

Chapter 1

INTRODUCTION

Dougal Julian Hare¹, Helen K. Fletcher² and Andrea Flood³

¹*South Wales D. Clin. Psy. Programme, Cardiff University, UK*

²*Bucks Community Learning Disabilities Team, Southern Health NHS Foundation Trust, High Wycombe, Buckinghamshire, UK*

³*University of Liverpool, Liverpool, UK*

There is nothing more practical than a good theory.

Kurt Lewin (1952)

AIMS OF THE BOOK

This book has been written by clinicians and researchers to tell the story of their experiences of applying attachment theory to their work with children and adults with Intellectual and Developmental Disabilities. Although attachment theory is well established in psychological and therapeutic work in mainstream populations, it remains a developing area of research and practice for those working with people with Intellectual Disabilities (ID). This book outlines the challenges of researching attachment in ID populations, provides a careful review of the available literature and discusses the implications for clinical work. The content draws on the extensive clinical experience of the contributors and presents a guide to offering attachment-informed clinical assessment, formulation and intervention to people with ID in various clinical settings.

Attachment theory is not aligned to any one clinical approach and can be integrated into the full range of psychological interventions: from

Behavioural to Psychoanalytic, Systemic to Cognitive Behavioural Therapy. As a universal developmental theory it is also relevant to people from every country and culture, although, of course, different family contexts will create natural variations in the way children are raised. This book uses case studies taken from clinical practice (although adapted in order to make them anonymous) to give detailed examples of how attachment behaviours may present in clinical work, and ways to understand and reduce distress related to attachment trauma and losses. Although many of the cases are drawn from clinicians working in the National Health Service (NHS) in the United Kingdom, they have been chosen to illustrate common difficulties which confront people with ID, their families and paid carers, wherever they are living.

We are sure that many clinicians are working with people with ID using aspects of attachment theory, possibly naming it as such or using other language to describe it. We hope that this book will build upon their excellent work and confirm the theoretical rationale behind their ways of working. For people in training who are new to working with people with ID, we hope this book will give them ideas on how to work in a truly person-centred, ethical way, looking at people's enduring relationships and the challenges people with ID and their families and carers may face.

The idea for the book emerged in email correspondence following the IASSIDD and DCP Faculty for ID *Advancing Practice* event, held in 2011 in Manchester in the UK. Carlo Schuengel delivered a keynote speech on Attachment and ID and there were other stimulating presentations focusing on attachment in ID. Following this, a small group of people came together to form a collaborative network with a shared interest in research and clinical work using attachment theory in ID settings. The idea of writing a book together was welcomed instantly by the group.

As the editors of this book, we hope that you will find it an interesting and practical guide to using attachment theory to improve the lives of people with ID. We wanted to unpick and demystify some of the more technical parts of attachment theory so as to help clinicians to feel confident in talking about and using such ideas. We also wanted readers to see real examples of how attachment theory has informed work in different settings and services and to be able to take away practical ideas to use in their work without having to do any further training or go on a particular course.

Books such as this cannot, of course, be written solely on the basis of enthusiasm and goodwill. We have to engage with the ongoing

issue within clinical psychology of what constitutes 'evidence'. This presents particular difficulties in the field of ID, where there are many challenges to using the well-established research methods that are used to explore models of distress and approaches to intervention in mainstream populations. Randomized controlled trials are rarely used in ID research, perhaps due to difficulties in gathering a suitably large and homogenous group of research participants. However, the apparent lack of 'evidence' in ID populations more generally may reflect not only the challenges in research design, but also a more widespread disinterest and dismissal of important issues for people with ID. This could be related to issues of stigma and disempowerment of people with ID, particularly for those whose communication difficulties mean their 'voices' may not be heard without others advocating for them. Within this book, the contributors have drawn upon a wide range of evidence including clinical trials and outcome studies, single-case studies, experimental research, innovative approaches such as Q methodology and practice-based evidence. The latter is vital in supporting the all-important 'how to' element that is emphasized throughout this book.

CURRENT CONTEXT OF ID SERVICES IN THE UK

There has been much talk of the need for compassionate care in the light of the abuse perpetrated upon people with ID at the Winterbourne View care home in Gloucestershire, UK, which was brought to light in 2011. The shocking images filmed by the BBC *Panorama* TV programme during an undercover investigation were a stark reminder that many people with intellectual disabilities still lack safe and nurturing places to live. It was evident right from the beginning of this chain of events that there was a culture of callous indifference and cruelty alongside a fear of speaking out or 'whistleblowing' in order to protect those vulnerable people who were being abused. Following investigation of these horrific crimes, senior figures in the UK have turned their attention to fundamental failures in the commissioning and delivery of services, particularly when individuals with ID are experiencing a period of acute distress or crisis. There is a commitment to enable individuals supported in out-of-area services to return 'home', the development of pooled budgets at a local level and an increasing emphasis on the importance of people with ID being legitimate partners in the change process.

Unfortunately, progress has been slow. Important work has been done to change inspection and regulatory systems and attempts made to improve skills and boost empathy in direct care staff, however many barriers remain. Notably, there has been little attention given to the very complex issue of the nature and quality of the relationships between people requiring support and those who provide this. It is precisely here that attachment theory has so much to offer in terms of both understanding and improving such relationships to the benefit of all parties in ID services. Therefore, whilst attachment theory cannot overcome the systemic barriers to the wholesale change in culture that is required, we think that the current book, with its over-riding emphasis on practice, is both timely and imperative with relevance across a range of settings and services.

I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

Maya Angelou

CONTENT OF THE BOOK

In Chapter 2, Helen Fletcher and Deanna Gallichan summarize the theoretical basis for attachment theory, describing the milestones that have occurred in understanding parent–child relationships and their role in long-term psychological functioning. This chapter is intended to set the scene for the remaining chapters in the book, so that readers without any prior knowledge of attachment theory can become familiar with basic elements and key concepts of the model. This is followed by a further chapter by Helen Fletcher in which the impact of having a child with a disability is explored from the perspective of the parents, with particular reference to both early attachment relationships and later presentations in a clinical setting. Chapter 4 by Sam Walker, Victoria Penketh, Hazel Lewis and Dougal Hare reviews the assessment of attachment in people with ID in clinical practice, with an emphasis on the validity and feasibility of available techniques, and presents a clinical ‘toolkit’ to this end. In the fifth chapter, Ewan Perry and Andrea Flood examine the oft-problematic issue of attachment and autism spectrum disorder (ASD), with an emphasis on the importance of primary attachment relationships for the psychological well-being of individuals with ASD and useful recommendations for applying attachment theory in adults with ASD. Chapter 6 by Allan

Skelly examines the value and utility of using attachment theory when working with people whose behaviour challenges services. He highlights the risk of services minimizing the importance of a person's life history and personhood through focusing primarily on challenging behaviours. The chapter presents a detailed 'worked-through' case example, which illustrates how clinical outcomes can be improved by ensuring attachment theory is at the heart of interventions such as positive behavioural support. In the seventh chapter, Pat Frankish presents a distillation of her extensive psychotherapeutic work with people with intellectual disabilities. She describes the necessary focus on attachment dynamics and the onus placed on the therapist to provide a 'secure base' within a validating and often long-term therapeutic relationship.

In Chapter 8, Carlo Schuengel, Jennifer Clegg, J. Clasiën de Schipper and Sabina Kef write about the vitally important topic of attachment relationships between care staff and people with intellectual disabilities. Their chapter presents the results of recent research on professional caregivers and the impact of their mental representations of attachment on the quality of interaction with their clients. They provide a practical overview of the human resources necessary for offering good quality care, including issues of carer selection, training and supervision. In the ninth chapter, Amanda Shackleton draws upon and develops Pat Frankish's work to understand how the attachment experiences of people with intellectual disabilities can affect their emotional development and how such issues can be worked with in clinical practice via assessment and appropriate intervention tailored to their emotional stage of development. Central to this work is engineering secure attachments and emotional safety by working via staff teams and through individual therapy. Deanna Gallichan and Carol George then discuss their work using the Adult Attachment Projective with adults with ID, through the lens of attachment trauma. They focus on experiences of abuse including the common experience of bullying, and discuss the ways in which these threats can be compounded by helplessness and lack of adequate protection by caregivers. In Chapter 11, Lesley Steptoe, Bill Lindsay, Caroline Finlay and Sandra Miller examine the relationship between attachment experiences, emotional regulation and the subsequent development and presentation of personality disorder in offenders with ID. This chapter draws on their extensive experience of working with this population in secure clinical settings. In the final chapter, Nancy Sheppard and Myooran Canagaratnam examine how attachment influences close

and intimate relationships for people with ID undergoing therapy at The Tavistock Clinic, London. They explore a variety of such relationships including attachment relationships between parents and adult children, sibling relationships, friendships, romantic relationships and relationships between parents with ID and their children.

LANGUAGE AND TERMINOLOGY

We decided to use the term Intellectual Disabilities (ID) throughout the book as this language is being used increasingly internationally to refer to individuals who are described as having 'Learning Disabilities', 'Global Developmental Delay' and, historically, 'Mental Retardation'. Of course, language and terminology is forever changing and the people we work with (who are given such labels and diagnoses) are rarely empowered to choose the terminology used by clinicians and researchers. Each author has used different language to describe their attachment-informed work and therefore there are slight differences in the terminology used throughout, reflecting the contributors' individual perspectives and writing styles.

HOW TO USE THIS BOOK

We have edited the book in order to provide the necessary theoretical and practical resources for using attachment theory in everyday clinical practice with people with ID. To this end, each chapter has been written as a stand-alone chapter with the necessary cross-referencing to enable the reader to read as much or as little of the book as desired without too much overlap among chapters. The various chapters use clinical case examples both to illustrate theoretical issues and to provide practical ideas for using attachment theory in clinical work. When appropriate and possible, these examples are supplemented by a clinical toolkit of assessments and procedures.

It is important that the ideas and practices described in this book are utilized within a broader framework of good practice in clinical psychology and psychotherapy. This, of course, includes our normal practice of working under the Human Rights Act (1998), the Mental Capacity Act (2005) and the Mental Health Act (2007) in the UK. In addition to this, it is necessary to work collaboratively and sensitively with both the person with ID and those who support them, in order to develop

a meaningful formulation that integrates historical information, current contingencies and systemic influences. In particular, when working with behaviours described as ‘challenging’ that place people at risk of harm, it is necessary to ensure both an effective risk management strategy and robust mechanisms to provide emotional support for families and staff before addressing the possible role of historical factors. With these in place, an assessment of psychological functioning and presenting needs, taking into account relational histories and attachment dynamics, can be undertaken. In particular, when working with staff teams and families, it is important to be mindful that they may be feeling ‘stuck’ with a problem that they feel they cannot influence and may have experienced previous professional input as chaotic, unhelpful or disempowering. Such situations often suggest, or even demand, the use of attachment theory, but it is vital that ideas and approaches are introduced and presented in a comprehensible and practical manner.

To conclude this introduction, we would ask that you read this book with the stance that, as clinicians, our theoretical interest must never be merely academic, for the aim of our work is primarily to relieve distress and promote the wellbeing of other people. Moreover, to do this effectively, we must recognize that none of us, whether described as having an intellectual disability or as neurotypical, are wholly autonomous individuals, and that people need people.

Piglet sidled up to Pooh from behind. ‘Pooh?’ he whispered.

‘Yes, Piglet?’

‘Nothing,’ said Piglet, taking Pooh’s hand. ‘I just wanted to be sure of you.’

A.A. Milne