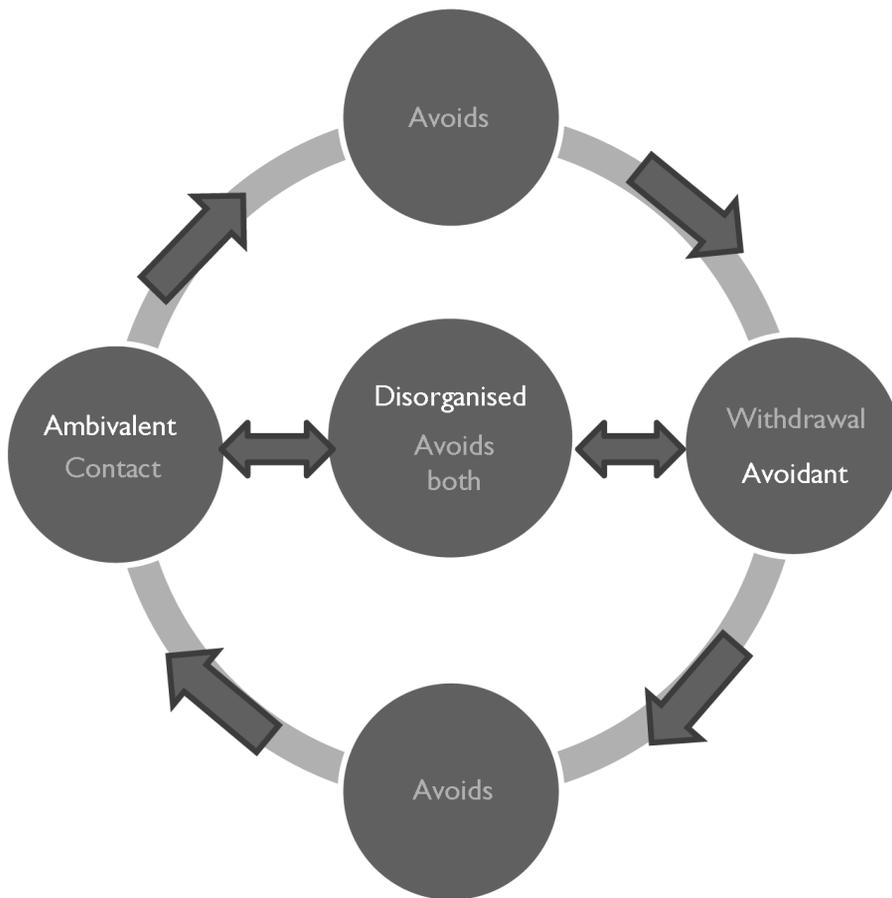


Figure 2: Towards an interpersonal assessment tool.

Steele, 2008), or other environmental factors such as hospitalisation, war, or the infant's biological predisposition (Fonagy, Gergely, Jurist, & Target, 2002).

Professionals often do not realise that it is this relationship between self and other that they have great difficulty with. They do not understand the young person's rhythm, the non-verbal cues, and the importance of this "right hemisphere to right hemisphere" co-regulation (Schoore, 2003).

It is therefore important for all that we have a clear understanding of the contact/attachment pattern of the young person, because otherwise, behaviour strategies and teaching aids will have little impact, as staff will be spending the major part of their time fire fighting.

Below I have integrated the attachment classifications with the process of contact and withdrawal.

### **Towards an interpersonal assessment tool**

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 to self-regulate in a more useful manner rather than in a fixed way. More importantly their particular contact/attachment pattern can be understood.

Looking at the diagram (Figure 2), the disorganised young person finds themselves in a void, struggling with both contact and withdrawal/attachment and separation, remaining in a hyper-vigilant state. The ambivalent young person finds separation very difficult and as a result can be very controlling as well as resisting the carer, and the young person with an avoidant pattern 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 hyper-vigilance which may lead to aggressive behaviour in disorganised young people, such as Sarah, they need to learn how to contain the attachment behaviour system, which is generally hyperactive (Fonagy, Gergely, Jurist, & Target, 2002). Simultaneously they need to be aware that the relationship is the main stimulus and cause for alarm. Therefore I teach staff to imagine they have a hoola hoop around their waist—their “contact boundary”. This allows non-therapeutically trained staff to recognise their boundary because some school and residential staff can become overly empathic and confluent with little capacity for separation. They 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, remaining available yet differentiated (Pearce, 2009; Yontef, 1981).

This balance is crucial for the disorganised young person and enables them to develop psychologically within the context of an interpersonal relationship. This process develops the young person’s contact boundary, which looking at the diagram Figure 1 is the adaptive function, and the attachment behaviour system, working in relation to stimuli both from within and from the environment.

With these young people, the contact boundary between self and other has never truly developed (Francesetti & Gecele, 2008).

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—developing: mutual trust, co-regulation, differentiated unity, and healthy attachments. The next step often involves a multi-disciplinary and multi-agency approach, teaching all professionals about 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 (Geddes, 2006), object constancy (Yontef, 1981), and a core team approach (NICE, 2011). This is also in line with the *Working Together to Safeguard Children* document (2004) and the *Children Act 2004*. It is demanding as the young person, due to their behaviour, often attracts a large number of professionals around them. So it is crucial that the network does not become fragmented, mirroring the young person's inner state. If done well, the network can develop the self/other work that professionals may struggle to do alone with the young person.

### **Family**

I also feel that, where appropriate, it is important to involve families, as most young people have regular family contact and usually return home at sixteen. 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 (Ainsworth, Blehar, Waters, & Wall, 1978). 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.

Families can also be involved in the network meetings, if appropriate. The network can support the family as part of a virtual community or extended family that contains and manages the young person. This approach can minimise family conflict, prevent the family or professionals from being split or becoming fragmented, can role model sound parenting, and be an effective container for the family and child. All 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 their expressions of pain and who can survive and understand 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 them 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 people.

This 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. 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.

Using the model of 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.

### **The cycle of contact and withdrawal/self-regulation meets the cycle of awareness**

This process can be learned 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 in 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 this 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; facilitating their ability to mentalise (Figure 3).

Young people find the process of sensory work relaxing, especially when the staff team act as the container, the ground from which contact can take place. This type of experience can allow for spontaneous moments of contact with self and the environment, without threat. I particularly notice this when the young people's attachment system is soothed and simultaneously they become quiet and absorbed in what they are doing, while still being in a system of self and other. This is self-regulation and allows for new growth.

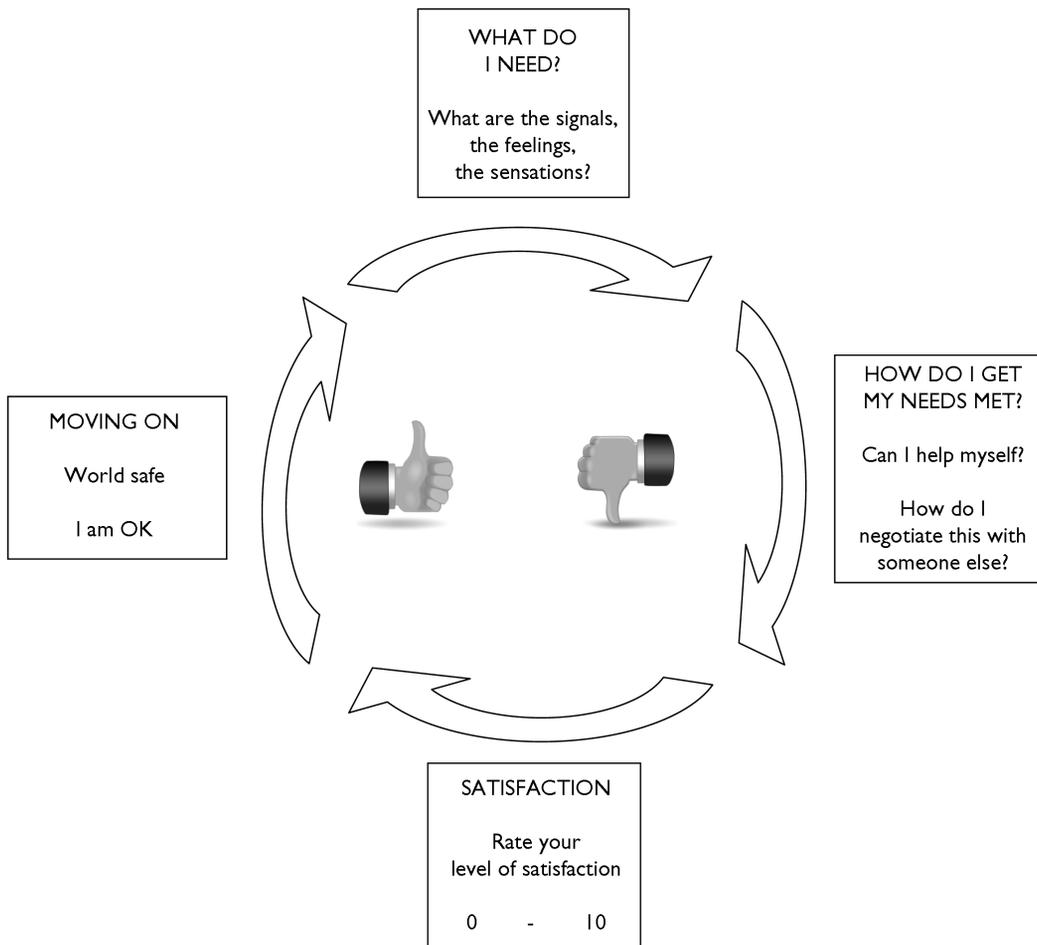


Figure 3: The cycle of contact and withdrawal/self-regulation meets the cycle of awareness.

## Conclusion

This approach uses both the concept of working in the “here and now” as well as “how” the organism adjusts/adapts 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.

Understanding from neuroscience reinforces this “here and now” concept and also the fact that gestalt therapy along with many other therapies, integrates the left and right hemisphere of the brain (Cozolino, 2002). In my opinion this is self-regulation, which is described as a unitary action of perception, motion, and feeling (Perls, Hefferline, & Goodman, 1951).

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

## References

- Ainsworth, M. D., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of Attachment: A Psychological Study of The Strange Situation*. Mahwah, NJ: Psychology Press.
- Bowlby, J. (1969). *Attachment and Loss*. London: Pimlico.
- Brisch, K. H. (2002). *Treating Attachment Disorders*. New York: Guildford Press.
- Children Act (2004). Available at <http://www.legislation.gov.uk/ukpga/2004/31/contents/enacted>
- Cozolino, L. (2002). *The Neuroscience of Psychotherapy*. New York: Norton.
- Fonagy, P., Gergely, G., Jurist, E. L., & Target, M. (2002). *Affect Regulation, Mentalization, and the Development of the Self*. New York: Other Press.
- Francesetti, G., & Gecele, M. (2008). A gestalt therapy perspective on psychopathology and diagnosis. *The British Gestalt Journal*, 18(2): 5–19.
- Geddes, H. (2006). *Attachment in the Classroom: The Links Between Children's Early Experiences, Emotional Wellbeing and Performance in School*. London: Worth.
- Gerhardt, S. (2004). *Why Love Matters*. London: Routledge
- Hughes, D. A. (1997). *Facilitating Developmental Attachment: The Road to Emotional Recovery and Behavioural Change in Fostered and Adopted Children*. Northvale, NJ: Jason Aronson.
- NICE (2011). *Working with Borderline Personality Disorder*. Available at [www.nice.org.uk/CG78](http://www.nice.org.uk/CG78)
- Pearce, C. (2009). *A Short Introduction to Attachment and Attachment Disorder*. London: Jessica Kingsley.
- Perls, F., Hefferline, R., & Goodman, P. (1951). *Gestalt Therapy: Excitement and Growth in Human Personality*. New York: Julian.
- Schore, A. N. (2003). *Affect Regulation and Disorders of the Self*. New York: Norton.
- Solomon, J., & George, C. (Eds.) (2011). *Disorganization of Attachment and Caregiving*. New York: Guildford Press.
- Solomon, M. F., & Siegel, D. J. (2003). *Healing Trauma; Attachment, Mind, Body and Brain*. New York: Norton.
- Steele, H., & Steele, M. (2008). *Clinical Applications of the Adult Attachment Interview*. New York: Guildford Press.
- Working Together to Safeguard Children. Available at <http://tinyurl.com/44stk2o>
- Yontef, G. M. (1981, 1993). *Awareness, Dialogue and Process*. Gouldsborough, ME: The Gestalt Journal Press.