

**Social Worker Identification of Mother-Child
Attachment
In An Ultra-high Risk Cohort**

A Thesis submitted in partial fulfillment of the requirements for the

Degree of

Master of Arts in Psychology

At the University of Canterbury

By

Mary O'Donoghue

University of Canterbury

2014

Disclaimer

This thesis was conducted with the approval of the Human Ethics Committee of the University of Canterbury [HEC 2012/144; see Appendix A] and with the permission of the Management of the agency involved. All persons participating in this research gave informed consent to their participation on the basis that they would remain anonymous and that the information they supplied would be used only for the purposes of research. The dissemination and use of the information contained in this thesis for any purpose other than research is not permitted.

Table of Contents

LIST OF TABLES.....	iv
ACKNOWLEDGEMENTS.....	v
ABSTRACT.....	1
GLOSSARY.....	2
CHAPTER 1.....	4
INTRODUCTION.....	4
CHAPTER 2.....	9
LITERATURE REVIEW.....	9
1.0 ATTACHMENT THEORY.....	9
2.0 <i>Disorganised Attachment</i>	13
3.0 <i>Intergenerational Transmission of Attachment</i>	16
4.0 <i>Attachment in the Vulnerable Population</i>	20
5.0 <i>Attachment and Culture</i>	29
6.0 <i>Assessing Attachment</i>	31
7.0 <i>Attachment Treatments/Interventions</i>	34
8.0 <i>Social Work Practice/Psychology Interface</i>	36
CHAPTER 3.....	39
METHOD.....	39
<i>Participants</i>	39
<i>Measures</i>	41
<i>Procedures</i>	43
CHAPTER 4.....	47
RESULTS.....	47
1.0 <i>Attachment Identified</i>	47
2.0 <i>Social Worker-Mother Relationship</i>	74
3.0 <i>Scope of Practice</i>	84
CHAPTER 5.....	94
DISCUSSION.....	94
<i>The Identification Of Attachment</i>	95
<i>Social Worker-Mother Relationship</i>	99
<i>Scope of Practice</i>	101
LIMITATIONS AND IMPLICATIONS.....	104
CONCLUSION.....	107
REFERENCES.....	108
APPENDIX A.....	120
APPENDIX B.....	121
APPENDIX C.....	122

List of Tables

Table 1: Mother/Infant Demographics	40
Table 2: Identification of Attachment.....	42

Acknowledgements

“There is no such thing as a baby . . . A baby cannot exist alone, but is essentially part of a relationship”.

D.W. Winnicott (1964)

The author wishes to express sincere appreciation to Professor Neville Blampied and Dr Annabel Taylor for their assistance in the preparation of this manuscript.

Special thanks are due to the Management, Social Work team, and clients without whom this study would not have been possible.

Finally to all my family, friends, and fellow students who have tolerated my endless ravings about attachment theory and practice. I hope some of it has become deeply embedded in your psyche.

Abstract

This study examined mother-infant attachment relationships as identified by a social work team working with a highly vulnerable cohort. Infants in the ultra-high risk population are most at risk of poor attachment styles. Mothers often have a history of childhood abuse and adversity, criminality, substance abuse, and poor mental health. When combined with socio-environmental aspects within families a high incidence of poor attachment is likely. This study investigated Social Workers' identification of attachment issues using qualitative methodology in the form of document analysis of Social Worker case notes and semi-structured interviews with Social Workers. Results indicate that the accuracy and frequency of identifying attachment varied and that often the focus was on individual behaviours rather than the dynamic attachment processes of the mother-infant dyad. Disturbance in the attachment relationship was most clearly and accurately identified in cases that involved a major disruption to the mother-infant relationship. Attachment styles were identified as secure in almost every non-crisis case, particularly in the infant's early years. Possible early manifestations of insecure attachment styles were not viewed through the lens of attachment theory, but rather in the context of behavioural and parenting problems. The potency of the Social Worker-mother relationship emerged as a factor that may in and of itself be crucial in helping mothers attach to their infants.

Glossary

Beacon House. A service of the Canterbury District Health Board (CDHB), it is a children's therapy team providing assessment, therapy, management, information and support for children with developmental delay and other developmental issues.

Brainwave Trust. A national charitable trust established to raise awareness about infant brain research, and in particular the importance of early experiences on infant brain development.

Child, Youth and Family (CYF). A service of the Ministry of Social Development CYF are tasked with the care and protection of children and youth in Aotearoa/New Zealand. It also has a primary role in youth justice.

Child, Youth and Family Caregiver. People who offer to care for infants, children and youth who are taken into the care of CYF. They may run a family home, provide foster care, or provide short-term care of children who are uplifted from their homes.

Early Intervention Service. Is a service of the Ministry of Education and part of SES, providing assessment and treatment for children with development or learning delays, communication, behavioural, or disability difficulties.

Home Detention. Home detention is an alternative to imprisonment and is intended for offenders who otherwise would have received a short prison sentence (of two years or less) for their offending. Offenders on Home Detention are electronically monitored.

Pakeha. A common New Zealand term used to describe individuals of white non-Māori descent.

Plunket. A publicly funded service providing support to all families in New Zealand with newborn babies. They monitor the health and wellbeing of the infant through home visits and provide parenting information.

Triple P. A Positive Parenting Programme originating in Australia and now used in over 25 countries. It has a strong research base and is a tiered system providing parenting and relationship guidance for parents across the spectrum of problematic issues.

Social Workers Registration Board. The Social Workers Registration Board (SWRB) is a Crown agency that ensures Registered Social Workers meet professional standards of competency, are accountable for their practice, and undertake ongoing professional development.

Special Education Service (SES). A service of the Ministry of Education, SES provide a wide range of services for children in need. From the age of two years, children who display severe behaviour problems can be assessed and treated within this service.

Whanau. The New Zealand indigenous Māori term meaning 'family'. In Māori culture it is usual that the term 'whanau' includes extended family members, that is, it is not limited to the nuclear family.

Women's Refuge. A New Zealand-wide women's organisation, Women's Refuge provide advice, support, and safe, unidentified accommodation for women and their children wishing to escape from domestic violence.

Chapter 1

Introduction

Attachment Theory (Bowlby, 1969/1982) proposes that the importance of a secure mother-infant attachment relationship is critical to ensure the healthy socio-emotional development of the infant. The formation of attachment is a crucial developmental task whereby the mother bonds with her infant, and the infant attaches to the mother, thus providing the infant with the capacity to form a secure base from which to explore the world and connect with others. The attachment relationship shapes the infant and child's development of an internal working model of social relationships – a way of understanding themselves and those around them (Bacon & Richardson, 2001; Belsky, Jaffee, Sligo, Woodward, & Silva, 2005; Bowlby, Ainsworth, & Bretherton, 1992; Rohner, Khaleque, & Cournoyer, 2005). A secure mother-infant attachment is characterised by a warm, sensitive, and responsive parenting style fostering a sense of belongingness, trust, and security in the infant.

Attachment develops as a result of the interpersonal responsive relationship of the mother-infant dyad in which the mother's thoughts, feelings and behaviours toward the infant contribute directly to the way in which the infant responds. In turn, an infant's temperament, and formative relational behaviours are likely to elicit a response within the mother of warmth or rejection thus forming an interactive relationship pattern. The intergenerational transmission of attachment styles also plays an important role, whereby mothers bring their own internal working models and ways of relating into the mother-infant relationship (Arnott & Meins, 2008; Belsky et al., 2005; Bokhorst et al., 2003; Shah, Fonagy, &

Strathearn, 2010; Slade, Grienenberger, Bernbach, Levy, & Locker, 2005; Wan & Green, 2009). Heightening this already complex interpersonal picture is a mother's unique vulnerability during the post-partum period when her early attachment experiences are activated. A mother's secure or insecure attachment style, though not predictive, impacts both directly and indirectly on the formation of her infant's attachment style.

Many infants develop in an environment where affection, responsiveness, and predictability are absent or severely lacking. These infants are likely to develop an insecure attachment style and are at risk of ongoing, pervasive social, emotional, and behavioural problems (Finzi, Cohen, Sapir, & Weizman, 2000; Kay & Green, 2013; Lee, Kaufman, & George, 2009; Levendosky, Bogat, & Huth-Bocks, 2011; Perry, 2001). Infants exposed to these environments are the focus of this study.

A number of factors are likely to interfere with a mother's ability to attend to and attune to her infant (Glaser, 2001; Hautamaki, Hautamaki, Neuvonen, & Maliniemi-Piispanen, 2010; Howe, Dooley, & Hinings, 2000; Siegel, 2006; Stubenbort, Cohen, & Trybalski, 2007; Suchman, Pajulo, Decoste, & Mayes, 2006; Teti, Gelfand, Messinger, & Isabella, 1995). Psychosocial factors such as economic hardship, marital stress, and teenage parenting have been shown to effect the development of attachment (Bakermans-Kranenburg, Van IJzendoorn, & Juffer, 2005; Boris, Aoki, & Zeanah, 1999; Hubbs-Tait et al., 2006; Sharp, Fonagy, & Goodyer, 2006; Suchman, Decoste, Castiglioni, Legow, & Mayes, 2008). Anti-social or high-risk behaviours such as alcohol and drug abuse, relationship

violence, child maltreatment or abuse, and maternal mental illness also impact on the attachment relationship (Carter, Garrity-Rokous, Chazan-Cohen, Little, & Briggs-Gowan, 2001; Drapela & Mosher, 2007; Hayes, Goodman, & Carlson, 2013; Padykula & Conklin, 2009; Seifer et al., 2004). Research indicates that infants exposed to these environments, and whose primary attachment relationship is with mothers involved in these activities, are at high risk of developing disorganised attachment styles (Boris & Zeanah, 1999; Seifer et al., 2004).

Attachment styles are classified into four distinct categories - secure attachment; insecure-avoidant attachment; and insecure-resistant attachment. Later research identified a fourth category – disorganised-disoriented attachment, now more commonly referred to as simply disorganised attachment (Schuengel, Bakermans-Kranenburg, & Van IJzendoorn, 1999). Each attachment style is formed through the responsiveness of the attachment figure and generates unique and specific behaviours in the child (see page 12 for a detailed discussion). A disorganised attachment style is formed when the attachment figure responds in an inconsistent, frightened (such as extreme hesitancy to soothe the distressed infant), or frightening (such as screaming) manner. It is the attachment style predictive of the most severe outcomes, research having linked disorganised attachment to both internalising and externalising difficulties and psychopathology (Goodman, Hans, & Bernstein, 2005; Lyons-Ruth & Spielman, 2004).

This study aims to analyse the way in which social workers in a home visitation agency recognise, identify, and record the mother-infant attachment relationship of their client-base. This agency work with a population of parents and children considered as ultra high risk in regard to offending, substance abuse, sub-optimal parenting, and limited resources. The likelihood of disorganised attachment being present in this client group is relatively high given the myriad risk factors among these families. Early identification of poor attachment paves the way for early intervention, with the potential to change the insecure attachment relationship to one of security and warmth. It therefore seems crucial that social workers are knowledgeable, competent, and validated in identifying the attachment relationship.

The focus of the attachment relationship in this study is limited to the mother-infant dyad as opposed to the relationship of the infant with any other significant caregiver(s), notably the father. This is in part due to the fact that the agency in this study work primarily with mothers, and it is also a reflection of the fact that an infant's primary caregiver is most often their mother.

Social workers in Aotearoa/New Zealand are often the professionals in the homes and lives of high-risk families and yet they may feel under-skilled, and lacking in knowledge of attachment theory, or that attachment theory is beyond the scope of their practice. Being aware of assessment strategies, psychological interventions, and suitable resources can engender competency and confidence with the process of working with this most vulnerable cohort. Ultimately, social work training which includes the use of an attachment screening tool would

enable greater professional competence in working with families where attachment relationships are at risk.

This agency is in a unique situation of providing home-based intervention to families most at risk and where disorganised, or at least insecure, attachment styles are likely to be prevalent. Social Worker's detection of poor attachment and their ability to assess and intervene within the home visitation context would enable further treatment to occur in the crucial first three years of an infant's life when attachment styles are being established (Boris & Zeanah, 1999; Bowlby et al., 1992). What now follows is a detailed review of the literature pertaining to attachment theory, and specifically to attachment in relation to the high-risk population.

Chapter 2

Literature Review

The formation of a secure attachment style in the first three years of life is considered crucial to the development of adaptive social and psychological functioning and good relationships throughout life. When conditions within the mother-infant dyad are poor an insecure attachment style may develop. This is known to engender more disturbed outcomes and establish a course whereby insecure attachment may be transmitted to the next generation. Psychosocial factors such as maltreatment, relationship violence, drug and alcohol abuse, and mental illness contribute to the risk of a poor attachment style developing. Further, cultural considerations are fundamental given the sometimes markedly different family/whanau environments in which infants in different cultures grow. A broad understanding of how to assess attachment, what interventions may be possible and how these may fit within the social work profession are important to examine so that effective change can occur.

1.0 Attachment Theory

Attachment theory originates from the initial work of John Bowlby and further work by Mary Ainsworth (Bretherton, 1992), and is a central tenet to the understanding of the socio-emotional development of young children (Bakermans-Kranenburg, IJzendoorn, & Kroonenberg, 2004). Based on the premise that the basic human drive is to create intimate emotional bonds, Bowlby proposed that infants form internal working models (IWMs), or

cognitions, about themselves via their interaction with their attachment figure (McMillen, 1992). Through the interpersonal interaction between mother and child, the infant who experiences comfort, protection, and suitable independence develops a sense of themselves as worthy and valuable. Sensitive, warm, and emotionally supportive parenting in the infant years predicts a secure parent-child relationship. Further, parental acceptance has been shown to support positive outcomes such as pro-social behaviour, positive peer relationships, and psychological wellbeing (Bretherton, 1992; Rohner & Britner, 2002). Conversely, a child who experiences rejection and uncertainty sees themselves as unworthy or incompetent (Bretherton, 1992) with insensitive and controlling parenting behaviours linked to externalising problems in children as young as two (Yaman, Mesman, van Ijzendoorn, Bakermans-Kranenburg, & Linting, 2010). Parental rejection is implicated in the etiology of depression and many of the social and psychological facets which are considered to impact on depression, can now be seen as partially or entirely mediated by parental rejection (Rohner & Britner, 2002). Factors such as family conflict, family cohesion, sexual and physical abuse, uncontrollable negative life events, and economic hardship may all be partly or fully generated by parental rejection (Rohner & Britner, 2002). In contemporary society, single mothers in social isolation without social and emotional supports, and who are young and economically deprived appear to be at greatest risk for withdrawing love and affection from their children (Rohner et al., 2005).

Parental acceptance-rejection, which forms the warmth dimension of parenting – a presence or absence of love – is experienced by children the world over

(Rohner & Britner, 2002). Parental rejections can be experienced as parents being cold and unaffectionate; hostile and aggressive; indifferent and neglecting; or 'undifferentiated rejecting' whereby the experience of feeling unloved is present, though the process by which it is manifested may be difficult to detect. Negative self-beliefs or IWMs, are strongly associated with parental rejection, which in turn projects young people along developmental pathways tending toward destructiveness. Evidence from over 2,000 empirical studies indicates strong evidence for the need of acceptance from parents or other attachment figures. If not met, children - regardless of ethnicity, gender, culture or age - report being aggressive, hostile, and emotionally unresponsive, with poor self-esteem and a negative world view (Rohner et al., 2005). The key concept of *perceived parenting* used in these studies means that children can interpret parenting practices through their own cultural and personal frames of reference. How the Western concept of rejection is defined and attribution of meaning is given to 'rejection' varies across cultures and, in any culture, parental rejection occurs in a complex ecological context. Well developed IWMs allow the infant to respond to distressing situations in an effective way, and are based on both the actual care received, and the infant's perception of the care received (Amos, Furber, & Segal, 2011).

Bowlby's four major motivational systems that work together to control an infant's behaviour in the first three years of life are: the attachment system; the exploratory system; the affiliative system; and the fear/wariness system. The attachment system is activated by distress, separation, fatigue, illness, fear and so on which lead the infant to display attachment behaviours such as searching

for the caregiver, approaching the caregiver, and clinging onto the caregiver. The exploratory system motivates the infant to explore the physical world, and functions in harmony with the attachment system. The affiliative behavioural system enables the infant to socially engage with others and elicits behaviours such as smiling, approaching, and playing, whilst the fear/wariness system elicits the fight or flight response in the face of danger. It is through these behaviours that an understanding of the attachment style of the infant can be gauged: “The dynamic interplay of these four motivational systems is responsible for the specific behavior of the infant at a given moment in time” (Boris et al., 1999; p 2).

As the infant develops, their attachment behaviours are manifested differently, and in securely attached infants a largely predictable developmental pathway transpires. In the first days of life, infants are able to clearly discriminate their mothers from other caregivers, yet they display no observable preferences for a particular caregiver (Boris et al., 1999). This gradually develops into a distinct preference for their primary caregiver(s) in the middle of the first year and the overt display of stranger wariness and separation protest when the caregiver is not present. From the end of the first year to around 18 months of age infants begin to explore their world from the secure base of their attachment figure, having begun to develop sound IWMs (Boris et al., 1999; Bretherton, 1992). For the insecurely attached infant, disturbance in attachment behaviours will be apparent, and the trajectory through the developmental features of attachment will likely to be fraught with difficulty.

Bowlby hypothesised that attachment relationships are transmitted intergenerationally so that a secure mother-infant relationship and good IWMs

will shape security, wellbeing, and positive relationships in adulthood (Hooper, 2007) however, there appears to be little research into the stability of early attachment styles. Early research posited that once IWMs are established, they are likely to become habitual and unresponsive to the environment, even if that environment becomes one of nurturance (McMillen, 1992), or at the very best that IWMs are resistant to change but modifiable by current experiences (Fonagy, Steele, & Steele, 1991). Later research has pointed to the fact that over time, attachment styles can change with the right conditions, primarily positive relationship experiences (Belsky, et al., 2005).

2.0 Disorganised Attachment

Attachment theory has been widely adopted in the clinical context due to its links with psychopathology and emotion regulation (Bernier & Meins, 2008). Many studies show a relationship between disorganised attachment and poor developmental outcomes, with infants at risk of unresolved stress, poor emotion regulation, externalising behaviours and dissociated behaviour in adolescent years (Juffer, Bakermans-Kranenburg, & van IJzendoorn, 2005). Disorganised attachment is characterised by unpredictable, bizarre and contradictory responses to distress (Hayes et al., 2013). These may include proximity seeking with a sudden, unexplained shift to avoidance, seeking comfort while also being angry, rapid changes in affect, and odd postures of stereotypic movements only in the presence of the attachment figure (Lee et al., 2009). Studies have found that the effects of attachment disorganisation may increase over time and may

play a particular role in ongoing problems of aggression and conduct (Pasco Fearon & Belsky, 2011).

Infants who display disorganised attachment behaviours are not necessarily excluded from displaying secure attachment behaviours. It is the inconsistent and unpredictable nature of the attachment style that defines it (Martins & Gaffan, 2000). Disorganised attachment is specific to a caregiver, not necessarily transferring to the relationship with another carer or generalisable to other relationships in the infant's world (Hayes et al., 2013). Sub-categories of disorganised/secure or disorganised/insecure attachment are also important to note. Infants and children with disorganised attachment show two distinct patterns or adaptations of attachment behaviour, namely behavioural avoidance whereby they reject their mother in favour of a less threatening or confusing adult, and controlling behaviour (apparent from age 3-6 years) whereby they are hostile, punitive or controlling of their mother (Amos et al., 2011). Pasco-Fearon and Belsky (2011) found that externalising problems in children with disorganised attachment may be particularly attributable to children from high risk households.

A key determinant of disorganised attachment is a frightening and frightened mother, which presents the infant with the painful incongruity of being afraid of the very person from whom comfort is sought (Bernier & Meins, 2008; Juffer et al., 2005), or a belief that they themselves are the source of the mother's fear (Schuengel et al., 1999). Infants develop an internal confusion around their caregiver and fail to establish a coherent working model of their own care-

seeking system, instead developing discrete, contradictory models of the mother, based on her vastly different responses to them. This accounts for the confused, unstable, and unpredictable responses of the disorganised-attached individual, and the inner turmoil which is consequently experienced (Amos et al., 2011).

Insecure mothers with unresolved loss typically show the most frightening behaviour which predicts higher levels of disorganised attachment (Schuengel et al., 1999). Frightening behaviours can be identified if the mother displays threatening, frightening or dissociated type behaviours. Extremely insensitive parenting and inattentive or unresponsive behaviours from the parent may be frightening in themselves and trigger disorganised attachment (Juffer et al., 2005). These 'communication errors' have been identified as a discrete form of trauma (Schoore, 2003), referred to as *relational trauma* (Amos et al., 2011). Relational trauma arises when poor mother-infant relations mean the infant experiences overwhelming fear that is not mitigated by, but rather exacerbated by, the presence of the attachment figure. The disorganised-attached infant is unable to soothe themselves yet is unable to allow themselves to be soothed by their caregiver (Robinson, 2004). Disturbingly, Schuengel et al., (1999) found that mothers who displayed frightening behaviours (as observed in the home setting) did so in a manner that did not qualify as abuse, thus presenting the possibility that these behaviours are more covert and difficult to detect.

A factor which may act protectively against disorganised attachment is access to other caregivers who provide a more secure attachment base (Bernier & Meins, 2008), a critical factor when considering the role of culture on attachment.

Bernier and Meins (2008) argue for a threshold approach to making sense of the etiology of disorganised attachment, whereby child-centered characteristics make the child more vulnerable or resilient to forming a disorganised attachment. In other words, the child's threshold for developing a disorganised attachment differs depending on individual and socio-environmental factors. This highlights the fact that some children who are exposed to both high-risk environments and aberrant parenting behaviours go on to establish organised or secure attachment styles, and conversely other infants form disorganised attachments even though there are apparently no obvious risk factors.

3.0 Intergenerational Transmission of Attachment

The intergenerational transmission of both child maltreatment and attachment styles is a critical factor in making sense of the way in which poor attachment is formed. In the high-risk population, parents who have experienced trauma, abuse, or violence are more typical than not. A mother's feelings and beliefs about her own experience as an infant have a direct influence on the way in which she views her own infant and on her capacity to parent sensitively (Cook & Roggman, 2010). A mother's attachment style may be triggered by the reactivation of the attachment relationship with her new infant (Amos et al., 2011), and in mothers who have experienced trauma, this reactivation can lead to a sense of feeling overwhelmed, frustrated, or even repelled. For those mothers who have experienced trauma as a child, the potency and degree of trauma influences the extent to which the mother remains unaware of the activation of her defense system. The mother is therefore unable to attend to her

infant's reactions to her way of relating, lacking an ability to be mindful or present in the interactive moment (Amos et al., 2011). Insecure adult attachment styles fall within the two dimensions of attachment anxiety whereby there is an intense need to be reassured and close to a significant other, and attachment avoidance whereby there is a discomfort with closeness, vulnerability and dependency (Sibley, 2007).

As Shah, Fonagy, and Strathearn (2010) suggest, the intergenerational transmission of attachment is complex and does not necessarily follow a pattern of a mother's style predicting an infant's style. Knowing the severity of what is termed 'mis-attunement' and its psychological origins is crucial to how we respond in attempting to mend the mother-infant relationship. Fonagy, Steele, and Steele (1991a) found that mothers who appear to have had a history of rejection by their own mothers were not only more likely to be insensitive and unresponsive to their infants needs, but they were also more likely to have a 'dismissing' state of mind toward their unborn infant which in turn predicted insecure attachment at 12 months of age.

The condition known variously as reflective functioning (Fonagy, Steele, Steele, Moran & Higgitt, 1991b), mother's mind-mindedness (Meins, 1997), or mentalisation (Fonagy, Gergely & Target, 2007) explores the relationship between a mother's capacity to view her infant/child as a psychological being, and to understand her child in that context (Sharp, Fonagy, & Goodyer, 2006). The quality or presence of these functions has been linked to the mother's attachment style with secure attachment predicting greater quality. The absence

of mother's mind-mindedness, in which a mother appears to be unable to read her infant's internal states correctly, is likely to leave the child vulnerable to ongoing, unrecognised fears and may also be a contributing factor to disorganised attachment (Bernier & Meins, 2008; Koren-Karie, Oppenheim, Dolev, Sher, & Etzion-Carasso, 2002).

Due to the interactive and reactive nature of the mother-infant relationship, intergenerational transmission of poor attachment can also be viewed through the lens of a two-way 'trap'. A mother's insensitive or unresponsive parenting is likely to engender a negative response in the infant which in turn exacerbates the mother's withdrawal from the infant and reinforces her belief that her child is difficult and she is a 'bad' mother. A child's temperamental characteristics have been shown to have a direct effect on a mother's responsiveness (Laurent, Kim, & Capaldi, 2008; McElwain, Holland, Engle, & Wong, 2012; van IJzendoorn, 1995). In an evocative or reactive correlation, inconsistent or insensitive parenting can lead to the infant becoming anxiously attached and displaying clinging and distressed behaviours, resulting in parental intolerance, anger, and violence (McMillen, 1992). Further, a child's genetic characteristics may evoke certain responses from the parent (Bernier & Meins, 2008). Clinically it has been argued that between-child-and-caregiver disorders may exist; that is, the attachment relationship itself is seriously disturbed (Zeanah & Smyke, 2008), a notion that appears to fit with the interactive nature of attachment formation and the mother-infant dyad.

Another interpretation of the mechanisms which drive intergenerational concordance is examined in a recent study by Caldwell, Shaver, Li, and

Minzenberg (2011), who found that childhood maltreatment can lead to anxious attachment and depression in a community sample of at-risk mothers. Again highlighting the complexly interwoven relationship of psychosocial factors, Caldwell et al (2011) found that mothers who had a history of child maltreatment also reported higher degrees of adult attachment anxiety and avoidance and more severe symptoms of depression. These factors in turn can produce a sense of negative parental self-efficacy. Self-efficacy, based on Bandura's self-efficacy theory (1982, 1989) is the belief in ones capacity to effectively motivate and persevere in the face of difficulties (Bandura & Locke, 2003) and has a potentially significant effect on the way people parent their children, being linked to maternal-infant attachment security (Raikes & Thompson, 2005), and socio-emotional functioning (Caldwell et al., 2011).

Pregnancy and the perinatal period can be a critically vulnerable time for transformation (Slade, 2005), when internal representations of the baby-to-be and self-as mother are formed (Huth-Bocks, Levendosky, Theran, & Bogat, 2004). The very fact that previously buried feelings and self-beliefs are activated in this period of life means it can also provide a unique opportunity for change. A maternal history of trauma or maltreatment does not make it inevitable that insensitive parenting will occur in the next generation. The presence of an emotionally supportive and non violent adult during early childhood, mothers who have undertaken therapy in adulthood, and being involved in a supportive, functional intimate relationship are factors which can lead to sensitive parenting (Belsky et al., 2005) despite serious negative life experiences.

The complex nature of the maternal-infant relationship and the formation of early attachment mean the pathways to the development of an insecure attachment style are not always straightforward. A mother's experience of being an infant and her own attachment style affect the way in which she interacts with her own infant. Her IWMs are likely to either enhance or impede her capacity to respond to her infant with warmth and sensitivity, and the responses of the infant toward the mother can heighten this effect.

4.0 Attachment in the Vulnerable Population

What defines a vulnerable family is multi-faceted and deeply complex. Such families tend to be poor, lacking in both economic and emotional resources, isolated, and have little formal education. Further, there are often problems with alcohol and drugs, violence and abuse, crime, mental health, and familial relationships. Families who suffer from all or most of these 'risk' factors are also more at risk of forming insecure attachment styles, though this is far from absolutely predictive. An exploration of risk and resilience is beyond the bounds of this document, but clearly not all children raised in these environments experience poor attachment, while those raised in other environments may do. Important psychosocial risk factors for poor attachment are summarised below.

4.1 Psychosocial Factors

The development of attachment is influenced by the context in which it develops. High-risk families have been shown to be significantly more susceptible to disorganised attachment (up to 80%) compared to low-risk families (15%)

(Juffer et al., 2005). Low-Socio Economic Status (SES) populations appear to be susceptible to the development of disorganised attachment through insensitive parenting alone, rather than atypical or pathological parenting (Kalinauskiene et al., 2009). This has also been found in research with teenage mothers (Bernier & Meins, 2008). Mothers who have unplanned or unwanted pregnancies may experience negative feelings toward their unborn babies thus jeopardising the attachment bond while the baby is still in-utero (Schechter et al., 2008).

Socio-environmental aspects within the family such as marital conflict, substance abuse, and parental stress have also been found to be associated with disorganised attachment (Juffer et al., 2005). When poverty is combined with other risk factors such as social isolation, maternal depression, and inadequate care, a high incidence of poor attachment may occur (Bakermans-Kranenburg et al., 2004). However, when economic and social resources are more readily available or increased, there appears to be a positive impact leading to a reduction of externalising behaviours in children (Robinson et al., 2011).

4.2 Child Maltreatment

The emotional damage accompanying abusive and neglectful acts can result in some of the most significant and long-term effects on children, and maltreatment that occurs in the first five years of life may be especially detrimental (Toth, Rogosch, Manly, & Cicchetti, 2006). The fact that maltreatment occurs more frequently in low-income families means it can be difficult to disentangle the effects of maltreatment from the effects of poverty and its associated stresses. Studies suggest that 70% to 100% of maltreated children have insecure

attachment styles (Baer & Martinez, 2006; Barnett, Ganiban & Cicchetti, 1999; Crittenden, 1988). Maltreating parents are often unresponsive to the needs of the child, thus increasing the child's anxiety and distress and the threat of establishing an IWM that others are not able to be relied on for support and comfort (Hooper, 2007). Mothers with insecure adult attachment styles are at much greater risk of perpetrating child abuse and having a dysfunctional parenting style (Rodriguez & Tucker, 2011; Schechter et al, 2008). They are also more likely to have experienced child abuse themselves, however, the more critical indicator for risk of child abuse is poor attachment, signalling the fact that a poor parent-child attachment relationship is in and of itself a risk for child abuse and other dysfunctional behaviours (Rodriguez & Tucker, 2011).

Research has demonstrated that maltreatment during infancy can lead to insecure attachment relationships with caregivers which carry over to the preschool and school-aged years. This also increases the likelihood of continued interpersonal disturbances as development proceeds, with attachment difficulties in peer and intimate relationships (Righthand et al, 2003; Toth et al., 2006; Zeanah & Smyke, 2008). Longitudinal data on the outcomes for maltreated preschool-aged children is limited, but it has been found that the effects of maltreatment in early childhood can have a permanent and negative impact on children's brain development, and that children who experience maltreatment have higher levels of depressive symptoms, aggression, anxiety, social problems, and school absences in adolescence than non-maltreated peers (Robinson et al., 2011).

4.3 Relationship Violence

Exposure to violence within a relationship is likely to jeopardise the mother-infant attachment bond both directly, as a result of the infant witnessing violence and feeling frightened and in need of (unavailable) protection, and indirectly due to the effect of violence on the mother's capacity to attach to her infant (Boris & Zeanah, 1999; Huth-Bocks et al., 2004; Lieberman, Zeanah, & McIntosh, 2011).

The witnessing of parental violence may engender fear in an infant and concern for the mother's safety. Families in the throes of physical abuse expose their infants to fear of and for their mothers (Zeanah et al., 1999). Critical damage to the mother-infant attachment relationship occurs when the infant loses trust in the protective capacity of the parent (Huth-bocks et al., 2004; Lieberman et al., 2011).

A longitudinal study found that women exposed to relationship violence during pregnancy had poor internal representations of her fetus as child and of herself as mother, and that these representations were manifested in poor parenting behaviours and child attachment at one year of age (Huth-Bocks et al., 2004). Further, increased relationship violence during early childhood (1-4 years) was associated with more insecure attachment (Huth-Bocks et al., 2004). Women who experienced relationship violence were likely to have distorted or disengaged internal representations (as measured by the Working Model of the Child Interview, Zeanah & Benoit, 1995), disrupting their ability to understand and respond to their infant's need for nurturance and protection. In addition, the chaos, fear, and disruption that accompanies violence in the domestic realm has

its own deleterious effects on the mother, the infant, and the mother-infant dyad (Huth-Bocks et al., 2004).

In a study of mainly impoverished mothers and their infants (n=72), mothers who reported less partner violence had more securely attached infants, whilst mothers who experienced more partner violence were much more likely to have insecurely attached infants. Of the 72 infants studied, 45 were insecurely attached, and of those, 91% had disorganised attachment styles (Zeanah et al., 1999). The association with disorganised attachment was only relevant to current violent partners as opposed to a mother's history of exposure to violence, so infants whose mothers are in current violent relationships are at significantly greater risk of a disturbed attachment relationship with her infant (Boris & Zeanah, 1999). This contrasts with the findings of Huth-Bocks et al., (2004) that show that relationship violence experienced during pregnancy and in the first year of the infant's life can have powerful, long lasting effects even once the violence has ended. In fact, in a follow-up study (Levendosky et al., 2011) relationship violence during pregnancy was shown to significantly damage the caregiving system in the mother.

4.4 Drug and Alcohol Abuse

The association between exposure to drugs and attachment is difficult to unravel. Many studies have attempted to pull apart the teratological versus environmental effects of in-utero exposure to drugs on both mother and infant

behaviours and the interactions between the two. Neuro-behavioural deficits appear to be linked to exposure, whilst socio-emotional developmental difficulties are more closely related to the psychosocial deficits that often appear alongside exposure (Goodman et al., 2005). Other studies have found complex interactions between exposure and psychosocial factors. Singer, Arendt, Minnes, Farkas, and Salvator, (2000) found evidence to suggest that infant behavior may be more difficult when exposure to substances has occurred prenatally, thus placing these infants at increased risk for insecure attachments.

A study by Goodman, Hans and Cox (1999) measuring attachment styles on the Strange Situation Procedure found that mothers on the methadone programme had infants who demonstrated higher levels of disorganised attachment behaviour, lower levels of affection, and higher levels of avoidance than a comparison group. Further research in this area found that mothers on the methadone who expected their infants to be difficult, communicated more poorly with them than mothers not on the methadone, perhaps due to poor affect regulation, thus making it more difficult for them to accept and modulate their feelings of frustration, anger, or disappointment (Goodman et al., 2005). This study, like many others, found that maternal and infant risks have a two-way effect – they influence each other. Specifically, the methadone-maintained mother's less attentive capacity towards her infant's cues engenders avoidance in the infant that in turn makes the mother feel less competent and able to communicate with her infant. As Osofsky (1992) points out, a mother's ability to share the affective state of her infant validates that state for the infant.

Conversely, infants who are constantly affectively mismatched with their mother

more often disengage from her (Tronick, 1989). The effects of drugs and alcohol on the affective state of the mother makes mismatch and misinterpretation of the infant's cues more likely and provides more opportunity to 'tune out' rather than be attuned.

4.5 Mental Health

Maternal depression is recognised in the literature as a critical factor in a mother's capacity to respond sensitively to her infant's needs (Caldwell et al., 2011), resulting in poorer outcomes for the child in a number of socio-cognitive areas (Carter et al., 2001). Mothers suffering from depression may be more hostile, disengaged, and inconsistent, and less responsive to their infant (Hayes et al., 2013). They may be less effective at reading and interpreting their infant's responses and needs, leading to a mismatch between maternal and infant affective states. A recent meta-analysis (Martins & Gaffan, 2000), concluded that depression alone contributed to a significantly reduced likelihood of secure attachment in infants, and that these infants were more likely to display avoidant or disorganised forms of attachment. Yet the pathways to both maternal depression and poor attachment are complex, reflected in the vast number of studies which attempt to unravel some of these factors. McMahon, Barnett, Kowalenko, and Tennant (2006) make the salient point that poor childhood relationships are a risk factor for depression in later life, therefore maternal depression must be considered in the context of maladaptive family interactions as a causal factor of attachment difficulties in the mother-infant dyad.

It appears that outcomes are worse for those infants who experience a mother with severe depression, premorbid psychopathology, or other risk factors (Carter et al., 2001), and that chronicity increases the risk of insecure attachment (Teti et al., 1995). McMahon et al., (2006) found that only 26% of chronically depressed mothers had infants who were securely attached. However this was mitigated by the mothers 'attachment state of mind'. That is, depressed mothers who seemed to value their early attachment experiences were no more likely to have insecurely attached infants than non-depressed mothers. One study of 69 mother-infant dyads conducted by Carter et al. (2001) followed mothers from pregnancy to 30 months postpartum. It found that mothers who experienced depression, anxiety, and substance abuse or an eating disorder were more disengaged with their infants at four months, resulting in infants who were at very high risk for attachment insecurity (80%) at age 14 months. Infants who had mothers with depression only, showed no greater risk of poor attachment than mother's with no psychopathology. Interestingly, the outcomes for boy children and girl children appeared to be different. Boys were poorly affected by mother's prenatal and postpartum depression, displaying problem behaviours and diminished competencies. Girls, however, were affected by the quality of the mother's early interactions (Carter et al., 2001). Coyl, Roggmand and Newland's (2002) study of 169 mother-infant dyads found that maternal depression, negative interactions, and smacking directly impacted on infant attachment, and that both economic and relationship stress had a direct influence on maternal depression and the frequency with which an infant was smacked. Infants whose mothers were more severely depressed, more dissatisfied with their interactions with their child, and more likely to smack their child, had children who were

more insecurely attached. Particularly pertinent to the current study, is the observation that stressful events are more common in disadvantaged families and therefore place infants at greater risk of experiencing maternal depression and poor levels of interaction (Coyl et al., 2002).

Van IJzendoorn et al., (1995) found that 21% of infants of depressed mothers can be categorised as having disorganised attachment, and the rate increases with other risk factors such as child abuse and drug and alcohol abuse. According to Hayes et al (2013), antenatal depression can negatively impact on the developing fetus and may have long-lasting consequences for disorganised attachment in children. Their study of 79 mothers with depression found that maternal depression during pregnancy may set infants on a course for disorganised attachment at birth. Further to this, mothers who suffer from antenatal depression often carry this into the postpartum period thus potentially intensifying the challenges of mothering. Similarly, Nagata, Nagai, Sobajima, Ando & Honjo (2003) found that mothers who suffered from low mood in the first six weeks following childbirth were at greater risk of developing depression at 12 months, and that they also had infants who were poorly attached. They concluded that poor attachment formation in the early weeks of infant life places the mother-infant attachment relationship in danger of poor attachment later on. Propitiously, more optimal parenting at three months can have a significant positive moderating effect on disorganised attachment in infants of depressed mothers at 12 months (Hayes, et al., 2013) – a salient finding in regards to the argument for early intervention.

5.0 Attachment and Culture

Studies have shown that secure attachment is normative across cultures, and further, that intra-cultural differences are larger than cross-cultural differences (Bakermans-Kranenburg et al., 2004). Empirical evidence suggests that parental acceptance and rejection tends to be associated pan-culturally with predicted outcomes, in the form of behaviour problems (Rohner & Britner, 2002).

However, research has shown that cultural differences can make a potentially significant difference to the attachment relationship. Jackson (1993) found that child-care in African-American families was often characterised by multiple caregivers, with infants having experience of an average of 15 familiar adults on a regular weekly basis. Cross-cultural understanding in clinical practice requires the knowledge that cultural differences are not so much about behavioural differences but about the meanings attached and attributed to the 'same' behaviours (Landrine, 1992). In collectivist cultures interdependence is valued over independence and superseding one's own needs for those of others is encouraged (Yaman et al., 2010). Consequently, parents may be more authoritarian, use more restraining behaviours during social play, and expect more obedience – but unlike the classic authoritarian parenting style, these parents are not necessarily rejecting or lacking in warmth (Yaman et al., 2010). In Aotearoa/New Zealand, Durie (1994) notes that independence is seen as a maladaptive attribute in Māori culture where interdependence, connectedness, and whanau relationships and loyalty is strongly supported.

Māori children are more at risk of maltreatment than any other ethnic group in Aotearoa/New Zealand (Ministry of Social Development, 2006). Māuri Ora

Associates (2006) found that Māori families who live highly problematic lives may have these problems compounded by “the complex interconnections, obligations, and intricacies of wide family bonds” (p24). They argue that due to this, interventions for Māori need to take place at a wider level than simply the family/whanau.

A study by Bakermans-Kranenburg et al., (2004), found that differences in attachment security of African-American and white children (whereby African-American children were less securely attached to the mother than were white children) may be the result of different and distinct processes including Western cultural bias of the attachment measurement and the influence of culture on attachment quality. Other differences may be due to a third variable, such as SES. Studies have shown that economic hardship can result in less warm and responsive parenting, and an increase in harsh punishment. Bakermans-Kranenburg et al. (2004) found that African-American and white families differed on almost every measure – SES levels, child-rearing practices, and child development. African-American mothers showed less sensitive parenting and their children displayed less secure attachment, less compliance, higher activity rates, and higher levels of stranger security (Bakermans-Kranenburg et al., 2004). In both African –American and white groups, maternal sensitivity was the strongest predictor of secure attachment.

6.0 Assessing Attachment

Given the fact that disorganised attachment is predictive of child psychopathology, the importance of finding determinants, knowing what to look for, and developing effective interventions is crucial (Juffer et al., 2005). Infant-caregiver relationships should be a pivotal component of assessing infant mental health and wellbeing and should be carried out with all important caregivers in both home and clinical settings (June et al., 1997). Assessment needs to occur in the 'infant *with* caregiver' as opposed to the 'infant *and* caregiver' milieu – a position informed by decades of research around the interactive relationship of attachment formation. Direct observation of the mother-infant dyad is considered the gold standard of assessment (Boris et al., 1999), though is often just one component of a more complete range of assessment strategies.

Typically, mother-infant attachment security is assessed using the Strange Situation Procedure (SSP) developed by Ainsworth and Wittig (1969), although more recent assessment tools have been developed which may be more useful in specific situations. One such measure is that of 'cumulative contextual risk' which includes economic risk, father-absence risk, and mother-age risk; teacher-reported externalising problems; and maternal sensitivity (Pasco Fearon & Belsky, 2011). Attachment can also be assessed using the Attachment Q-sort (AQS), a tool developed by Waters (1995). This consists of 90 behavioural descriptions of 12-48 month-old children in the natural home-setting, with special emphasis on secure-base behaviour (Bakermans-Kranenburg et al., 2004). It can be used as an alternative to the SSP and may have some advantages

over it, specifically its higher ecological validity, for the lack of which the SSP has been criticised (Bronfenbrenner, 1979). It is also less stressful on the parent and child as it does not utilise enforced separation as a measure. This can be conducted over a 2-hour home visit.

June et al (1997) propose a process of assessment whereby the affect state of the infant is held in mind when the clinician asks themselves “what [does] it feels like to be this particular infant in this particular relationship with this particular caregiver at this particular time” (p 186). Using a similar conceptual framework, Zeanah (2007) assessed the mother-infant relationship using the Working Model of the Child Interview (WMCI), which was designed to explore the parent’s representation of their child. This was created due to the recognition that both external (observable interactions) and internal (subjective perceptions) aspects of the mother-infant relationship are critical when assessing attachment. Zeanah (2007) makes the point that there is often an assumption that relationships are synonymous with interactions (perhaps particularly in the mother-infant relationship as the infant is unable to articulate their experience). The WMCI relies on narrative stories of the mother – that is, how the parent experiences the baby (Zeanah, 2007). A formulation can be developed by putting together the history, the observed interactions between the mother and child, and perceptions of the child as revealed by the WMCI. Bakermans-Kranenburg et al., (2004) assessed attachment using a multi-method approach for different aspects of attachment behaviours. These include the AQS, videotapes of free play, surveys, and data collection on childcare and maternal characteristics.

The Crowell Procedure (CP) may be useful for assessing attachment in a clinical setting (June et al., 1997; Schechter et al., 2010). This can be applied to children aged 24 to 54 months of age and is designed to elicit behaviours relating to different domains of the mother-infant relationship. These domains, as formulated by June et al. (1997), are useful to hold in mind when observing the mother-infant interaction, and are designed to encompass the key components of the dynamic and responsive mother-infant dyad. They involve seven parent domains and corresponding infant domains, namely emotional availability and emotion regulation; nurturance/valuing/empathic responsiveness and security/self-esteem; protection and vigilance/self-protection; teaching and learning/curiosity/mastery; play/imagination; discipline/limit setting and self-control/cooperation; and instrumental care/structure/routines and self-regulation/structure. This procedure may be particularly germane within the social work context as it endeavours to assess the attachment relationship through the lens of a family systems and strengths based model. It also takes into consideration cultural belief systems and has been utilised primarily in work with maltreated infants and toddlers.

As discussed above (see page 29), attachment theory can be seen as culturally-biased, in terms of how attachment is defined, who the primary attachment figure(s) is, and how attachment is evaluated. During assessment this can result in decisions being made without consideration to cultural heritage (Washington, 2008). Using a Māori model of assessment and having a sound, in-depth knowledge of Māori cultural practices and the contemporary circumstances of Māori is crucial to effective and acceptable practice. Culturally congruent work is

regarded as an important factor in the success or failure of work with Māori (Huriwai, 2002). Inaccurate or poor assessment of Māori (as of anybody), can lead to misunderstanding, misdiagnosis, and mistreatment (Pitama et al., 2007). Clinical practice in New Zealand is based primarily on Western concepts of wellbeing and mental health (Pitama et al., 2007), although these are well articulated in Māori practice (Durie, 2004). Psychological assessment may generate 'stereotype threat' in which Māori clients may be wary of being analysed through a negative and culturally-skewed lens. Māori clients may question motives around gathering information and what will be done with it, or how it will be used (Macfarlane, Macfarlane, & Blampied, 2011). Decisions made by workers which are complex and which are likely to have significant implications need to be well informed by cultural context and knowledge, ideally guided by experts from the relevant cultural background (Macfarlane et al., 2011).

7.0 Attachment Treatments/Interventions

It is critical to provide early intervention for poor attachment relationships particularly for infants at risk of developing disorganised attachment styles so that prevention or mitigation of poor developmental outcomes can occur. Whilst assessment is important, what happens next is even more important. Intervening in the mother-infant relationship in an effort to minimise harm is not the same as providing treatment for insecure attachment. As Toth et al (2006) state "removing a child from the home does not constitute treatment" (p 4).

From an ecological perspective (Bronfenbrenner, 1979), identifying, preventing, and assisting with repair of poor attachment may need to encompass more systems than that of only the family and/or parents (Marotta, 2002), but it will require careful attention to the attachment system throughout. McMillen (1992) states that the pluralistic nature of social work practice lends itself to the inclusion of attachment theory in clinical practice. A study by Moss, Dubois-Comtois, Tarabulsky, St-Laurent and Bernier (2011) used a randomised control trial for children of maltreating families. Half were assigned to an eight-weekly home visitation intervention programme aimed at improving mother sensitivity in the mother-infant dyad. The intervention was informed by attachment theory and included discussions of attachment and emotion regulation alongside video feedback of mother-child interaction. Results showed significant improvement for this group in maternal sensitivity, the degree of child attachment security, and a reduction in child disorganisation. Further, older children in the intervention group (up to age six), showed improvements in both externalising and internalising problems following intervention. It is of importance to note that clinicians involved in the delivery of this intervention were trained to understand and observe manifestations of insecure and secure attachment patterns and to help parents recognise insecure-controlling behaviour patterns which are highly predictive of disturbed behaviours in middle childhood (Moss et al., 2011).

Therapeutic treatments for attachment have had mixed results, with standard treatments such as parent education, behavioural strategies, and Brief Solution Focused family therapy seeming to have little or no effect (Amos, Beal, & Furber, 2012). One particular therapy that does appear to be effective is Parent and Child

Therapy (PACT), specifically designed to address the IWMs of both mother and child in a parallel process model (Amos et al., 2012). This treatment recognises the intergenerational transmission of poor attachment, and that change must occur *for* both mother and child and *between* mother and child. Sroufe and Fleeson (1988) placed the emphasis on enabling the mother to trust her infant's responses and connect with them despite some of the less-than-helpful things she may have been told and despite her own fears of inadequacy and incompetency as a mother.

8.0 Social Work Practice/Psychology Interface

The social work profession is often involved in direct family intervention work and is concerned with effecting change within this milieu. Research or evidence-based knowledge can be incorporated into everyday social work practice, and a mutual sharing of experiences and learning can occur between researchers and practitioners (Simpson, Williams, & Segall, 2006). Methods of measuring and intervening with clients' often complex and multi-faceted problems should focus on what is most important in practice. Attachment literature has found that factors such as social support, maternal stress and anxiety, and self-esteem have a direct impact on maternal sensitivity (Shin, Park, Ryu, & Seomun, 2008).

Simpson et al., (2006) contend that the core orientations for clinical social workers are the 'person-in-situation' perspective, and the concept of 'relationship'. The concept of relationship has long been explored in many psychological theories (including but not exclusively in attachment theory), and

advanced as a critical catalyst for change within the client-worker environment: “It is essential that clinical social workers understand how the individual’s representational world organizes experience and influences the stabilized, internal expectations of relationships” (Simpson et al., 2006; p 3).

Segal (2012), in discussing the role of relational theory in home visitation social work practice, provides evidence that parents who are more attached to their Social Workers will reap more benefits from the programme (Segal, 2012).

Research has found that it is through the relationship between primary clinician or therapist and family that the caregiver-infant relationship becomes available for change (Hirshberg, 1993; Lieberman & Pawl, 1993; McDonough, 1993; Stern, 1995, in June et al (1997). Bowlby (1988) noted that a client’s secure base with a therapist facilitates exploration within the therapeutic process just as an infant’s secure base with an attachment figure triggers the infant’s exploration of the wider world (Bennett, 2007). A transparent and honest therapeutic relationship can in and of itself be a transformative tool (Bennett, 2007; Segal, 2012), and research has found that family professionals who model skills and behaviours that encourage attachment security (such as trust, warmth, and connectedness) are more effective (Coyle et al., 2002).

Adult attachment styles have been shown to impact on the mother’s relationship with her primary worker. A number of studies have examined this concept in the context of home visitation interventions (see Heinicke et al., 2006; Spieker, Nelson, DeKlyen, & Staerkel, 2005; Robinson & Emde, 2004). Worthy of note are findings from a study of home-based intervention (Duggan, Berlin, Cassidy,

Burrell, & Tandon, 2009), that showed mothers with high degrees of attachment avoidance (discomfort with interpersonal closeness, trust and dependency on others) were more likely to experience depression at follow-up. Disturbingly, those with both high attachment avoidance and low attachment anxiety (that is, they were not concerned that close others be invested in the relationship) were more at risk of *increased* child maltreatment following home visitation programmes.

Chapter 3

Method

The data analysis was designed to identify the written recordings of attachment. What was considered attachment was informed by the literature, but was at the sole discretion of the researcher. No inter-rater agreement was used, however conducting face-to-face interviews with Social Workers was seen as a way of informing, and to some degree validating, the interpretations made. The researcher has a Bachelor of Arts (Sociology), a Graduate Diploma of Psychology (Distinction), a Post Graduate Diploma of Social Work (Distinction), and a background as a professionally trained Social Worker with extensive practice experience, primarily in the area of mental health. In addition, she has worked for a number of years in a teaching/tutoring role at the University School of Social Work. More recently, she has undertaken further study, namely the Graduate Diploma of Clinical Psychology. She has developed a particular interest in the field of attachment research and practice, attending conferences and workshops related to attachment, and is a member of the Infant Mental Health Association Aotearoa New Zealand (IMHAANZ), the Aotearoa New Zealand Association of Social Workers (ANZASW), and the New Zealand College of Clinical Psychologists (NZCCP).

Participants

Participants in this study fall into two groups, firstly, the clients of the agency who agreed to have their personal files analysed for the research, and secondly,

the Social Workers of the agency who worked with these families, wrote the file notes, and agreed to be interviewed.

Altogether six families gave informed consent for their files to be used in the research. They were selected by the Clinical Practice Manager in consultation with their Social Worker as cases of interest, but not based on the success or otherwise of the intervention. The Clinical Practice Manager approached the families directly to seek consent and at no time did they have direct contact with the researcher. Of these families, three had involvement with the agency for subsequent children. Thus nine identified clients and their files were analysed. Two of the mothers were Māori, though only one identified as such. The other mothers were Pakeha, (New Zealand European). Three of the six mothers were on a methadone maintenance programme at time of referral. Four of the families were referred to the agency by CYF. Six of the nine infants were engaged with the agency's services at the time of, or before, their birth.

Table 1: Mother/Infant Demographics

	Number of children with agency	Age of Infant at Referral	Ethnicity	Mother on Methadone	Living with Partner	Referred by CYF
Family 1	2	3 Weeks	Māori	No	Yes	No
		Perinatally				Yes
Family 2	1	Prenatally	Pakeha	Yes	Yes	Yes
Family 3	2	Prenatally	Pakeha	Yes	No	No
		Prenatally				No
Family 4	2	Prenatally	Māori	Yes	Yes	No
		17 months				No
Family 5	1	3 weeks	Pakeha	No	No	Yes

	Number of children with agency	Age of Infant at Referral	Ethnicity	Mother on Methadone	Living with Partner	Referred by CYF
Family 6	1	11 weeks	Pakeha	No	No	Yes

Five social workers from a team of six participated in the research, having given informed consent for selected client's files to be used in the research and to participate in a semi-structured interview. All the social workers had been with the agency for between 8 and 10 years. Two were Māori, though only one chose to identify as such, the other preferring the term 'New Zealander'.

Measures

As qualitative research, every attempt was made to be mindful of how the data was interpreted. As Patton (2002, p.433) states, in relation to qualitative research: "There are no formulas for determining significance.... no absolute rules exist except perhaps this: do your very best with your full intellect to fairly represent the data and communicate what the data reveal given the purpose of the study". The process of determining when a Social Worker had identified attachment and whether it was (in the view of the researcher) correctly identified can be conceptualised as outlined in the table below.

Table 2: Identification of Attachment

		Social Worker	
		Yes	No
Researcher	Yes	Hit	Miss
	No	False Alarm	Correct Rejection

The 'hit' occurs when the Social Worker correctly identifies that there is an attachment problem. The 'miss' occurs when the researcher identifies there is an attachment problem but the Social Worker does not (crucial to what the research is concerned with). A 'false alarm' occurs when the Social Worker believes there is an attachment problem and the researcher does not. A 'correct rejection' occurs when both the Social Worker and the researcher identify no problem as being present.

Document Analysis

Each participant, nine in total, had their file analysed. A template was created based on the emerging themes in the literature and the data. Different coloured highlighter pens were used for each category to be identified and used in the research (see Appendix B).

Semi-structured Interviews

A template for the semi-structured interviews was drawn up and used for each interview. These focused on three key sets of information, namely demographic

data; role, training, and philosophy of social work within the agency; and discussion on the specific case (See Appendix C).

Procedures

Gaining Access

An initial meeting took place between the researcher, the Director and the Clinical Practice Manager to outline the nature and purpose of the research and what would be required from staff and clients. This was followed by a meeting with Social Workers, the researcher, and the Clinical Practice Manager. All Social Workers in the Team, but one, were present. This Social Worker chose not to participate in the research. It was the first time the researcher had met with the Team and the first time they had had the opportunity to ask the researcher directly about the research.

The Social Workers were initially somewhat cautious about participating in the research, and were concerned that it may not be in the best interests of the families, but their concerns were ultimately allayed. Of critical importance to the Social Workers, was that this research not become another mechanism for criticising families who often experience being harshly judged by others. The Social Workers expressed concerns regarding the purpose of the research and why the research was focused on vulnerable families rather than middle class ones who “are just as likely to have bad attachment than poor families”. The belief was that poor attachment was no more prevalent in the at-risk population than in the general or middle class population, a mistaken belief as the literature suggests otherwise (see Bakermans-Kranenburg, Van IJzendoorn, & Juffer, 2005;

Boris, Aoki, & Zeanah, 1999; Hubbs-Tait et al., 2006; Sharp et al., 2006; Suchman, Decoste, Castiglioni, Legow, & Mayes, 2008 above).

The researcher presented the meeting evidence that strongly suggested that poor and in particular disorganised attachment was more likely to occur in families such as those their agency works with due to the myriad risk factors the attachment dyads are faced with. There was some break-through discussion acknowledging this was the case, and that this was not the same as attributing blame to these already burdened and marginalised families, rather that it was critical in seeking better outcomes for these families and in particular the infants of this generation and those of the next.

A discussion, initiated by the researcher, also took place about the meaning of culture and the place of Māori parenting practices in identifying attachment. Initially there was resistance to the concept of Māori being identified as separate or unique to other families of the agency. One Social Worker commented that “all mums and bubs are the same whether they are white, yellow or brown”. There appeared to be general agreement about this, however, as discussion continued, some key factors (which have been identified in the literature, see above) emerged. One Social Worker stated that “for Māori, the mother-child relationship is different. The mother does not own the child or have responsibility for it. She is just the bearer of the baby, and once it is born, the baby is everyone’s...there is no ‘I’ it is ‘we’...there is no ‘you’ it is ‘us’.”

In summary, whilst the Social Work team had been initially cautious about participating in the research, the meeting with them, the Clinical Practice

Manager and the researcher seemed to allay any fears that this would be an exercise in passing judgment on themselves or the families with whom they work. They were aware that the focus of the research was solely on attachment and that this was currently just one small aspect of the complex and important work they do.

Document Analysis

Client files (n=9) were photocopied in their entirety and collected from the agency offices by the researcher. Using the established template (see Appendix B), each document was systematically examined to identify attachment behaviours, Social Worker/Mother/Infant interactions, scope of practice, and ultimately, identification of attachment styles. Each of these areas was highlighted manually using a different coloured highlighter pen. The documentation that had been highlighted (and therefore was considered significant) was then manually transferred (typed) onto the template using a laptop computer. Once each case was analysed in this manner, each template was then re-scrutinised for a more finely-grained analysis. Themes, or emerging points of interest were identified both within and between families and Social Workers. Original documents were examined again, where necessary, for further insight or explanation of data that had emerged in the analysis. This final annotated template was then used to inform the semi-structured interviews.

Semi-structured Interviews

Social Workers were contacted directly by the researcher, by email in most instances. In one case, a Social Worker had resigned from the agency between

the time of the document analysis and the interviews. In this instance, the Clinical Practice Manager made contact with the Social Worker and sought permission to release contact details to the researcher, which was approved. All interviews, with the exception of the aforementioned case (whereby a day of travel was required), took place at the agency in a private meeting room with the Social Worker and researcher present. All interviews were electronically recorded with interviewee permission. The interviews varied in length from 37 minutes to 115 minutes. Interviews were then transcribed verbatim and sent via email directly to the Social Worker to edit as desired. Once edited to the satisfaction of the Social Worker concerned, the final version was emailed back to the researcher at which point it became the copy to be used for the research.

In regard to the core theme of identifying attachment, the information extracted from the interviews was used largely to elucidate material from the document analysis. The two themes that emerged during the research that became a crucial aspect of it (the Social Worker-Mother relationship, and scope of practice) were more fully explored during interviews and much of the material used in these sections of the results came from the interviews themselves.

Chapter 4

Results

1.0 Attachment Identified

In all cases (n=9) attachment issues were identified by the Social Worker, but with varying degrees of frequency and accuracy. There were a number of detailed and insightful recordings of caregiving and attachment behaviours. Many times throughout the case notes mention was made of attachment, 'bonding', connection, or sensitive parenting, but it was unclear what was actually meant by these terms or what had been observed to prompt the recorded comment. Interviews generally failed to elucidate this question further. Social Workers did not always state how their observations related to the mother-infant interaction as opposed to the contented or happy state of the baby. Others were intentional and focused in their work with attachment but were not necessarily able to articulate what had informed this approach. There were a number of extremely good examples of Social Workers actively working on the attachment relationship. Three of these were in circumstances that involved an extreme change in family circumstances and consequently a major disruption in the mother-infant dyad.

Observing the interaction in the mother-infant dyad and seeing that as a priority occurred in many instances, but there was a lack of consistency and continuity in recording this data. In most instances the identification of attachment occurred either: a) in a crisis situation; b) if it was a specific interest of the Social Worker;

or c) when there was a display of affection or care of either the mother or the infant rather than the interaction between them. This latter scenario may signal a lack of understanding or awareness of the complementary systems in the mother-infant relationship, that of the caregiving system of the mother and the attachment system in the child; and understanding that one does not exist without the other (Levendosky et al., 2011). Attachment was identified in almost every non-crisis case as a positive attribute or feature of the mother-infant dyad. When difficult behaviours arose in the toddler/child domain, the focus of attribution (and the language used to describe it) changed from the shared mother-infant interaction, to the child's actions and the mother's inability to control, discipline, or set boundaries for her child. In other words, it was not viewed through the lens of attachment theory, rather it became a behavioural issue.

What follows is an analysis of the attachment issues that were identified by each individual Social Worker in their individual case(s). Each Social Worker was allocated a letter of the alphabet and pseudonyms were used for individual family members in every instance. Information and material that may identify any individual was either changed or removed. The results that follow provide an overall description of the family (usually mother and infant), and the issues they faced. Following this is a two-columned results table with the first column providing raw data from documents and interviews, and the second column providing a commentary or analysis of the data. This format is used throughout the results section.

1.0 Social Worker A – Case 1 (Hanna and Baby Hunter):

Hanna was a Māori woman with a five-year-old son, and a three-week-old baby at the time of first contact in mid-2005. She had moved into her mother's home due to partner violence. Relations with her mother and father were fraught but at the time she was unable to find anywhere else to live. Hanna's childhood background is described as abusive. Hanna's mother had a history of encouraging her into prostitution when she was short of money and the extended family had frequently lived off Hanna's goodwill. Hanna soon moved back in with her violent partner, reassumed her work as a prostitute, was under investigation for benefit fraud, and was completing a community sentence for previous convictions. She had had ongoing incidents of violence and aggression toward others. CYF imposed random urine tests due to alleged drug abuse. After some time, and ongoing CYF involvement, Hanna's ex-partner gained custody of their oldest child and Hanna was granted supervised visiting rights. With encouragement from SWA, Hanna attended therapy for childhood abuse issues and made good progress. She was focused on making a success of parenting Hunter, having lost the care of her older child, and actively grasped opportunities for change. Hanna had avoided contact with the agency for over six months prior to her discharge in late 2007. However, she was considered to have made good progress with Hunter, and there were no ongoing concerns.

1.1 Social Worker A limited her documentation of attachment in this case, tending to focus on other issues of concern. She did mention "a good bond", that Hanna was a "good Mum [and] she's really interrelating with [Hunter]".	SWA describes mother and infant as having a 'good bond' and notes the dynamic interrelationship between them. The literature often fails to differentiate between bonding and attachment (see Perry, 2001) though attachment theorists refer to 'bonding'
---	---

	<p>as the feelings a mother has toward her infant and is particularly relevant in the first few weeks following birth. In contrast, attachment refers to the feelings and responses the infant has towards the attachment figure, it develops over the first 0-3 years of life, and is considered a key feature of child development (see Chapter 1, pp. 4, 12). While this can lead to confusion, it is salient to note in this instance SWA has captured the essence of attachment – the interactive relationship between mother and infant (see Chapter 1, p.4).</p>
<p>1.2 “It was really wonderful to observe and watch her playing with her boys. She’s always been a good Mum, but now she’s really inter-relating with them. She said she spends more quality time with the boys and she takes them swimming and gets involved in any other activities that they’ve got.”</p>	<p>Using observation to gauge the relationship between mother and children, SWA again focuses on the relationship between mother and child/ren. The focus of the inter-relationship is important, however the primary target of the focus is on the mother’s interactions rather than the child’s response to them.</p>
<p>1.3 “Hunter ‘very bubbly and funny’, playing around and taken his shorts off. Hanna asked him to stop and he wanted to keep playing with her so took it as a game. Hanna asked him to leave the room and became frustrated when he wouldn’t : “When we talked, I said that’s quite normal for him as a child....she keeps having self-doubts and as much as she works really hard externally, internally she’s got a lot of low self-esteem and she shared that.</p>	<p>This excerpt from the case notes indicates a good understanding of child development. This knowledge is used effectively to inform and reassure the mother that her child is behaving in a way that does not cause concern. SWA mentions mother’s ‘self-doubts’ and notes a discrepancy between mother’s behaviour’s and efforts to be a ‘good enough mother’ and her internal sense of self. This could have provided an opportunity for discussion, education, and shared understandings of mother’s internal working models impacting on her sense of herself as a mother, her expectations and perceptions of her child, and the attachment relationship.</p>
<p>1.4 “I began to see how her mother’s behaviour has impacted on the way Hanna is and the profession she chose to take on. Clearly Hanna has come from a very abusive background.”</p>	<p>This is a touching quote from the case file relating to SWA’s empathy and interpretation of mother’s experience as a sex worker. Viewed through the lens of attachment theory, an understanding of the intergenerational transmission of attachment, and the impact of childhood abuse on the</p>

	<p>forming of secure attachment relationships and a mother's ability to attach to her infant may have enabled a deeper exploration of and/or alerted SWA to the possibility of an insecure attachment style. Had more knowledge been available to SWA, this could have formed an opportunity for an interpersonal exploration of the mother's attachment style and how that transfers to the infant.</p>
--	--

2.0 Social Worker A - Case 2 (Hanna and Baby Max):

Hanna is re-referred in mid-2010, two years and seven months after she was discharged with Hunter. CYF were concerned for the need for ongoing home-based support due to a new baby and a new partner. Hunter remained in Hanna's care. Hanna's living situation remained volatile, having moved in and out with her partner Wayne and the two children. Wayne reported ongoing concerns regarding Hanna's illicit drug use. In late 2011 Hanna went to live with her mother but was told to leave after she was unable to pay board and her mother had threatened to "give Max a hiding". In mid-2011, Hanna lost care of Hunter to his father. Hanna reported to SWA that the judge had made this decision because she was "nothing but a drug-using ex-prostitute." Hanna experienced ongoing issues with her mental health, particularly in regards to low mood, at one point becoming suicidal. She was assessed by mental health services and placed on medication. Following an argument with Wayne, Hanna and Max spent time at Women's Refuge. While there, Hanna left Max for five hours in the care of a woman she had just met, triggering a notification to CYF. Despite Hanna and Max returning to live with Wayne and SWA reporting excellent progress in their relationship and their parenting of Max, in early 2012

[Max aged two years], CYF uplifted Max and placed him in care for two months. This had a shocking and disturbing effect on Hanna, Wayne, Max and SWA. On his return, Wayne and Hanna became hyper-vigilant about being with Max at all times and extremely protective of him. They noted a change in his behaviour whereby he expressed anger and aggression, behaviours not seen prior to being placed in care. Their parenting was warm, child-focused, and sensitive and at the time of writing Max appeared to be doing well, aged four years.

<p>2.1 Social Worker A appears to be much more attuned to the attachment relationship with Hanna and Max than she was with Hanna and Hunter. Two months into her work with this dyad, she writes that “baby Max was sitting in a Jolly Jumper and quite enjoying it. He was in there for a period of time but enough for mum to look at him and say ‘you’re getting tired in there’. He wasn’t crying. He wasn’t indicating those very significant eye contact changes in his body but mum knew he was tired. So that indicated to me a connection between Mum and him. She’s very observant to his needs. She took him out, she gave him cuddles and was very maternal with him. He connects to his Mum really well the whole safety, smiles and googly with his mother. It’s lovely to see.”</p>	<p>SWA is using her knowledge and skills of observation to intentionally identify the attachment relationship. During interview she confirmed this, and stated there were many times like this, though she did not always record them in the file. SWA did talk to mother about her observations, and mother vocalised her perception of her infant as being easy and lovable.</p>
<p>2.3 One month later SWA writes: “He is such a lucky little boy they just love him...It’s a little child’s paradise because they are watching him and supervising him all the time...Hanna said one of the wonderful things that is happening for her when she realized things are secure, this is the place for her to be, no one is going to take her baby away from her like they did with [her children Chris and Hunter]. She said sitting down and reading to him</p>	<p>SWA clearly identifies the aspects in the infant’s life and which indicate a loving and nurturing environment. Given the knowledge SWA has of Hanna’s formative years, the positive expression of sensitivity of mother to the infant may have indicated to SWA a significant shift in the mother’s internal self that can occur within the dynamic relationship of the mother-infant interaction. A working knowledge of the stability of attachment styles could have alerted SWA to the fact</p>

<p>and doing what she used to do prior to her losing [them] has just really made her feel very positive, very needed, loved, and valued.”</p>	<p>that something truly significant may have been occurring whether through the mother-infant interaction, or through the security of the mother-father relationship.</p>
<p>2.4 Despite this, four months later in February 2012: “CYF had taken a warrant and uplifted Max. They came with the police and uplifted him when he was asleep in his bed. Wayne and Hanna were really concerned because it meant when Max woke up none of his parents would be around him and he’s not been away from them since he was born...they were very tearful, very unsettled, and quite angry.”</p>	<p>SWA identifies that the infant will be disturbed at being taken from his parents.</p>
<p>2.5 This case had a profound effect on SWA personally and professionally. This was discussed during the semi-structured interview. She described herself as “Broken. I felt quite helpless. I said [to my supervisor] ‘I just can’t let it go. I don’t know what to do’ and she said ‘Why are you so emotional about it?’ And I said ‘It was just so unfair. It was so traumatic for that little boy when he woke up with strangers and he’d never been amongst strangers in his life.” She then goes on to discuss the change she observed in Max’s behaviour during and after his time in care: “He sat on his little truck and goes [shakes fist] and I’d think ‘wow ok’. I took him home one day [for access]. I got him in the car and we went to the park that day and it was with Wayne and his brother and then we went back to the house and when I had to take him back he just cried and cried and I just sang to him to take his mind off it because we didn’t have any options.”</p>	<p>SWA’s genuine care and concern for this family is evident in this excerpt from the interview. The fact that she had observed the secure attachment of this infant to his parents, and then witnessed the disruption of this attachment relationship distressed her, knowing what the implications of this might be. She notes the child’s change in behaviour during and after the separation, and relates them directly to the disruption of attachment.</p>
<p>2.6 <i>Interviewer:</i> “So how did Hanna and Wayne work with Max when they got him back in their care? How did they work with his aggression?” <i>SWA:</i> “They all slept in the lounge and they never left him alone. Never. And</p>	<p>SWA is conscious of the impact the separation has had on this family. She is supportive of the parent’s need to protect their child, given the disruption that occurred. She identifies that the child at age four years is at a stage whereby some</p>

<p>that's ok, but one of my tasks is to get him into preschool. He is still not in preschool [aged 4] because mum just doesn't want to let him go. She's scared to let him go."</p> <p><i>Interviewer:</i> "Yes she's very attached to him isn't she?"</p> <p><i>SWA:</i> "I shouldn't say he's spoilt but...I say in this particular family that he's their universe and I really mean that. Nothing mattered...you could be sitting in a house full of fires and it wouldn't matter as long as Max was ok."</p>	<p>individuation from mother may be beneficial to his development. During interview, it was established that the decision that the child needed socialising outside of the family was informed by informal and formal knowledge of child development rather than knowledge of attachment theory.</p>
---	--

3.0 Social Worker B (Kylie and Baby Emma):

Kylie is a Pakeha woman who was referred to the agency by CYF in early 2011 when she was pregnant with her fourth child. All three of her older children were in CYF care. Kylie had a history of offending and drug abuse and she had previously served time in prison. She was on a methadone maintenance programme during and after her pregnancy and Emma was born opiate dependent. There had been a number of reports of Kylie's ongoing illicit drug use. A number of agencies and professionals were involved with Kylie and her partner David, and they felt that Kylie had made enough significant changes in her life to support her to care for her fourth child with intensive home support. CYF made Kylie's partner David the primary caregiver of baby Emma. Kylie had a poor relationship with her mother and Aunt who had alcohol and drug abuse problems, and she had little to do with her family of origin. Kylie, Emma, and David had been forced to move house on many occasions, causing stress and uncertainty. This was in large part due to the major Christchurch earthquakes of 2010- 2011. Due to the significant progress Kylie had made, she regained custody of her older son and daughter in 2012. She and SWB held concerns for

Kylie’s eleven-year-old daughter Holly in respect to her psychological functioning and her behaviour. SWB continued to work with this family and had a great belief in their willingness to change and to create a better life than what they previously have had.

<p>3.1 SWB had the least documentation of attachment, but many case notes regarding Emma as a delightful and happy child.</p>	<p>The limited documentation may be due to a different recording style, or a different focus of practice (more ‘hands-on’). The sparseness of material makes analysis more difficult but should not be interpreted as a negative aspect of practice. The case notes rely heavily on describing the baby’s affective state and this is then interpreted by the social worker as evidence of secure attachment. There is very little evidence of the interaction between the mother-infant dyad. Whether this is due to sparse documentation or to lack of observation was not fully established during the interview as SWB was somewhat cautious about exploring some aspects of her practice. She was clear, however, that in her opinion the infant was securely attached to the parents.</p>
<p>3.2 The only direct mention of attachment comes from a report from a CYF worker who tells SWB that she is “concerned about the attachment with Kylie”. During interview, SWB said she had no concerns about Kylie and Emma’s attachment and that she did not know what CYF meant by this.</p>	<p>SWB interpreted CYF’s concerns as “maybe she [mother] seemed detached or something but I have no concerns about [mother and infant’s] attachment.” Whilst SWB was not formally trained in attachment-related practice, and did not express her observations in the language of attachment, she was highly engaged with her family, and observed their behaviours closely.</p>
<p>3.3 SWB notes over the next several weeks that Emma’s “care is really good...and they seem to be attentive to her...she is a much loved little baby.”</p>	<p>SWB documents the interaction between mother/father and infant insofar that she notes that the parents are very attentive of the infant and that she is very well cared for. It is problematic however when terms such as ‘really good’ are used as there is no measure for what that actually means.</p>

4.0 Social Worker C – Case 1 (Debbie and Baby Jacob):

Debbie was a Pakeha woman who was enrolled with the agency whilst pregnant with Jacob. She was on a methadone maintenance programme, and Jacob was born opiate dependent in mid-2005. Debbie had ongoing struggles with alcohol and drug abuse, had a history of offending and was on probation at the time of her enrolment. There were concerns about Debbie's ability to parent. Her family of origin, including Debbie's mother, were heavily involved in the criminal world, and her mother often supplied her with drugs. Debbie was raised by her alcohol-dependent grandmother and was reportedly subjected to physical abuse from infancy. Debbie and Jacob lived with Debbie's partner Joe in a house described as "party central with drugs and junkies at the house on many occasions". Ongoing concerns had been documented including Jacob suffering from a cracked skull due to a fall, being found face down in the swimming pool, and crawling in animal faeces in the house. In mid-2007 [when Jacob was aged two-years-two-months], Debbie was remanded in prison. Jacob was placed with a CYF caregiver. SWC took Jacob to visit Debbie on two occasions in two months. Other trips were often thwarted by the CYF carer. During these visits Jacob displayed signs of a disrupted attachment relationship as observed and interpreted by SWD. Debbie returned home on Home Detention and gradually Jacob's behaviour was noted as becoming more aggressive and oppositional toward Debbie. SWC documented at length her work with Debbie directed at her using more 'discipline' with Jacob, but also noted Debbie's softening and sensitive parenting as a growing feature of the relationship between Debbie and Jacob.

<p>4.1 Due to Jacob requiring medical withdrawal from opiates at birth, Debbie is unable to stay with him. SWC, aware of the impact this is likely to have on Jacob and Debbie's attachment formation, queries this decision with hospital staff and is told "[there is] huge pressure from the administration of the hospital wanting [Debbie] out. It costs over \$1,000.00 a day to keep Debbie there and she has to go by the weekend."</p>	<p>SWC's early (almost immediate) identification of the importance of the attachment relationship and her bringing it to the attention of another organisation involved with the mother shows a high degree of awareness regarding attachment. SWC places herself in the role of advocating for her client to remain with the infant in the first few days of life.</p>
<p>4.2 When Jacob is three months old SWC describes a visit whereby she picks Jacob up and "he smiled at me then realised that I was not his mother and he cried and cried and cried. I was really pleased at that reaction. I feel he has bonded really well with Debbie".</p>	<p>A securely attached three-month-old infant would, under typical conditions, not be distressed by a stranger. Infants in the first six months of life do not express a strong preference for any particular caregiver (see Chapter 2, p. 13). This occurs in secure infants aged around seven to eight months. The reaction of this infant to SWC is likely to signal disturbed attachment. The misjudged assessment of the infant as securely attached indicates a lack of depth in the knowledge of SWC.</p>
<p>4.3 "An issue came up that already at three months he likes to be picked up and entertained."</p>	<p>Similarly, the fact that SWC has observed or been informed that the infant is difficult to soothe or is needy of attention may alert SWC that all is not developing as it should be in this relationship. The infant may not be getting attention or stimulation that he so clearly needs, and/or he may be experiencing distress and needing to be comforted by his attachment figure.</p>
<p>4.4 Twenty-one days later, SWC writes "He is so smiley and he is starting to goo and coo. He looks at Debbie and cannot take his eyes off her and they are really well bonded."</p>	<p>This is a clear description of a four-month-old's behaviour toward his attachment figure. Developmentally he is displaying the signs of attachment seeking. What is missing from this data, and what is needed to make an assessment of the attachment relationship is the mother's reaction to the infant's gaze.</p>
<p>4.5 Some critical attachment work begins when Debbie is imprisoned and</p>	<p>The child is now a toddler aged 23 months. This indicates a good</p>

<p>is unable to have Jacob with her (May 2007). SWC has a difference of opinion with the CYF caregiver who has been tasked with Jacob's care. The caregiver believes it will be detrimental to Jacob to be taken to the prison to visit Debbie. SWC states that "when [the CYF caregiver] had taken Jacob to the prison on Saturday he apparently did not want to know Debbie and I pointed out that this was even more reason that Jacob needed to visit his mother... I pointed out that she is Jacob's temporary carer, and that Debbie and Jacob need to maintain their bond as much as possible."</p>	<p>knowledge of attachment theory insofar as observing that the toddler 'did not want to know [mother]' after a separation of several days is a clear signal that there is rupture to the attachment relationship and repair needs to occur.</p>
<p>4.7 In late May 2007, SWC collects Jacob (aged 23 months) and takes him to the prison to visit Debbie: "Initially Jacob would not look at Debbie or allow her to touch him, seeming to be very angry and distant. Debbie was upset and did not know what was happening. I explained that I felt Jacob to be very angry with Debbie because he was unable to understand why she left him. We were sitting together on a couch and so I moved to put a chair in front of Debbie with Jacob on my knee, because he would not go anywhere near her. I encouraged Debbie to repeatedly tell Jacob that she was very sad and did not want to leave him, and that she loved him very much. Jacob remained unresponsive and refused to have eye contact with Debbie. As time passed, however, Jacob began to relax and play with toys. Five minutes before our time was up we tidied up the toys and I encouraged Debbie to tell Jacob that their visit was nearly over and that she did not want him to go but that she had to stay there. Jacob did allow Debbie to cuddle him."</p>	<p>The child in this situation is clearly displaying signs of disturbed attachment. His attachment relationship is under threat illustrated by the fact that his 'reunion responses' display a full range of disturbed behaviours: active ignoring and avoiding, intense anger, and obvious lack of affection (Boris et al., 1999). Whilst SWC does not name the attachment behaviours, she gives a detailed and clear descriptive account of her observation of the interaction between mother and child. Direct observation is considered the gold standard for assessing attachment (see Chapter 2, p. 31). It is of interest to note that SWC recorded mother's response as 'upset and did not know what was happening', but there was no comment, possibly due to lack of knowledge, about the implications of this behaviour. Slade, Grienenberger, Bernbach, Levy, and Locker (2005), call the capacity for a mother to hold her own mental state and that of her child in mind 'reflective functioning'. They suggest that this is a core attribute in the provision of care and comfort to the child and a key determinant of attachment security. The mother in this case was unable to contain her distress or her disorganised mental state, and</p>

	<p>was unable to consider the effect this may have on her child's own mental state. She lacked the capacity to understand her child's behaviours and emotional experience and was rendered helpless to respond to her infant's own helplessness. This capacity lies at the heart of a child-focused, insightful, and sensitive mothering relationship and its lack is indicative of a poor attachment relationship (see Chapter 2, p.18). SWC's intervention to encourage active interaction between mother and child, at a level bearable for both (verbal rather than physical) appears to have resulted in the child being able to move from a state of distress to one of detached play.</p>
<p>4.8 SWC again takes Jacob to visit Debbie one week later: "Jacob did not want to allow Debbie to touch or hold him." Data was unavailable for whether SWC used the same techniques on this visit (there was no case documentation and when interviewed SWC was unable to recall the details of this visit).</p>	<p>This example of the child's detached or avoidant response to mother while still in prison is further indication that the attachment relationship is under stress and that the child is in danger of forming a disorganised attachment style.</p>
<p>4.9 Three weeks later, SWC confronts the CYF caregiver who has not allowed Jacob to visit Debbie since: "I believe that Jacob needs to interact with his mother to ensure that their attachment is not further eroded." SWC again uses her position and knowledge when she talks to the judge who releases Debbie from prison (having spent 2 months there) saying it had a "detrimental effect on Jacob."</p>	<p>SWC again utilises her knowledge of attachment and her awareness that the relationship is under threat by advocating for the reunification of mother and child and informing the District Court Judge that the past two months of separation has been deleterious for the child.</p>
<p>4.10 It is recorded that Jacob has begun to call his caregiver 'Mum' and Debbie 'Nana'. SWC suggests "playing with him, alone in their bedroom, 1 to 1, and for Debbie to play a game where she can take turns and keep repeating her name as in, Mummy's turn, Jacob's turn."</p>	<p>SWC introduces a simple game to encourage the repair of the attachment relationship or at least the connectedness between mother and child.</p>
<p>4.11 Jacob's behaviour has become increasingly aggressive since his return</p>	<p>Infant disorganised attachment is associated with aggressive behaviour</p>

<p>to Debbie's care. He is pinching, hitting, and spitting. His language development is poor. Debbie is struggling to cope with these challenges. In August 2008 concerns for Jacob have escalated to the point where SWC is asked by her supervisor to write to CYF regarding the "potentially unsafe physical and emotional environment that Jacob [38 months] is growing up in".</p>	<p>with common displays of rejecting the mother in favour of a less threatening adult and, from age 3-6, behaviour toward the mother which is hostile, punitive, or controlling. Externalising problems in children over the age of three years may be particularly attributable to children with disorganised attachment from high risk households (see Chapter 2, p.14). This record in the file clearly describes a disturbed attachment style consistent with disorganised attachment at age 3 years and 2 months. The behaviours described and mother's response to them, may indicate particular controlling behaviours unique to this attachment style.</p>
<p>4.12 As the birth of Debbie's second child River approaches, Jacob begins to defecate in his pants and Debbie has trouble managing this: During interview SWC stated in relation to this situation: "They were really trying not to get angry. Then later it came out that Jacob said 'you're not going back to prison are you?' and I thought of [the CYF caregiver]. If only I could have taken him there every week and we kept doing what we were doing. That would have been a lot better."</p>	<p>It is possible that this behaviour signals further disturbed attachment related to the child's early trauma of separation from mother. SWC's ready acknowledgement of the link between the child's early experience and how this may have been different if she had been able to initiate more prison visits indicates both an understanding of the potential value of this and a frustration with a systemic issue relating to the gatekeeping or barrier imposed by the temporary caregiver.</p>
<p>4.13 SWC recalls some attachment work she did with Debbie prior to her incarceration: "I kept telling her...say to [Jacob] every night 'I love you. I've just got to go away for a while. I really love you and I don't want to leave you but you will just go to [the CYF caregiver] for a while.' And I don't think she did and that really disappointed me. I must have said that about 10 or 20 times. It's like she's numb."</p>	<p>During interview, SWC revealed that she drew on her personal history of having experienced a separation from her mother as an infant to initiate this intervention. She expressed genuine disappointment that mother had failed to carry out what she had suggested, and seemed overwhelmed by the missed opportunity. Her comment that mother seemed 'like she [was] numb' was stated without a theoretical context as to why she may be like this and how this may impact on the child. It could be hypothesised that mother displayed a dissociative response. Bailey, Moran, and Pederson, (2007) found that an unresolved adult attachment style resulting from a</p>

	background of complex trauma was associated with dissociation, problems in relationships, and an unstable sense of self. Given mother’s history, this possibility is not altogether unlikely.
--	---

5.0 Social Worker C - Case 2 (Debbie and Baby River):

Jacob was now aged 5 years old. Debbie had remained on the Methadone Programme and River was born opiate dependent in late 2010. Debbie’s relationship with River’s father was unstable and often unhappy. Despite this, Debbie had taken a more active role in parenting River than she had with Jacob, and SWC noted that River was a settled and happy child. Jacob’s behaviour continued to deteriorate to the point where in 2013 Debbie told SWC that she felt she could not cope with him anymore. Debbie became increasingly avoidant of SWC, missing appointments and failing to be at home as arranged. At the time of writing (March, 2014) SWC remained involved with the family, though contact was minimal.

5.1 Concerns are raised early on by hospital staff regarding lack of attachment. SWC believes Debbie comes across as ‘detached’ but does not share concerns regarding attachment difficulties.	SWC draws on her working knowledge of mother and family to assess mother’s capacity to bond with her infant. On interview she seemed confident and assured that she had made a valid interpretation of mother’s presentation based on evidence from her long-standing relationship with mother.
5.2 Speaking of River [aged 6 weeks]: “He continually looks at her and is starting to smile and coo.” Three days later SWC talks to Debbie about River’s need “for contact with her when he’s having a bottle and eye contact”.	This shows SWC has a sound understanding of the need for mother to connect with her infant and an ability to express this to mother. SWC has noted that the infant is displaying attachment behaviours toward mother, and mother is failing to respond. SWC previously describing mother as ‘detached’ and lacking the

	understanding or capability to understand the emotional needs of her infant.
5.3 During interview, SWC stated that as she gets to know more about attachment, it informs the way in which she practices: "I just watch them. I was tending him on her bed and he didn't look up at me, she was standing right next to me and he looked at her with this love in his eyes and now when I think about it he adored her but I wasn't sure how much she was giving back...I said 'Debbie look at the way he's looking up at you...He's got stars in his eyes'. And she went 'oh yeah' kind of thing...I would have loved to just get her to sit and stare at him, just see him."	SWC expresses concern regarding mother's ambivalence toward her infant's attempts to engage her in his need for attachment. Her method of assessing this by observation is, as previously noted, the method of choice (Boris et al., 1999).
5.4 "I think she must have looked at him every now and then otherwise he wouldn't have had that attachment."	Despite SWC's knowledge, observations, and misgivings around the development of the attachment relationship in this mother-infant dyad, it appears that SWC is again equating attachment to being one and the same as the infant's need (and outward displays of this) to engage with his mother. There is a failure to understand that mother's response to her infant is a critical factor in establishing an attachment style, and that the infant at age 6 weeks is merely performing innate infant behaviours with limited discrimination or preference for a caregiver figure (Boris et al., 1997).

6.0 Social Worker D – Case 1 (Jess and Baby Matt):

Jess was a Māori woman though she identifies as Pakeha, and was referred following the birth of her first child in January 2005. Matt was born opiate dependent due to Jess being on the Methadone Programme. Jess abused drugs and suffered from depression. She was sexually abused as a child and had

worked as a prostitute in the past. Her mother was alcohol dependent and her family of origin was highly dysfunctional. Jess was nevertheless still very invested in her relationship with her mother and other family members. She moved house frequently and had ongoing financial concerns.

This case began with Social Worker G as the case worker for Matt's first twenty-seven months, and Social Worker D taking over from that point on. From the notes, there was a marked difference in style and expertise evident between SWG and SWD, and the significance of the timing of the change in Social Worker vis a vis the formation of attachment styles is particularly worthy of note. There was documentation early in Matt's life of behaviours that are disturbing to observe in a child of this age. He "throws horrendous tantrums" and swore a lot at age 23 months. Throughout the five years The agency were involved with Matt and Jess, Jess continued on the Methadone Programme and continued to use illicit drugs, particularly BZP and marijuana. Matt lived with Jess for four days of the week and with his father, Bryce for three. The agency were involved only with Jess and her new partner Simon. Throughout 2006, Jess avoided contact with SWG on numerous occasions resulting in two significant gaps in contact.

When SWD took over, she addressed this directly with Jess who responded positively, and engagement appeared stable for the first time. SWD also built a strong and loving relationship with Matt, who was often described in the notes as 'delightful, bright, well-adjusted, and inquisitive'. In 2009 Jess became pregnant which appeared to derail Matt who began to act out and seek out attention. Due to the fact that Matt was turning five, SWD began to taper off her

visits, resulting in a high degree of distress for Jess. Jess gave birth to Molly in late 2009, and SWD stayed in contact with the family for another year until Matt turned five.

<p>6.1 Early concerns are voiced by hospital staff who say they have hardly seen Jess in at the hospital while they have been weaning Matt off opiates. It appears this is not followed up as SWG believes Jess is staying at the hospital.</p>	<p>If this was not addressed, this is unfortunate as the literature is unequivocal that the earliest possible intervention to encourage secure attachment is optimal (see Boris & Zeanah, 1999; Bowlby et. al, 1992 page 8).</p>
<p>6.2 In April 2005 SWG writes “Jess is very connected to Matt and his needs...I am very pleased with Matt’s development and Jess’s coping skills.” A month later “when [Matt] woke they were very gentle and tender with him.”</p>	<p>The recording of the appearance of the relationship between mother and infant is reassuring. However, it is unclear exactly what is meant by mother’s coping skills and how they relate to the mother-infant dyad.</p>
<p>6.3 In November 2005 Plunket voice concerns about Matt’s development which is reiterated one month later by SWG: “He is a year old next week and he is still not crawling. She has him lying on his back on the floor quite often when I turn up. I always sit him up again and play with him just to see how far he has come along. He is definitely behind.”</p>	<p>It may be indicative of the poor relationship between SWG and mother that although SWG has witnessed retarded development in the infant for some time, it seems she has not addressed this either with mother or within a supervision/advisory framework.</p>
<p>6.4 By March 2006 Jess declares that she has considered adopting Matt as “she is not coping.” There are continual reports of neglect with two significant burns to Matt within three weeks, a bladder infection, rotting teeth, a wound infection, and being left with drunk and unwell caregivers. SWG records that “Jess was responding to him really well. I am happy with how Jess is managing at the moment.”</p>	<p>There is a marked incongruity between what SWG reports/records, and what mother and infant are experiencing. The fact that mother is considering adopting her infant out at age 16 months would point to a breakdown in the attachment relationship and should signal an imminent and critical need for intervention. Again it is unclear what is meant by mother ‘not coping’ and this is not elucidated in the documents. There are clear and ongoing health and safety concerns regarding the infant which, in this context, are likely to be an indicator of neglect and insecure attachment, yet these are not addressed from either a care and protection framework, or a</p>

	therapeutic one. There is perhaps a case of worker 'denial' of the problems given that she records that she is happy with how mother is managing currently. This is potentially a very high risk situation.
6.5 SWD takes over the case in 2007, when Matt is aged two-and-a-half. In December 2007 SWD writes: "Jess speaks to Matt in a loving way, she is consistent with boundaries and this shows in the way he responds when asked to stop negative behaviour...Jess is a loving mother and has the insight to parent in a way that will enhance Matt's development. Having said this I am aware she has made mistakes in the past. However she acknowledges this and is determined not to repeat these mistakes." Similar observations are recorded three months later: "her tone is loving...I like the way Jess speaks in a loving, gentle tone even when correcting Matt's behaviour."	The toddler is now aged 37 months, around the time that the attachment style is well formed. SWD records a warm and attentive relationship style of mother-infant, and indicates through her notes that she has conversed with mother about her ongoing development as a caregiver.
6.6 In October 2009 Jess gives birth to a baby girl, Molly: "Jess was pleased to see me and proudly showed Molly off to me. I observed Simon doing a lot of the holding and talking. I went through Dr Perry's brainwave information and spoke to them about the importance of cuddling, talking, singing, appropriate adult language, using quite big words and I explained how this would prepare her in later life so she could have the best start in life possible. Jess and Simon are already aware of some of this and I was pleased to note that they are on the same page."	SWD displays a good use of knowledge regarding the caregiving behaviours aligned to the development of secure attachment. The Brainwave Trust provided training for the agency and it is valuable to note SWD making direct use of the knowledge she gained from this.
6.7 This pattern of parenting Molly appears to continue. In August 2010: "Simon continues to be loving and supportive of Jess and the children. Jess' face lights up when she talks about Matt and Molly."	This indicates a well-functioning, adaptive relationship which in turn appears to be positively impacting on the caregiving relationship with the children.

7.0 Social Worker D (Jess and Baby Molly):

Jess was re-referred to in early 2011 when Molly was 17 months old, due to Matt having disclosed sexual abuse. Jess had now been on the Methadone Maintenance Programme for 10 years and had continued to use BZP. She was unhappy in her relationship, her mood declined, and her life became more and more chaotic. SWD described Molly was an easy baby who was parented well by Jess and Simon, however, Matt's behaviour continued to deteriorate. SWD departed from the agency in 2013 and Jess and her family were followed up by a new Social Worker. On interview, when queried about Matt's decline in behaviour, SWD was unequivocal about Jess and Matt having formed a secure attachment, though this may have been misinterpreted as Jess having a clear and deep love for Matt, and SWD did acknowledge that she was not involved with them in the crucial attachment period. SWD believed the contrast between Matt's lack of contact with his father and Molly's connection to her father exacerbated Matt's feelings of insecurity. Further, SWD considered that the environment in which Matt had been raised was a critical factor in his later behaviour: "he would be seeing the dope and the people coming and going and money changing hands and the smell of it. He could tell you that Mum's a drug addict." Tragically, SWD described Matt as "on his way to prison".

<p>7.1 In April 2011 SWD writes: "Molly was her usual happy little self. I have noticed that she always seems to be a very contented child. She loves music and will dance around or sit quietly watching television...Jess always speaks with pride when talking about her children...From my observations Jess is a kind and loving mother, however she lacks confidence in her parenting ability. She acknowledges</p>	<p>In this transcript SWD is observing both the infant's behaviours and disposition and the mother's warm positive regard for her infant. Further, there has been discussion around the implications of having "poor role models" in mother's own childhood.</p>
---	--

<p>that her own parents were poor role models.”</p>	
<p>7.2 And in September 2011: “I’ve never seen Molly when she is wasn’t bright and bubbly. Jess interacted with her cuddling her and playing with her during my visit.”</p>	<p>SWD records the infant’s sunny temperament and comments that this appears to be a sustained state. Further, she observes the interaction between mother and infant, reflecting her understanding of the role this plays in the development of the child.</p>
<p>7.3 Matt’s behaviour has become increasingly concerning. He has failed to return home from school on a number of occasions, often until after dark. On one occasion in December 2011 [Matt aged 6], he left home at 4.00pm and was not found until 9.00am the next morning by the Police. He has been trespassed from the local Mall for continually shoplifting and is oppositional at school and home. In September 2012 SWD writes: “This family have reached crisis point...I don’t believe that without quite serious intervention that Matt’s behaviour can be changed without some specialist help.”</p>	<p>The ongoing concerning behaviour of the child in this family (who was the original infant referred to the agency) is highlighted in the documentation over sometime. SWD acknowledges in this transcript that his behaviour has reached a point which requires expert input from an outside professional. What is never explored is the connection between this child’s early caregiving relationships and his escalating behavioural problems. During interview it was clarified that this was in part due to the change in social workers part way through this child’s intervention. Note that SWD took over the case when Matt was aged two-and-a-half. Whilst at that time it appeared that he was well adjusted, the fact that he is now clearly displaying disturbed behaviour may have been explored through the lens of attachment theory insofar as a disorganised attachment style may result in externalising behaviours, particularly in boys (see Chapter 2, p. 14).</p>

8.0 Social Worker E – Case 1 (Abby and Caleb):

Abby was a Pakeha woman who had a five-year-old child in CYF care. She was referred to the agency by both Plunket and CYF after the birth of her second child in August 2010. Abby had a history of drug and alcohol abuse, prostitution, transience, unstable family dynamics, offending, relationship violence, and

impulsive behaviours. Her family were heavily involved in criminal activity, and Abby was often drawn into the dysfunctional nature of the family system despite frequently trying to separate from them. Abby was often subjected to verbal and emotional abuse by her family, who also exploited her good intentions. In May 2011, Abby's mother attempted to keep Caleb in her care against Abby's wishes. CYF became involved and returned Caleb to Abby. In July 2011 Abby and her brother were arrested for burglary and Caleb was uplifted. Abby's mother was unable to be considered as a caregiver as she was herself due to be sentenced for a criminal offence. Caleb was returned to Abby's care the following day under conditions including no contact with her family. SWE noted that Caleb was upset and angry when he reunited with his mother, that his behaviour was affected and he seemed to be more insecure for some time. In September 2011, Abby was remanded in custody despite the judge being made aware that she had a one-year-old child. Initially Abby was extremely reluctant to take Caleb with her to prison, believing that it would be detrimental to his wellbeing. SWE provided sound advice and education around the impact of separation that Caleb may experience, and encouraged Abby to take him into the Self Care Units in the prison. She did this after two days. Three weeks later Abby was sentenced to Home Detention. Over the ensuing year, SWE noted that Caleb's behaviour became more oppositional and demanding. He failed to reach some milestones, particularly around his ability to vocalise his needs, often resorting to aggressive physical actions to get what he wanted. On enquiry during interview, SWE believed these behaviours had arisen due to a lack of attention [neglect]. He had very few toys and was often bored and lacking stimulus. Abby was observed on only one occasion being actively engaged in play with Caleb.

<p>8.1 When Caleb is five-months-old SWE observes: “Abby came downstairs and had baby Caleb in her arms...He was very placid, was smiling lots and it was obvious from the eye contact Caleb has with Abby they share a good bond. Abby is still breastfeeding Caleb...Caleb was very contented through the whole of my visit...Abby told me Caleb had turned her life around.” On interview, when asked how she identifies the attachment relationship, SWE stated she looks out for the interaction between mother and baby: “physicality, eye contact, responding to baby’s cues, showing she is aware of where he is and that she is mindful of him and he of her.” In March 2011, Caleb: “appears to be very contented and Abby is very attentive to his needs and is a very caring and loving mum.” And in April of that year: “Abby looked well. She interacts with Caleb on a positive level and they obviously share a strong bond and attachment”. Case notes of this nature are constant throughout the ensuing few months.</p>	<p>SWE observed, documented and articulated the development of the attachment relationship between mother and infant from the outset. She was very clear about what she observed and what she was watching out for. This is a strong indication of a good working knowledge of attachment theory.</p>
<p>8.2 However, mid-way through 2011, Abby is arrested and charged with a serious crime. She is remanded in custody for a brief period of time (2-3 days), and Caleb [aged ten months], is put in CYF care. When they are reunited SWE observes: “Caleb looked quite sad when he arrived but as soon as he saw his mum he lit up and gave her a big cuddle. Abby was very emotional to have Caleb back with her and she also gave CYFS a big hug and thanked her for believing in her...Abby sat in the back seat with Caleb and talked with him and cuddled him.”</p>	<p>This separation occurs at a critical time in the infant’s attachment development. Between 7 and 12 months the infant has strong preferences for distinct caregivers and displays separation protest and stranger wariness (Boris et al., 1999). SWE’s observation and recording of the infant’s reaction when he is reunited with his mother shows a sensitivity to the distress the infant has encountered during the separation, and an understanding of the importance of the reunion of mother and infant. During interview, SWE stated that she observed the infant at first cuddle mother, then become upset and angry with her for the first few hours he was reunited with her. Whilst SWE’s knowledge base around attachment</p>

	<p>limited her ability to identify what this may mean, she did interpret it as an unusual response behaviour. SWE also observed that the infant's behaviour deteriorated after this, and "he seemed to be much more insecure for sometime following this." Attachment theory defines this context as an 'attachment event' whereby the attachment system is activated. Of note here is that Ainsworth and colleagues stated that these are not times when the child should look angry. Furthermore, the conflicting behaviours of the infant in this case may indicate a disorganised attachment style with a display of contradictory behaviour (see Chapter 2, p. 14).</p>
<p>8.3 Abby and SWE are facing the strong possibility that Abby will have to serve a custodial sentence. Abby is very resistive to taking Caleb into prison with her as part of the [relatively new] Self Care Units [Mums and babies]. SWE: "I'd do everything I could to ensure she doesn't return to prison. However if the worst case scenario is that she is recalled I would work with the prison to ensure Caleb could go with her to the Self Care Units." SWE tries to impart to Abby the importance of Caleb staying with her: "I did speak to Abby about Caleb's bond with her. I told Abby when Caleb went to the CYF caregiver after the burglary charge I noticed when we picked him up he really wasn't himself, however he really brightened up when he saw Abby. It was obvious to me that being away from Abby had an impact on Caleb and I told her I'm concerned this situation may occur again if they separated, even if it is just for 3 or 4 months this could significantly impact on Caleb in the long-term. However, Abby felt confident the attachment Caleb has towards [her friend] would be enough for him emotionally until</p>	<p>SWE has a clear and determined view of what the best option for the infant is in the case of mother being incarcerated. She reflects on the previous experience of separation and how this impacted on the infant, and draws on her knowledge of attachment theory to educate mother about the possible long-term implications of a further separation.</p>

<p>she's released from prison...I am really concerned about the bond and attachment and the impact being away from Abby will have on Caleb in the long term and believe him going to the Self Care Unit with Abby, in my opinion, would be the best option for him."</p>	
<p>8.4 Abby is sentenced to prison in September 2011, and enters without Caleb [eleven months]. However, two days later she contacts SWE and asks if he can join her there. Caleb joins Abby the next day.</p>	<p>Whilst mother initially resisted bringing her child into the prison with her (due in large part to a genuine belief that it would be a bad environment for him), she quickly realised that she wished him to be with her. This may well be due to the educative work and strong advocacy for the child's need to attach that SWE had been pursuing prior to mother's incarceration.</p>
<p>8.5 Whilst at the Prison SWD [who is working from the prison] observed that Abby had minimal interaction with Caleb. Other prison staff note concerns about her lack of supervision – "apparently she always has the TV on very loud and staff have walked in and found Caleb standing on the table and Abby hasn't even noticed."</p>	<p>SWE reported a different version of Abby's parenting saying that Abby was very aware of where Caleb was and what he was doing, but that he was a very active and curious boy, and Abby was quite relaxed about what he did. It was not viewed as negligence or lack of caring and concern by SWE, rather an understanding of the unique interaction/dynamic of the mother-child relationship and the way this worked for them.</p>
<p>8.6 Concerns begin to emerge when Caleb is aged around 24 months. Over the next two months SWE writes: "I am still concerned however about Caleb's social skills. Whenever he wants to get Abby's attention he often comes up behind her and starts hitting her. I'm wondering what Abby does in regard to discipline...Caleb seems to be very demanding of Abby's time when they are out and when he is playing with other children his age he doesn't like to share any toys and sometimes he has been known to hit the other children...I noticed [Caleb] is very demanding of Abby's time and she doesn't seem to have much control over Caleb. Caleb was constantly running round the</p>	<p>Again, the theme of viewing toddler and child behaviours as removed from their early attachment experience emerges here. SWE has first-hand knowledge of this infant's early years and in particular his separation trauma. The externalising behaviours of this child, particularly in relation to his mother may be understood through understanding the dynamic and persistent effects of an insecure attachment style (see Howe et. al, 2000)</p>

office opening and slamming doors and when Abby attempted to tell him off he would throw a tantrum.”	
--	--

9.0 Social Worker E – Case 2 (Sally, Felix [3], Toddler Zane, and Baby Melody):

Sally was a woman of Pakeha descent who was referred to the agency when her third child Zane was eleven weeks old in early 2011. Sally’s oldest child was in care and her ongoing relationship with the children’s father (Jeff) was punctuated by physical and psychological abuse. Sally suffered from depression. She and Jeff both had an intellectual impairment, though neither met the criteria for a diagnosis of Intellectual Disability Disorder. Sally and Jeff had limited resources, and found parenting challenging. Jeff’s ongoing violent and controlling behaviour prompted CYF to demand the couple live apart, which in turn placed increased physical and emotional demands of parenting on Sally. Felix was uplifted by CYF aged one, due to Jeff’s violence in the house and Sally was told to go to Wellington. SWE believes this has had a lasting impact on Felix, with him displaying signs of trauma, distress and mistrust. When Melody was born, Sally had three children under the age of three in her care. The children had all experienced developmental delay and at the time of the study were undergoing testing to establish the extent of this. The two oldest children are being assessed by Early Intervention Services, and Melody was being seen at Beacon House. There was tension in Sally’s relationship with Jeff’s mother, with SWE finding her to be condescending and controlling of Sally. SWE noted that Sally was open and willing to make change in her life and to learn new parenting skills in order to

best support the socio-emotional development of her children. Those involved with her believed her single greatest impediment was the self-confidence to stand up to Jeff and his mother. A number of intensive supports and interventions occurred over the ensuing two years including ‘Parenting through Separation’, the Home and Family Residential Parenting Programme, Triple P, personal counseling, and a self-esteem course. Jeff had undergone ongoing treatment for his violent behaviours. Following some grave concerns expressed to Sally about her inability to connect with her children and provide them with a stimulating environment, Sally became increasingly attentive to her children’s needs, and was active at implementing skills she had been taught, such as ‘time out’. The family also became very involved in a local Church group who provided them with new opportunities and support. SWE remained involved with Sally, Jeff and the children at the time of writing, and felt very optimistic about their future.

<p>9.1 Early in the case SWE observes that: “Zane looked like a happy baby even though he had a bad cough. He has beautiful big blue eyes and it’s obvious that Sally shares a close bond with him.”</p>	<p>SWE records the positive relationship between mother and infant, though it is unclear what has prompted this or what has been observed.</p>
<p>9.2 Almost one year later, CYF continue to be concerned regarding the care of the children. SWE has a meeting with them: “There was a big list of concerns on the board including a lack of stimulation for the children by Sally, lack of cognitive ability to parent by Sally, Jeff’s aggressive manner and the potential for the children to be harmed because of this violence or being in a violent environment...CYF are not going to support the children remaining in Sally’s care.” SWE then</p>	<p>These concerns are raised by CYF and then taken up by SWE. It is interesting to note whether these observations would have been made independently by SWE. It is unclear what is meant by ‘emotional attachment’.</p>

<p>goes onto observe: “There seems to be a real lack of emotional attachment on Sally’s behalf towards the children and they do seem really un-stimulated and bored at times.”</p>	
<p>9.3 Following some intensive and direct work with Sally, SWE notes some change: “Sally is spending a lot more time interacting with the children which is good to see. I believe this is helping with Felix’s speech development...Felix still struggles to follow instructions however Sally is a very kind and gentle parent...” And this continues to improve: “CYF is pleased with the development of all the children and acknowledged that all the children have advanced a lot in regard to their development since her stay at Home and Family, especially as Sally is interacting with the children more and getting down and playing with them and spending one-on-one time. This was a really positive outcome for the assessment.”</p>	<p>This indicates a significant positive shift in mother’s willingness and capacity to interact with her children, following intensive education and skills training, and a good identification by SWE of the changes that have occurred in the interactive milieu between mother and children.</p>

2.0 Social Worker-Mother Relationship

It became apparent throughout the research that the relationship between the Social Workers and their clients was in and of itself a catalyst for change. In each case studied, the mothers had experienced poor, harsh, or neglectful parenting themselves, and may not ever have had the opportunity to experience a functional, caring relationship with a maternal figure. It is worthy of note that all the Social Workers involved in the study were aged in their forties and fifties – an age where they may be experienced as a maternal figure and where they perhaps experience their clients from a maternal gaze. When interviewing the Social Work team, each Social Worker spoke warmly of ‘their mothers’(clients),

clearly holding them in high regard. Their practice was based on the foundations of non-judgementalism, understanding, support, and hope. Throughout the case documentation, there were clear instances of the strong bond forged between Social Workers and mothers. This connectedness occurred at a critical time for change – when the mother was herself attempting to connect with her infant. Social Workers indicated at interview that they were not surprised that this aspect of their practice had emerged strongly in the research. Each Social Worker seemed to have an unquestionable sense of the importance of the connectedness between themselves and their clients as being a core feature of their work. The potency of the Social Worker-mother relationship was starkly illuminated in the case of Jess and Baby Matt who had Social Worker G followed two-and-a-half years later by Social Worker D. From both the documentation and interviews, it was apparent that Social Worker G and Jess never managed to connect on an interpersonal level, and this in turn appeared to jeopardise the quality of work that was achieved. In contrast, when Social Worker D took up the case, an honest, open, and caring relationship began to develop and there was a significant difference in the level of positive change.

The interviews with the Social Workers explored the concept of dependency that often existed for the mothers, and in some cases their almost desperate desire for their Social Workers to remain involved in their lives. From the interviews it is clear that this aspect of practice was less well informed and many of the Social Workers were confused as to the efficacy of the use of self as a therapeutic tool for change (see below). They tended to view dependency as a negative outcome of the relationship and one that should be discouraged and minimised wherever

possible. The theoretical argument for the need, or at least use, of dependency in regard to psychodynamic theory and attachment theory had not been overtly considered by the Social Workers but appeared to make sense when discussed.

What follows is a case-by-case description and analysis of instances where the relationship between Social Workers and mothers was at the forefront of the work which was being done. Material is used from both case documents and Social Worker interviews.

10.0 Social Worker A and Hanna

When working with Hanna and Hunter, SWA was very encouraging of Hanna making some tangible and positive changes in her life such as attending counselling. She was clear with Hanna about her role, and this extended to when she re-engaged with Hanna following the birth of Max. She was overtly supportive, challenging, and open.

<p>10.1 An excerpt from the case documentations records SWA talking to Wayne in Hanna’s presence: “<i>Hanna likes it when people like me from the outside come in and then I piss her off and then she’ll get motivated’. Hanna laughed and she said to me: ‘That is so true you know that’s what it does for me I think’. We had big hugs and kisses.”</i></p>	<p>Both the affection displayed by the physical contact, and the level of trust in the relationship are evident in this excerpt. SWA is able to challenge her client in a very direct manner, yet maintains her warmth and sensitivity to how her client responds.</p>
<p>10.2 During the interview we explored some of the cultural implications of the Social Worker-mother (or whole whanau) relationship: <i>Interviewer: “I found your approach to this family was different. Not starkly different, but that’s why I wondered whether it was a cultural...you know, being Māori and working with a Māori family, whether there was something in</i></p>	<p>The importance of acknowledging culture and working within a culturally competent framework is crucial to optimum outcomes (see Chapter 2, p. 34). Whilst SWA does not discriminate in how she works with Māori and non-Māori families, her intrinsic style is evident and embraces core Māori concepts of whanaungatanga (relationship), mana, (standing or</p>

<p><i>that? Even the fact that Hunter calls you Nana.”</i></p> <p><i>SWA: “Isn’t that lovely!”</i></p> <p><i>Interviewer: “Yeah! There was this real closeness...like I could feel the closeness between you all. ...It’s like if you use ‘the self’ as the tool within that relationship with your clients, with your families, then that’s the most powerful thing you can use to create change and I guess if you’re the sort of person who is warm but direct, and you can use humour, and you say it how it is, and all those sorts of things, its quite a powerful sort of mixture for your families.”</i></p> <p><i>SWA: “So it can work both ways, Māori or not. Some people if they see me they don’t talk to me but I have to believe that for the benefit of that child that was the right call because this job isn’t about making friends it’s about making the right decisions for the baby and some people don’t like that.”</i></p>	<p>strength), awhi (support) and whanau, hapu and iwi (family, community, and tribe). Perhaps these attributes have a positive effect across cultures, or perhaps Māori clients respond more readily and willingly to workers who reflect these qualities as research would suggest (see Huriwai et al., 2001). It is also important to acknowledge that the colonisation of Māori means many Māori have been alienated from their cultural roots, some to the extent whereby they no longer identify as Māori, a process known as becoming detribalised and deculturalised (Huriwai et al., 2001). This was the case with this family.</p>
---	---

11.0 Social Worker B and Kylie

SWB had a very strong bond with this family. Throughout her documentation she spoke of how much she valued them and believed in their ability to change. She was impressed with their dedication and held them in high regard. Evidently, this held the relationship in a place of security when times became difficult, with a sense that they were all working together as a single unit.

<p>11.1 <i>“They’re such a lovely couple. I really, really like them and I think they’re great parents to baby. I do think they’re a good example of how people can change and they can make the right choices later in life...I really like working with them.”</i></p>	<p>This excerpt from the interview is a clear record of the positive high regard in which SWB holds her family. She withholds judgment regarding past experiences, which if viewed through an attachment lens would display the attributes of consistency, predictability, and warmth.</p>
<p>And two months later: <i>“So while things aren’t very good we will get through them and slowly we’ll get there.... “I am really proud of the change</i></p>	<p>The use of the pronoun ‘we’ indicates a collaborative approach. The values of support and hope are highly evident, and are likely to lend potency to the</p>

<p><i>they have made and kept in place for baby....I really couldn't say more about this family they're so open to critique and transparent and I've got no concerns...I love it. I think they're just doing wonderfully".</i></p>	<p>change process for this family.</p>
<p>11.2 The interview attempted to uncover some of the Social Worker's thoughts around this relationship: <i>"It's about them teaching those children that they have unconditional love not love with conditions. It just comes back to role modelling. We will role model that we will do it this way. We'll just keep on hanging in there and keep on teaching them a new strategy and another way and don't judge. Keep going, don't judge. Keep going. We will be there every week even if it is hard. They can see when I'm on empty. They know. They're very intuitive, caring people. I don't know if Kylie thought she could ever change but Dave's got to be the catalyst for Kylie's change and then along came Emma and they just keep moving forward."</i></p>	<p>Given the mother's experience of being parented (harsh and unpredictable), the experience of her relationship with her social worker is very different. The notion of modelling in this context extends beyond the basic construct of imitating or taking on the behaviours of those around you (Bandura, 1973), and indicates a more transformative process whereby the experience of a different way of relating reshapes the way in which the recipient then relates to others (McMillen, 1992).</p>

12.0 Social Worker C and Debbie

SWC described her relationships with her mothers thus: *"I sometimes think I'm a mother figure, sometimes a friend, sometimes the social worker and sometimes the budgeter. Every person you go to is unique so you form a relationship with them."*

At times SWC's practice seemed to embrace the role of mothering (intentionally or not) to the point where her desire to see certain changes in the lives of her mothers and families resulted in disappointment and a sense of personal failure when results were not forthcoming: *"I like to think I go to peoples homes and I help them all become partly what I want them to be, and I have to own that, partly what society wants them to be, and partly what they want to be - mesh that all together and they actually come up with it as well. Because I've noticed that if I*

have a definite agenda and it doesn't kind of gel with them it never works." At

other times the use of self was intentional and formed the basis of confronting

Debbie and moving both the relationship and the ability to change forward. The

documentation gave a sense of this relationship:

<p>12.1 <i>"I have asked Debbie if we could have a special time together...just get together and talk through what she might want in life."</i></p> <p>SWC tries to encourage a meeting: <i>"Debbie wasn't at home when I went around so I rang her...I had come to pick her up for our special coffee morning."</i> <i>"Instead of going off for our special coffee Debbie seemed to want to stay for coffee at Mainly Music and I didn't want to stop her from chatting to the other mums so I just watched River for a while."</i></p> <p>Following this Debbie was unable to be contacted for 6 weeks.</p>	<p>This example may indicate SWC's self-identified agenda or as she phrased it 'to help them become partly what I want them to be.' Documentation suggests the 'special time' is driven by SWC's need rather than that of the mother. Mother's ongoing reluctance to participate in this activity as noted by SWC may be indicative of an activation of an avoidant attachment style when the attachment figure (in this case SWC) displays a lack of sensitivity or attunement to the (in this case) mother's needs. The fact that there followed a six week avoidance of contact may indicate the mother's sense of being overwhelmed or threatened by the Social Worker-mother relationship.</p>
<p>12.2 During the interview, there was discussion around what Debbie had experienced as a child and how SWC believed this impacted on her ability to be a good enough parent.</p> <p><i>SWC: "Instinct is that she had never been parented well and that's what caused it not the drugs...this is a primary example of someone who has never experienced it, never felt it, she just doesn't know. I have one young woman at the moment who is very much like Debbie not in the drug and alcohol use but in such neglect...and she really doesn't know how to respond to her children. But also doesn't really know how to respond to the world either, and Debbie is very much like that. Even after all this time, all these years that I've been going to see Debbie there's</i></p>	<p>This demonstrates a good understanding of the mother's intrapersonal world and the impact of a disturbed early experience on current functioning in the interpersonal realm (see discussion Chapter 2, pp. 18-19). There is a sense in this excerpt of SWC reflecting on the limitations of her relationship with the mother insofar as she can never 'quite catch hold of her' and a disappointment or sadness that this is so.</p>

<p><i>something that's close about us but there's something elusive about her. I can't quite catch hold of her and that's her way of coping with life and that's what she will be like with everyone..."</i></p>	
<p>12.3 <i>"Another time where she got really upset with me and wouldn't look at me so I went and stood in front of her and made her look at me and then I hugged her. She was like this [demonstrates a rigid stance] for a while, but I didn't let go and she semi-surrendered so I let her go and I think that was the thing because I know I had to do something and I thought if I leave now... she was so angry I had to try and get her to understand. But I did notice that me putting my arms around her and just saying 'I know this is hard but I just have to do this and keep him safe'. But I did know that if I didn't repair it she probably wouldn't have been home the next time. It wouldn't have ended well."</i></p>	<p>The ability to be honest and direct, combined with the purposeful use of physical self, is a vivid demonstration of the use of the relationship to elicit change. SWC's awareness of the impact this intervention had on the mother and that she needed to 'repair' the relationship indicates an awareness of the mother's internal state, a condition known as mind-mindedness (Arnott & Meins, 2007), and a capacity to hold her own reactions and empathically attune to the mother (Schoore, 2008; see Chapter 2, p. 17).</p>

13.0 Social Worker G and Jess

Social Worker G was not involved in the research as she had left the agency several years prior. However, her work with this family did provide an opportunity for comparison between Social Workers. Her documentation was clear about her struggles to make a connection with Jess:

<p>13.1 <i>"I arrived at the neo-natal unit where her baby was being treated for withdrawal just as Jess was taking her methadone meds. Jess did not look pleased to see me at all. She took me to where her mother was holding baby further down the room and I attempted to engage them in conversation, however they were both polite but not forthcoming."</i></p>	<p>Whilst SWG had an awareness of the dynamic between herself and the mother, there was a paucity of self-reflective material as to why this might have been so.</p>
<p>13.2 And one week later: <i>"Once again Jess did not seem to</i></p>	<p>This seems like quite odd behaviour, perhaps purposeful avoidance on the</p>

<p><i>recognise me. She talked to the meeting about the support she was getting from [us] and then looked blankly at me when I said this was me. I had been talking to her earlier before the meeting. Following the meeting, Jess and her mother went somewhere so I was not able to arrange another visit time."</i></p>	<p>part of mother. Again, SWG seemed flummoxed by this and there was no evidence that this overt lack of contact was addressed in any way.</p>
<p>13.3 Some months into the home visitation process SWG writes: <i>"I do not stay very long very often with Jess because it is a bit awkward and we still have not got into an easy way of being together."</i> It is clear SWG is acutely aware of this lack of connection and tries a number of routes to try and make it happen: <i>"I have said that I would transport Jess to her appointments each week meaning a more intense involvement with her for a few weeks as she and I still need time alone together....I am very focused on doing fun things with Jess at the moment just to keep her on board."</i></p>	<p>SWG appears reluctant to address the relationship directly with mother. Instead, she avoids talking about it and tries other means of engaging with her. Whilst this may be understandable, transparency and the ability to be honest and forthright is important in using the relationship as a transformative tool (see Chapter 2, p. 37).</p>
<p>13.4 Nearing the end of SWG's time with Jess, the difficulties in the relationship are discussed overtly for the first time: <i>"Jess finds it very difficult to talk about her problems, preferring to remain private about them. In fact, I had underestimated just how hard it is for Jess to talk to me or have me in her life at all, and Jess told me she would consider it very rude if she were to tell me she did not want to see me. Instead she avoids me and does not make contact."</i></p>	<p>Of note is that a level of honesty was achieved only at the time when mother and SWG discussed SWG's leaving. Despite being involved with this family for two-and-a-half years, the documentation indicates that the level of connection had remained minimal.</p>

14.0 Social Worker D and Jess

When SWD picked up this case, she was aware of the difficulties that had occurred previously, particularly in regard to Jess avoiding contact with the

agency. SWD had a frank and direct style, something that Jess perhaps needed.

She built a very strong relationship with Jess:

<p>14.1 <i>"I believe that my relationship with Jess will be positive and we have discussed the importance of her being home when I visit, and Jess has acknowledged her belief we can work effectively together and will not evade my home visits. We agreed that I would visit each week."</i></p>	<p>In contrast to SWG, an honest relationship is immediately established with expectations set.</p>
<p>14.2 It is clear SWD and Jess have developed an openness around talking about their relationship: <i>"Jess thanked me for my input and said that she often doesn't see me as a social worker. This is due to the fact that she does not have any girlfriends and finds it difficult to discuss issues around her relationship and these feelings are often contained."</i></p>	<p>This raises the issue of effective use of the relationship as a catalyst for change, and, in this case, the mother struggling to accommodate this within the context of a professional relationship. SWD was clear where her boundaries lay and related this to the mother. It may also indicate the mother's longstanding pattern of attachment avoidance in her previous relationships (see Chapter 2, p. 17) and that this is an indication of change.</p>
<p>14.3 The issue of dependency arose in this case: <i>"I am aware that Jess is disappointed that my visits are now down to three monthly, however she has become quite dependent on me and as this is the last year of working with [the agency] it's important that Jess learn to move on as I won't be there in another 9 months, which is when Matt is 5."</i></p>	<p>The mother's need to be close to SWD and her seeming dependence on her, may indicate a positive change in the mothers ability to tolerate closeness in her interpersonal relationships.</p>
<p>14.4 And a few months later: <i>"Jess is currently on Level 4 and I'm aware that she has an attachment to me and I am mindful that I would like there to be some separation before the file is closed, which is when Matt is 5. However, I also want to support Jess in any way I can before that time."</i></p>	<p>The Social Workers discomfort with mother's dependency may be due to a lack of knowledge either about attachment styles and/or the psychodynamic use of dependency within the context of a therapeutic relationship.</p>

15.0 Social Worker E and Abby

Social Worker E was a strong advocate for Abby. She tended to practice from a practical framework whilst also acknowledging the struggles of her mothers, identifying with what they had been through. There was a real sense of a maternal-type relationship:

<p>15.1 <i>"I felt a good connection with Abby...Abby thanked me for calling in. I feel positive if Abby stays as motivated as she seems to be at the moment. She will do really well and will grow in her parenting role."</i></p>	<p>During interview, it was very apparent that SWE genuinely enjoyed working with her families and held them in high regard.</p>
<p>15.2 SWE expresses a sense of pride and understanding of what Abby is going through: <i>"I gave Abby heaps of praise for being so proactive and getting out into the community and involving herself in activities. I told her I understood it can be quite difficult when you have a history of drug use to break the old cycle of friends and making new and healthier connections and I'm really pleased she's made moves to do this as this will ensure her recovery from drugs and alcohol."</i></p>	<p>SWE alluded to having experienced difficulties of her own in the past, and how this enabled her to identify with the struggles and triumphs of her clients. Her capacity to be non-judgmental, hopeful and empathic likely contributed to the ongoing positive outcomes for this mother and her children (see Chapter 2, p. 37) despite what seemed at times slow progress.</p>

16.0 Social Worker E and Sally

Due to the nature of Sally's issues that were in part attributable to low self worth and exacerbated by intellectual impairment, SWE took on a maternal-protective role with Sally:

<p>16.1 <i>"It was very hard for me to hear Jeff's mum speak so disrespectfully about Sally especially while she was present. Sally willingly did as she was told and obviously tries to keep Jeff's mum happy. At times the situation bordered on embarrassing....I told CYF that I'd really like to work with Sally on</i></p>	<p>SWE has taken a strong advocacy role in this relationship and identified the factors of increasing self-esteem and alleviating maternal stress and anxiety as areas for change. This is congruent with attachment literature which finds these particular factors, amongst others, to have an indirect but</p>
--	---

<p><i>increasing her confidence and self-esteem and help her to find her own voice and it appeared to me that both Jeff and his mother can be quite overbearing towards Sally which is very disempowering to Sally in the long term....I also told CYF that after she has given birth to her baby girl I will look at doing twice weekly visits just to give some extra support for the first month when baby comes home."</i></p>	<p>significant bearing on the ability for the mother to form a secure attachment relationship with her infant (see Chapter 2, p. 37).</p>
<p>16.2 During the interview SWE elaborates on the relationship: <i>"Sally's mood's very stable. She's just very quiet, almost an introvert. So being an extrovert, I've managed to pull her out of herself. She's able to communicate. I don't think she's had many good friendships in her life either, so although I'm not her friend it's about being able to teach her those interpersonal skills. So she'll often text me and say 'hey my favourite lady'. So she's learning how to be warm to people and that trust stuff as well. Who you can trust. We talk about that need to know basis for some people as well. You don't need to tell everyone your whole life. It's about role-modelling a lot of it."</i></p>	<p>The complementary nature of this relationship is acknowledged as a strength and a means of change. SWE's modelling approach is consistent with research into effective practice (see Chapter 2, p. 38).</p>
<p>16.3 <i>"And I let them know that I'm there to support them. I do think initially when somebody's coming in and they've had a lot of people critiquing them and their parenting, they tend to cling to you and you'll get a phone call every 5 minutes. Which is better than not having a phone call at all of course."</i></p>	<p>This shows a sensitivity to the experience of the mother and her family and an understanding of their needs and internal processes within this relationship.</p>

3.0 Scope of Practice

All Social Workers, with the exception of one, had a professional Social Work qualification. Many had previous experience of working in the social service sector, and had experienced life events that equipped them for this type of work.

They had all been with the agency for over eight years and this was their first paid position after graduating as a qualified Social Worker. Whilst most had undertaken the same 'in-house' training (such as the Brain Wave Trust), many had taken specific training courses in areas that were of particular interest to them. All the team expressed a desire to participate in more in-depth training rather than one- or half- day seminars often hosted by other service providers. Several of the team commented that they felt their role was one of a 'jack of all trades and master of none' highlighting both the breadth of their practice, and a desire to gain deeper knowledge and expertise in specific areas. A common theme associated with this was the demands of other agencies (often CYF), and sometimes the families themselves, to 'fix' multiple complex and entrenched problems that were often outside the scope of their practice and the expertise of the practitioners. Two Social Workers at interview expressed the view that they 'weren't miracle workers but Social Workers'.

The nature of the families and their ongoing difficulties sometimes felt overwhelming for many of the Social Workers, at times resulting in a sense of disappointment that they had not done a good enough job, or frustration that there were aspects of their families lives that they were unable to work on due to time, resource, and training constraints. Prioritising concerns was a strategy employed by all the team, with child health and safety, and basic needs such as food, shelter, and power taking top priority. All the Social Workers had regular supervision with the Clinical Practice Manager within the agency.

What follows is a descriptive account of the qualifications, experience, and attributes of each Social Worker and an analysis of how this informs their practice.

17.0 Social Worker A

SWA had the most years experience in social services [over 30] and the most training in areas pertaining to her work as a Social Worker. She was not formally qualified, though her wealth of experience meant that she expected to gain registration with the Social Workers Registration Board. She had worked extensively in Māori service provision and in counselling. She had an approach to her clients which was direct and supportive, focused on the positive attributes and on building families strengths whilst challenging behaviours or beliefs which jeopardised the parent-child relationship.

<p>17.1 SWA described a seminar she had attended which was useful to her: <i>“And what impressed me with him was he said children can have multiple attachments because what I often hear is that children can only be attached to their mother and that doesn’t happen in my life, everybody has attachment to our babies. And I thought wow everybody’s come here and paid this man hundreds of dollars to say this...and I know this. So attachment interested me....But we all have to do these qualifications but how do we measure that from a cultural view given where we live in this country? I do get a bit worried. From whose values and beliefs? He was very good.”</i></p>	<p>Attachment Theory has been criticised as coming from a monocultural, western perspective of child-rearing. Collectivist cultures often share the rearing of children and as a result infants will often form more than one primary attachment relationship (see Chapter 2, p. 30).</p>
<p>17.2 <i>“I have watched Special Ed do the thing where the mother comes in and then goes out.”</i></p>	<p>SWA comes from a cultural perspective in her analysis of attachment. She challenges the utility of the strange</p>

<p><i>Interviewer: "Oh the strange situation?"</i> <i>SWA: [nods] "And the view I have is very rarely is there just an individual parent. Does that make sense?"</i> <i>Interviewer: "Yes it does"</i> <i>SWA: "And I could say it's a cultural thing, but I know lots of people who aren't Māori or PI (and I call them pioneers), that I know and they do all that. They live in a multi house so it interested me because it is sort of like that stuff is gospel."</i></p>	<p>situation procedure (Ainsworth, 1978) in which infant's attachment style is identified by observing the reunion response to the primary attachment figure. Not only does SWA challenge the assumption that infant's form a primary attachment relationship to just one or two carers, but that infants who are raised in a collective environment would be distressed by the presence of a stranger in the absence of their attachment figure.</p>
<p>17.3 SWA's experience working with struggling families and her counselling training informed her practice at the agency often almost unconsciously: <i>Interviewer: "You came up with a really nice idea for Hanna to stay engaged with the boys... about writing them letters?"</i> <i>SWA: "I can't remember to be honest. That sounds terrible doesn't it?"</i> <i>Interviewer: "No no no, not at all. It just really struck me the idea...and I wondered where that idea came from because it's a good one."</i> <i>SWA: "She just really wanted to keep contact and they weren't allowed to talk to her and she just wanted to stay in touch with them. But it was so they knew she wasn't abandoning them. She didn't have a choice. That option was taken away. But to continually send them something that kept telling them that she loved them - that was her right and no one could take that away from her... I as the person not working with her, but working primarily for the boys, I could see how attached the boys are."</i></p>	<p>The importance of maintaining a loving connection with children when an enforced separation occurs is identified in this excerpt of SWA's practice. She encouraged the mother to write letters to her children who were living away with their father. Research into mothers who are incarcerated supports the use of letter-writing as an effective strategy to maintain a loving and supportive relationship with their children. Evidence suggests this can produce positive outcomes for that relationship once reunion occurs (Loper & Tuerk, 2010; Tuerk & Loper, 2006).</p>

18.0 Social Worker B

SWB had worked for the agency for nine years and had over 10 years social service experience prior to that. She regarded her role as supporting families to create purposeful change and used a direct approach.

<p>18.1 SWB believed that attachment issues were outside her area of expertise:</p> <p><i>SWB: "Our agency referred him [to Special Education Services]...I took him to the appointments...they assess the attachment and then teach the mother, the parent to work with that attachment and you know...change the way they respond to meet the child's needs, and you know I watched it work. Amazing. He went from a very angry boy to a compliant boy...and he's done amazing work."</i></p> <p><i>Interviewer: "And do you feel you have been able to transfer what you have learned into your practice?"</i></p> <p><i>SWB: "Oh to a degree but it's about acknowledging when you're out of your depth and you should refer. So sort of but not really...do you know what I mean?"</i></p> <p><i>Interviewer: "I do. I do."</i></p> <p><i>SWB: "I might be able to assess that there is an issue here but that's when I hand over."</i></p>	<p>SWB is clear around her scope of practice in regards to attachment issues. She recounts observing treatment of poor attachment and how impressed she was with the outcome indicating a working knowledge that specialised treatment can be effective. However, she also acknowledges that this degree of intervention is beyond her knowledge and skill base and that a referral to the appropriate service would be within her role.</p>
<p>18.2 Later when discussing how to work with the mother-infant dyad:</p> <p><i>"But it's like we actually work with the parents, that's what we do that is the crux of things...we don't actually do a lot of work with the child...we just monitor...do you know what I mean? And that will trickle down."</i></p>	<p>Research in the field of attachment intervention supports working with the parent(s) to bring about change in the interaction between mother and infant (see Chapter 2, p. 36). Alongside this however, assessment of the attachment relationship needs to include observation of the interaction in the mother-infant dyad (see Chapter 2, p. 31)</p>

19.0 Social Worker C

SWC had worked with the agency for 8 ½ years after graduating. She described herself as having a 'psychological bent' and had done a number of short courses (1 to 2 days) in areas such as mindfulness, motivational interviewing, and mental health. She was currently studying Neuro Linguistic Programming (NLP). She

had a strong interest in attachment and had identified this as an area she would like further training in. She frequently used behaviour modification strategies with children who were displaying externalising problems, explaining her interest in them thus: *“There were so many families with these children that they couldn’t cope with so I decided that I would like to do more about the actual discipline so I studied that and over time I have got an understanding of what is needed.”*

<p>19.1 SWC documents her conversations and interventions with Debbie: <i>“I pointed out to Debbie that everything that happens in Jacob’s life right now is laying the foundations for his future...We did some work on discipline while I was there as Debbie said that Jacob is beginning to smack her face and laughing at her when she tells him not to do things. I modelled for her how to get down to his level and say in a low voice ‘no’ and then remove him from the situation....I role modelled to Debbie participation in activities with Jacob. We discussed stimulation and the fact that talking to Jacob would do this as well as improve his vocabulary.”</i></p>	<p>This shows a good awareness and communication of the child’s needs. This may also indicate a dearth in knowledge regarding the etiology of the behaviours that the child is beginning to display. Given the child’s early experiences, the behaviours may indicate a disorganised attachment style. How the behaviours are viewed should inform how the social worker intervenes. SWC’s intervention reflects a combination of behaviour management to modify the child’s behaviours and attachment modelling to encourage more consistent and ongoing interaction between mother and child. Research suggests that mothers who lack sensitivity to their infant’s signals respond positively to interventions based on modelling and reinforcing their response sensitivity (Kalinauskiene et al., 2009).</p>
<p>19.2 SWC continues to do a great deal of work with Debbie and Jacob, and feels as if she is getting nowhere. She tends to refer to this work repeatedly in the file as working on ‘discipline’: <i>“Debbie and I have discussed what we need to continue working towards, and that is how to successfully discipline Jacob that is good for him and her....I asked Debbie if Phil does yell at Jacob when he gets frustrated and Debbie said that he does. I hope to plan an evening when I can go around and talk to Phil</i></p>	<p>Whilst SWC has identified an ongoing need for intervention, her focus on discipline suggests the child’s behaviours are not based on an understanding of attachment theory despite an intimate knowledge of the child’s early traumatic history.</p>

<p><i>and Debbie about discipline issues....I asked Debbie if she could talk to [Phil] about a special visit where I could talk about parenting and discipline....We talked at length about discipline again.”</i></p>	
<p>19.3 We tried to unearth the true meaning behind these case notes during an interview: <i>Interviewer: “So when you talked about discipline what were you meaning by that?”</i> <i>SWC: “He was really attention-seeking and acting silly and really obnoxious and she didn’t like it so we’d go over and over it.”</i></p>	<p>Again, the problem is interpreted as being located in the child who is ‘attention-seeking, silly, and obnoxious’. The literature on insecure attachment styles, endorses the notion that externalising behaviours are one of the expected manifestations of disorganised attachment in children (see Chapter 2, pp. 13-17).</p>
<p>19.4 <i>Interviewer: “So this is fascinating because this is 2009 he would be four and things are getting more and more difficult with him and it seems you’re trying to talk to her a lot about discipline and she’s not taking it on board. Then at the end of 2009 you go around one day and this is what you write: ‘Jacob has been really well behaved in this last week Debbie said. I asked her what has changed? Has she changed her approach or done something different? She said she had been talking to Jacob more gently and not yelling at him and consequently they had been playing together and doing more things together. She was quite vague on not knowing why she had changed. She was not aware that that is what we had been working on for the last few months.’”</i> <i>SWC: [Laughs]. “So had I not said about not yelling...”</i> <i>Interviewer: “No. It was all about discipline, discipline, discipline. But there was no stuff in there about being more gentle and interacting with him more.”</i></p>	<p>This excerpt raises the issue of how Social Workers report their interventions, and may be an indication of SWC using her experience and accumulated knowledge rather than theory to inform her practice. Whilst it appears that the work of SWC was very aligned with attachment theory, and the outcome for the mother and child endorsed that, the entire focus of the documentation was on disciplining the child and managing his behaviour.</p>
<p>19.5 We also discussed whether observation of the mother-infant dyad occurred: <i>SWC: “I focus on the parents and how they’re responding never on the child. I don’t think any of us do. I think we kind of just know that there’s</i></p>	<p>As discussed in the case of SWB, working with the mother is indicated as an effective strategy in attachment work. However, if direct observation of the mother-infant dyad is failing to occur, it is difficult to know how</p>

<p><i>no use going there.”</i> <i>Interviewer: “What do you mean by that?”</i> <i>SWC: “What do I mean?”</i> <i>Interviewer: “So when you say you don’t focus on the child you focus on the parent?”</i> <i>SWC: “The parent gives the child their existence and their life. If I can change the parent then I can change the child. Of course if a child is being neglected or something that’s different but anything you do is about the parent.”</i></p>	<p>successful intervention is measured.</p>
--	---

20.0 Social Worker D

SWD had worked for the agency for 10 years, and had worked extensively in the social service sector before qualifying in 2002. She felt strongly that her role as a Social Worker was not to ‘help’ people but *“to walk alongside. Let them always be in the driving seat unless there’s a crisis.”*

<p>20.1 SWD believes that knowledge of attachment is crucial in her role at the agency and cites a case she witnessed as a student in which <i>“I was very fortunate or unfortunate to see a case where there was no attachment. And you can read about that and a child sits in the corner and does whatever... but when you see it it is just so sad it is unbelievable. I have never forgotten that one visit. The child was removed and put in the care of a maternal grandparent. I was a student at the time with CYFS.”</i></p>	<p>This experience early in her career had a lasting and significant impact on SWD’s practice. She was acutely aware of the implications of poor attachment and was very mindful of a mother’s responsiveness and sensitivity to her infant.</p>
<p>20.2 SWD draws on her own knowledge and experience throughout much of her practice: <i>Interviewer: “You talk to [the parents] about the importance of cuddling, talking, singing, appropriate adult language, and stuff like that.”</i></p>	<p>This is a rich illustration of SWD using her training and knowledge to educate her clients about parenting. Research on the treatment of children with poor attachment cites the infant need for cuddling and communication as important (Jones, 2006), and not only</p>

<p><i>SWD: "I know first hand the effects of that and how it affects relationships, education, all sorts of stuff and I'm pretty passionate about that ...because I never met a mum or a dad who didn't want the best for their child. Never."</i></p>	<p>in the infant stage but in older children deprived of this early on (Zilberstein & Messer, 2007).</p>
<p>20.3 SWD is also aware that she does not always have the answers and seeks advice and guidance when necessary: <i>"Matt is asking for cuddles at night. Just more and more cuddles. It's difficult to say no. I've told Jess and Simon that they need to make sure the routine is kept and I know there has always been a good routine for Matt. They're to give him a cuddle and tell him it's time to sleep. I said that, in light of the earthquake I would assess that further though and speak to Leigh who is a psychologist and get back to them."</i></p>	<p>SWD utilised the knowledge and skill base of her colleagues and supervisors. She was clear about when she required more specialised knowledge or expertise.</p>

21.0 Social Worker E

SWE had worked for the agency for eight years, having qualified as a Social Worker in 2003. Like many of the team, SWE had worked in a number of social service-related areas prior to this agency. Her professional development had included the in-house attachment training, marae-based models, and a particular emphasis on mental health. She saw herself as needing to work with a broad range of issues and 'having to wear different hats'. Perhaps more than any of the other Social Workers, SWE was comfortable with working on the practical aspects of need, assisting with transport, food, appointments and so on. When interviewed, SWE stated that she did not feel exploited by her mothers but rather, these times of practical help were very fruitful and enabled goal-directed and purposeful use of time. Whilst SWE participated in many practical tasks with her mothers, she was not unaware of the underlying dynamics in the family

relationships, and frequently pointed out the changing nature of these relationships.

<p>21.1 <i>"We have to work our way backwards with families to bring about change – often starting at the most basic needs like housing, food, clothing, and power before you can look at parenting and working with the mother and baby."</i></p>	<p>SWE was very clear about her families needing to have their basic needs met before addressing attachment related issues. This illustrates the complexity of the client population of this agency and the core social work tasks as being within the scope of practice whilst more psychological interventions are not.</p>
--	---

Chapter 5

Discussion

Secure mother-child attachment has been found to be a strong predictor of pro-social behaviours in children who are typically developing, while insecure attachment predicts problematic behaviour (Koren-Karie et al., 2002; Koren-Karie, Oppenheim & Getzler-Yosef, 2008; Muller & Lemieux, 2000; Robinson et al., 2011; Sroufe et al., 2000; Zeanah, 2008). Children growing up in a vulnerable environment exposed to abuse or neglect, are particularly prone to developing a disorganised attachment style, an insecure attachment style associated with the poorest outcomes (Amos et al., 2011; Bacon & Richardson, 2001; Glaser, 2001; Howe, Dooley, & Hinings, 2000; Kadir & Bifulco, 2013; Shemmings, Shemmings, & Cook, 2012; Wan & Green, 2009). Research supports the view that poor attachment be identified at an early stage in the child's development due to the fact that attachment styles are essentially formed in the first three years of life (Bokhorst et al., 2003; Boris, Zeanah, Larrieu, Scheeringa, & Heller, 1998; Boris & Zeanah, 1999; Bowlby, Ainsworth, & Bretherton, 1992; Zeanah, Boris, & Larrieu, 1997; Zeanah et al., 2004), and once they are formed are largely persistent and stable (Belsky et al., 2005; Cowan, Cohn, Cowan, & Pearson, 1996; Johnson, Ketring, & Abshire, 2003; Lyons-Ruth, 1996; Shmueli-Goetz, Target, Fonagy, & Datta, 2008; van IJzendoorn, Juffer, & Duyvesteyn, 1995).

It is widely acknowledged that the attachment style of the primary caregiver interacts with the formation of the infant's attachment style. Known as the intergenerational transmission of attachment, it then follows that change must

occur in the milieu of the mother-infant dyad, and in the mother herself. The mother's own experience of a warm, sensitive, and functional relationship may act to promote growth and change in her own attachment style, while having modelled and shaped her interactions with her infant (Belsky et al., 2005; Finzi et al., 2000; Laurent et al., 2008; Obegi, 2004). This experience, if lacking in the mother's family of origin, can occur remedially within the context of a professional intervention, in this case the Social Worker-mother relationship (McMillen, 1992; Olson-Morrison, 2009; Segal, 2012).

Attachment behaviours and the interaction in the mother-infant dyad are recognisable, defined actions and responses, identification of which requires a grounding in and knowledge of attachment theory (see Boris et al., 1999; Johnson et al., 2003; Lee et al., 2009). Given that attachment is a psychological construct, attachment work may be considered outside the scope of practice for Social Workers in a home intervention programme, however, due to the high-risk nature of the families involved in this programme and the intensive, long-term nature of the intervention, Social Workers in this team are well placed to incorporate attachment theory into their knowledge base and to prioritise it as a critical strategy to bring about change.

The Identification Of Attachment

The findings from this study indicate that in this agency's Social Work practice there was an awareness of attachment as a broad concept, usually defined in terms of a bond between mother and infant and often recorded as a mother's

love or an infant's affective state. Social Workers were cognisant of the need to watch for signs of the bond between mother and baby and oftentimes noted when the infant was particularly happy or contented. Whilst these factors are worthy of note, it is important that they are not mistaken for, or conceptualized as, attachment behaviours. An infant's happy disposition may be driven by temperament as opposed to the maternal relationship. An infant born with a sunny temperament but subjected to a high-risk environment with a mother lacking in warmth or sensitivity remains vulnerable to forming an insecure attachment style. Likewise, the maternal display of love and affection toward an infant indicates a different set of behaviours than those pertaining to attachment. It would be fair to say that most mothers have a love for their child, but how they manage to convey that love, and what interferes with the expression of it and their capacity to sustain it, varies. It is highly likely to be effected by variables found in this study such as drug and alcohol abuse, violence, maltreatment as a child, and their own attachment style. Further, a mother gazing at her child with 'love' or expressing a love for the child is not itself enough to transmit secure attachment. Sensitivity, warmth, and responsiveness in the interaction between mother and infant are far more important predictors of good attachment (Bowlby et al., 1992; Rohner & Britner, 2002).

Attachment behaviours per se were well recognised in some cases but not in others, and the identification of them occurred inconsistently across Social Workers. There were some excellent examples of Social Workers consciously observing detailed facets of mother and infant actions and reactions. One such instance is in the work of SWE (see 8.1 above) when she specifies each

component of the mother-infant interaction such as eye contact, responsiveness, and attention to the infant's needs. Another very good illustration of the knowledge and care to detail of attachment behaviours is in the work of SWA when she describes mother's responsiveness to her infant's experience of being in the 'jolly jumper' (see 2.1 above).

At other times, detail of attachment behaviours appeared to be lacking and led to some misinterpretation of infant and mother behaviours. The most striking example of this was when SWC mistook a 3-month-old infant's distress at being held by her as a sign of secure attachment (see 4.2 above). A working knowledge of the stages of attachment was not apparent in this case. It would be helpful, if not critical, to understand the ages at which infants move from limited discrimination of attachment figures, to a clear preference for their primary attachment figure, and then to a secure base from which to explore. Another contrasting illustration of a gap in knowledge was highlighted in the work of SWG, particularly in regards to the lack of interaction between mother and infant. In one example, SWG notes that mother always has the one-year-old lying on his back and that he has not yet learnt to crawl (see 6.3 above). SWG views this deficit from a retarded motor development perspective, but unfortunately fails to see it also through the lens of attachment. Both of the children in these two examples went on to experience marked difficulties in middle childhood.

Insecure attachment behaviours in children are manifest differently to those in infants, often in the form of externalised problem behaviours, particularly in boys (Salter & Stallard, 2008). There were numerous instances in which anti-

social behaviours such as aggression, defiance, acting out, and disrespect were documented as 'bad' behaviours requiring disciplinary behaviour management and more stringent parenting practices. Even in instances where the Social Worker had worked with the family since the child was a newborn, and therefore knew the child's history intimately, it seems that once the child reached toddlerhood, behaviours that may once have been attributed to insecure attachment were viewed through a more instrumental lens. Similarly, attention-seeking behaviours were not always evaluated as a child's need for love and interaction, but rather as a manipulation of the parent (s). This is unlikely to be unique to this team. Rather, the way in which society views and perceives infants (as dependent and pure) as opposed to children who have emerged from the infant phase (as willful), and the way in which mothers are expected or encouraged to manage those behaviours (a crying infant needs soothing and sensitive parenting whereas an aggressive or over-active child needs disciplining), are culturally and socially bound (Howe et al., 2000). Further, given the multiple risk factors for the children in this study, it could well be argued that these behaviours were a result of numerous other environmental influences and not directly attributable to insecure attachment.

The best examples of attachment work were when the attachment system was highly activated due to the separation of the mother and her infant. Of the nine cases, three had specific, discrete examples of this work (see 2.4; 4.5; 8.3 above). Perhaps one of the key features that stood out in these cases was the unwavering advocacy for the infant to remain with, or stay attached to, the mother. The knowledge base of these Social Workers was evident from their ability to

articulate to other professionals the primacy of the attachment relationship for the wellbeing of the infant. They highlighted the damage that could occur as a result of separation and in all three cases, documented the change in behaviours when the rupture occurred and the reunion responses when mother and infant were reunited. Whilst these examples show a good overall understanding of attachment theory, more in-depth knowledge was not always evident. In the case of SWC, the mother's detached response to her child's distress was documented but an analysis of how this might impact on the child's ability to form a secure attachment was not forthcoming.

Social Worker-Mother Relationship

Findings support the use of the Social Worker-mother relationship as a potentially potent catalyst for change. The frequency and consistency of the reporting of this aspect of the work meant this feature emerged as a core theme in the research. Social Workers appeared to bring both training and experience to their use of self in relation to their work. In the first instance, they unanimously held their families (and in particular the mothers) in a frame of positive high regard. One Social Worker specifically noted her training in and influence by Rogerian Humanist therapy in promoting this. Other social workers spoke more broadly in terms of bringing with them a kaupapa or principle of non-judgmentalism, respect, and empathy. Their social work training equipped them with the knowledge of the importance of establishing good rapport and ongoing functional relationships with clients. Further, many Social Workers

spoke of having been through adverse experiences of their own, and how this informed their practice and their ability to empathise with their clients.

All the Social Workers acknowledged their relationship with their clients as being important in bringing about change. During interviews all but one of the Social Workers readily embraced the notion that this relationship could be seen as both modelling attachment and providing a secure attachment relationship for the mothers. They described an almost intuitive sense that this fitted with their experience as workers. Results suggest, however, that the use of relationship in this way was not used deliberately as a mechanism for fostering growth and change, indicating that it may be underutilised. A grounding in knowledge of both maternal readiness for change in the postpartum period when the mother's attachment systems are activated in pregnancy, and the use of relationship as a modelling strategy and an interpersonal therapeutic intervention may bring about a more effective use of self by Social Workers.

The genuine connectedness of the Social Workers to their clients was particularly evident in the cases where the mother and child were forcibly separated. The emotional impact these cases had on the Social Workers was deeply felt and caused distress. This may also indicate just how well the Social Workers understood the importance of the attachment relationship is. When the Social Workers involved realised the attachment relationship was in jeopardy, they experienced real concern as to how this might impact on the child.

The fact that this agency is involved with families for a minimum of five years at a crucial period in the family's life means a degree of dependency is likely to develop between the worker and the mother. From a psychodynamic perspective, dependency is a necessary and expected development in a close relationship, and is used to bring about change (Segal, 2012). The fact that the mother has allowed herself to become vulnerable and close to her worker to the extent that she has developed a reliance on her may in fact bode well for her future relationships. All of the mothers in this study came from highly disturbed backgrounds where life and relationships with primary caregivers were unpredictable and disruptive, circumstances where dependency was perhaps unlikely to develop in a functional way. The attachment concepts of developing a secure base from which to explore the world and eventually individuate can be likened to a mother's need to feel attached to or dependent on her Social Worker in order to change.

Scope of Practice

All the Social Workers viewed their role as being both supportive and challenging. This can be a difficult balance to attain, yet is crucial in this type of work and with these families. It is salient to recall that infants referred to this agency are in the highest two percent of those considered to be most at risk of being maltreated. Around 70% of referrals are made by CYF, highlighting the extreme degree of difficulty these families represent. Data indicates support was provided on a day-to-day basis, but particularly in the Social Worker's strong advocacy for the mother and infant when they were at risk of separation. In all

cases the Social Workers supported the mother's ability and primary role to care for her child. Challenge of clients was often frank and transparent. Most Social Workers saw themselves as honest, practical, and tough. Evidence suggests that when mothers were not carrying through on agreed goals, or were threatening the health or safety of their child, Social Workers would address this openly and directly. This appears to have enabled the relationship between mother and Social Worker to deepen and allow the mother to in turn be honest and up-front with her worker. Interestingly, the one instance where this style of practice was not used (SWG), could be regarded as the least successful in terms of engaging the client and in outcomes for the child.

There was an impressive breadth of knowledge amongst this Social Work team stemming from a mixture of training, collective knowledge, and depth of understanding of the individual families. The interface between other agency professionals did not always reflect this, and at times it appears the professional expertise of this agency's Social Workers was ignored or dismissed. A somewhat disturbing example was when the infant in SWA's case was uplifted. CYF sought SWA's risk assessment of this family – which she deemed to be low – and then proceeded to uplift the child the very next day. Whether this is a systemic issue relating to the lack of legislative power of non-statutory social work, or whether it is due to the risk averse nature of statutory agencies is difficult to know. Either way, it seems dismissive and disrespectful to disregard the rich contextual knowledge held by these professionals.

Social Work practice was not viewed through the lens of attachment theory though in all cases it was acknowledged as a part of overall practice. The nature of the families psychosocial environments supported the practice of prioritising care and protection and practical matters over the mother-infant relationship itself. The seeming lack of focus on the infants themselves was somewhat concerning. Two Social Workers specified that their work was with the mother and through that channel they would foster change in the life of the infant. Whilst this is indeed true, attachment identification concerns itself with the interaction between mother and infant, and importantly, with distinct infant behaviours. If the gold standard assessment tool of direct observation is not occurring then it seems likely that the identification of attachment does not always occur. This is supported in other sections of the study.

Social Workers defined their scope of practice differently in some cases. Overall, most believed any attachment intervention work with families was outside of their mandate and expertise. Some expressed an interest in gaining more in-depth knowledge in order to work more effectively in this area, while others were clear that their role was to hand this work to other professionals with specific knowledge. There were some good examples of Social Workers seeking out knowledge from other professionals and a general appreciation of when this needed to occur.

Limitations and Implications

Interpreting the data without the use of an inter-rater means it was dependent on the knowledge base and informed understanding of the sole researcher. The possible implications of this is that only the data interpreted by the researcher as relevant to the topic of attachment was drawn from the case documents with the risk that other important material was overlooked.

The qualitative method used in this study limited the analysis to nine cases. All but one of the Social Workers in the team participated, but the extent to which general conclusions can be drawn is compromised by the limited number of cases. As cases were randomly selected, it may be possible to generalise results to other cases or across the agency, however, due to the small sample size it may not be wise to do so. The use of semi-structured interviews mitigated this effect to some degree insofar as Social Workers were able to talk about their practice in a broader sense, not limited to the case under study. Data may also be biased due to the fact that the families who were approached and granted consent to participate may have been more engaged with and enthusiastic toward the agency. Families who it was thought would likely say no (for a number of reasons, but primarily concerns of privacy) were not approached.

Interviewing the families themselves and/or observing the Social Worker, mother and infant together would have lent a more objective perspective to the work carried out across the Social Work team. It is difficult to gain a true sense of the work simply through interviews and documents. A natural cautiousness around researching the work was evident in some Social Work interviews to

varying degrees, limiting the capacity to fully explore some aspects of the work. Some factual data was missed due to the time that had elapsed since the intervention, and due to Social Workers being unable to recall specific events or strategies. Documents ranged from sparing in descriptive and factual data, to verbose and detailed, meaning in some cases evidence was limited and often comparison was difficult. It is clear from the data analysis that there was a significant degree of variability between cases.

Document analysis is limited by the documentation itself. Besides the concerns regarding the amount and quality of data across cases, the language used varied and was at times difficult to interpret. The clearest example of this is regarding SWC's documentation of discipline. Her consistent use of this word to describe the work she was undertaking with the mother to enable her to manage and engage with her child gave a strong impression of a behaviour management focus of intervention. There was no indication of an attachment focus or of a strategy incorporating concepts of sensitivity, warmth, and responsiveness. This aspect emerged during the interview as a result of a direct question about the apparent discrepant reports of the discipline-focused strategy and the mother's striking shift in the way she engaged with her child.

There was a clear research effect insofar as some Social Workers reported becoming more aware of attachment in their work since participating in the study. One Social Worker reported being much more mindful of the attachment relationships in her mother-infant dyads, while another reported a more conscious practice of observing the interaction between mothers and infants.

Whilst this is not an undesirable outcome per se, it may have compromised the integrity of the study by limiting the ability to gauge a true idea of how attachment theory had been used by Social Workers to date.

Finally, it is acknowledged that the focus of the study was not a core feature of the work of this agency. In order to gather the necessary data, much of the work of the Social Workers in other critical aspects of the families they worked with had to be overlooked. It seems almost mean-spirited to have placed a spotlight on a feature of the agency's work that is likely to throw up divergent results due to its less urgent priority in the team. Searching through weighty files for signs of the identification of attachment, meant looking for records of one small aspect of their work. Further to this, the fact that attachment had not previously been targeted as a key area of work, made it very likely that the documentation of it did not occur as frequently or thoroughly as it would had it been.

Further research might take the form of direct observation of the Social Workers and families together, though the research effects of this are likely to be significant and bias the results. Interviews with mothers themselves would have the potential to explore their perceptions of the effect of the Social Worker-mother relationship, and could be used in conjunction with questionnaires to examine the intergenerational transmission of attachment through direct research of the mothers' adult attachment styles. Attachment research (including the current document) has somewhat neglected the father-infant relationship. Whilst the complex nature of these families would make this area of research challenging (absent fathers, step-parenting, unstable relationships) it would be a

worthwhile consideration given the emphasis of attachment research is often solely on the mother's relationship with the infant.

Conclusion

This agency is a non-government service tasked with working with infants most at risk of maltreatment. Social Workers are assigned to each family for five years, thus providing a long-term, consistent, and stable presence in the family's life.

This study provides evidence that some important work is accomplished in the area of attachment, with Social Workers acutely mindful of the critical nature of the mother-infant bond.

Research tells us that attachment styles are formed in the first three years of life, indicating a strong preference for intervention at the earliest possible point.

Further, insecure attachment, particularly disorganised attachment, can lead to poor, pervasive outcomes later in life. Families involved with this agency are likely to benefit from a Social Work team that have a working knowledge of attachment styles, how attachment and caregiving behaviours are manifested, and how to assess attachment accurately and respectfully. This would not only deepen the efficacy of the work in the mother-infant dyad, but provide a means of access to psychological interventions for identified clients, thus mitigating the chance of the formation of insecure attachment styles and the negative consequences that accompany them.

References

- Abdul Kadir, N. B., & Bifulco, A. (2013). Insecure attachment style as a vulnerability factor for depression: Recent findings in a community-based study of Malay single and married mothers. *Psychiatry Research, 210*(3), 919–24.
- Amos, J., Furber, G., & Segal, L. (2011). Understanding maltreating mothers: a synthesis of relational trauma, attachment disorganization, structural dissociation of the personality, and experiential avoidance. *Journal of Trauma & Dissociation : The Official Journal of the International Society for the Study of Dissociation (ISSD), 12*(5), 495–509.
- Amos, J., Beal, S., & Furber, G. (2012). Parent and child therapy (PACT) in action: An attachment-based intervention for a six-year-old with a dual diagnosis. *Australian and New Zealand Journal of Family Therapy, 28*(2), 61–70.
- Arnott, B., & Meins, E. (2007). Links among antenatal attachment representations, postnatal mind-mindedness, and infant attachment security: a preliminary study of mothers and fathers. *Bulletin of the Menninger Clinic, 71*(2), 132–49.
- Arnott, B., & Meins, E. (2008). Continuity in mind-mindedness from pregnancy to the first year of life. *Infant Behavior & Development, 31*(4), 647–54.
- Bacon, H., & Richardson, S. (2001). Attachment theory and child abuse: an overview of the literature for practitioners. *Child Abuse Review, 10*(6), 377–397.
- Baer, J.C. & Martinez, C.D. (2006) Child maltreatment and insecure attachment: a meta-analysis. *Journal of Reproductive and Infant Psychology, 24*, 187–197.
- Bailey, H. N., Moran, G., & Pederson, D. R. (2007). Childhood maltreatment, complex trauma symptoms, and unresolved attachment in an at-risk sample of adolescent mothers. *Attachment & Human Development, 9*(2), 139–61.
- Bakermans-Kranenburg, M. J., IJzendoorn, M. H. Van, & Kroonenberg, P. M. (2004). Differences in attachment security between African-American and white children: ethnicity or socio-economic status? *Infant Behavior and Development, 27*(3), 417–433.
- Bakermans-Kranenburg, M. J., Van IJzendoorn, M. H., & Juffer, F. (2005). Disorganized infant attachment and preventive interventions: A review and meta-analysis. *Infant Mental Health Journal, 26*(3), 191–216.
- Bandura, A., & Locke, E. a. (2003). Negative self-efficacy and goal effects revisited. *Journal of Applied Psychology, 88*(1), 87–99.

- Barnett, D., Ganiban, J., & Cicchetti, D. (1999). Maltreatment, negative expressivity and the development of Type D attachments from 12- to 24-months of age. *Monographs of the Society for Research in Child Development*, 64, 97–118.
- Belsky, J., Jaffee, S. R., Sligo, J., Woodward, L., & Silva, P. (2005). Intergenerational transmission of warm-sensitive-stimulating parenting: a prospective study of mothers and fathers of 3-year-olds. *Child Development*, 76(2), 384–96.
- Bennett, C. S. (2007). Attachment-informed Supervision for Social Work Field Education. *Clinical Social Work Journal*, 36(1), 97–107.
- Bernier, A., & Meins, E. (2008). A threshold approach to understanding the origins of attachment disorganization. *Developmental Psychology*, 44(4), 969–82.
- Bokhorst, C. L., Bakermans-Kranenburg, M. J., Fearon, R. M. P., van IJzendoorn, M. H., Fonagy, P., & Schuengel, C. (2003). The importance of shared environment in mother-infant attachment security: a behavioral genetic study. *Child Development*, 74(6), 1769–82.
- Boris, N. W., Fueyo, M., & Zeanah, C. H. (1997). The clinical assessment of attachment in children under five. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36(2), 291–3.
- Boris, N. W., Zeanah, C. H., Larrieu, J. a, Scheeringa, M. S., & Heller, S. S. (1998). Attachment disorders in infancy and early childhood: a preliminary investigation of diagnostic criteria. *The American Journal of Psychiatry*, 155(2), 295–7.
- Boris, N. W., Aoki, Y., & Zeanah, C. H. (1999). The Development of Infant-Parent Attachment: Considerations for Assessment. *Infants & Young Children*, 11(4), 1–10.
- Boris, N. W., & Zeanah, C. H. (1999). Disturbances and disorders of attachment in infancy : an overview. *Infant Mental Health Journal*, 20(1), 1–9.
- Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, 5, 759-775.
- Caldwell, J. G., Shaver, P. R., Li, C.-S., & Minzenberg, M. J. (2011). Childhood Maltreatment, Adult Attachment, and Depression as Predictors of Parental Self-Efficacy in At-Risk Mothers. *Journal of Aggression, Maltreatment & Trauma*, 20(6), 595–616.
- Carter, A S., Garrity-Rokous, F. E., Chazan-Cohen, R., Little, C., & Briggs-Gowan, M. J. (2001). Maternal depression and comorbidity: predicting early parenting, attachment security, and toddler social-emotional problems and

- competencies. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(1), 18–26.
- Cook, G. a., & Roggman, L. a. (2010). Three-generation attachment: How grandmothers and mothers contribute to children's attachment security. *Family Science*, 1(2), 112–122.
- Cooper, C. R., & Denner, J. (1998). Theories linking culture and psychology: universal and community-specific processes. *Annual Review of Psychology*, 49, 559–84.
- Cowan, P. A., Cohn, D. A., Cowan, C. P., & Pearson, J. L. (1996). Parents' attachment histories and children's externalizing and internalizing behaviors: Exploring family systems models of linkage. *Journal of Consulting and Clinical Psychology*, 64(1), 53–63. doi:10.1037//0022-006X.64.1.53
- Coyl, D. D., Newland, L. a., & Freeman, H. (2010). Predicting preschoolers' attachment security from parenting behaviours, parents' attachment relationships and their use of social support. *Early Child Development and Care*, 180(4), 499–512.
- Coyl, D. D., Roggman, L. a., & Newland, L. a. (2002). Stress, maternal depression, and negative mother-infant interactions in relation to infant attachment. *Infant Mental Health Journal*, 23(1-2), 145–163.
- Drapela, L. A., & Mosher, C. (2007). The Conditional Effect of Parental Drug Use on Parental Attachment and Adolescent Drug Use : Social Control and Social Development Model Perspectives. *Journal of Child and Adolescent Substance Abuse*, 16(3), 63-87.
- Duggan, A. K., Berlin, L. J., Cassidy, J., Burrell, L., & Tandon, S. D. (2009). Examining maternal depression and attachment insecurity as moderators of the impacts of home visiting for at-risk mothers and infants. *Journal of Consulting and Clinical Psychology*, 77(4), 788–99.
- Durie, M. (2004). Understanding health and illness: research at the interface between science and indigenous knowledge. *International Journal of Epidemiology*, 33(5), 1138–43.
- Early, N., & Care, C. (2006). Infant-mother attachment classification: risk and protection in relation to changing maternal caregiving quality. *Developmental Psychology*, 42(1), 38–58.
- Finzi, R., Cohen, O., Sapir, Y., & Weizman, A. (2000). Attachment styles in maltreated children: a comparative study. *Child Psychiatry and Human Development*, 31(2), 113–28.

- Fonagy, P., Steele, H., & Steele, M. (1991a). Maternal representations of attachment during pregnancy predict the organization of infant-mother attachment at one year of age. *Child Development*, 62(5), 891–905.
- Fonagy, P., Steele, H., Steele, M., Moran, G., Higgitt, A. (1991b). The capacity for understanding mental states: the reflective self in prent and child and its significance for security of attachment. *Infant Mental Health Journal* 12 (3), 201-218.
- Fonagy, P., Gergely, G., & Target, M. (2007) The parent-infant dyad and the construction of the subjective self. *Child Psychology and Psychiatry*, 48(3/4), 288-328.
- Gergen, K. J., Gulerce, A., Lock, A., & Misra, G. (1996). Psychological science in cultural context. *American Psychologist*, 51(5), 496–503.
- Glaser, D. (2001). Attachment and Child Protection. *Child Abuse Review*, 10(6), 371–375.
- Goodman, G., Hans, S.L., & Cox, S.M. (1999). Attachment behavior and its antecedents in offspring born to methadone-maintained women. *Journal of Clinical Child Psychology* 28(1), 58-69.
- Goodman, G., Hans, S. L., & Bernstein, V. J. (2005). Mother expectation of bother and infant attachment behaviors as predictors of mother and child communication at 24 months in children of methadone-maintained women. *Infant Mental Health Journal*, 26(6), 549–569.
- Hautamaki, A., Hautamaki, L., Neuvonen, L., & Maliniemi-Piispanen, S. (2010). Transmission of attachment across three generations. *European Journal of Developmental Psychology*, 7(5), 618–634.
- Hayes, L. J., Goodman, S. H., & Carlson, E. (2013). Maternal antenatal depression and infant disorganized attachment at 12 months. *Attachment & Human Development*, 15(2), 133–53.
- Heinicke CM, Goorsky M, Levine M, Ponce V, Ruth G, Silverman M, et al. Pre- and postnatal antecedents of a home-visiting intervention and family developmental outcome. *Infant Mental Health Journal*. 2006; 27:91–119.
- Hobfoll, S. E., Jackson, A., Hobfoll, I., Pierce, C. a, & Young, S. (2002). The impact of communal-mastery versus self-mastery on emotional outcomes during stressful conditions: a prospective study of Native American women. *American Journal of Community Psychology*, 30(6), 853–71.
- Hooper, L. M. (2007). The Application of Attachment Theory and Family Systems Theory to the Phenomena of Parentification. *The Family Journal*, 15(3), 217–223.

- Howe, D., Dooley, T., & Hinings, D. (2000). Assessment and decision-making in a case of child neglect and abuse using an attachment perspective. *Child & Family Social Work, 5*(2), 143–155.
- Hubbs-Tait, L., Page, M. C., Huey, E. L., Starost, H., McDonald, A., Culp, R. E., & Harper, M. E. (2006). Parenting quality : Confirmation of a higher-order latent construct with mothers of Head Start children. *Early Childhood Research Quarterly, 21*, 491–506.
- Huriwai, T., Robertson, P. J., Armstrong, D., Huata, P. (2001). Whanaungatanga – a process in the treatment of Maori with alcohol- and drug-use related problems. *Substance Use & Misuse 36*(8), 1033–1051.
- Huriwai, T. (2002). Re-Enculturation: Culturally Congruent Interventions for Māori With Alcohol- and Drug-Use-Associated Problems in New Zealand. *Substance Use & Misuse, 37*(8-10), 1259–1268. doi:10.1081/JA-120004183
- Huth-Bocks, A. C., Levendosky, A. A., Theran, S. A., & Bogat, G. A. (2004). The impact of domestic violence on mothers' prenatal representations of their infants, *25*(May 2001), 79–98.
- Jackson, J. F. (1993). Multiple caregiving among African Americans and infant attachment: The need for an emic approach. *Human Development, 36*, 87–102.
- Johnson, L. N., Ketring, S. A., & Abshire, C. (2003). The revised inventory of parent attachment : measuring attachment in families. *Contemporary Family Therapy 25* (3), 333–349.
- Jones, A. (2006). Levels of change in parent–infant psychotherapy. *Journal of Child Psychotherapy, 32*(3), 295–311.
- Juffer, F., Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2005). The importance of parenting in the development of disorganized attachment: evidence from a preventive intervention study in adoptive families. *Journal of Child Psychology and Psychiatry, and Allied Disciplines, 46*(3), 263–74.
- June, I. W., Zeanah, C. H., Boris, N. W., Heller, S. S., Hinshaw-fuselier, S., Larrieu, J. A., ... Valliere, J. (1997). Relationship Assessment in Infant Mental Health, *18*(2), 182–197.
- Kadir, N.B., & Bifulco, A. (2013). Insecure attachment style as a vulnerability factor for depression: Recent findings in a community-based study of Malay single and married mothers. *Psychiatry Research, 210*(3), 919–24.
- Kalinauskiene, L., Cekuoliene, D., Van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Juffer, F., & Kusakovskaja, I. (2009). Supporting insensitive mothers: the Vilnius randomized control trial of video-feedback intervention to

- promote maternal sensitivity and infant attachment security. *Child: Care, Health and Development*, 35(5), 613–23.
- Kay, C., & Green, J. (2013). Reactive attachment disorder following early maltreatment: systematic evidence beyond the institution. *Journal of Abnormal Child Psychology*, 41(4), 571–81.
- Koren-Karie, N., Oppenheim, D., Dolev, S., Sher, E., & Etzion-Carasso, A. (2002). Mother's insightfulness regarding their infants' internal experience: Relations with maternal sensitivity and infant attachment. *Developmental Psychology*, 38(4), 534–542.
- Koren-Karie, N., Oppenheim, D., & Getzler-Yosef, R. (2008). Shaping children's internal working models through mother-child dialogues: the importance of resolving past maternal trauma. *Attachment & Human Development*, 10(4), 465–83.
- Landrine, H. (1992). Clinical implications of cultural differences: The referential versus the indexical self. *Clinical Psychology Review*, 12(4), 401–415.
- Laurent, H. K., Kim, H. K., & Capaldi, D. M. (2008). Prospective effects of interparental conflict on child attachment security and the moderating role of parents' romantic attachment. *Journal of Family Psychology : JFP : Journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, 22(3), 377–88.
- Lee, S. M., Kaufman, R. L., & George, C. (2009). Disorganized Attachment in Young Children: Manifestations, Etiology, and Implications for Child Custody. *Journal of Child Custody*, 6(1-2), 62–90.
- Levendosky, A. a., Bogat, G. A., & Huth-Bocks, A. C. (2011). The influence of domestic violence on the development of the attachment relationship between mother and young child. *Psychoanalytic Psychology*, 28(4), 512–527.
- Lieberman, A., Zeanah, C., & McIntosh, J. (2011). Attachment Perspectives on Domestic Violence and Family Law. *Family Court Review*, 49(3), 529–538.
- Loper, A.B., and Tuerk, E.H. (2010) Improving the emotional adjustment and communication patterns of incarcerated mothers: effectiveness of a prison parenting intervention. *Journal of Child and Family Studies*, 20, 89-101.
- Lyons-Ruth, K. (1996). Attachment relationships among children with aggressive behavior problems: the role of disorganized early attachment patterns. *Journal of Consulting and Clinical Psychology*, 64(1), 64–73.
- Lyons-Ruth, K., Easterbrooks, M. a, & Cibelli, C. D. (1997). Infant attachment strategies, infant mental lag, and maternal depressive symptoms: predictors

- of internalizing and externalizing problems at age 7. *Developmental Psychology*, 33(4), 681–92.
- Lyons-Ruth, K., & Spielman, E. (2004). Disorganized Infant Attachment Strategies and Helpless-Fearful Profiles of Parenting: Integrating Attachment Research With Clinical Intervention. *Infant Mental Health Journal*, 25(4), 318–335.
- Macfarlane, A. H., Macfarlane, S. H., & Blampied, N. (2011). Blending the clinical and the cultural : a framework for conducting formal psychological assessment in bicultural settings. *New Zealand Journal of Psychology*, 40(2), 5–15.
- Marotta, S. A. (2002). An Ecological View of Attachment Theory: Implications for Counseling. *Journal of Counseling & Development*, 80(4), 507–510.
- Martins, C., & Gaffan, E. A. (2000). Effects of Early Maternal Depression on Patterns of Infant – Mother Attachment : A Meta-analytic Investigation. *Journal of Child Psychology and Psychiatry*, 41 (6), 737–746.
- Mauri Ora Associates (2006). Best Health Outcomes for Maori: Practice Implications. Medical Council of New Zealand.
- McElwain, N. L., Holland, A. S., Engle, J. M., & Wong, M. S. (2012). Child anger proneness moderates associations between child-mother attachment security and child behavior with mothers at 33 months. *Journal of Family Psychology : JFP : Journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, 26(1), 76–86.
- McMahon, C. a, Barnett, B., Kowalenko, N. M., & Tennant, C. C. (2006). Maternal attachment state of mind moderates the impact of postnatal depression on infant attachment. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 47(7), 660–9.
- McMillen, J. C. (1992). Attachment theory and clinical social work. *Clinical Social Work Journal*, 20(2), 205–218.
- Ministry of Social Development. (2006). Children at increased risk of death from maltreatment and strategies for prevention. Wellington: Ministry of Social Development.
- Moss, E., Dubois-Comtois, K., Cyr, C., Tarabulsy, G. M., St-Laurent, D., & Bernier, A. (2011). Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment, and behavioral outcomes for maltreated children: a randomized control trial. *Development and Psychopathology*, 23(1), 195–210.
- Muller, R. T., & Lemieux, K. E. (2000). Social support, attachment, and psychopathology in high risk formerly maltreated adults. *Child Abuse & Neglect*, 24(7), 883–900.

- Nagata, M., Nagai, Y., Sobajima, H., Ando, T., & Honjo, S. (2003). Depression in the mother and maternal attachment--results from a follow-up study at 1 year postpartum. *Psychopathology, 36*(3), 142–51.
- Obegi, J. H. (2004). Exploring intergenerational transmission of attachment style in young female adults and their mothers. *Journal of Social and Personal Relationships, 21*(5), 625–638.
- Olson-Morrison, D. (2009). D. Oppenheim and D. Goldsmith (eds): Attachment Theory in Clinical Work with Children: Bridging the Gap Between Research and Practice. *Clinical Social Work Journal, 38*(1), 150–152.
- Osofsky, J.D. (1992). Affective Development in early relationships: Clinical applications. *Interface of Psychoanalysis and Psychology, 233-244*.
- Padykula, N. L., & Conklin, P. (2009). The Self Regulation Model of Attachment Trauma and Addiction. *Clinical Social Work Journal, 38*(4), 351–360.
- Pasco Fearon, R. M., & Belsky, J. (2011). Infant-mother attachment and the growth of externalizing problems across the primary-school years. *Journal of Child Psychology and Psychiatry, and Allied Disciplines, 52*(7), 782–91.
- Patton, M. (2002). Qualitative research and evaluation methods. Thousand Oaks CA: Sage Publications.
- Perry, B. D. (2001). Bonding and attachment in maltreated children. *The Child Trauma Academy*
- Pitama, S., Robertson, P., Cram, F., Gillies, M., Huria, T., & Dallas-Katoa, W. (2007). Meihana Model: Clinical Assessment & Framework. *New Zealand Journal of Psychology, 36*(3) 118-125
- Raikes, H. A., & Thompson, R. A. (2005). Efficacy and social support as predictors of parenting stress among families in poverty. *Infant Mental Health Journal, 26*(3), 177–190.
- Robinson, J., & Emde, R. N. (2004). Mental health moderators of Early Head Start on parenting and child development: Maternal depression and relationship attitudes. *Parenting: Science and Practice, 4*, 73–97.
- Robinson, L., Sheffield Morris, A., Scott Heller, S., Scheeringa, M.S., Boris, N.W., Smyke, A.T. (2009). Relations Between Emotion Regulation, Parenting, and Psychopathology in Young Maltreated Children in Out of Home Care. *Journal of Child & Family Studies, 18*, 421-434
- Robinson, L. R., Boris, N. W., Heller, S. S., Rice, J., Zeanah, C. H., Clark, C., & Hawkins, S. (2011). The Good Enough Home? Home Environment and Outcomes of Young Maltreated Children. *Child & Youth Care Forum, 41*(1), 73–88.

- Rodriguez, C. M., & Tucker, M. C. (2011). Behind the Cycle of Violence, Beyond Abuse History: A Brief Report on the Association of Parental Attachment to Physical Child Abuse Potential. *Violence and Victims, 26*(2), 246–256.
- Rohner, R. P., & Britner, P. A. (2002). Worldwide Mental Health Correlates of Parental Acceptance-Rejection: Review of Cross-Cultural and Intracultural Evidence. *Cross-Cultural Research, 36*(1), 16–47.
- Rohner, R. P., Khaleque, A., & Cournoyer, D. E. (2005). Parental Acceptance-Rejection: Theory, Methods, Cross-Cultural Evidence, and Implications. *Ethos, 33*(3), 299–334.
- Salter, E., & Stallard, P. (2008). The Psychological Impact of Traumatic Events on Children. *Psychological Injury and Law, 1*(2), 138–146.
- Schechter, D.S., Coates, S.W., Kammer, T., Coots, T., Zeanah, C., Davies, M., ...Myers, M.M. (2008): Distorted Maternal Mental Representations and Atypical Behavior in a Clinical Sample of Violence-Exposed Mothers and Their Toddlers, *Journal of Trauma & Dissociation, 9*:2, 123-147
- Schechter, D. S., Willheim, E., Hinojosa, C., Scholfield-Kleinman, K., Turner, J. B., McCaw, J., ... Myers, M. M. (2010). Subjective and objective measures of parent-child relationship dysfunction, child separation distress, and joint attention. *Psychiatry, 73*(2), 130–44.
- Schore, A.N. (2009). Relational trauma and the developing right brain: an interface of psychoanalytic self-psychology and neuroscience. *Annals of New York Academy of Sciences (1159)*, 189-203.
- Schore, J. R. (2008). The good-enough social worker. *Journal of Analytic Social Work, 4* (1), 37–41.
- Schuengel, C., Bakermans-Kranenburg, M. J., & Van IJzendoorn, M. H. (1999). Frightening maternal behavior linking unresolved loss and disorganized infant attachment. *Journal of Consulting and Clinical Psychology, 67*(1), 54–63.
- Segal, E. (2012). Beyond the Pale of Psychoanalysis: Relational Theory and Generalist Social Work Practice. *Clinical Social Work Journal, 41*(4), 376–386.
- Seifer, R., LaGasse, L. L., Lester, B., Bauer, C. R., Shankaran, S., Bada, H. S., ... Liu, J. (2004). Attachment status in children prenatally exposed to cocaine and other substances. *Child Development, 75*(3), 850–68.
- Shah, P. E., Fonagy, P., & Strathearn, L. (2010). Is attachment transmitted across generations? The plot thickens. *Clinical Child Psychology and Psychiatry, 15*(3), 329–45.

- Sharp, C., Fonagy, P., & Goodyer, I.M. (2006). Imagining your child's mind : Psychosocial adjustment and mothers' ability to predict their children's attributional response styles. *British Journal of Developmental Psychology*, 24, 197-214.
- Shemmings, D., Shemmings, Y., & Cook, A. (2012). Gaining the trust of "highly resistant" families: insights from attachment theory and research. *Child & Family Social Work*, 17(2), 130-137.
- Shin, H., Park, Y.J., Ryu, H., & Seomun, G.A. (2008). Maternal sensitivity: a concept analysis. *Journal of Advanced Nursing*, 64(3), 304-14.
- Shmueli-Goetz, Y., Target, M., Fonagy, P., & Datta, A. (2008). The Child Attachment Interview: a psychometric study of reliability and discriminant validity. *Developmental Psychology*, 44(4), 939-56.
- Sibley, C. G. (2007). The association between working models of attachment and personality: Toward an integrative framework operationalizing global relational models. *Journal of Research in Personality*, 41(1), 90-109.
- Siegel, D. J. (2006). Attachment and self-understanding: parenting with the brain in mind. *Psychotherapy in Australia* 12(2), 26-32.
- Simpson, G. A., Williams, J. C., & Segall, A. B. (2006). Social Work Education and Clinical Learning. *Clinical Social Work Journal*, 35(1), 3-14.
- Singer, L. T., Arendt, R. A., Minnes, S., Farkas, K., & Salvator, A. (2000). Neurobehavioral outcomes of cocaine-exposed infants. *Neurotoxicology and Teratology*, 22, 653-666.
- Slade, A., Grienenberger, J., Bernbach, E., Levy, D., & Locker, A. (2005). Maternal reflective functioning, attachment, and the transmission gap: a preliminary study. *Attachment & Human Development*, 7(3), 283-98.
- Spieker, S., Nelson, D., DeKlyen, M., & Staerkel, F. (2005). Enhancing early attachments in the context of Early Head Start: Can programs emphasizing family support improve rates of secure infant-mother attachments in low-income families? In L. J. Berlin, Y. Ziv, L. Amaya-Jackson, & M. T. Greenberg (Eds.), *Enhancing early attachments: Theory, research, intervention and policy* (pp. 250-275). New York: Guilford.
- Sroufe, L. A., & Fleeson, J. (1988). The coherence of family relationships. In R. A. Hinde & J. Stevenson-Hinde (Eds.), *Relationships within families: Mutual influences* (pp. 27-47). Oxford, England: Oxford University Press.
- Stubenbort, K., Cohen, M. M., & Trybalski, V. (2007). The Effectiveness of an Attachment-focused Treatment Model in a Therapeutic Preschool for Abused Children. *Clinical Social Work Journal*, 38(1), 51-60.

- Suchman, N., Decoste, C., Castiglioni, N., Legow, N., & Mayes, L. (2008). The mothers and toddlers program: Preliminary Findings From an Attachment-Based Parenting Intervention for Substance-Abusing Mothers. *Psychoanalytic Psychology: The Official Journal of the Division of Psychoanalysis, American Psychological Association, Division 39, 25(3)*, 499–517.
- Suchman, N., Pajulo, M., Decoste, C., & Mayes, L. (2006). Parenting Interventions for Drug-Dependent Mothers and Their Young Children: The Case for an Attachment-Based Approach. *Family Relations, 55(2)*, 211–226.
- Teti, D. M., Gelfand, D. M., Messinger, D. S., & Isabella, R. (1995). Maternal depression and the quality of early attachment: An examination of infants, preschoolers, and their mothers. *Developmental Psychology, 31(3)*, 364–376.
- Toth, S.L., Rogosch, F.A., Manly, J.T., & Cicchetti, D. (2006). The efficacy of toddler-parent psychotherapy to reorganize attachment in the young offspring of mothers with major depressive disorder: a randomized preventive trial. *Journal of Consulting and Clinical Psychology 74(6)* 1006-1016.
- Tronick, E.Z. (1989). Emotions and emotional communication in infants. *American Psychologist, 44*, 112–119.
- Tuerk, E.H., and Loper, A.B. (2006) Contact between incarcerated mothers and their children: assessing parenting stress. *Journal of Offender Rehabilitation, 43*, 23-43.
- Van IJzendoorn, M. H. (1995). Adult attachment representations, parental responsiveness, and infant attachment: a meta-analysis on the predictive validity of the Adult Attachment Interview. *Psychological Bulletin, 117(3)*, 387–403.
- Van IJzendoorn, M. H., Juffer, F., & Duyvesteyn, M. G. (1995). Breaking the intergenerational cycle of insecure attachment: a review of the effects of attachment-based interventions on maternal sensitivity and infant security. *Journal of Child Psychology and Psychiatry, and Allied Disciplines, 36(2)*, 225–48.
- Wan, M. W., & Green, J. (2009). The impact of maternal psychopathology on child-mother attachment. *Archives of Women's Mental Health, 12(3)*, 123–34.
- Washington, K. T. (2008). Attachment and alternatives: theory in child welfare research. *Advances in Social Work, 9(1)*, 8–16.
- Yaman, A., Mesman, J., van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., & Linting, M. (2010). Parenting in an Individualistic Culture with a Collectivistic Cultural Background: The Case of Turkish Immigrant Families with Toddlers in the Netherlands. *Journal of Child and Family Studies, 19(5)*, 617–628.

- Zeanah, C.H., Boris, N., Heller, S., Hinshaw-Fuselier, S., Larrieu, J., ...Valliere, J. (1997). Relationship assessment in infant mental health. *Infant Mental Health Journal* 18 (2) 182-197.
- Zeanah, C. H., Boris, N. W., & Larrieu, J. a. (1997). Infant development and developmental risk: a review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36(2), 165-78.
- Zeanah, C. H., Scheeringa, M., Boris, N. W., Heller, S. S., Smyke, A. T., & Trapani, J. (2004). Reactive attachment disorder in maltreated toddlers. *Child Abuse & Neglect*, 28(8), 877-88.
- Zeanah, C. H. (2008). Observational procedures and psychopathology in young children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47(6), 611-3.
- Zeanah, C. H., & Smyke, A. T. (2008). Attachment disorders in family and social context. *Infant Mental Health Journal* 29(3), 219-233.
- Zilberstein, K., & Messer, E. A. (2007). Building a Secure Base: Treatment of a Child with Disorganized Attachment. *Clinical Social Work Journal*, 38(1), 85-97.

Appendix A

University of Canterbury Private Bag 4800, Christchurch 8140, New Zealand.
www.canterbury.ac.nz E S

HUMAN ETHICS COMMITTEE

Secretary, Lynda Griffioen
Email: human-ethics@canterbury.ac.nz

Ref: HEC 2012/144

8 October 2012

Mary O'Donoghue
Department of Psychology
UNIVERSITY OF CANTERBURY

Dear Mary

The Human Ethics Committee advises that your research proposal "Early identification of mother-child attachment styles: an exploratory analysis of social work screening in a [REDACTED]-based early intervention agency ([REDACTED]) and implications for practice" has been considered and approved.

Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 2 October 2012.

Best wishes for your project.

Yours sincerely

pp

Lindsey MacDonald
Chair
University of Canterbury Human Ethics Committee

Appendix B

Document Analysis

Background Information

Social Issues

- a) Family:
- b) Housing:
- c) Finance:
- d) Relationships:

Risk Factors

- a) Mental Health/Stressors:
- b) Alcohol and Drugs
- c) Violence and Abuse
- d) Care and Protection:
- e) Avoidance of Contact
- f) Health and Safety:

Protective Factors

- a) Willingness to change:
- b) Involvement in programmes actively reducing risk factors:
- c) Tangible Positive Changes:
- d) Positive Family/Whanau Relationships:

Specific Child Factors:

Agency

- a) Positive Inter-agency Relationships:
- b) Negative/Difficult Inter-agency Relationships:

Client-Social Worker Relationship

- a) Degree of engagement:
- b) Level of Connection:
- c) Trust and Rapport:
- d) Scope of Practice:

Caregiver-Infant Relationship

- a) Positive Interactions/Attributions/Observations:
- b) Negative Interactions/Attributions/Observations:
- c) Neutral/Ambivalent Descriptors:

Appendix C

SOCIAL WORK INTERVIEWS

QUESTIONS – GENERAL:

Demographic data:

- age
- ethnicity
- time in profession

How long have you been at [REDACTED]?

Can you tell me a little bit about your professional experience/social work background? (Include professional training).

Have you had any professional development at [REDACTED]? If so what was that?

How would you describe your role at [REDACTED]?

What do you see is the purpose of [REDACTED] and what you do with your clients?

Are there things you would like to do but haven't been able at [REDACTED]

What's your philosophy/kaupapa of Social Work?

Have you come across the concept of attachment?

Whereabouts? Have you used it? In what context?

QUESTIONS – SPECIFIC:

Purpose and Intent:

These will focus on gathering more specific information about each case that has been analysed for each social worker. The process will be one based on a strengths model and will be aimed at adding to the detail and richness of information about processes, relationships, interventions, and knowledge of each social worker and their identified family. It will endeavour to more fully understand and enrich the overall picture of practice rather than challenge or critique it.

The interviews are aimed at being a positive experience for the social workers and to affirm their current practice while building a picture of possible gaps in knowledge, training, and experience, the intention being to identify and highlight areas for professional development and agency change.