Summary

and

General Conclusion

[from dissertation M.A.M. Zegers,
Attachment Among Institutionalized Adolescents]
Summary and general conclusion

The relationships between institutionalized adolescents and their group care workers and the problem behavior adolescents showed during treatment were investigated for this dissertation from an attachment theoretical perspective. According to attachment theory, the quality of interpersonal relationships is influenced by mental representations of experiences with attachment figures in the past, especially when these relationships were affectively significant and characterized by asymmetry in wisdom and strength. We studied the generalized attachment representations of the adolescents as well as the attachment representations the group care workers had of their early attachment relationships. It was investigated whether these attachment representations were expressed in the newly developed relationships between adolescents and their group care workers shortly after admission and after ten months of treatment. Furthermore, we assessed associations between the attachment representations of the adolescents, the representations of their relationships, and the problem behavior they showed during treatment.

Assessing attachment dimensions of specific therapeutic relationships

We mainly focused on relationships between adolescents and the person among their group care workers who was designated as the mentor. To be able to assess this specific relationship between the adolescents and their mentors from an attachment theoretical perspective, a questionnaire (PARA) had to be developed. The aim of this measure was to assess internal working models of specific relationships instead of generalized representations of attachment as assessed in the Adult Attachment Interview (George, Kaplan, & Main, 1984/1996). Internal working models are constructed for each specific relationship (Bowlby, 1982) and defined along two dimensions: psychological availability of the attachment figure and reliance on the attachment figure (Bretherton, 1985). Chapter 2 described the background for the development of the PARA and results of psychometric studies in community samples and in our sample of institutionalized adolescents and their mentors. The PARA questionnaire was based on the attachment marital Q-sort on which the two a priori chosen dimensions of attachment were found to be empirically distinguishable (Kobak & Hazan, 1991). The results of several studies with the PARA in Chapter 2 indicated convergent validity, criterion validity and relationship specificity. The perceptions tapped by the PARA were clearly associated with interactional
behavior of mentors and adolescents observed within a discussion task. Although such an association would be predicted on the basis of attachment theory, it has not often been demonstrated beyond childhood. Adolescent perceptions of mentor availability and adolescent reliance on the mentor were clearly reflected in more supportive and less rejecting behavior of adolescents and mentors. The associations of adolescents’ and mentors’ relationship perceptions with assertive versus avoidant behavior were less clear, which might be explained by the fragility of the new relationship and the overwhelmingly nonautonomous quality of the attachment representations of the adolescents. The PARA showed promise to be a sufficiently reliable and valid measure to assess the relationships between adolescents and their professional or natural caregivers.

Attachment representations and therapeutic relationships

Because part of the therapeutic relationship is about seeking and offering security and care, several authors (e.g. Main, Kaplan, & Cassidy, 1985) have speculated that a major determinant of the quality of attachment relationships is the mental representation of attachment of both partners in this relationship. In Chapter 3, therefore, the mental representations of adolescents and their mentors were studied and related to the adolescents’ relationships with group care workers and mentors within the residential treatment institution. Attachment representations (assessed with the Adult Attachment Interview; George et al., 1984/1996) of the adolescents in our study were found to be in majority nonautonomous and diverse, comparing unfavourably to non-clinical norm groups. This distribution was in line with findings for other institutionalized adolescents (Schleiffer & Müller, 2003; Wallis & Steele, 2001). The attachment representations of the professional caregivers in our study were comparable with the normal population, with 50% of the mentors having an autonomous attachment representation. The quality of attachment representations of the adolescents and those of their mentors were not associated with perceived psychological availability of the mentor or reliance on the mentor three months after admission in the treatment institution. However, attachment representations did predict changes in the relationships occurring between 3 and 10 months of treatment. Mentor reports of adolescent reliance on the mentor increased and avoiding contact with group care workers decreased for adolescents with a more coherent attachment representation. At the same time, adolescent perceptions of the relationship were associated with the mentor attachment representation: psychological availability
increased for autonomous mentors, whereas nonautonomous mentors became less psychologically available. The finding is consistent with attachment research showing that adults’ attachment representations predict relationships with their own children (Van IJzendoorn, 1995) and with their marital partner (Treboux, Crowell, & Waters, 2004). Tyrrell, Dozier, Teague, and Fallot (1999) found that dissimilarity between types of attachment representations between clients and therapists proved beneficial for treatment process and outcomes. Although we could not test whether this finding could be replicated in our study, it appeared that certain combinations of attachment representations of mentors and adolescents had a different effect on the relationship than other mentor-adolescent combinations: adolescents with a more preoccupied attachment representation where perceived as more hostile by a nonautonomous mentor, whereas for more dismissing adolescents this difference between autonomous and nonautonomous mentors was smaller and in a reverse direction. The findings in Chapter 3 suggest that the therapeutic process for institutionalized adolescents may be affected by the attachment related cognitive schemes of both adolescents and their group care workers, which have an impact over time on attachment related dimensions of the therapeutic relationships. This implies that attachment representations should be considered as a facilitative or impeding factor in treatment, depending on the quality of the representation.

*Attachment representations, therapeutic relationships and problem behavior*

Adolescents in residential treatment institutions display severe behavior problems, which may hamper the therapeutic process. The available research supports a link between attachment representations of adolescents and their problem behavior, but the effects are not consistent across studies. We studied whether the general attachment representations of adolescents predicted the severity and types of problem behavior of adolescents within the first three months within the treatment institution (Chapter 4). Furthermore (Chapter 5), the adolescent-group care worker relationships (with staff in general and with specific mentors) were examined in relation to the adolescent problem behavior in the same period, and in relation to the change in problem behavior after 10 months of treatment. It was moreover assessed whether this change in problem behavior over time could be predicted by the adolescent attachment representation or by the interaction between adolescents’ attachment representation and the relationships with staff or mentors.
In Chapter 4, it appeared that adolescents with preoccupied attachment representations showed the highest levels of truancy and rule breaking, according to the institution’s records, and externalizing behavior according to the mentor. Unresolved/disorganized adolescents displayed lower levels of violence to staff than dismissing and autonomous adolescents did. Dismissing and autonomous adolescents showed the highest levels of violence against staff, although there was also considerable variation within these groups. Overall, problem behavior of adolescents who were admitted in residential treatment appeared to be related to mental representations of attachment experiences, with adolescent with preoccupied attachment representations showing the strongest difficulties in regulating their behavior and adapting to the institutional regime.

In Chapter 5, evidence for possible effects of support from treatment staff was found for delinquent behavior in the first three months after admission: adolescents who reported more support from their group care workers were less involved in delinquent incidents. It appeared that the rate in which problem behavior changed during treatment did not differ across attachment groups. However, the combination of attachment representation and perceived support seemed to matter, as adolescents who perceived low support from the group care workers in general and who had an attachment representation that was relatively insecure (low coherence score) showed an increase in truancy, while relatively incoherent adolescents with highly supportive group care workers showed a decrease in truancy. For adolescents with relatively secure attachment representations truancy remained stable. Supportive relationships may compensate for the effects of a nonautonomous attachment representation. Otherwise, the quality of the specific relationship with the mentor, as perceived by both mentor and adolescent, did to our surprise not emerge as a predictor for problem behavior and changes in problem behavior. However, power for detecting the hypothesized effects in Chapter 5 was quite low.

**Strengths and limitations**

The instruments used in this research project were selected to be optimally valid for each concept under study. The Adult Attachment Interview, assessing the attachment representation, is one of the most complex measurements in the field of attachment. Although very labour intensive, it is the only known and widely used valid instrument to capture a person’s representation of previous attachment experiences. Research in a clinical setting with such invasive and labour-intensive measurements like the AAI,
however, may limit sample sizes, as was the case in our study. Consequently, high power in analyses could not be obtained, limiting the chances of detecting subtle effects.

To study the relationships between adolescents and their group care workers, we used questionnaires from several informants, which made it possible to study associations between variables from a cross-informant perspective. The actual behavior within the relationship was studied by means of observations of the interactions between adolescents and their mentors. Furthermore, the problem behavior of the adolescents was studied with mentor-informant questionnaires and with the institution’s registration system of adolescent behavioral incidents. In this multi-method multi-informant way, associations found between these concepts could not be biased by informants or methods.

Relationship and problem behavior instruments were used at different moments during adolescents’ stay in the institution, from shortly after admission to 10 months later to be able to predict the effect of attachment representations over time. An important drawback to this prospective design was its vulnerability to attrition in terms of participants. The limit posed by attrition is that the effects exerted by attachment representations on changes in the relationship can only be generalized to adolescents who stayed for 10 months. In addition, after 10 months the sample was fairly small, limiting statistical power and limiting opportunities to test for complex effects and effects of specific attachment categories. Including more subjects at the outset of the study would have been difficult due to limits posed by the size of the cohort that entered the institution during the study period.

The majority of the adolescents in the sample were female, reflecting the population of the participating institution. The majority of residential institutions, however, treat males. Replication of the study findings in samples with higher percentages of males is needed. Although we did not have concrete hypotheses to expect different results with a sample in one of the other treatment institutions in the Netherlands or elsewhere, findings on the distribution of attachment representations and other measures may not be representative. It will be important to see our findings replicated in other settings. We do not know about other institutionalized adolescents whose therapeutic relationships and behavior during treatment were studied from an attachment theoretical perspective so far. This made the formulation of a priori hypotheses at times difficult.
In spite of the limitations of the current study, the results on this unique set of data indicate that attachment processes play a significant role within juvenile residential treatment, which may be a starting point for future studies.

**Concluding remarks**

The findings of this dissertation support Bowlby’s (1988) view that therapeutic interpersonal processes can be understood, at least partly, as attachment processes. The sizes of the effects of mental representations of attachment on the therapeutic relationships and problem behavior within a juvenile treatment institution were moderate, reflecting the complexity of factors of influence during residential treatment. We expected an effect of the adolescent and mentor attachment representations on the adolescent and mentor perceptions of their relationship from the time the adolescents were admitted to the treatment institution. It appeared however (Chapter 3), that these relationship perceptions in the first three months after admission were not yet affected by the attachment representations of adolescents and group care workers. The relationship perceptions in this first period were related to the actual behavior the adolescents and group care workers displayed during their interactions (Chapter 2). Only after the relationship had established for a longer time, their attachment representations had an effect on relationship perceptions (Chapter 3). If we integrate the findings of Chapters 2 and 3, we may speculate that as soon as adolescents enter a new situation, like admission to a treatment institution, their working models of relationships may reflect their current experiences, and the attachment representation remains at the background. However, the filter provided by insecure attachment representations may increasingly select experiences that fit with negative expectations of attachment relationships, leading to internal working models of current relationships that are increasingly more aligned to the overall insecure attachment representation. This line of thinking will be taken into account in formulating clinical implications in the next section.

Characteristics of the developing client-staff relationship were found to be predicted by the group care worker’s attachment representation (Chapter 3): between 3 and 10 months after admission, the psychological availability as perceived by the adolescents increased when they had a mentor with an autonomous state of mind, whereas it decreased when they had a mentor with a non-autonomous state of mind. Furthermore, the combination of attachment representations of adolescent and mentor had a significant
effect on mentor-reported hostility over the same period. These effects of the group care worker’s attachment representation can be seen as a unique contribution of the present study.

Chapter 4 and 5 both were focused on the problem behavior adolescents showed during treatment. We found that the attachment representations of adolescents were related to the reported problem behavior of the adolescents in the beginning of treatment (Chapter 4), and we hypothesized (Chapter 5) that attachment representations and the quality of the adolescent-mentor relationship had an effect on the change in problem behavior during treatment. The combination of the adolescent attachment representation and the relationship with group care workers appeared to have a specific effect on the problem behavior of adolescents, but these analyses were rather explorative in addition, statistical power was very low (Chapter 5) which made it difficult to draw firm conclusions.

The theoretical models of Main (1990) and Kobak, Cole, Fleming, Ferenz-Gillies, and Gamble (1993) about attachment representations being linked to strategies of attachment behavior may be used to explain the problematic behavior of adolescents with different attachment representations. Strategies as a result of dismissing and preoccupied attachment representations are called minimizing and maximizing strategies by Main (1990) and deactivating and hyperactivating strategies by Kobak et al. (1993). Kobak combined the attachment strategies described by Main (1990) with Carver and Scheier’s (1990) model of behavior self regulation. The model of the interrelatedness between working models and attachment strategies is shown in Figure 6.1. It distinguishes the possible strategies in case of a discrepancy between the need for and availability of an attachment figure. This discrepancy might be reduced by turning to an attachment figure. In case the attachment figure is responsive, the primary strategy will be to coordinate attachment and return to exploration. In case the attachment figure is not responsive, the strategy depends on previous experiences, which are mentally represented in the internal working model.
The situation of institutionalized adolescents requires an adaptation of Kobak’s model, because their existing network of attachment figures is only limited accessible. Therefore, they will experience a discrepancy rather more than homedwelling adolescents: the situation of being admitted is stressfull and their attachment figures are scarcely available. The question whether the attachment figure is responsive is better replaced with the question whether there are attachment figures available. In the institutionalized situation, it may be possible to turn the attachment behavior to alternative people, for example treatment staff. The question is then whether there are alternative attachment figures, who are available and responsive. The adolescent will consider this on the basis of

Figure 6.1. Kobak’s (1993) model of relation between working models and attachment strategies.
previous experiences with attachment figures, which are represented in an attachment working model, which may vary from secure to very insecure. We found that most institutionalized adolescents were classified with very insecure attachment representations. For people with insecure attachment representations it is expected that, on the basis of their previous experiences with attachment figures, they forecast insensitive response from other people. As a consequence, the attachment system of most institutionalized adolescents will remain activated continuously. Discrepancy reduction by turning to (alternative) attachment figures then seems improbable without specific interventions. Kobak’s model shows two strategies in the case the attachment representation is insecure: deactivation and hyperactivation strategies.

Adolescents with a dismissing attachment representation will forecast rejection and adapt to anticipated rejection by using a strategy of deactivation of the attachment system by minimizing their attention to their need for support and security, as well as minimizing their display of these needs and therefore avoid drawing the attention of others to these needs. They emphasize autonomy at the cost of showing vulnerability or neediness. The high rates of violence displayed by dismissing adolescents in our study could be explained as a form of acting out, a maladaptive way of regulating emotions without showing a need for support from other people or attachment figures.

Adolescents with a preoccupied attachment representation will forecast inconsistent response and adapt by using a strategy of hyperactivation of the attachment system by maximizing their attention towards their need for support and security, and by drawing the attention of others towards these needs. They emphasize dependence and needs at the cost of autonomy and independence. Although the direct motives for the high rates of truancy of these adolescents in our study were unknown, this running away could have been an attempt to reunite with their attachment figures at home. Kobak’s model could also explain running away behavior as an attempt to attract attention, and thus as a sign of hyperactivation of the attachment control system. The adolescents with preoccupied attachment in our study were furthermore perceived by their mentors as the most difficult clients (Chapter 4). Their hyperactivating strategy might have led to behavior that continually attracted attention, resulting in feelings of being claimed, which can be exhausting for group care workers.

Dismissing or preoccupied attachment representations, which are insecure but organized, are regarded as more or less successful outcomes of secondary adaptive
strategies to deal with a nonoptimal caregiving environment (Main, 1990). Kobak’s model accounts for the three major organized attachment classifications (secure, dismissing and preoccupied) and therefore does not include characteristics of unresolved/disorganized adolescents.

Disorganization is seen as most indicative of maladaptation (e.g. Green & Goldwyn, 2002), and it was surprising that in the present dissertation this group did not stand out as the most problematic and even showed the lowest levels of problem behavior of all attachment groups. In case of admission to residential treatment, organized but insecure representations may be more persistent and less flexible than autonomous attachment representations as well as unresolved/disorganized attachment representations. Unresolved/disorganized representations are not linked to a particular strategy to accomplish felt security in non-optimal caregiving environments, and so these adolescents may have less difficulty adapting to changes in their environment, such as being placed in an institution.

Few empirical findings showed the influence of attachment processes for clients in residential treatment. The uniqueness of the current dissertation is furthermore to report on the influence of attachment experiences of the professional caregivers. The attachment representation of the group care workers appeared to leave its mark on the relationship with the adolescents under treatment, a finding which if replicated has important implications for explaining differences in treatment outcome. Not only client characteristics contribute to the therapeutic relationship, but characteristics of therapeutic workers may as well.

Clinical implications

The findings of this dissertation emphasize the influence of attachment processes in the treatment of institutionalized adolescents. In line with other studies, we found that institutionalized adolescents overwhelmingly had nonautonomous attachment representations. Attachment representations are fairly stable over time, although change is possible (Waters, Weinfield, & Hamilton, 2000). The immediate tendency one could have is to search for possibilities to change the very insecure attachment representations we found among institutionalized adolescents. However, on the basis of this dissertation we cannot draw conclusions about factors that may contribute to change attachment
representations. Moreover, we do not know whether the correction of insecure attachment representations would be a realistic treatment goal for juvenile treatment institutions.

Nevertheless, on the basis of our results it is clear that attachment plays a role in relationships adolescents have with their group care workers and in the behaviors adolescents show during their stay in the institution. It is important for institutions to recognize this influence and take account of attachment processes in their treatment policies. Because we found that attachment representations may have an impact on the relationships only after a longer period of treatment, it is especially in the first period that treatment institutions could have the opportunity to establish positive relationships. This idea grows even stronger with the influence we found of the personal backgrounds of the group care workers on the therapeutic relationship. Despite the influence of adolescent characteristics, caregiving factors may be of influence on the quality of the relationship.

What kind of interventions would be recommended? Some researchers have pointed to the assignment to each institutionalized adolescent of a stable, responsive caregiver who possibly can serve as an attachment figure (e.g. Adshead, 1998; Fritsch & Goodrich, 1990; Junger-Tas, 1983). This person could serve as a safe haven in stressful situations and as a secure base to explore new behavior. In the optimal situation, experiences in such a relationship could be corrective (Stalker, Geotbys, & Harper, 2005). Tyrrell et al. (1999) have found that certain combinations of client and therapist attachment representations within therapeutic relationships were more successful than other combinations. Our results partly support those findings and it would be interesting to match adolescents and their mentors on the basis of their attachment representations. It is however doubtful whether this kind of intervention is without risk in a juvenile treatment institution (Moses, 2000). I will briefly point at some complications here. For example, if a relationship becomes insecure, the effect can be negative (Schuengel & Van IJzendoorn, 2001). Moreover, it is harmful if relationships develop securely, but are broken early. This may occur often because of the rotations and sickness absence of personnel, but also because the pedagogical regimes of institutions often promote the progression of adolescents from one group to another (track approach; Schuengel, Zegers, Jansma, & Van IJzendoorn, 2000). Apart from these practical complications, a focus on development of attachment relationships can be a very exhausting task for group care workers (Adshead, 2001; Schuengel & Van IJzendoorn, 2001). Therefore, interventions aimed at stimulation of the development of attachment relationships may be opportune but may also increase
the vulnerability of adolescents in these institutions. However, without any attachment figure, adolescents are also highly vulnerable for experiencing stress and using maladaptive forms of coping.

What would be a realistic perspective? Attachment theory supports acceptance of the individual and offering a secure base and a safe haven. This does not mean the simple replacement of a cold, rejecting, or neglecting situation before treatment with the opposite of a warm, affective, or intimate caregiver. Instead it means to be alert and aware of adolescents’ feelings and to show that one is available and responsive at moments of distress. Furthermore, it is important to acknowledge the changes and disruptions in therapeutic relationships and to provide aftercare for adolescents who have to change their group care worker(s).

To avoid the risks of unrealistic relationship expectations, it is better to develop treatment protocols which are less sensitive for practical limitations or individual staff characteristics and which can be used by each staff member. Training and education could make staff members conscious of the attachment processes underlying the treatment of institutionalized adolescents. Furthermore, they may recognize characteristics of their own behavior, which may be influenced by their own attachment representation. If group care workers have a nonautonomous attachment representation themselves, which was the case in 50% of our participants, they should learn to adapt their behavior on the adolescents’ needs instead of reacting on the tendency based on their own behavioral strategies. Bakermans-Kranenburg, Van IJzendoorn, and Juffer (2003) found that training caregivers to become more sensitive was possible and effective. Group care workers could be trained to adapt to the characteristics that are specific for each adolescent attachment strategy. De Ruyter pointed already in 1971 to the importance for group care workers to have a methodological treatment approach, instead of reacting more intuitively to their clients. For the OG Heldring in the Netherlands we have developed treatment protocols for each of these attachment strategies (see Schuengel, Venmans, Van IJzendoorn, & Zegers, 2006, for a detailed description). This treatment is based on attachment theory, and therefore has as a starting point that a caregiving relationship contributes to the development of children because of its asymmetric, complimentary character instead of the reciprocal relationships between peers. In essence, the attachment theoretical approach implies that group care workers show adolescents with dismissing attachment explicitly to be available without being intrusive. For adolescents with preoccupied attachment acceptance is important, but
simultaneous with acceptance a way must be found to challenge them to to solve problems on their own or with minor assistance (scaffolding). This treatment differs from approaches which are based on peer processes, as implemented in some other institutions in the Netherlands, such as the socio-group approach at Den Engh (Van Heerwaarden, Hilhorst, Slabbèrtje, Hermanns, & Klooster, 2005) and the Glen Mills School approach (Hilhorst, Klooster, Van Dijk, & Walraven, 2004).

An institution-broad treatment policy that attends to the adolescents’ socioemotional needs and that is not dependent of individual attachment representations of the group care workers may fit in with the findings of our study and take into account the attachment strategies of adolescents and attachment processes in the relationships with group care workers during treatment.

References


