The interplay between attachment and resilience in adolescents with sebd

The Interplay between Attachment and Resilience in Adolescents with sebd

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Abstract

Background: Investigations into young people with Social Emotional and Behavioural Difficulties (SEBD), shows an enormous number of these young people, growing up in adverse circumstances, some grow into competent, sociable, productive adults, whilst others do not (Atwool; 2006; Harvey & Deifabbro, 2004). What is not as clear is what individual differences account for the way in which they handle their disadvantages and risks; what makes some young people more resilient than others; and what role (if any) does their attachment have on the way in which they manage their SEBD, when they are at school and in relation to the world in which they reside?

Aim: In order to explore these questions further, two studies were designed with the aim of investigating the impact of insecure attachment in relation to the resilience on young people who were experiencing SEBD.

Study 1: The twenty five participants in study 1 (the comparison group) were aged 14 to 18 years old, and came from a secondary school in the West Midlands. The comparison group participants completed the Resiliency Scale for Children and Adolescents (RSCA) (Prince-Embury, 2013).

Findings: Young people in the target and comparison groups scored in the low bands for the Sense of Mastery (MAS) and Sense of Relatedness (REL) categories, the differences between them were insignificant. The Emotional Reactivity (REA) category, differed somewhat in that the target group scored comparatively higher than the comparison group.

Study 2: To expand on the findings of study 1, Study 2 explored the nature of young people's SEBD in relation to how they manage their close relationships. Study 2 consisted of eight, participants with Social, Emotional and Behavioural Difficulties, from the same school as the comparison group. Participants were first asked to complete the same resiliency scale, as their peers from the comparison group. Participants then individually, took part in the Attachment Style Interview (ASI) (Biffulco 2010), which explored and captured their experiences.

Findings: A detailed account of their relationships showed that the attachment style, which is derived from their ability to make and maintain relationships had an impact on how they managed their SEBD interactions with others. The presence of any insecure style co-occurred with poor support, low self-esteem and childhood adversity. Severe anxiety and anxiety and depression co-occurred with insecurity, whilst less severe anxiety although presented as insecure in attachment showed a milder level of security, when the ability to make and maintain relationships was slightly higher. Anxiety when the ability to make and maintain relationships was much higher showed a clearly secure attachment and was significantly related to positive parental relationships and positive support.

Chapter 1
Introduction

1.1 Setting the Scene: The Story behind the Research

My personal experience from a very young age has created the foundations of this research. My narrative is entwined in this study; it is one of birth, of death and all the struggles and tribulations in between. The narratives of the young lives that are present in the study are ones that have also experienced such tribulations, have been scarred from early on, only for it to impact again and again, to form or not form into something that they can or cannot handle, through their resilient state.

Searching literature on the current climate of adolescent's lives, brought up a staggering amount of coverage on SEBD. It was everywhere TV, papers, and my literature research revealed an equal interest from both a social and psychological perspective which fuelled my interest further. A study which encompassed Rogerian values was developed whilst also using methodologies that fit with current research advances and expectations was crucial. After much deliberation and extensive literature searches, the Attachment Style Interview for Adolescents (ASI-AD) (Bifulco, 2010) and the Resiliency Scales for Children and Adolescents (RSCA) (Prince-Embury 2006), were decided upon. It was important to this investigation, that the experiences of young lives were captured and reflected upon, within the context of an attachment framework. I realised that as a trainee counselling psychologist, I had an opportunity to merge my own experiences into something useful that was current and which as I began to research, revealed a gap-SEBD in relation to attachment and resilience. I realised also how little, with respect to research, I knew about it all.

1.2 Adolescent Mental Health and SEBD

The House of Commons briefing paper published on the 4th September 2018, "Mental Health Policy in England" (Parkin, 2018), referred to achieving an equal commitment, which was referred to as "parity of esteem" (Parkin, 2018:1) between mental health and physical health, with equal access to services, allocation of resources and quality of care. The prevalence of mental health issues amongst children and adolescents has long been

on the rise (House of Commons Health Committee, HCHC, 2014), both globally (World Health Organisation, (WHO), (2006) and in the UK, (Fink et al, 2015; Green et al 2005; Mental Health Federation, 1999). Despite this, mental health services for children and adolescents continue to suffer from the ongoing financial cuts (Fink et al, 2015; McNelly, 2015). The direct impact of this is the increasing number of children and adolescents suffering from mental health difficulties, which are not being supported adequately.

Children and adolescents with Special Educational Needs (SEN) should have access to mainstream schooling (Frederickson & Cline, 2009). In recent years SEBD, has become one of the fastest growing areas within SEN (House of Commons, 2006). In (2010) the House of Commons Education committee published a document on the behaviour and Discipline in schools. In this report the term SEBD's was identified as a label with a "heterogeneous group of problems". It was inferred the description and nature of SEBDs did not lend itself to an easy assessment of distinguishing such a difficulty, which could lead to a number of difficulties for both teaching staff and pastoral care within any school. According to Mars et al (2014), "schools can find themselves in a catch-22 situation, struggling to both manage classroom behaviour and nurture the students in their care". Low levels of academic achievement (Reid et al, 2004), the short-term implications of academic under attainment and long term implications for mental health (Ekins 2010; McEvoy and Welker 2000), and co-morbidity with depression (Rowe, Maughan and Eley, 2006) are just some of the vast areas of research in the area of SEBD that continue to show rising concerns for young people categorised with this difficulty.

1.2.1 What are Social, Emotional and Behavioural Difficulties (SEBD)?

SEBD is a label, used to describe a cluster of behavior's that are present within an individual, where their behaviour and or emotions are adversely affected. According to Heward (2013), these norms can be categorised into two dimensions; externalising and internalising, having a major impact on children's social relationships and academic achievements. Externalising behavior's include excessive arguing, ignoring teachers, walking out of class, whereas internalising is the opposite, when a child could almost be missed or their behaviour misinterpreted as self-sufficient (Geddes 2003). Internalizing behaviour can have major impact on the child's development, encroaching on their ability to make friends and engage in activities, and importantly have fun, with children of

their own age. Copper (2008) highlights a significant concern in identifying SEBD and describes it as not a simple task. He draws upon the important relationship between contextual, biological and psychological factors that contribute to the individual's way of functioning with SEBD. According to the medical model, the biological imbalances presented in an individual provide an explanation (Barkley, Cook and Diamond; 2003). However, without considering their social and cultural background and their connectedness to others, this could be extremely limiting to both the individual and to our understanding as psychologists. It is important that to understand human development, an individual's entire ecological system must be taken into consideration, (Bronfenbrenner, 1994). The qualities and dynamics existing within the individual are of paramount importance when considering the identification of young people with SEBD. Jeremy Swinson, educational psychologist and honorary lecturer in educational psychology at Liverpool John Moores University, has written extensively on the importance of moving away from the idea of 'diagnosing' young people with SEBD, where there is the danger of a young person becoming further stigmatized. Instead he alerts us to focus on the nature of the inherent qualities that underpin the concepts of SEBD, where the emotions and behaviours of young people are seen within a context of the wholeness of their lives, (Swinson et al, 2003; Swinson; 2008).

This seems to be important when considering children and young people with SEBD, as these children are involved in more than one microsystem (community), for example within school, within home, within the community and they are therefore influenced by each of these microsystems (Laluvein, 2007). It is these essential attributes of life that according to, Bronfenbrenner (1994) that "guide and support human growth", they therefore cannot be viewed in an isolated manner, viewing for example the child only as the problem, but must be taken into consideration as interactions of the larger environment, (Paquette and Ryan, 2001). In the current study the larger environment refers to the young person's home and school life. To understand the impact of SEBD in these young people, it is important to understand where they come from, impact of attachment and how it plays out in their relationship.

1.2.2 The Current Provision for Pupils with SEBD in Schools

Children and adolescents with SEBD have been identified as being difficult to include within mainstream settings, (Burton et al, 2009). Up to one in five young people in the general population will have an emotional or behavioural disorder at some point in their childhood (Bayer and Sanson, 2003). According to Botha and Kourkoutas (2015, p22) "many school children throughout the world who exhibit antisocial or destructive behaviour or who have SEBD do not receive the support they need" they go on to say that collaborative support is needed to counter this. They acknowledge the importance of positive teacher input but also emphasize the significance of professionals outside the framework of inclusive education. They argue the benefits of adopting "community of practice model", with the aim of helping these young minds to acquire the "social capital they need to engage meaningfully at school and in their future lives".

The term SEBD, in the current research refers to the social, emotional and behavioural difficulties which severely impact a child's learning, their social functioning and their development, whilst also impacting that of their peers negatively and that requires additional support to help them with the difficulties they are experiencing due to the impact of the SEBD.

1.3 Attachment

It is argued that that secure children grow up to be secure adults, whereas the development of an insecure attachment has shown to have a negative on-going impact on an individual throughout their lifespan (Bowlby 1973, 1980, Ainsworth 1989). Attachment is a well-established theory for explaining and understanding the relationship between a child and a parent (Bowlby 1973, 1980, Ainsworth 1986, 1989). It is the cognitive representation of self that guides expectations of others, and own thoughts, feelings, and behaviour in relation to others be it their child, parent or life partner. In 1944 Bowlby wrote an article called Forty-Four Juvenile Thieves, which came about after his work in a progressive school for delinquent boys, where his interest in childhood experiences first occurred. Bowlby's theory of attachment described the impact of a child's separation from their mother on social and emotional development. He suggests children are biologically pre-programmed to form attachments, which is based on their need for survival. He used the term maternal deprivation to refer to, the failure to develop an attachment and to the separation or loss of the primary caregiver, usually the

mother (Bowlby 1969). His underlying assumption was that the continual disruption of the attachment between the infant and their primary caregiver, could lead to long term cognitive, social and emotional difficulties. The concept that attachment relationships continue to be important throughout one's lifespan, is the basic principle of attachment theory, from ""from the cradle to the grave" (Bowlby, 1979, p. 129). According to Bowlby (1979) a general style of attaching is developed during early years. Establishing an attachment style from this age, the youngster will unconsciously apply this style or "state of mind" to later adult relationships (Hazan et al, 1994; Miluliner and Shover, 2012). Although it has long been established that attachment problems may predispose future problems in a child's development, in more recent years research had challenged the idea that attachment remains the same throughout ones entire life, (Schaffer and Emerson, 1964; Geddes 2003; Rose and Parker 2014).

1.3.1 Personality Development: Internal Working Models

The capacity to regulate emotions, to learn and form satisfying relationships, is significantly influenced by early care-giving, which has a massive long-lasting impact on the overall development of any individual child (Siegel 2012). A caregiver, by providing a 'secure base' promotes security in the infant, which allows them to develop and explore their unique environment, whilst developing a sense of autonomy and self-efficacy. According to Bowlby (1969), the attachment relationship leads to the development of an internal working model; the main caregiver acts as a prototype for future relationships. There are three main features of the internal working model: (1) a model of others as being trustworthy, (2) a model of the self as valuable, and (3) a model of the self as effective when interacting with others. Internal working models are internalised cognitive representations of the early experiences, both mentally and physically that a child has with their caregiver. A secure attachment supports mental processes that enable individuals to regulate emotions, have understanding and insight, reduce fear, attune to others, have empathy for others and can appropriately use moral reasoning; it is these prototypes that form the archetype for all later relationships. It is how we learn to deal with what to do if we are scared, or how to ask for help when we experience difficulty. If we learn positive ways to do this as children, developing 'reflective functioning' or 'mentalising behaviour' the chances are as adults we will use the same ways, the same internal working model' to elicit what we need (Fonagy et al, 2002). These different

styles of seeking out help and obtaining what we need constitute the attachment process. If we however through our interactions with our early caregivers find negative ways to deal and regulate our emotions and how we respond to the world around us, and have not been given opportunities to find other ways to deal with these through from other adults in our lives, this will equally impact on how we elicit what we need.

Ainsworth et al (1969), pioneered an experimental paradigm designed to explore individual differences in attachment, known as the Strange Situation Procedure (SSP). Their observations deduced that there were three major styles of attachment, 'secure', 'anxious' and 'avoidant'. A secure attachment develops when a caregiver responds effectively, in a sensitive and affectionate way, to the needs of the child. Anxious attachment develops when the response of the caregiver is inconsistent to the child eliciting, impulsive, and tense and attention seeking type behavior's, inducing a sense of helplessness. Avoidant attachment develops when caregivers, are unresponsive to the child's needs, they are detached from them and lack emotional expression towards their child. The child themselves appear emotionally detached, appearing hostile, lacking empathy and displaying hostile behaviour. A fourth attachment style was later added by Main and Solomon (1986), 'disorganised- insecure attachment, which was characterised by the child's mixed response to their caregiver's absence. In addition, to this a 'dual attachment' style was introduced when individuals showed both anxious and avoidant styles of relating (Crittenden, 1992). This research has created a catalogue of interest and knowledge on the consequences of childhood attachment (Hazer and Shaver, 1994; O'Connor and Rutter, 1999)

Significant work on attachment theory has taken place since its founding. Research allowed a revision of theory and acknowledges that multiple attachments can occur, throughout the lifespan (Geddes 2009; Rose and Parker 2014; Schaffer and Emerson, 1964). Rutter (1979) argued that a number of other persons could be attachment figures other than the mother; such as the father, siblings, peers and even inanimate objects. He also argued that it wasn't physical separation but the disruption of the attachment, which leads to deprivation. This was also supported by Radke-Yarrow (1985), who found that 52% of children whose mothers suffered from depression were insecurely attached. This figure raised to 80% when this occurred in a context of poverty

(Lyons-Ruth et al, 1990). This highlights the importance of other factors, such as social interactions which he argues; Bowlby did not take into consideration. He ascertains that with significant emotional care after a separation, deprivation could be avoided.

1.4 Psychological Resilience

"The forces of fate that bear down on man and threaten to break
him also have the capacity to enable him"
(Frankl, 1984)

According to, Norris and Sloane (2007) at least 90% of us will at some point experience at least one serious traumatic event in our lives be it domestic violence, child abuse, sudden death of a loved one, a deliberating disease, violent crime, natural disaster or war. For adolescents with SEBD the likely hood of a significant life trauma having occurred during the crucial early years in their development is extremely likely. Research suggests that resilience is multidimensional, dynamic in nature and extremely complex (Bonanno, 2004; 2005; Carver, 1998; Layne et al, 2007; Luthar et al, 2000; Rutter, 1985). Psychological resilience can be defined in two ways Windle (2011). Firstly, resilience exists in everyone, so when an individual experience's 'stress' of some kind, this 'resilient trait' helps one to adapt by moderating the stress. On the other hand, it has been described "as an ability to bounce back from adversity" Luthar et al (2000). In both cases, whether resilience is a trait of good mental health, functional capacity, and social competence or a process of protective factors present in the successful adaptation risk circumstances, it is clear, that to know or be resilient, an individual must have first faced a challenge or adversity, which becomes significantly relevant when working with young people who experience SEBD. Southwick et al (2014) conclude that it is important to note: healthy adaption to stress depends not only on the individual, but also on available resources through family, friends and a variety of organisations, and on the characteristics of specific cultures and religions, communities, societies and governments- all of which may or may not be resilient.

1.5 Context

According to The Department of Education, National Statistics (2014), there were 138,655 pupils with SEBD, which had risen by 5% since 2011. Any child with special educational needs, according to inclusion policy and practice (Frederickson & Cline, 2009), should have equal access and opportunities to education. Children with SEBD have been highlighted as one of SEN's fastest growing areas of concern, with regards to inclusion in mainstream schooling (House of Commons, 2006). Schools are increasingly expected to have resources for young people with SEBD, as a way of integrating them into mainstream schools, whilst being able to support their individual needs within the school environment. Green et al (2005), reported the mental health of children and young people in the UK, and found that 10% of five to sixteen year olds had a clinically diagnosed mental health condition. They went on to report that 25% of children show signs of mental health problems and more than half of them continue to have those problems into adult life. The link between adolescent mental health and adult mental health has been well documented, (Hazan & Shaver, 1994; Miluliner and Shover, 2012). We are becoming more and more aware of the adversities encountered by young people currently, leading to SEBD. Repeated findings in this area of research, (Atwool, 2006; Harvey and Deifabbro; 2004) show that some adolescents grow into competent, sociable, productive adults, whilst others do not. Research tells us that children with SEBD can have a vast amount of difficulties stemming from outside the school environment. It is not just individual risk factors, (Byrne et al, 2001; Hunang et al, 2001; Fitzjohn et al, 2000; Scheier et al, 1999) but families and peers (Epstein et al 1978; Steinhaucer et al 1984; Wolff 1995; Fleming et al 2002; Bifulco, 2012) and the wider communities and society, (Gilligan, 2000; Henderson et al, 2012; Masten et al, 1995; Maton, 2008; Travis & Leech, 2013), that have an impact.

1.6 The Present Study

At present, we do not fully understand the individual differences that account for the way in which they handle their disadvantages and risks and what makes some young people more resilient than others and what part, if any, their attachment system plays. It is not clear why these forms of trauma and detriment affect some young people more than others, and why some young people are more resilient, able to 'bounce back' almost untouched why for others it has devastating effects impacting on their everyday

functioning. In response, the present study applies attachment and positive psychology, which recognise the effect of resilience on mental health in the face of adverse circumstances. This approach offers a multi-dimensional lens in which to view the difficulties encountered by adolescents who experience living with SEBD. The lack of studies on attachment in adolescence (Scott et al, 2011) and more specifically the impact of attachment and resilience in relation to SEBD, revealed a gap in research investigating whether the interplay between attachment and resilience impacted on adolescents SEBD.

The justification for using 14-18 year olds for this research was based on findings from the institute of education, who in their research in to adolescent mental health, (Patalay and Fitzsimons, 2017), young people aged 14 years old who reported on their own mental health were found to be suffering from high symptoms of depression, in comparison to young adolescence. 14 year olds from poorer socioeconomic backgrounds were more likely to report greater symptoms compared to those from better-off-families. They also found that emotional symptoms of 14 year olds often differed depending on whether they were reported by their parent or themselves. Importantly in relation to this research, they reported that the self and parent reported emotional symptoms of 14 year olds was weak, and highlighted the importance of obtaining young people's own perspective of their mental health. The current research fundamentally seeks to identify how the interplay between attachment and resilience impacts adolescents SEBD.

1.7 Overview of thesis.

A literature review in relation to attachment, resilience is presented in Chapter 2. The methodological considerations in the current study, in relation to the synthesizing of studying attachment and resilience in coherent ways are documented in Chapter 3. The quantitative analysis of the RSCA has been captured objectively in Chapter 4, after which a discussion of these results has been offered. Chapter 5, re-accounts the qualitative stories of the young lives from first person stance, to include a reflexive, subjective notion throughout (Creswell et al, 2011), concluded with a look at the interplay between their resilience and attachment. Chapter 6, brings both the studies together discusses the overall findings of the current study, in relation to previous

research. The limitations of each study are discussed independently and then brought together. Ethical considerations are reflected upon, followed by suggestions for future research, in light of the findings and limitations. The chapter closes with reflections on the implications for counselling psychology practice. Chapter 7, gives a personal narrative of my research journey.

Chapter 2
Literature Review

2.1 Introduction

The purpose of this literature review is to present the empirical evidence that is relevant to attachment theory, psychological resilience and SEBD, in adolescents aged 14 years to 18 years old. The aim of Chapter 2 is to examine the interplay between attachment and resilience during this unique developmental age, using empirical examples to highlight possible correlations between attachment type and predictions of positive relationships of adolescents, and what this might mean for adolescents with SEBD. The review will look at the evidence in relation to the specifically designed measures used to collect data on resilience and attachment and offer hypothesis in relation to the empirical research outlined in the review.

2.2 Why Adolescent Attachment and Resilience?

It is clear from the extensive research in both developmental psychology, and clinical applications of psychiatry and psychopathology, how children grow into their adolescent and adult life is dependent on various social and emotional experiences including attachment experiences. A secure attachment is an important part of the social and emotional functioning and supports the development of resilience, (Siegel and Hartzell, 2014). According to Atwool (2006) attachment theory has much to contribute to an understanding of the processes underpinning resilience and regards them as complimenting each other. Resilience is said to not only represent a coping style, but to also influence outcomes in separation. Early research suggests resilience can be identified as a combination of four main factors rather than an isolated concept; individual characteristics, family support and a supportive person or agency outside the family, (Brown and Rhodes, 1991; Compas,1987; Garmezy, 1994; Matson, 2001; Werner and Smith,1982) and more recently Ungar, (2003) added culture, where later the focus has become directed towards the individual's ability to adapt successfully from stress or trauma (Bonanno, 2004; Luther and Cicchetti, 2000; Richardson 2002). Steven et al (2007), has developed a model of the psychobiological systems implicated in resilient adaption following acute stress. Research suggests that children and adolescents who experience trauma and adversity and show good coping have a strong

resilience and that this is common (Masten, 2001). Ungar (2001; 2011) proposes that by using "multi-systemic social-ecological theory of resilience can inform a deeper understanding of the processes that contribute to positive development under stress. It can also offer practitioners and policy makers a broader perspective on principles for the design and implementation of effective interventions.

Few studies examine adolescent's perspective of SEBD in relation to attachment and resilience in a qualitative way. This investigation seeks to measure resiliency, as derived from The RSCA (Prince-Embury, 2006) (Appendix 1) in adolescents 14-18yrs, who experience (SEBD) and relate these quantitative measures to their attachment styles as derived from The ASI-AD (Bifulco, 2010) (Appendix 9), aimed at capturing and assessing the individual's overall style of attachment based on detailed questioning of ongoing close relationships, in this instance close family members and friends, offering a qualitative account of their unique experiencing, told in their own words. Both studies complement each other, with the aim of exploring the nature of the relatedness within the adolescent-caregiver relationship, using the adolescents own voices and self-report, during this critical developmental phase of life. Using the accounts of adolescents in research in this way, validates the importance of their voices in a meaningful way and supports the ongoing work of counselling psychologist and other professionals working with people of this age, (Fraser, 2004)

2.3 Attachment in Adolescence

Adolescence is a stage in an individual's development that has been considered one of great difficulty (Boyle, 2007). McConnell and Moss (2011) highlight the importance of targeting the developmental stage in relation to attachment, addressing the importance of certain periods of time in a person's life, which contribute significantly to changes in their relationship with themselves and with others. Erikson's (1968) Lifespan developmental theory where the formation of one's identity becomes crucially fundamental during this adolescent period is the focus of the current study. In this stage of development: Identity vs. Confusion he, elaborates on the importance of the adolescent's commitment to others outside the family unit. It is in this stage the young person begins to make sense of themselves in relation to others and the world around them. The depth of changes that occur during adolescence continues to be debated and it is argued that it

continues to remain fully understood, (Moretti and Peled 2004). Every aspect of an adolescents functioning is impacted on, neurological, cognitive, biological and social, all occurring during this time. These rapid changes create what Moretti and Obsuth (2009) refer to as a social-cognitive dilemma in youth. Pertinent to the current study, is research that has identified parental sensitivity and support as absolutely critical in supporting and helping maintain an adolescents development so they are able to move forward into adulthood within the domain of healthy functioning, (Chak 2001; Grossman et al, 2002; Meins, 1999).

2.4 The Importance of Positive Parental Figures in Adolescence

Attachment relationships to caregivers during adolescence are considered to be equally important but crucially distinct from the attachment relationship that is formed with caregivers in early childhood (Fraley 2002; Lewis et al 2000; Roisman et al, 2002). Parents and caregivers are seen by the adolescent, as having their own distinct life, which does not centre on them (Bowlby, 1969; 1980). Research has highlighted the importance of a supportive parental caregiver relationship during adolescent years, as a predictor of a secure attachment. In a study by Moretti and Peled (2004), they found that mental health issues such as anxiety, depression, conduct disorder, delinquency, aggression and inattention thought problems, were much fewer in a securely attached adolescent in comparison to their insecurely attached counterparts. According to their synopsis the role of parental influence during adolescent years has been seriously questioned. Some researchers continue to argue that peer influences are much more significant during adolescent years (Raja et al, 1991). Moretti and Peled, (2004) however argue that the emotional and psychological wellbeing of a young person and the negotiating of their thoughts, feelings and behaviours are much more significantly impacted by caregiver relationships, which is supported by Harris (1995), who highlights the significance of the parental figure, an example, from which other relationships are formed and understood. Crucially important to the current research is that this empirical evidence highlights not only the importance of parental influences but that the differences during this developmental stage operate directly through the nature of their attachment bonds. (Doyle and Moretti, 2000; Moretti and Holland 2003; Moretti and Peled, 2004)

Further empirical research supports this notion. Adolescents develop new skills and sensitive responses from caregivers are crucial. A specific focus was on adult's self-awareness and their awareness of their children as active players in the interaction process as well as the specific adult-child interactions, highlighting the significance of the ability to connect and communicate in a positively denoted manner, rather than a negatively denoted manner, Chak (2001). Grossman et al (2002) emphasise the importance of sensitive support that is shown in an extent of situations over a long period of time, also endorsing key early experiences as significant components in establishing significant relationships later in life.

2.5 Other Factors Influencing Adolescent Development

A series of longitudinal studies (Ammanti et al 2000; Cooper 1994; Cooper & Jacobs, 2011; Zimmerman & Becker-Stol 2002), explain how attachment alone cannot predict future social, emotional and behavioural problems, challenging attachment theory, offering an alternative insight into the development during the critical phase of adolescent development. Three studies have looked at stability of attachment during adolescence between 2-4 years, concluding overall a rate of about 70% consistency in attachment style over time.

In a study of 31 low risk Italian adolescents, Ammanti et al (2000) using the Attachment Interview for Childhood and Adolescence (AICA) (A revised version of the Adult Attachment Interview, AAI; George et al, 1996), an attachment stability rate of 71% was found across four years. The interview is coded based on the quality of discourse and content, with classifications of Autonomous, Dismissive, Preoccupied or Unresolved. The proportion of participants in the four classifications resulted in Autonomous being 74%, Dismissing 78%, Preoccupied 50% and Unresolved 50%. They speculate that the higher rate of dismissing category could be related to the development stage where adolescents distance themselves from their caregiver. A limitation of this study was that Ammanti et al (1990) did, not consider organisation of attachment systems across adolescence and seek determinants that might explain processes of stability and change, such as major negative life events, which inevitability impact adolescent's lives causing them to deviate from their original developmental pathway. In another study by Allen et al (2004), 101 moderately low risk adolescents aged 16 to 18 years of age, were test-

ed using the AA Q-set (Kobak et al, 1993). Substantial stability in attachment was found, over two years. Relative gains in security were found in adolescents whose caregivers were described as being more supportive during disagreements, whilst disagreements with caregivers that were described as enmeshed or exemplified, or importantly where adolescents reported the existence of depression or poverty, during this phase of life, had relatively lower levels of stability, highlighting the significance of disruptive patterns during the critical adolescent phase. Zimmerman and Becker-Stol (2001), used the AAI, with 41 low risk adolescents aged 16 years to 18 years old, found that 77% of adolescents quality of attachment style remained stable over 2 years. The identified ego-identity, stage of adolescence, independence, separation from caregiver and more focus on friends and peers were significant in predicting stable patterns of dismissing and secure classifications. What is not clear is whether it is attachment or something else in the adolescent's life that impacts on how they manage their adolescent years. Socioeconomic status for example, can have a great impact on a young person's mindset and achievement (Conger et al 2010). Young people go through a transition physically (Deforche et al, 2015), neurodevelopmental (Crone and Steinbeis, 2017), psychological and socially (Anderman 2002). A contentious issue in adolescents at risk of SEBD is their background and living circumstances. The problem may not lie with the adolescent but with their circumstances, both internal or neurodevelopmental and environmental, which may need to be dealt with, perhaps urgently: 'behaving in problematic ways is sometimes a legitimate response to intolerable circumstances', (Cooper et al, 1994; Cooper and Jacobs, 2011).

2.6 Measurement of Attachment

It has been established that there is a need for a support based adolescent attachment measure to help understand risk and resilience factors at this critical stage of life, (Prior and Glaser, 2006). The Adult Attachment Interview (AAI) (used for adolescents) (Allen, 1998; George et al, 1985) and the Child Attachment Interview for younger children, (Target, et al 2003), are measures that are used. These measures however do not provide the opportunity to explore the contextual information that is required to understand ongoing supportive relationships, that is pivotal to this current research and understanding the relationship of SEBD populations with their caregivers. For the purpose of the present study, the ASI-AD (Bifulco, 2012) was applied, to conduct an empiri-

cal investigation to capture the incisive accounts of an adolescent SEBD population, about their relationships with their caregivers and people who they felt close to (family and friends), to explore the nature of their relationships. Studies have been using the ASI in adolescent samples on high risk young people, from the ages of 15-30 (average age 20). According to Bifulco, (2012), there have been no reported difficulties in adolescents understanding the questions and concepts, in the ASI-AD.

2.6.1.1 Secure Classification

It is expected that secure adolescents are able to explore their relationships within the domains proposed by Ainsworth (1989) and Bowlby (1980). Any problems occurring for these adolescents would be appropriately managed and what not cause any ongoing problems for that individual. In a study by Oskis et al (2010), using the ASI-AD a secure attachment style in adolescents from a normative school population, was found to act as a resilience factor amongst those who had experienced adverse childhood circumstances, such as abuse and neglect. It would therefore be expected in the present study that adolescents with a secure attachment would have more positive relationships with their caregivers and very close others and have the ability to negotiate successfully any difficulties that may arise within them.

2.6.2.2 Anxious Classification

According to theory an infant with an anxious profile exhibits angry expressions of emotion and behaviour. This intense anger was attributed to their lack of attachment with their caregiver, (Ainsworth 1979; Bowlby, 1982). Bowlby's (1946) early insights and the Potthurst (1990) groups preliminary studies of delinquency and deviance in attachment, found that anxious adolescents were more likely to show problematic behaviours. Anxious infants were also more likely to express anxiety and distress, when left alone by their caregiver as was evidenced in the strange situation (Ainsworth et al 1969). According to Cooper et al (1998), anxious adolescents performed poorly academically, a result which was found to be consistent in anxiously attached adults in the occupational arena (Hazan and Shaver, 1990). In a study using the ASI-AD (Oskis et al, 2010) on a normative sample of school girls found anxious styles of enmeshed or fearful are at risk of depression, anxiety and self-harm and are related to maternal neglect and abuse. In the present study, it was therefore expected, that anxious adolescents to re-

port higher levels of angry outburst and behaviour and/or a higher level of negative emotions such as anxiety and depression, and report a lower level of academic performance in comparison to their securely attached peers.

2.6.2.3 Avoidant Classification

According to theory an avoidant attachment styles displays their expression of experienced distress in a different way to their anxiously attached peers. Learning from their early infant experiences of rejection, when they emotionally expressed themselves, they would have learnt to suppress or deny what they were feeling, by keeping thoughts and feelings to themselves, being shy, reserved, withdrawing and disengaging under stress, being suspicious and distrustful of others and making friends and social contacts, may take longer than peers from other attachment styles, (Ainsworth et al 1969; Bowlby 1980; Main and Weston, 1982). This insecurity has been shown to lead to less social involvement during adolescence and fewer social skills (Collin and Read, 1990). Avoidant adolescents would also see themselves as less socially competent and acceptable. This notion is also supported by adult attachment theory which highlights findings that an avoidant adult has fewer intimate relationships in comparison to adults from a secure or anxious attachment style (Collin and Read 1990; Hazan and Shaver, 1994). Research has also shown that angry dismissive styles are associated with conduct disorders and self-harm (Oskis et al, 2010). It would therefore be expected that avoidant adolescents in the current study would be more self-reliant and not easily trust others. At a marked level it may be expressed in high levels of problematic behaviour and difficulties relating to others and there may also be a prevalence of self-harming behaviour.

2.7 Resilience in Adolescence

For many young people experiencing SEBD, life is thrown into a spiral of unpredictable turmoil. For some the impact, will be little, although affected by such an ordeal will bounce back, for others it may be as if the trauma had never happened. For others it can be more detrimental where the change in oneself becomes so dramatic, impeding on functioning in everyday life. Young people in schools with SEBD are more often, than not re-facing confusing and scary circumstances in their “outside school life” that it will inevitably impact on how they manage at school. Importantly research highlights the

development of resilience, that has to be viewed in a context, where traits are reinforced by supportive people and a supportive environment, (Ginsburg and Drake, 2002). Research has offered a multi-factorial way of viewing resilience, specifically the impact of the processes inherent in the individual, secondly the processes in relation to family and peers and thirdly those present in the school and wider community. This multi-factorial way of viewing adolescent resilience that fits well with the adolescent SEBD population, (Olsson et al 2003; Prince-Embury, 2010).

2.7.1 Individual Processes

Psychological factors that promote resilience, include positivity and optimism; self-esteem, self-efficacy (Cowen et al 1999; Wyman et al, 1993), and tolerance of negative impact, flexibility in thinking (Bowen, 1978), enduring values and a sense of humour (Cicchetti and Toth, 1997). All these attributes within the adolescent presents constructs within the being that allows them to deal with the adverse circumstances and show high resilience in comparison to low levels of these inherited traits. Research across a number of risk factors associated with the adolescent population, sexual behaviour (Fitzjohn et al, 2000), violent behaviour (Hunang et al, 2001) and substance use (Byrne et al, 2001) found that a number of positive psychological factors such as self-esteem, (Byrne et al, 2001) positive effect, (Scheier et al, 1999), internal locus of control, (Rutter 1999; Scheier et al, 1999), a happy, relaxed temperament and interested attitude (Emery and Forehand, 1994), reduced the emotional distress which reduced the likelihood of engaging in risky behaviours such as these.

2.7.2 Family Processes

At the family level processes, literature presents a large focus on the attributes that are present within family dynamics. The more positively developed and sustained the more likely the adolescent is to have a higher resilience. Importantly in relation to this research a close relationship with a caring adult, family connectedness and cohesion (Bifulco, 2012; Fleming et al 2002; Wolff 1995;), also referred to as affective involvement (Epstein et al 1978; Steinhaucer et al 2000) and parental involvement in school were all attributes that were found to compensate for the effects of emotional distress, as were parental warmth, encouragement and assistance (Smith 1999). Pertinent to the current study and important to note is that high levels of cohesion

where there was little room for individual autonomy, lead to an enmeshed way of being, (Steinhaucer et al 2000). Specific to adolescent resilience, research suggests that families with adolescents tend to have lower levels of cohesion, compared to those with younger children, which is linked to the autonomy seeking consistent with the adolescent development years (Erikson, 1968)

2.7.3 Environmental and Social Processes

A large proportion of an adolescent life in the UK is spent in the school environment. Resilience in a school setting therefore becomes a significant area of concern in relation to adolescent developmental years. It is important that schools provide the opportunities that are not present in the individual, or in their family dynamics, to enhance resilience within the individual (Williams and Hart, 2019). Research has already highlighted the importance of promoting, healthy decision making structures for adolescents, (Henderson, 2012; Maton, 2008; Travis and Leech, 2013), skill development and self-efficacy (Maton, 2008), helping adolescents to recognise their own strengths and talents to enhance sense of self and to develop problem solving capacities (Masten et al, 1995; Gilligan, 2000).

The community- socio-economic status and resilience has established a number of research papers related to social class, ethnicity and gender, which in turn have impacted heavily the making social policy development centred on social justice and equality. Research highlights the significance of socioeconomic on the impact on adolescent, behaviour mind-set and achievement (Allen, 1998; Conger et al 2010; Maggs et al 1997). Importantly in relation to the SEBD population in this present study, although there is a risk of poor school outcomes for children who have individual traits that are less positive, have unhealthy or no supporting family dynamics and whose social context is socially and economically low, (Rutter, 1994), resilience is something that can be enhanced within the individual and within their family and wider social context, (Olsson et al, 2003).

There is a body of evidence to support the multifaceted lens of resilience, which suggest that adolescents who are resilient are able mange life difficulties and adversities better than those you are less resilient. In a study of 297 adolescents Dumont and Provost

(199) found that well-adjusted and resilient adolescents, had higher-self-esteem, displayed less anti-social and illegal activities than their adolescent counterparts who were not resilient. Resilient adolescents also had higher scores on problem-solving coping strategies. In another study by Skrove et al, (2013), adolescents aged 13-18 years old, with anxiety and depression, were asked to complete a questionnaire regarding lifestyle and health. Symptoms of anxiety and depression were measured by the SCL-5, a five-item shortened version of the Hopkins Symptom Checklist. Resilience factors included questions on friends and family relations and two sub-scales of the resilience scale for adolescents; family cohesion and social competence. 13% of the adolescents reported symptoms of anxiety and depression. Fewer symptoms of anxiety and depression were associated in adolescents where resilience attributes such as high self-esteem and coping strategies were present. Symptoms of anxiety and depression were more prominent in adolescents who had, unhealthy life styles choices, such as issues with substance misuse and lower levels of physical activity. They also found that positive family involvement with adolescents decreased the use of substance misuse, where it was increased by social competence, emphasising the importance of family and supportive relationships for adolescents with anxiety and depression. Overall, adolescents with resilience attributes, and healthier life-style choices were more protected from the symptoms of anxiety and depression. Thapur et al, (2012) also reported the importance of individual resilient factors, their ability to regulate emotions, have adaptive coping mechanisms and thinking styles and a high intelligence in adolescents protected them against depression. A similar pattern was also reported by Lewinsohn et al, (1994) found that with the right support mechanisms in place and a resilient attributes, these difficulties can be overcome, reducing the likelihood of depression and anxiety, for these adolescents.

2.8 Measurement of Resilience

The present study adopted the RSCA (Prince-Embury, 2010), to capture data about adolescent resilience. The scales are divided into three sections capturing Sense of Mastery (MAS), Sense of Relatedness (REL) and Emotional Reactivity (REA). The literature pertaining to these constructs will now be reviewed.

2.8.1 Sense of Mastery (MAS)

Literature around the constructs MAS has been described differently by various theorists, from providing a child or young person opportunities of learning through there direct and indirect relating with people, within their environment (Bandura, 1993); to a cause and effect dilemma, which is enhanced through motivation and curiosity (White, 1959); to the idea of positive expectation, found in MAS, being a major factor in resilience (Cowen et al 1999; Wyman et al, 1993). One would therefore expect that the comparison group would show more adaptive ability/strategies in being able to relate to their environment. Optimism, which is about the individual's positive attitudes about the world, allows us to conceptualise the young person's sense of self, their self-esteem and how positively they see the world around them (Carver et al, 2010; Rutter, 2006; Synder and Lopez, 2002; Tusaie-Mumford, 2001); Self-efficacy, which is associated with developing problem-solving attitudes and strategies, allows us to look at how well the young person is able to solve problems (Bandura, 1994; Bandura and Locke, 2003; Bandura et al, 2003; Schunk, 1991); Adaptability, explores the ability to be personally receptive to criticism and to learn from one's experience, which helps us to learn about how the young person is able to learn from their own mistakes, whilst also adapting their thinking to find new solutions to problems (Wyman et al 1993). MAS is a protective social development factor, providing the adolescent the opportunity to experience the effect of their interactions with people and their environment in a positive rewarding way (Prince-Embury 2006;2010).

2.8.2 Sense of Relatedness (REL)

According, to Connell and Wellborn (1991), the ability to relate is a very basic human need and is about feeling emotionally and socially connected to people whilst also feeling secure in those relationships. This relational experience allows a young person to have the ability to create external buffers, so for example the young person will view their relationships as available when they need them, and also in relation to specific situations. This cumulative experience, also gives the young person internal strength and mechanisms which protect the young person from negative psychological impact. Trust, which explores the degree to which others are perceived as reliable and accepting and the degree to which an individual can be authentic in these relationships, from this we would learn how socially and emotionally connected to others the young

person might be (Erikson, 1963; Werner and Smith, 1982); Support, which explores the individual's belief that there are others to whom she or he can turn when dealing with adversity, helps us to understand how the young person perceives their access to support, rather than actual support (Barrera, 1986; Cohen & Wills, 1985; Jackson and Warren, 2000; Sarason et al, 1987); Comfort, is defined as the degree to which an individual can be in the presence of others without experiencing discomfort or anxiety allowing us to evaluate the young person's ability to use past experiences of relating to be able talk about their own experiences with others (Cicchetti and Toth, 1997); Tolerance explores the individual's belief that he or she can safely express their difference of opinion, allowing us to assess the young person's ability to have their own thoughts, and express them without feeling judged if they are different to others (Bowen, 1978). REL is also a protective social development factor in reducing stress and becoming emotionally over-whelmed (Connell and Wellborn, 1991).

2.8.3 Emotional Reactivity (REA)

Seen as a pre-existing vulnerability, arousal or threshold of tolerance, REA, is seen as a state of being, before a traumatic event occurs (Siegel, 1999) Sensitivity, which explores the threshold for emotional reaction and the intensity of the reaction to significant others, helps us to understand how easily the young person gets upset (Rothbart and Derryberry, 1981). Recovery explores the ability to bounce back from emotional arousal or disturbance of emotional equilibrium, which shows how easily the young person is able to overcome how upset they are (Davidson, 2000). Impairment explores the degree to which the respondent can maintain an emotional equilibrium when aroused, allowing one to see how clearly the young person is able to think, after they have lost a sense of control or make mistakes (Bowen, 1978). REA is a measure of risk and vulnerability, and the speed and intensity of an adolescent's negative emotional response (Siegel, 1999). Scores from this scale work in the opposite way, so the higher the score, the more resilient aspects attributes they have. The comparison group would be expected for instance to demonstrate, a higher threshold of sensitivity, so they would not get upset so easily.

2.9 The interplay between attachment and resilience

There is a body of research that highlights the interplay between attachment and resilience. In her research with children and adolescents in care, Atwool (2006), argues that the concepts of attachment and resilience together give strength to their understanding and application, in relation to vulnerable populations. Importantly she highlights the dynamics of attachment as providing a clearer explanation of resilience. Having already looked at attachment and resilience independently, what in notable is the interplay between the both, that a secure working model encompasses all of the factors that contribute to resilience. It is argued (Atwool, 2006) that attachment is instrumental in the areas associated with resilience: individual processes, family processes and social and environmental processes. According to Atwool, (2006), the fundamental concept of a secure attachment, and a bonding relationship between an individual and a significant other, is what develops resilience within an individual, as they cross paths, within the individual traits that are heightened buy positive interactions; within their family structures as they learn to relate to others successfully from a nurturing and loving place; and externally where their selves are accepted and an interplay of exchanges between them and their environment is viewed from within a positive framework.

Individual processes include positive psychological factors such as self-esteem, which is linked to competence and problem solving. Research has linked secure attachment and competence (Cohn, 1990; George and Soloman, 1989; Matas, Arend and Sroufe, 1978), it is argued that competencies within the individual are key mastery skills, which are features of behaviour, drawn upon by young minds to promote resilience when adverse circumstances occur. Internal focus of control/autonomy is another characteristic that is linked to resilience, where security in attachment nurtures the individual to enable them to achieve goals from within themselves, creating autonomy (Rutter 1994; Scheier et al, 1999).

Family processes, highlight the importance of positively sustained and developed relationships, as another important feature of resilience, which again is something that is unlikely to exist without some degree of attachment, (Atwool, 2006). Research with both children (9-12 years old) (Wyman et al, 1999) and adolescents (13-17 years old)

(Tiet et al, 1998) has found that children and young people who lived in higher functioning families receiving positive guidance and supervision within their family unit, were more resilient than those who did not live in those circumstances. This was supported by research by Maston and Coatsworth, (1998), who noted the importance of effective parents in extremely dangerous environments are likely to be stricter but remain warm and caring. Oskis et al (2010), in a study looking at the attachment styles of adolescents in residential care, compared to those in a normative school population found, that the lack of consistent care and supportive figures in adolescent's lives proved to be a significant aspect in their risk profiles. All the young people from residential care who were interviewed all of who were found to be highly insecure, in comparison to the normative school population 50% of these had a secure attachment, over a quarter anxious with avoidant and disorganised rare and less than one in ten, which is consistent with other community rates (Hawkins-Rodgers 2007; Oskis 2011). Importantly they discovered a secure attachment style (which was identified as having at least one significant adult who was caring and loving towards the young person) in adolescents was found to act as a resilience factor amongst those who had experienced adverse childhood circumstances, such as abuse and neglect.

Anxiously attached patterns of behaviour are developed in response to caregivers who are perceived as unreliable, inconsistent and intrusive. The infant perceives the environment as unpredictable and unstable and others within the environment are perceived as insensitive to the needs of others and overbearing. Infants feel helpless as affective self-regulation is not achieved due to the lack of cognitive responses that have been deactivated, due to an ineffective experience of the infant. During adolescence the young person will have intense and explosive relationships with their caregivers and close others. Their fear of rejection also prevents them from forming successful peer relationships. There is a body of research which identifies higher resilience with lower levels of anxiety and depression. In a study exploring the relationship between resilience and levels of anxiety and depression and OCD symptoms in adolescents, Hjemdal et al (2011) found that anxiety and depression symptoms were significantly raised, when there was a failure to satisfy the emotional needs in childhood, which impacted on the level of resilience within the young person. This pattern was also found by Connor –Davidson (2003), who identified the reduction of resilience traits in

individuals who experienced stressful and harmful situations, with the increase of vulnerability showing a positive correlation to the increase of anxiety and depression. In comparison, an avoidant pattern of behaviour is a response to rejecting and unresponsive relating from a caregiver. The environment for the infant is experienced as unsafe and stressful, heightened by inconsistent support. The infant will perceive themselves as unworthy, and protects themselves by shutting down the attachment behaviour and consequently becomes more self-reliant. During Adolescence development, according to research (Allen and Land, 1999; Hesse 1999) adolescents are categorised as withdrawn with angry outbursts, intermittently. Aggression is triggered in close relationships due to the lack of trust between those they are close to. Peer relationships are often presented as superficial.

External and environmental processes, is a third component to resilience. Significantly as already discussed above, these external and environmental processes in which an adolescent resides can have a great impact on the interpersonal relationships. According to Olsson et al, 2003, school experiences that involve supportive peers, positive teacher influences and opportunities for success are positively related to adolescent resilience. Matson and Coatsworth (1998), also found that even in environments that are dangerous and risky, where parents were not warm and caring, adult figures, for example teachers, who remain warm and caring and responsible to their child, promote resilience within the child, through their positive role-modelling, reducing overall the risk of maladaptation.

The relationship that an individual has with ones-self, family and wider community seems crucial to all aspects underpinning resilience. According to Atwool (2006:327), "Integrating attachment theory and the concept of resilience clarifies the adaptive nature of behaviour and refines our understanding of the types of relationship experiences necessary to promote positive adaption".

2.10 Development of Research and Hypothesis

Resilience during adolescents has offered a body of research that identifies core characteristics of resilience, which have been shown to support adolescents who experience the consequences of life circumstances and adversities, in a positive way, compared to

adolescents who do not possess the resilience characteristics (Dumont and Provost 1999; Skrove, et al2013; Thapur et al, 2012). Attachment research literature highlights the importance of positive relationships between caregivers and their children in early years (Bowlby, 1961, 1982; Ainsworth et al, 1969), as a predictor of the continuation of healthy relationships into adult life (Hazan and Shaver, 1994; Miluliner & Shover, 2012). Although fewer studies of this nature have been conducted during adolescent years (Scott et al, 2011), those proposed have found a supportive, sensitive and positive response of the caregiver during this rapidly evolving developmental stage, to be pivotal to the adolescents growth into adulthood (Doyle & Moretti, 2000; Doyle et al 2002; Moretti and Holland 2003; Moretti and Peled, 2004).

The clear links that exist between resilience and attachment (Atwool, 2006), where a secure attachment and high resilience have repeatedly demonstrated positive outcomes in how relationships develop and how adolescents manage a developmentally difficult age, have contributed little in relation to the impact of a secure attachment and the presence of resilience in adolescence within a SEBD population. The quintessential characteristic of change during adolescence and the healthy development of the adolescent-parent attachment bonds highlighted by Moretti and Peled, (2004), which focus on the social, emotional and cognitive functioning of the adolescent, within this relationship, and the positive findings of the link between secure attachment and resilience, highlight fewer mental health difficulties and enhanced social skills and coping strategies in those with a secure attachment. In light of these notions, the current study has adopted a mixed method approach, into the investigation of the impact of attachment and resilience on adolescents with SEBD.

The current research aims to support the argument that the interplay between a secure attachment and high resilience in adolescents aged 14-18 years is a significant determinant in how adolescents with SEBD manage their difficulties. The aim of study 1 in capturing the resiliency profile is to identify the resilient characteristics of the SEBD and non-SEBD population, specifically highlighting the comparison between the two groups. It is expected that the non-SEBD population will have significantly higher levels of resilient traits, in all three of the subscales. The aim of study 2 is to capture the incisive accounts of adolescents with SEBD, with a particular focus on their personal relationships

and their ability to make and maintain relationships. It is expected that those with a secure attachment will have developed interpersonal skills, which allow them to relate to people they are close with and people in general. They will show evidence of positivity within their relationships, be able to having trusting and lasting relationships, within the family and within their school environment and feel able to ask for support and help when they need it. They will show low levels of aggression and feel safe and respected.
It is predicted therefore that the interplay between resilience and attachment in relation to SEBD would show those adolescents with a secure attachment to report higher levels of resilient characteristics, due to their ability to make and maintain relationships in a positive way, compared to those that are insecurely attached.

Hypothesis:
Study 1:

- The SEBD population would show significantly lower levels of resilience in comparison to their non-SEBD peers.

Study 2:

- Adolescents with SEBD and a secure attachment will manage their SEBD symptoms better due to their supportive relationships and high resilience.
- Adolescents with SEBD and an insecure attachment (anxious or avoidant) will demonstrate disruptions and difficulties in their close relationships, will have low resilience and show an inability to manage their SEBD symptoms successfully.

Chapter 3
Method

The methodological considerations to explore the relationship between SEBD, attachment and resilience, are presented in the design methods of Chapter 3. This chapter will begin with an explanation for using a mixed methods approach. It will explain the method design of each study independently giving examples of the measures used to collect the relevant information for each study. It will end with ethical considerations for the overall study.

3.1 Epistemological Underpinnings

The mixed method approach continues to grow, after it was first established twenty years ago, (Tashakkor and Teddie, 2003; Teddie and Tashakkor, 2009). According to Guba & Lincoln (1994), attempting to bring qualitative and quantitative methodology together is impossible due to the two distinct archetypes offered by quantitative, which quantifies attitudes, opinions and behaviours, and qualitative which is predominately exploratory in nature, with the focus being on capturing incisive accounts by gaining an understanding of undelaying reasons, opinions, and motivations. A number of alternative approaches have been established over the years in an attempt to deal with this issue (Creswell and Plano Clark, 2007; Tashakkor and Teddie, 2003). Firstly the paradigmatic stance, secondly the multiple paradigm approach and thirdly the single paradigm approach. Even with the continued controversial 'paradigm debate' (Reichardt and Rallis, 1994), and the post-positivist philosophical assumptions and naturalistic assumptions, and the differences between them, in relation to epistemology (how we know what we know), ontology (the nature of reality), axiology (the place of values research) and methodology (the process of research) (Guba and Lincoln, 1998), it is evident that methodological pluralism, advocated by the mixed method approach fits with the philosophy of counselling psychology (Hanson et al, 2005). Greene and Caracelli, (2003) argue that multiple methods used in a single research allows the researcher to take advantage of the representativeness and generalizability of quantitative findings and the in-depth, contextual nature of qualitative findings.

Adopting a mixed method approach allows for the collection of data to be done concurrently, analysed independently and merged producing research data that can be understood in greater depth. Bringing two independent sets of data together in this way, aims to offer a greater insight to attachment and resilience in a SEBD sample, that could not be performed independently with each approach, whilst also increasing the strengths and minimising the weaknesses of each approach in a single distinct way (Johnson and Onwuegbuzie, 2005).

3.2 Measurement Considerations

3.2.1 Resiliency

Measuring resilience has long been a contentious area with a consensus that it needs to be brief, easily administered, and simple to score and interpret and in relation to psychological research and clinical application 'field friendly', (Masten, 2001; Masten and Powell, 2003; Prince-Embury, 2011). In practice however this does not seem to be the case. Although there are various measures, no specific one is widely used and most are theoretically and conceptually inadequate. As discussed earlier in the chapter resilience is a multi-factorial process, and the risk factors on academic success are therefore also multi-factorial. Therefore from this you could ascertain that a multiple of measures are required to understand the interactions between the multi-faceted concepts of resilience.

There are a number of scales that have been developed including: The Resilience Scale for Adolescents (READS) (Hjemdul et al, 2006), which contains 5 factors: (1) personal competence, 2) social competence, 3) structured style, 4) family cohesion, 5) social resources. Another is the Child and Youth Resilience Measure (CYRM) Ungar, and Leibenberg, 2009), designed as a screening tool to look at individual, relational, communal and cultural resources available to youth across various cultures. The RSCA (Prince Embury, 2010) has been designed to be an assessment method that is useful in school settings because it: (a) is based on developmentally appropriate factors of personal resiliency that are well grounded in theory, (b) is brief, user friendly, and easy to administer and thus applicable for classroom-wide and individual use, (c) is easy to interpret as well as theoretically and practically linked to intervention, and (d) has the sound psychometric properties required for use to monitor progress or evaluate the ef-

fectiveness of interventions. In a review by Windle et al (2011), they looked at nineteen resilience measures. They found that all of the measurements; had questionable psychometric properties. The best psychometric ratings were the Connor-Davidson Resilience Scale, (2003) and the Brief Resilience Scale (Smith et al 2008) however these scales did not cover the relevant age scale for the current research and had not been used in a general school population. The RSCA (Prince-Embury 2010) (Appendix 1) will be administered to collect data for study 1.

3.2.2 Attachment

It is proving increasingly necessary to have support based adolescent attachment measures for understanding factors related to attachment such as risk and resilience, at the crucial adolescent development age (Prior & Galser, 2006). Alongside the ASI-AD, The Child Attachment Interview for younger children (AIYC) (Target et al, 2003) and the Adult Attachment Interview (AAI) (used for Adolescents) (George et al, 1996), all have adequate reliability and validity. On closer inspection of the measures, importantly in relation to this research study, the AIYC and the AAI did not give contextual information of on-going supportive relationships, which was relevant in identifying support mechanisms for the SEBD population. Reliability of the ASI-AD is high with the overall agreement 0.89 on 30 interviews rated independently (Oskis et al, 2010). Findings in empirical studies of attachment style and disorder have been consistent, and inter-rater reliability has been good. The ASI-AD (Biffulco, 2012) (Appendix 8) will be used to collect the qualitative accounts for Study 2.

3.3 Method - Study 1

The aim of study one was to make a comparison between SEBD and non-SEBD groups. This allowed the resilience between the young people with SEBD (target group) and those who have no known SEBD (comparison group) to be compared.

3.3.1 Design

This study applied between subjects comparison of quantitative data. The two groups were young people with SEBD and a group of young people with no known SEBD.

3.3.2Participants

Study 1 comprised of a sample of 33 participants. A comparison group (n=25; female n= 17; male n=8) were recruited from a school in the West Midlands and were aged between 14-18 years (mean age = 15, sd = ±0.12); which complies with validated age ranges of the RSCA. The target group consisted of 8 pupils with SEBD who were recruited from the same school as the comparison group, who were also aged between 14-18 years (female n= 5, male n=3; mean age = 15, sd = ±0.2). The sample of all pupils was selected randomly by both teaching and SENCO staff, who were already familiar with the pupils.

3.3.3 Materials: The RSCA (Prince-Embury, 2006)

The RSCA (Prince-Embury, 2006), is a reliable and validated, self-reporting scale used to measure the resilience in a population of adolescents with SEBD. It has been designed to allow the child or adolescent to express their own opinion about how they view themselves and how they relate to others in the world in which they reside. The scales are divided into three subscales: Sense of Mastery (MAS), Sense of Relatedness (REL) and Emotional Reactivity (REA). The scale was administered as a quantitative measure to evaluate resilience through the eyes of the young people themselves, allowing for the broadest understanding of the adolescent's resiliency profile. The scales were administered by the researcher, who has been trained by an appropriate experienced clinician.

3.3.3.1 Sense of Mastery (MAS) (Prince-Embury, 2010)

MAS is considered to be the core characteristics of resilience and all about how a young person interacts and enjoys (or not) their relationships and their environment. The MAS has 20 questions which are divided into three subscales which consist of three conceptually related content areas of optimism, self-efficacy and adaptability. A high score in this category indicates that the adolescent has a high MAS, which indicates that they are able to successfully adapt to people and their environment.

3.3.3.2 The Sense of Relatedness (REL) (Prince-Embury, 2010)

The REL is about being in a relationship with others and is based on the assumption that we are all capable of this. The REL aims to capture these attributes in young people. This scale consists of four subscales, comprising 24 questions, which cover the are-

as of trust, support comfort and tolerance. A high score in this category indicates that the adolescent is trusting and is able to feel supported and comforted by those around them as well as having a high tolerance to their circumstances.

3.3.3.3 Emotional Reactivity (REA) (Prince-Embury, 2010)

REA is seen as vulnerability or threshold of tolerance that is pre-existing, before any adverse circumstances occur. REA has three subscales, which comprises 20 questions, covering sensitivity, recovery and impairment. A high score in this category is the opposite of the above two categories, here a high score indicates the adolescents ability to manage their emotions successfully and feel overwhelmed and unable to recover quickly from any disruptions they encounter.

The example below illustrates two example questions from each of the three scales. On the right of each question are five options from which the participants are asked to select one and circle.

	0	1	2	3	4
Sense of mastery					
1. Life is Fair	Never	Rarely	Sometimes	Often	Almost Always
2. I can make good things happen	Never	Rarely	Sometimes	Often	Almost Always
Sense of Relatedness					
1. I can meet new people easily	Never	Rarely	Sometimes	Often	Almost Always
2. I can make new friends easily	Never	Rarely	Sometimes	Often	Almost Always
Emotional Reactivity					
1. It is easy for me to get upset	Never	Rarely	Sometimes	Often	Almost Always
2. People say that I am easy to upset	Never	Rarely	Sometimes	Often	Almost Always
	Never	Rarely	Sometimes	Often	Almost Always

(Table 1: Example of resiliency scale scoring, taken from the RSCA, Prince-Embury, 2010)

Each item on all three subscales has five responses to choose, from 0 (Never) to 4 (Almost Always). The scale is a validated Psychometric Test. The principal component and confirmatory factor analysis support a three3-factor model for both males and females in more than one study (Prince-Embury, 2013; Thorne and Kohut 2007). The psychometrics are adequate. Alpha coefficients are high across three age ranges (9 – 11, 12 – 14 and 15 to 18) for both males and females (sample sizes 100 – 113) for all 10 sub-

scales with the exception of the 3-item Adaptability scale for both sexes in the two lower age groups (i.e., α ranged from .52 to .64 in these four groups). Internal consistency was highest in the oldest age level with α's ranging from .79 to .95. In another study good test- retest reliability was found for two age band s, 9 – 14 (n = 49) and 15 – 18 (n = 65). For the three full scales this ranged from .79 to .88 and for the 10 subscales from .62 to .85. (Prince Embury, 2006)

The pupils responded by circling the answer that they felt most related to themselves. The T Score is calculated by adding up the corresponding numbers of the respective choices made for each subscale. This score is then used to identify the correct T Score. A *T* Score range, is the provided by the manual for interpretation, where the scores of 60 or above are seen as high, 56 to 59 as above average, 46 to 55 as average, 41 to 45 as below average and 40 or below as low, (Appendix 3). Adolescent participants' responses to the scales were scored and put in the corresponding interpretative qualitative band. This will be illustrated in the next chapter using the profiles of the eight target group participants. It is important to note that the conversion of the raw score to T scores, allows for the differences of interpretation between the different ages of the adolescents. So for example, if Jack and Jill score 26 for REL, yet Jack is 16 years and Jill is 12 years, the score are still relevant due to the conversion of the T scores.

3.3.4 Procedure

Following favourable ethical review, the head teacher was approached, from a school with which the researcher had prior connections. They were provided with the information sheet (Appendix 4). Pastoral and teaching staff identified suitable pupils for both the comparison and target groups. The selection for the comparison group was based on two criteria: (1) as students achieving within a range of abilities, and (2) who were not diagnosed with SEBD. For the target group the, criteria was based on the premise that participants had been identified by the school as having a recognised SEBD. To minimise confounding variables, participants were excluded if they had severe learning difficulties. Permission for the participation in study 1 was granted by the school, who gave 'loco parentis'.

A pastoral member of staff escorted the young people from their classroom to the allocated room. The pupils were all given the information sheet to read (Appendix 4) and were asked if they needed any help to read or understand what it meant. Once it was established they had understood what the study was about and what they were required to do, they were asked if they would like to take part. They were told they could take as long as they needed, to ask the researcher any questions that they did not understand, and to take a break if they needed, at which point the researcher would take their questionnaire and give it back to them when they resumed. Background demographic information was gathered, by asking the participants to provide details of their age, gender and ethnic background. They were then invited to answer all the questions in each of the sections. They were asked to give only one answer to each question and to fill it in on their own and to ask only the researcher, qualified to administer the scale, any questions they did not understand. None of the participants chose to take a break and completed the questionnaire in full. The participants were not given any compensation or incentive for taking part in the study and participation was completely voluntary and of their own choice. The scale took between 10-15 minutes depending on the reading ability and mental status of the individual. All participants were given a debriefing sheet (Appendix 5).

3.3.5 Data Analysis

The T scores were analysed using the t-test, which was used to compare the mean scores from each group with each other. In this case it was used to determine the relationship between the resilience scores of the comparison group and the target group.

3.3.6 Ethical considerations

In line with the BPS Code of Human Research Ethics (2016), the following ethical considerations were reflected upon and put into place: Study 1: Ascent for the under 16: As the pupils who took part in Study 1 were aged between 14-18 years old, it was important that the researcher followed the appropriate procedures in correspondence with the young people's age. The school gave permission, 'in loco parentis', for the anonymous sample of 25, however they were still given the option not to proceed if they did not wish to do so. Subject to the requirements of legislation, including the GDPR information obtained from and about a participant during an investigation is confiden-

tial unless otherwise agreed in advance. The participants were not required to give their name for this part of the study and were therefore kept anonymous. Their age and gender were requested so the researcher could report any significant attributes corresponding to these two elements and also to ensure, particularly in relation to age, that the appropriate ethical procedures were being followed for the young people. All scales were kept in a locked cabinet at the research site. Participation in the survey did not present any anticipation for risk or harm as the questionnaire was designed for children and adolescents. A break was offered to anyone who showed signs of struggling, or who needed help with the questionnaire. All participants were debriefed, and given contact details of the researcher if they felt they wanted to discuss anything that may have arisen from answering the questions from the scale. To date none of the pupils contacted the student support in relation to participation in the questionnaire or as, a result of it.

3.4 Study 2

3.4.1 Design

Study 2 comprised of eight vignettes utilising a structured assessment interview.

3.4.2 Participants

The target group from study one were recruited to participate in study 2. The sample is described above.

3.4.3 Materials: The Attachment Style Interview for Adolescents ASI-AD (Bifulco, 2012)

The semi-structured ASI-AD was used to collate information to establish the attachment style and gather qualitative data about the experiences of young people with SEBD, specifically looking at its impact on both their relationship with close others, such as parents, relatives, friends and teachers and how they relate to people in general. The interviews were conducted by the researcher who had attended the necessary ASI training that is essential before application of the ASI-AD semi-structured interview can take place. The transcripts were qualitatively captured using the ASI-AD manual (Bifulco, 2012), using the pre-determined themes to discuss both their close relationship and general attitudes towards others, which are divided into the three behavioural, attitudinal and Global (Appendix 6)

For the purpose of the interview these scales are divided into sections to form an interview schedule. The five main themes are; Confiding, Active Emotional Support, Positive Quality of Interaction, Negative Quality of Interaction, and Felt attachment (Appendix 7). The interview is arranged according to these five themes, and these themes are used to establish the kind of relationship the participant had with their carer's and VCO's.

The Attachment Attitudes; Mistrust, Constraints on Closeness, Fear of rejection, Self-Reliance, Desire for Company, Fear of Separation and Anger form part of the interview that attempts to establish how the participant relates to the world in general (Appendix 8). Questions which guided data determine the kind of relationship the participant has with the person they are talking about, which is then given a rating that is later used to determine the participant's attachment style. Both the ratings and the attachment style are both given after the interview has commenced, by reading through and evaluating the transcript in relation to the ASI-AD manual (Appendix 2) to create a ASI rating schedule for each participant (Appendix 10).

3.4.4 Procedure

Study 2: The school agreed to take part in the study 2, after which the participants were approached by pastoral and teaching staff, based on the criteria outlined in 3.3.1. The pastoral and teaching staff members were already aware of the young people, who were diagnosed with a SEBD. The staffs were all aware of the criteria and selected eight of the young people, who they felt would be able to engage with the interview process at this time. The researcher initially spoke to these young people, individually to ascertain whether they wanted to find out a little more about the reasons for the research and what it involved. If they agreed, participants were provided with the information sheet (Appendix 4) and the researcher spent some time talking it through with them. If they agreed that they wanted to take part, the researcher talked to them about gaining consent from a parent or carer. They were given an envelope which contained an information sheet (Appendix 4) and a consent form (Appendix 9), which required their parent signature alongside the young person and the researcher. The young person was asked to bring the consent form back by the end of that week. Each one was also told that if they changed their mind, that this was ok and informed where the researcher

would be. Once all of the consent forms had been received, a pastoral member of staff and researcher took some time to put together a schedule for interview, which was the least disruptive to each of the young people. The participants were not given any compensation or incentive for taking part in the study and participation was completely voluntary and of their own choice. Arranging the interviews around their free periods ensured the young people were not getting the incentive of not having to attend a class that they already wanted to avoid. The interviews were conducted individually with each young person over a period of two weeks. No other person, child or adult was present during the interview, but the nominated pastoral member of staff was aware of the timetable, room and whereabouts of the young person, during the interview time. Interviews lasted between 40 minutes and three hours and were audio recorded.

The researcher met the young person at the pastoral member of staff base, and both the young person and the researcher walked to the allocated room together. The researcher was aware that confidentiality had not been spoken about in detail at this point and therefore kept conversation minimal and very general. Prior to the interview the researcher had already put the lights on in the room and made sure that there was water and some individually wrapped packets of biscuits available for the young person, just in case they needed a break during the interview. The young person was asked to sit wherever they felt comfortable in the room and the researcher sat appropriately across from the young person, where the recording equipment could be placed between them. Each young person was made to feel comfortable and reminded of the information contained in the information sheet. Individual consent was confirmed and the identity of their parent/carer on their parental consent form was also confirmed. They were given opportunity to ask any questions and reminded that if they needed to take a break for any reason, they could just say and the recording would be paused until they resumed the interview.

To commence background information was gathered once recording commenced, asking participants where they were brought up (changed to preserve confidentiality) and who they lived with. The researcher reminded the young person that the interview was to be recorded. She had a ASI-AD manual in front of her which she turned to show the young person, and explained that there were a number of questions that she was going

to ask them, some of which were in the manual, and that although it was being recorded, to help my own thinking process, she might be noting things down. The researcher also told them that this was to help her and not about anything in particular that they were saying. Again, the researcher reminded them that if any stage during the interview they changed their mind or wanted to change their mind and withdraw that was absolutely acceptable, and they could just say they wanted to stop and she would stop the recording immediately. None of the eight participants requested to stop the interview at any time.

Recording of the ASI-AD commenced when the participants were assured about confidentiality but also reminded of the safeguarding duty of the interviewer should any information be revealed which entailed harm to self or others, or disclosure of a previously unknown medical or psychological issue. The recording was only stopped if requested by the young person, for any reason or in the case of disclosure of a safeguarding nature. The length and pace of the interview was unplanned and the researcher followed the lead of the young person and went at their pace. None of the young people asked for break during the interview process. One interviewed was paused by the researcher, explained later in more detail in Chapter, 6. Once the interview had come to an end, the recording equipment was turned off. At this point each participant was asked to select a pseudonym for themselves to be used instead of their real names, for use in the writing of the thesis, to keep them and their information anonymous at all times. The young person was thanked again, and escorted back to the pastoral member of staff base, where they remained for thirty minutes to have a drink and snack, if they wished, but also so the pastoral member of staff could keep an eye on the young person, and ensure no concerns had arisen from the interview.

All eight interviews were transcribed by the researcher. At the time of transcription all names, place names, and any identifiable data was changed, to preserve anonymity. There were no issues reported in relation to the transcripts. Once data analysis was complete, recording were destroyed in line with GDPR.

3.4.5 Data Analysis

Using the transcripts from the interviews, eight steps were undertaken for each participant to ascertain their overall attachment style. These were as follows:

1. Firstly each pre-determined theme was given a rating of 1, 2, 3 or 4, shown in the table below: Each of the five themes, were rated in a similar way.

Active Emotional Support from Mother/main carer
The extent to which the Mother/female carer has responded to confidences, strong personal feelings and/or crisis in a sympathetic, helpful and understanding way. The rating is made on the basis of the frequency and strength of such supportive behaviour. Negative response will reduce the rating.
Rating Rules
1: Marked Extremely positive and helpful feedback listens and provides positive emotional support.
***2: Moderate Good level of support but lacks special quality.**
3: Some Intermittent or low-level support. Criticisms may outweigh positive support. May apply if the interviewee does not actively confide much even if the support is offered.
4: Little/None No effective support offered. May denote low supportive characteristics of the other person or fact that the individual does not confide.
* '2: Moderate' is the standard rating for this scale.

(Table 2: Active Emotional Support from Mother/main carer, taken from the ASI-AD manual)

The researcher when reviewing the transcripts would use the above table as a guide to ascertain, which rating each participant should be given, for the corresponding theme.

2. Step two in the process was determining the supportiveness of the relationship the participant had with the carer or VCO. This was worked out using the score ratings from two of the themes; confiding and active emotional support and finding the corresponding level of support from the table below. For example, if the participant had a score of 2 for confiding and 1 for active emotional support, then they would be seen as having good-average support.

Confiding	Active Emotional Support
Rated 1: Marked	Rated 1: Marked

→ VERY-GOOD SUPPORT

Confiding	Active Emotional Support
rated 1: Marked	rated 2: Moderate
rated 2: Moderate	rated 1: Marked
rated 3: Moderate	rated 2: Moderate

→ GOOD-AVERAGE SUPPORT

Confiding	Active Emotional Support
rated 2: Moderate	rated 3: Some
rated 3: Some	rated 2: Moderate
rated 3: Some	rated 3: Some

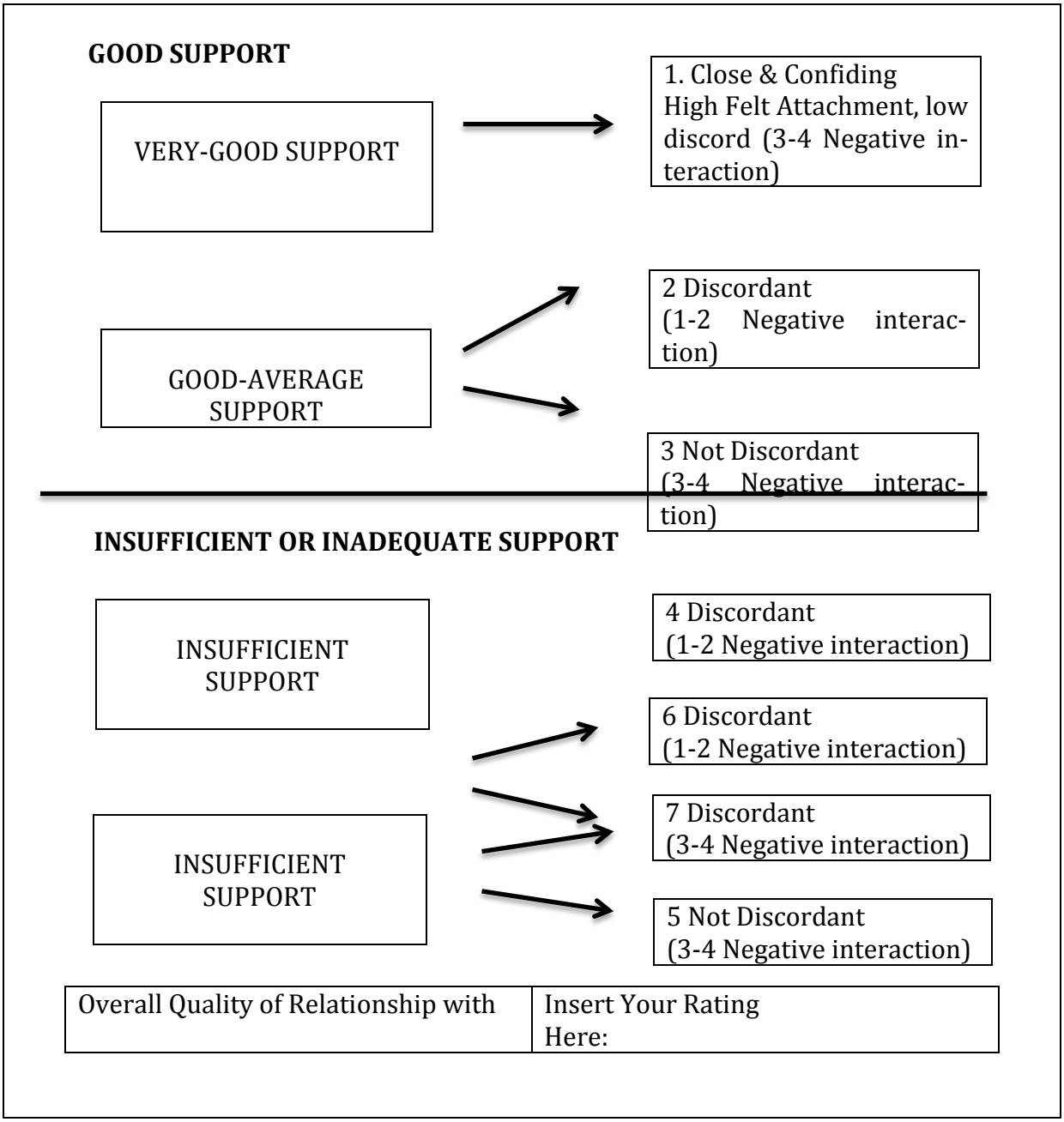
→ INSUFFICIENT SUPPORT

Confiding	Active Emotional Support
rated 3: Some	rated 4: Little/None
rated 4: Little/None	rated 4: Little/None
rated 4: Little/None	rated 3: Little/None

→ INADEQUATE/NO SUPPORT

(Table 3: Determining supportiveness of relationship, taken from the ASI-AD manual)

3. The negative interaction rating was then decided upon by looking at degree of the support that was gained by the person that the participant was talking about. Table below shows how this is done. So if the participant rating shows they had good-average support, the next step was to use Table 4, to ascertain, using the negative interaction rating, to decide whether the relationship was discordant or not discordant. If the negative interaction rating was 1 or 2 then the relationship would be considered discordant, if the rating was 3-4, then the relationship would be considered not discordant. The rating was then inserted in the box.



(Table 4: Negative interaction rating, taken from the ASI-AD manual)

Each of these three steps is carried out for the parent/carer and each of the VCO's. At the end of this process you should therefore have three different ratings, one for each person.

4. The young person's ability to make and maintain relationships was established by grouping the three ratings from the overall quality of the relationship to the corresponding rating from table 5. So if the young person had two relationships rated 1 to 3 (Good), but there was some evidence of conflict, then their ability to make and maintain relationships would be considered 2: moderate.

Ability to Make and Maintain Relationships
The young person's Parent and VCO overall quality of relationships are all summarised in the Ability to Make and Maintain scale.
1: Marked Three relationships rated 1 to 3 (Good) on quality of relationship OR two relationships rated 1 (Very Good) on quality.
*2: Moderate Two relationships rated 1 to 3 (Good) on quality, but not quite as special as relationships rated in point (1) above, or evidence of conflict in one of the relationships.
3: Some One relationship rated 1 to 3 (Good) on quality; other relationships rated 4 to 7 (Insufficient/inadequate) on quality.
4: Little/None No relationship rated 1 to 3 (Good) on quality.

(Table 5: Ability to make and maintain relationships, taken from the ASI-AD manual)

5. Once the ability to make and maintain rating had been established, so let's say it was 2: moderate, this rating was used to find the overall attachment style, from the table below. With a rating of 2, we know the participant would have been clearly secure or mildly insecure, but we would still need to establish the degree of security.

Table showing how Ability to Make and Maintain helps to determine the Final Overall Attachment Style

3: Some or 4: little/None Rating on ability to Make and Maintain Relationships	1: Marked or 2: Moderate Rating on ability to make and Maintain relationships
Can only lead to Markedly or Moderately insecure on final 13-point scale 1. Markedly Enmeshed 2. Moderately Enmeshed 3. Markedly Fearful 4. Moderately Fearful 5. Markedly Angry-Dismissive 6. Moderately Angry Dismissive 7. Markedly Withdrawn 8. Moderately Withdrawn	Can only lead to Clearly secure or Mildly Insecure on Final 13-point scale

Mildly Secure	Clearly secure
9. Mildly Enmeshed 10. Mildly secure 11.MildlyAngry-Dismissive 12.Mildly withdrawn	13. Clearly Secure

(Table 6: Finding overall attachment style, taken from the ASI-AD manual)

6. The next step in the process was to rate the seven attachment attitudes. Doing this would allow the researcher, to ascertain the overall attachment style and the degree of security. The scores for each of the attachment attitude, was corresponded to each attachment style. Below are examples of two of the tables. (The rest can be found in Appendix 2).

Enmeshed Style (rated 1, 2 or 9 on the final 13-point scale)

Mistrust	Constraints on Close-ness	Fear of Rejection	Self-reliance	Desire for Company	Fear of separation	Anger
Any Rat-ing	LOW (3or 4)	LOW (3or4)	LOW(3)or CONTRAD (4)	HIGH (1) or CON-TRAD (4)	High (1or2)	Any Rat-ing

(Table 7: Scoring attachment attitude to corresponding attachment rating: Enmeshed Style, taken from ASI_AD manual)

Fearful style (rated3, 4 or 10 on the final 13-point scale)

Mistrust	Constraints on Close-ness	Fear of Rejection	Self-reliance	Desire for Company	Fear of separation	Anger
HIGH (1or2)	HIGH (1or2)	HIGH (1or2)	Any Rat-ing	Any Rat-ing	Any Rat-ing	LOW (3or4)

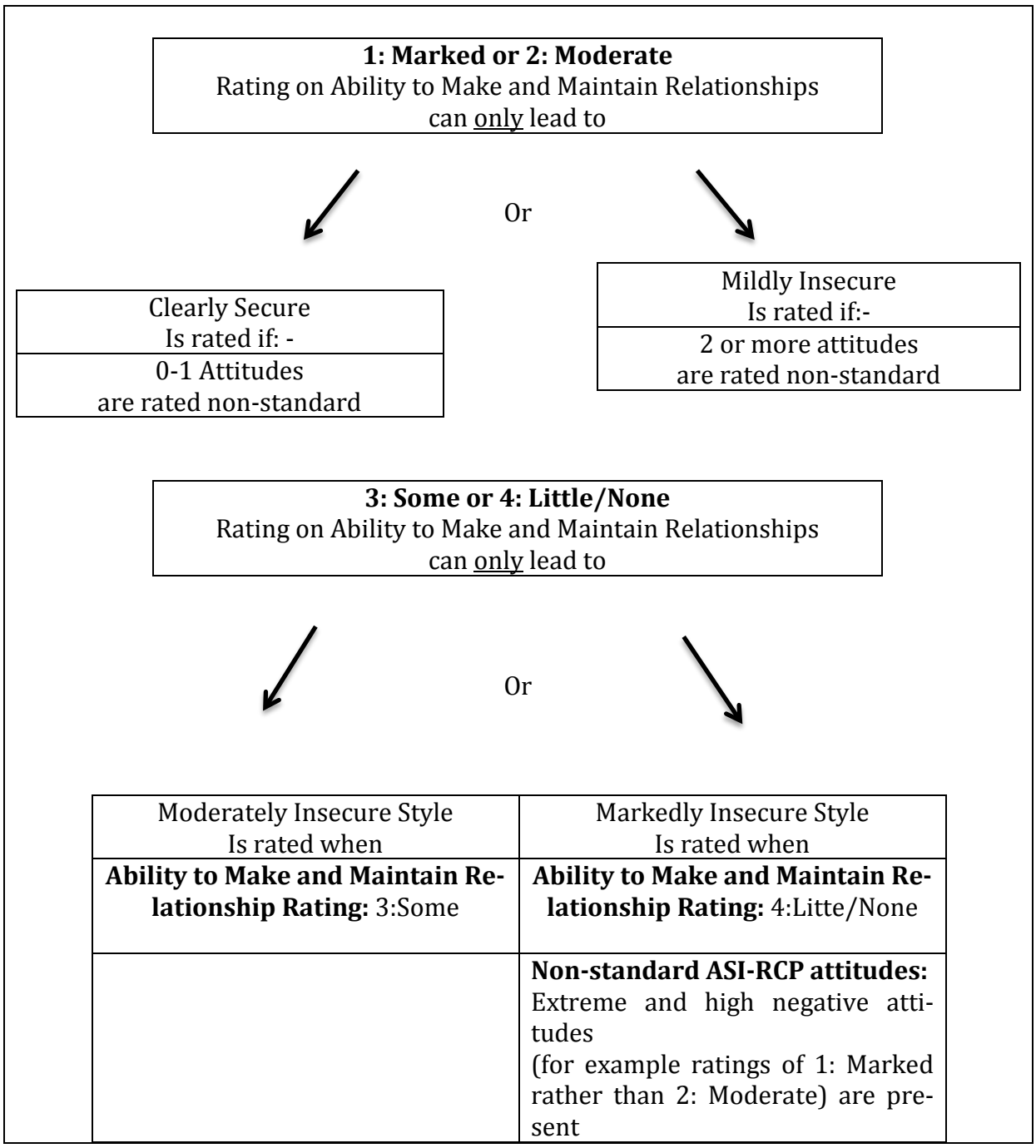
(Table 8: Scoring attachment attitude to corresponding attachment rating: Fearful Style, taken from ASI_AD manual)

According to the ASI_AD (Bifulco 2010), these summary tables are a guide to show how the numeric subscales are best arranged for each attachment style. This should be considered as the 'best fit' model. Other points to take in to account are:

- The attitudes required being high or 'non-standard' are shaded in the tables.
- Those where ratings are required to be low 3: some or 4: little/none (within the standard range) are underlined. This only refers to fear of rejection and anger.
- Any rating means that the scale ratings can vary and still be consistent with the style.

(Bifulco, 2010:89)

7. The next step in the process was deciding the degree of security/insecurity the young person has.



Moderately Insecure Style Is rated when	Markedly Insecure Style Is rated when
Ability to Make and Maintain Relationship Rating: 3:Some	**Ability to Make and Maintain Relationship Rating:** 4:Litte/None
	Non-standard ASI-RCP attitudes: Extreme and high negative attitudes (for example ratings of 1: Marked rather than 2: Moderate) are present

(Table 9: Degree of security/insecurity, taken from the ASI-AD manual)

8. The final step in the process was to rate the overall attachment style of the young person.

Highly Insecure	Mildly Insecure	Secure
1. Markedly Enmeshed 2. Moderately Enmeshed 3. Markedly Fearful 4. Moderately Fearful 5.Markedly Angry Dismissive 6.ModeratelyAngryDismissive 7. Markedly Withdrawn 8. Moderately Withdrawn	9. Mildly Enmeshed 10. Mildly secure 11.MildlyAngry-Dismissive 12.Mildly withdrawn	13. Clearly Secure
Overall Attachment Style: _____ *Enter your rating here* Dual Attachment Style* _____ *Enter your rating here (rarely rated, insert -1 if not applicable)*		

(Table 10: The overall attachment style rating, taken from the ASI-AD manual)

3.5.6 Ethical Considerations

Due to the nature of the ASI, particularly in relation to enquiry around the adolescent's relationships, any potential trauma, dysfunctional family attributes that might be presented, the researcher, kept a close eye on how the adolescents presented during the process, particularly to any signs of discomfort or distress. All participants were also debriefed after the interview took place and given a debriefing note to take away. Within this process each participant was asked whether they would like additional or ongoing support regarding any needs that may have been identified both during and after the interview process. One referral was made to the school, with regards to the information disclosed during the interview. The young person was aware and in agreement to this referral and the school informed me that they were already aware of the child protection concerns with regards to this young person, and appropriate, support had already been put into place.

Chapter 4: Study 1

A comparison between comparison and target groups

4.1 Introduction

This chapter will report the findings of Study 1 wherein the eight adolescents' from the SEBD population unique resiliency profiles, derived from the RSCA will be compared to their peers from the same school, non-SEBD population. There is an underlying assumption when using this scale that each individual has personal resources and that resilience reflects the degree to which these personal resources match or exceed their reactivity to internal or external stress.

Although attachment and resilience have been studied and developed as two separate bodies of work, researchers continue to suggest that much is to be gained from combining the two elements together (Atwool 2006; Bonanno 2004; Luther and Cicchetti 2000; Richardson 2002). Importantly in relation to this research and the resiliency scale the aspects of trust, perception of support and management of the recovery of young people have been specifically linked to the processes of early attachment development and the significance of the fundamental components available to young people from their caregivers who support a secure attachment (see Chapter 2 for further discussion).

The aim of Study 1 was to compare resilience in adolescents' age 14-18 years of age from both a SEBD and non-SEBD group from the same school. It is hypothesised that adolescents with SEBD will have lower resiliency in comparison to their peers from the non-SEBD sample. Firstly the trends in the data were examined using both the categorisation from the manual scoring and the mean T values for each group. A series of between subjects', t-tests was conducted to test whether there is a significant difference in resiliency between the two groups. The data from the three subscales were each analysed independently, therefore a Bonferroni correction was applied to the interpretation of the findings. A $p<0.02$ was considered significant.

4.2 Results

4.2.1 Categorical data trends

Each item on all three subscales has five responses to choose, from 0 (Never) to 4 (Almost Always). The T Score is calculated by adding up the corresponding numbers of correct T Score. A T Score range, is the provided by the manual for interpretation, where the scores of 60 or above are seen as high, 56 to 59 as above average, 46 to 55 as average, 41 to 45 as below average and 40 or below as low, (Appendix 3)

4.2.1.1 Sense of Mastery (MAS)

It would be expected from the existing research evidence that the young people in the SEBD group would show lower levels of optimism, self-efficacy and adaptability, (Garmezy, et al, 1984; Luthar, 1991, 2003; Masten, 2001; Rutter 1994; Werner & Smith, 1982; Werner, 1995).

MAS subscale scores						
		Low	Below Average	Average	Above Average	High
Overall Sense of Mastery	SEBD	8 (100%)	0	0	0	0
	N-SEBD	25 (100%)	0	0	0	0
Optimism	SEBD	1 (12.5%)	5 (62.5%)	2 (25%)	0	0
	N-SEBD	1 (4%)	8 (32%)	15 (60%)	1 (4%)	0
Self-efficacy	SEBD	2 (25%)	3 (37.5%)	3 (37.5%)	0	0
	N-SEBD	3 (12%)	5 (20%)	14 (56%)	2 (8%)	1 (4%)
Adaptability	SEBD	2 (25%)	4 (50%)	2 (25%)	0	0
	N-SEBD	5 (20%)	5 (20%)	13 (52%)	2 (8%)	0

Table 11: Mas subscale scores according to categorisation based on the cut off scores in the manual

Table 10 above shows the non-SEBD adolescents were categorised in a higher, mostly average band, in optimism (62%), compared to the SEBD adolescents who were mostly in the below average banding (62.5%). The higher percentage of average score in the non-SEBD population would suggest they feel more positive and competent in their lives, in comparison to their SEBD peers. This can also be observed in self-efficacy, with 56% of the adolescents scoring in the average band, whereas a higher proportion of the SEBD adolescents scored within the below average (37.5%) and low (25%). This suggests a higher proportion of non-SEBD adolescents to have higher levels of developed adaptive problem solving skills, when problems occurred, compared to their SEBD peers. Again in adaptability the non-SEBD mostly scored in the average band

(52%). 50% of the adolescents from the SEBD adolescents scored below average with 25% scoring on both Average and low. This suggests that a higher percentage of the non-SEBD adolescents were more likely to be able to learn from mistakes, whilst also managing to handle criticism.

4.2.1.2 Sense of Relatedness (REL)

Research indicates that the SEBD population would show lower levels of trust, support, comfort and tolerance (Barrera, 1986; Bowen, 1978; Cicchetti and Toth, 1997; Cohen & Wills, 1985; Erikson, 1968; Jackson and Warren, 2000; Sarason et al, 1987; Werner and Smith, 1982), than their non-SEBD peers.

REL subscale scores						
		Low	Below Average	Average	Above Average	High
Overall sense of relatedness	SEBD	7 (87.5%)	0	1 (12.5)	0	0
	N-SEBD	22 88%)	1 (4%)	2 (25%)	0	0
Trust	SEBD	4 (50%)	3 (37.5%)	1 (12.5)	0	0
	N-SEBD	3 (12%)	4 (16%)	17 (68%)	1 (4%)	0
Support	SEBD	1 (12.5%)	5 (62.5%)	1 (12.5)	1 (12.5%)	0
	N-SEBD	4 (16%)	3 (12%)	16 (64%)	2 (8%)	0
Comfort	SEBD	4 (50%)	3 (37.5)	1 (12.5)	0	0
	N-SEBD	3(12%)	9 (36%)	11 (44%)	2 (25%)	0
Tolerance	SEBD	3 (37.5)	2 (5%)	2 (25%)	1 (12.5%)	0
	N-SEBD	3 (12%)	4 (16%)	15 (60%)	3 (12%)	0

Table 12: REL subscale scores according to categorisation based on the cut off scores in the manual

Similar to the MAS scores more of the non-SEBD adolescents scored in the higher average band in trust, support and tolerance, compared to their SEBD peers, who scored higher the below average and low bands. The trust scores for the SEBD population were mostly low (50%) and below average (37.5%) in comparison to their non-SEBD peers. This indicated more authenticity felt in relationships amongst more of the non-SEBD adolescents compared to their SEBD peers, who did not feel socially and emotionally connected to others. 62.5% of the adolescents from the SEBD group were in the below average band in support, in comparison to the 64% from the non-SEBD group who reported in the average banding. This indicated the SEBD adolescents perceived lower levels of support available to them from others compared to the non-

SEBD population. 37.5 % of the SEBD adolescents scored in the low banding for tolerance, whilst 60% of the non-SEBD reported in the average banding. This suggest the SEBD adolescents felt less likely to be able to express their opinions without feeling judged or criticised compared to those from the non-SEBD adolescents. The comfort scores however showed a more even distribution between the non-SEBD population with the average at 44% and the below average at just below at 36%. The SEBD had 50% of the adolescents scoring in the low band and 36% scoring in the below average.

4.2.1.3 Emotional Reactivity (REA)

According to research, the SEBD group would show significantly higher levels of emotional responses to events that have occurred in relation to significant others in their lives, in comparison to the non-SEBD adolescents. The SEBD group would also show an inability to 'bounce back' or recover from adverse difficulties or function adequately when emotionally aroused, in comparison to their non-SEBD peers.

		Low	Below Average	Average	Above Average	High
Overall emotional reactivity	SEBD	1 (12.5%)	6 (75%)	1 (12.5)	0	0
	N-SEBD	23 (92%)	1 (4%)	1 (4%)	0	0
Sensitivity	SEBD	0	0	4 (50%)	2 (25%)	1 (12.5%)
	N-SEBD	1 (4%)	2 (8%)	17 (68%)	3 (12%)	2 (8%)
Recovery	SEBD	0	1 (12.5%)	3 (37.5%)	3 (37.5%)	1 (12.5%)
	N-SEBD	1 (4%)	6 (24%)	9 (36%)	5 (20%)	4 (16%)
Impairment	SEBD	0	1 (12.5)	4 (50%)	2 (25%)	1 (12.5%)
	N-SEBD	1 (4%)	3 (12%)	13 (52%)	6 (24%)	2 (8%)

Table 13: REA subscale scores according to categorisation based on the cut off scores in the manual

50% of the adolescents from the SEBD group scored in the average band, 25% in the above average and 12.5% in the high banding of sensitivity. The non-SEBD group scored 68% in the above average, 12% in the above average and 8% in the high banding. The results indicated that in both groups there were a high percentage of adolescents who responded with intense emotions, in reaction to significant others in their lives. The recovery scores, for both groups, were more widely distributed across the bands. In the SEBD group, 12.5% scored high, 37.5% scored above average, 37.5% scored average, and 12% scored below average. In the non-SEBD group 16% scored high, 20% scored above average, 36% scored average, 24% scored below average and

4% scored low. These results indicated that amongst both groups, the majority of the adolescents scored in the average and above average banding, however there were more varied responses in comparison to other subscales, across all three scales. Those scoring in the lower bands showed an ability to 'bounce back' from their emotional reaction, those in the higher bands, however showed an inability to 'bounce back', taking them longer to recover from the distress they experienced. Impairment again had a wider distribution across the bands. 12.5% of the of the adolescents in the SEBD group scored 12.5 in the high banding, 25% in the above average, 50% in the average, and 12.5 in the below average. In the non-SEBD group, 8%, scored in the high banding, 24% in the above average, 52% in the average, 12% in the below average and 4% in the low banding.

Overall the categorical data is useful in examining the trends between the two groups however due to small cell sizes and empty cells; it is more useful to use the T-Scores to test the hypotheses regarding the difference between the groups

4.2.2 Trends in the T-Scores

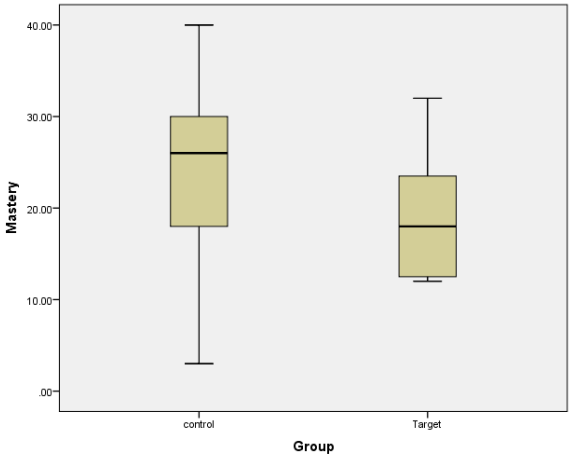
This section will report both the scale and subscale results found for both the target and comparison groups. The interpretation of the results will begin with the mean T scores, for each of the three scales, for both the SEBD and non-SEBD.

Mean Score Results				
	Comparison group mean (SD)	Target group mean (SD)	Overall mean (SD)	t
MAS	24.88 (9.32)	19.00 (7.03)	23.45 (9.08)	1.635 ns
REL	33.36 (1.24)	23.50 (11.66)	30.97 (11.95)	2.141 ns
REA	31.8 (9.30)	37.88 (7.61)	33.28 (9.20)	-1.67- ns

Table 14: Mean score results for the three resiliency scales

With regards to MAS, the mean score for the comparison group (mean = 24.9, SD = 9.32) was higher than that of the target group (mean = 19.0, SD = 7.03), but with a broader distribution, which is illustrated in Figure 4.1.

Figure 4.1 Sense of mastery target and comparison group distribution



Some individuals in the comparison group scored lower than all of those in the target group. This indicates that although overall both groups have a low, MAS, some individuals from the non-SEBD group may score higher in the three subscales.

4.3 T-Tests

A series of T-Tests were conducted on the resiliency subscales. There was no significant difference between groups on MAS (t=1.635; df=31; p=.112), REL (t=2.121; df=31. p=.04), or REA (t=-1.670; df=31; p=.105).

4.3 Summary of findings

The trend has gone in an unexpected direction as it was predicted that the comparison group would show significantly higher levels of resilience compared to the target group peers with SEBD. In fact, it has shown that although there is a difference between the subscales on each of the three scales, overall the difference was very little. For MAS, although there was an observed difference between the two groups within the subscales of optimism, self-efficacy and adaptability, overall in MAS all of the adolescents scored in the low bands. This would suggest that all of the adolescents in both groups who were unable to experience or understand the impact of their interactions with others and the environment in a way that was positive to them (Prince-Embury, 2010). For the scale of REL, again, there were observed differences between the subscales of trust, support, comfort and tolerance, however overall both groups skewed towards the lower end of the scale in comparison to the rest of the subscales on both MAS and REL. Previous research supports the notion that the

comparison group would have higher numbers in the high or above average groups (Garmezy, et al, 1984; Luthar, 1991, 2003; Masten, 2001; Rutter et al, 1994; Werner & Smith, 1982). In the REL, the sensitivity, recovery and impairment scales had a wider spread of distribution amongst both groups, overall showed little difference in the REA of both the SEBD and non-SEBD groups, they showed, mostly that both had a mostly average and above average reaction to emotional distress. This indicated a difference amongst adolescents and how they functioned when in a distressed state, in both groups, with those scoring in the lower bands reporting their ability to function adequately when in a distressed state, with those scoring in the higher bands showing an inability to function adequately when in an emotionally distressed state, supporting previous research (Bowen, 1978; Davidson, 2000; Rothbart and Derryberry, 1981; Siegel, 1999). Overall there was very little evidence of difference in resilience between the two groups. The hypothesis that the SEBD group would score more highly than the non-SEBD group was therefore not accepted.

Chapter 5: Study 2

A qualitative exploration of attachment style and its presentation in adolescents with Social, Emotional and Behavioural Difficulties in the UK

This study has been prepared for submission for
The Journal of Attachment and Human Development (Appendix 10)

5.1 Introduction

This chapter will look in detail at the qualitative findings that emerged from the ASI_AD (Bifulco, 2012). The ASI-AD semi-structured interview focuses on the experiences of the relationship each of the eight individuals shared, with people that they were close to and people in general, with the overall aim of establishing their attachment style.

5.2 Results

The Eight ASI-AD interview transcripts were analysed using the ASI-AD manual (Bifulco, 2012). This section presents case vignettes for each participant. In the eight cases interviewed for this research study, 80% of the adolescents had an insecure attachment style, which is consistent with infants with a secure attachment in a general population, where 70% are were found to have a secure attachment, (Ainsworth et al, 1969). The distribution of the attachment styles are presented in Fig 5.1 below:

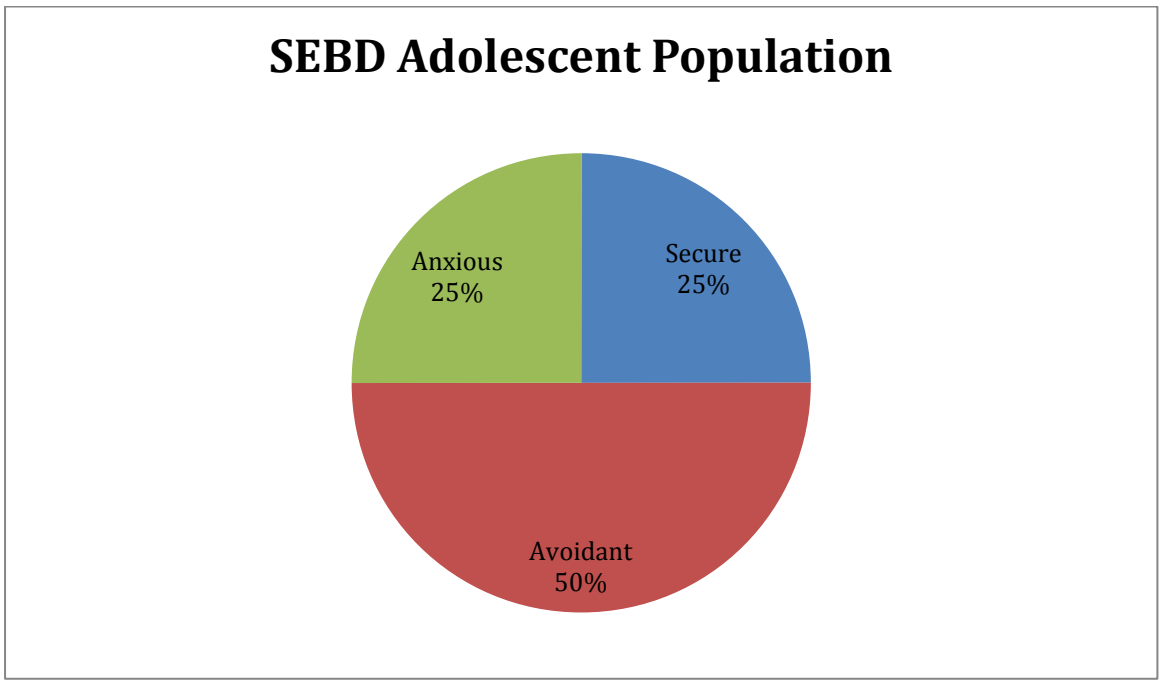


Fig 5.1: Distribution of attachment style

5.2.1 Vicky

5.2.1.1 Background and Presenting Difficulties:

Vicky is a fifteen year-old young person. Vicky has been referred to social services due to absconding behaviour, which has ultimately impacted her school attendance and her management of both peer and staff relationships at school. Vicky has experienced emotional and physical abuse as well as neglect, from the age of three years. She lives with her mum, her older sister, Connie who is sixteen years old and has a brother Peter, who is 11 years old. Her dad left when she was four years old and she had very little contact with him. Both her siblings have a different father to herself. Vicky's biological mother is dependent on drugs and alcohol, as are members of her extended family, family members, whom Vicky had regular contact with. Vicky presents with anxiety, which impact her behaviour and her school work. Vicky is not engaging at school, refusing to go to class and does not engage positively with teaching staff and peers.

During the interview, Vicky disclosed that she has been distributing drugs for a family member, which is related to her absconding. The researcher requested the interview was stopped at this point, which Vicky agreed to. Further discussions were had with both Vicky, and the researcher's clinical supervisor. Vicky's interview restarted, on the same day, after about an hour and a half. Vicky was given the option not to continue with the interview, stop and have a break or resume on another day. Vicky made the decision that she wanted to continue on the same day, which she did after she had a drink and some biscuits.

5.2.1.2 Engagement with Interview:

Vicky engaged well with the interview, as evidenced by giving good examples and scenarios of events.

5.2.1.3 Presentation and Support:

- **Mother**

Vicky does not confide in her mother about her problems or what is going on in her life. She talked about her mother in a dismissive manner, recounting angry interactions; *"I don't know, we always argue, like every day"* (P281) and *"…me and my mum don't really get on and we aren't really close and stuff like that"* (P278), whilst also showing an angry avoidance *"Not really unless I've been naughty or something and she's having a go at me".* (P270). There was evidence of marked negative interaction, and no positive interaction or felt attachment, *"Like, I've never been close to my mum since I've been little, like I knew that since I was little"* (P251)

Support was rated at 1-Insufficient with discord.

- **VCO 1- Mary (sister)**

  Vicky said that she talks to her sister about things, but on further exploration it seems that actual confiding about personal things was quite low with a positive interaction at a moderate level. *"…I don't want to like, worry her, like if there's something serious, I'd probably just like tell Miss or if it's really serious I probably won't say anything*" (P525). There was little evidence of arguments in this relationship and a moderate felt attachment.

  Support was rated at 3-Good average support, no discord.

- **VCO 2- Miss**

  Vicky said the person that she talked to most about her problems was Miss (A pastoral member of staff) *"Like loads of stuff, like if I've got like a problem and I need somebody to talk to and I don't really know who to talk to, I'll go to Miss and I'll say Miss I've got this problem I don't know what to do, can I come and speak to you"* (P691). There is no negative interaction between them and moderate felt attachment.

  Support was also rated at 3-Good average support, no discord.

5.2.1.4 Ability to make and maintain relationship:

Vicky's ability to make and maintain relationships was rated at 2 moderate, showing Vicky could make and maintain relationships to a certain degree but that there was evidence of conflict within at least one of these relationships.

5.2.1.5 Attachment Attitudes:

- **Mistrust**

  Vicky said trust took time. *"Like for me to trust somebody I have to like build trust with them and like get to know them and like, like I trust you to tell you like loads of stuff….like my mum, Like I don't trust her to tell her"* (P672-P675).

- **Constraints on Closeness**

  Vicky felt it was important to have someone close to her but also said that she found it hard to get close to people, because people had let her down. *"Sometimes, cus like I don't want to like build all that trust with somebody and then, for it to be broken, because I've had that like loads of times…and like I don't know, say like I've told somebody like everything and then, they've like gone to tell somebody"* (P695-P696).

- **Fear of Rejection**

  Vicky talked about how she felt she had been let down, especially when her brother was born; she felt her mum cared more for him. *"Like, I've never been close to my mum since I've been little…"* (P251).

  Self-Reliance

  Vicky also reported that she has been independent and self-reliant from a very young age; *"Yeah like we, I remember like just being really independent and doing everything myself basically"* (P260) and *"Like even my mum said since I was like about three or four, I've always been like independent"* (P253)

- **Desire for Company**

  Vicky had a low desire for company. *"I don't know, I don't really like mixing with new people, because it's just like, Oh God!"* (P782). *"Sometimes, yeah it depends on what mood I'm in as well"* (P798)

- **Fear of separation**

  Vicky had a little fear of separation from people in general and she felt she would have no one to talk to, *"Yeah, because then like, I feel like I ain't got anyone to speak to or like"* (P805) but had no fear about being away from her mother for long periods of time, *"Not really"* (P806).

- **Anger**

  In her relationships, generally there was evidence of angry interactions; Vicky reported she had an aggressive relationship with one of her older siblings, *"I don't know like, it was just, I can't remember what we were arguing about but like, I don't know, like she told me to die or like go kill myself or something and then we just started fighting and then like, like she was like punching me and I was punching her like, then she nearly pushed me down the stairs…"*(P77).

5.2.1.6 Overall Attachment Style:

Vicky's ASI-AD established an angry dismissive attachment style.

5.2.2 Baleigh

5.2.2.1 Background and Presenting Difficulties:

Baleigh is a seventeen-year -old female who has returned to her child-care course after giving birth to a boy (Henry), who is eighteen months old at the time of interview. Baleigh lives with both her birth parents and is an only child. Baleigh described her upbringing as good and supportive. Her boyfriend Dave, father of their child Henry, lived in her house for most of the week and went home over the weekend to stay with his dad and his dad's partner. Baleigh has been experiencing anxiety since she returned to her school environment. She is the victim to low level 'bullying' due to her having a baby, most of which she described as name calling resulting in withdrawal from classes due to panic and feeling overwhelmed. No difficulties or disclosure arose during the interview.

5.2.2.2 Engagement with Interview:

Good engagement overall with a good sense of rapport.

5.2.2.3 Presentation and Support:

- **Mother**

  Baleigh described a very close, confiding relationship with her mum, *"I can just talk to her about anything", "Like if I've got a problem, she will always listen to it and I don't feel like she judges me about anything"* (P78-P79) *"Everything really, like when I have an argument with my boyfriend I'll always tell my mum first, like if*

something happens at school, like if my teacher says I'm doing well, I'll tell my mum like. I'm doing driving lessons and my instructor said that reversing is to test standard. (She described little arguments "I don't like arguing with her" (P89) *"probably a couple of times a week"* (P90)

Support was rated 1-very good support.

- **VCO 1- Kim (Best friend)**

Baleigh described a supportive relationship with her best friend, with low negative interaction and high felt attachment. *"Hmm easy, we talk to each other about everything".* (P337), with only a few things that she wouldn't tell her *"Err, like something that, like when me and Dave get into an argument, like when he says he wishes he hadn't met me, and like he says horrible things to me, I wouldn't tell her about horrible things"* (P345). Baleigh felt her friend showed a lot of interest and support, *"So, if I'm talking about Henry, because she loves Henry, she says it's her little nephew, and like I took him, I go places with her and Henry, she'll be like take a picture because I want everyone to know that I've been here with him and then she like post it everywhere and then like when I talk about him, she's like oh my little man and he's getting bigger and stuff. She always talks about Henry as well"* (P360)

Support was rated 1-very good support.

- **VCO 2- Dave (Boyfriend)**

Baleigh went into more detail when talking about Dave, her boyfriend. As we explored this further, it was evident that she didn't feel as heard by him and there were frequent arguments between them, over a variety of issues. "*So like if I have an argument with my mum and dad, I'll tell him exactly what it was about and some stuff that I said and that"* (P393). *"Yeah, he always tells me, I'll do well in school, because I've always done well. He said even if you're a bit behind you will catch up, I know you will"* (P409). (Do you think he is interested when you talk to him about stuff?) *"Yeah, sometimes when I talk to him when he's playing on his x-box or something, he doesn't seem as interested, because he likes to play it in peace as he says" (*Hmm, and how does that make you feel, when?) *"A bit upset sometimes because when I want to talk to him, I'd like him to like, pause his game and talk to me about it and then carry on playing"* (R411-P412).

Support was rated 2-Good average support with some discordance.

5.2.2.4. Ability to make and Maintain Relationships:

Baleigh's ability to make and maintain relationships was rated at 1, showing a marked ability to relate to more than one other person.

5.2.2.5 Attachment Attitude:

- **Mistrust**

  (So do you find it hard to trust people?) *"Err, sometimes, yeah"* (P453). "*Because like, you don't know whether you should tell something to somebody, because they will go and tell someone else about it"* (P454). *"err, like because I've trusted people in the past and when I've trusted them about something, like if I tell them something and I trust them not to say anything, it's always been told" (*P481)

- **Constraints on Closeness**

  She doesn't find it difficult to confide in people she knows and having someone close to her is important and she felt closest to her mum, but she said she felt guarded with people in general "*Err, I don't really like telling people about my past experiences, something I've been through" (P470), "Because I'm scared sometimes, because I don't know whether I can actually trust them and if they're putting a front on saying that I can, but actually I can't*" (P486).

- **Fear of Rejection**

  Baleigh felt she has been let down on a number of occasions in the past *"Hurt when I tell them something and they go off and tell other people"* (P496)

- **Self-Reliance**

  She felt she could cope generally with things but got upset easily *"Yeah, there is, like if it isn't that upsetting then I can cope, but if it's like when I've had an argument with like Dave and it's been really bad and he's like horrible and things, I can't cope on my own"* (P509-510). Baleigh felt it was important to be independent. *"It's important because I have a son and I've got to look after him". She also said "I like to make my own mind up but I like to get advice as well as making my own mind up"* (P513).

- **Desire for Company**

She described how she enjoyed spending time with people, *"Yeah, I don't like being on my own anywhere"* (P524) but doesn't always find it easy to initiate friendships. It felt important for her to have people around a lot, *"It makes me feel like, if I'm on my own like, going shopping or something, like everyone's looking at me or judging me and I don't like people looking at me"*. (P525). She would also like to have more quality time with friends and family, *"I would like to see them more often on my own, like just me and them"*

- **Fear of separation**

  She described how she finds it difficult when people are away, she didn't like mum being away at work. (What about if they are like away for a night or holiday or something, like if mum went away or something?) *"I would be really; I'd be a wreck". (R541-P541)* She said she would sometimes try and stop Dave going back home, *"Sometimes yes, when I'm feeling upset, I'll ask him, can you stay another night".* (P546)

- **Anger**

  She reported that she has general arguments about what she considers to be minor things with her parents and VCO's and described irritation with people generally at school and with some of her teachers, if she feels she or others are being treated unfairly. *"Just like the way people are. Nearly everybody now judges somebody over something and it, I don't see why, and it gets me angry. Like when I walk down the corridor and I see other kids bullying others, it upsets me and gets me angry, because I don't see the point"* (P559)

5.2.2.6 Overall Attachment Style:

Baleigh's ASI-AD identified her as clearly secure attachment style.

5.2.3 Jack

5.2.3.1 Background and Presenting Difficulties:

Jack is fourteen years-old at the time of the interview. He lives with his mum and older brother Lee, who is fifteen years old. His dad left the family home when Jack was five years old. Jack has contact with his dad most days after school and spends most of the school holidays with him. Jack has disruptive behaviour and anger problems at school

he often gets into disputes with both his peers and teachers. No difficulties or disclosure arose during the interview.

5.2.3.2 Engagement with Interview:

It was difficult at times to establish rapport with Jack. Jack didn't always understand some of the questions that I was asking him, and I would have to elaborate on what I was saying. He also seemed to struggle answering some questions, and find examples to back up what he was saying. I was unsure, if he did not know the answer or could not find the words to articulate, what he wanted to say.

5.2.3.3 Presentation and Support:

- **Mother**

  Jack said he was close to his mum but on closer questioning he confided in her about very little and they spent little quality time together. *"I have a good relationship with her, but like, we argue"* (P76) (Tell me what makes you close to mum?) "*That we actually do stuff together, like maybe sometimes we go out and that we sometimes watch films and everything" "it isn't often but we probably like do it every two weeks or every week*"(What's the atmosphere like?) *"It's alright…",* (*P84-P86*).

  Support was rated 4, insufficient support

- **VCO 1- Father**

  Again, there was little confiding in his dad, but Jack felt that he was close to his dad. *"err, we always do quite a lot of stuff together"* (P95) *"Err, doing stuff in the garden like building stuff and helping like with, he has like his own thing that he does, like he breeds dogs and that"*. (P96).

  Support was rated 4, insufficient support

- **VCO 2- Alice (Step-sister)**

Jack described a relationship again, based around doing things, *"I ask her if she wants to watch a film and all that*" (P352). There was little confiding, but he described the relationship as fun.

Support was rated 4, insufficient support

5.2.3.4 Ability to make and maintain Relationships:

Jack had little ability to make and maintain relationships and was rated at 4, showing that he was unable to make any significant relationships.

5.2.3.5 Attachment Attitude:

- **Mistrust**

  Jack reported that he found it difficult to trust people, (What makes you mistrust people?) *"Hmm, like, I don't know really, like, if they speak behind my back or something, not my family but someone like, for example, like if my mates were to do it. If I went out with them and they were alright with me but then they'd be speaking about me and everything"* (P399).

- **Constraints on Closeness**

  Jack said he didn't have any close friends *"I do feel like he isn't such a close friend, but I know he is my friend".*

- **Fear of Rejection**

  Jack reported that he didn't have any fear of being let down. (Have you ever felt hurt or rejected by someone close to you?), *"Hmm, no"* (Do you stop yourself getting close to someone just in case the hurt you?), "*Hmm, not, not really".*

- **Self-Reliance***.* Jack scored high on self-reliance and said he liked deciding things on his own, but also getting advice from others, but found it difficult to give examples, *"I would make up my own mind for doing my own thing, like and other's people's help, for I don't now like, I don't ask for people's help like, I don't know, I don't know really"* (P445).

- **Desire for Company**

  Jack said he was *"bored"* when he was on his own and preferred to be around people. "*Like I wouldn't have to be alone, but I'd probably be speaking to my mates."* (P456). *"I'd like to see my friends a lot more"* (P458).

- **Fear of separation**

  Jack said he would worry if people he was close to went away, *"Hmm, I don't know, like if something happened to them, like if they got poorly over there and had to call the doctors and then stay over there"* (P465).

- **Anger**

  Jack described a lot of angry interactions with people. When talking about his brother *"erm, we argue a lot, erm, we just like, if we try and like do stuff together we don't really get much out of it"*(P18). (And when you argue do you fight or shout?) *"Yeah, like punching and that"* (P27). He described this being at least once a week. "*Erm, when I had a fight with someone when I was in A, it was because someone said something about my mum. So, he said I went up to him and started arguing and it ended up with me throwing him on the floor and me punching him and people had to pull me off and everything"* (P57-P258). Jack needed me to know that he had done this. He didn't seem to be sorry about this interaction and was very dismissive in his manner of the impact of his behaviour on others.

5.2.3.6 Overall Attachment Style:

Jack's ASI-AD rating identified him as angry dismissive attachment style.

5.2.4 Rose

5.2.4.1 Background and Presenting Difficulties:

Rose, is a fifteen-year-old female who lives with her mother and her older brother Mike who is twenty-one years old. She has two older sisters, Emma, who is thirty years old and Rachael who is thirty-three years old, both of whom did not live with them. Between the ages of five years and nine years old, Rose spoke of, her exposure to domestic violence from her birth father to her birth mother and she was separated from him when she was nine years old. Rose said that she had contact with her father a "few years" ago but could not remember exactly when. Rose has been diagnosed by CAMHS as being depressed and having anxiety, which impacted both her relationships and interactions, at home and school

During the interview Rose talked about self-harm and suicidal thoughts. After the interview, we talked about any further support Rose felt she might need. She told me that she had received support for her self-harming in the past and was receiving support for her depression and anxiety, through CAMHS, however also told me that she would like to see a therapist on a more regular basis. This was relayed back to the pastoral support team, who organised for Rose to see a counsellor at school.

5.2.4.2 Engagement with Interview:

Rose engaged well and was able to articulate and describe events and interactions with others.

5.2.4.3 Presentation and Support:

- **Mother**

  Rose described a distant and unsupportive relationship with her mother: she was unable to confide in her and there were many angry interactions. She felt her mum was not interested in her life. (So would you say you had a good relationship with your mum). *"Err, not particularly"* (P86) *"Because we tend to argue a lot, she shouts at me a lot"* (P87) *"Err, you know like I'm on edge all the time because you know I do the slightest thing and she goes mental over it. But saying that if I am upset or something she will love me up, but most of the time, it's just purely arguments" (P88-P89).* (If you have a problem or a worry are you able to speak to your mum about it?) *"Err, it depends what the problem is"* (Can you give me an example of the kind of thing that you would tell her?) *"If I was worrying about school or something like that I would go to her but if it was something more personal"* (Like? What wouldn't you tell her?) *"I don't want to go into it".* (Ok, so the example that you gave here about the, feeling like you want to kill yourself are these the kinds of things that you wouldn't tell your mum?) *"Umm, well I'd try but she kind of just brushes it off and she doesn't really take notice"* (So you've tried to talk to your mum about these things?) *"Yeah, but she's just like, oh stop being silly, so"*. (Ok, so err, when you have tried to talk to her about these things, err do you just mention it or do you try and go into detail about it?), *"I try and go into detail, but most of the time she just changes the subject*

or she says, I'll take you back to the doctors but that never happens", (Ok, and so you try to tell her your most personal feelings but you don't feel understood or, you don't feel like she's interested in what you've got to say?),*"Pretty much",* (R233-P241).

Support was rated at 4-Insufficient support with discordance.

- **VCO 1 Mark (Boyfriend)**

  Rose reported that she does confide in her boyfriend about everything, but on further exploration it was evident that there was still some reluctance about going into detail as she felt he would not understand. She also reported that he was calm to be around and that there was little negative interaction between them. She felt she couldn't manage without him. (So if you have a problem or a worry can you speak to him about it?) *"Yeah"* (Tell me the kinds of things you talk to him about, what kinds of things do you tell him?) *Err, just like when I'm struggling or when I feel low, I just tell him, and we just talk about it and he's like it'll get better".* (And do you think you go into a lot of detail with him?) *"Not into a lot of detail, but enough detail because he doesn't really understand"*, (R272-P274). (What kind of things make you annoyed with each other?) *"Err, just really petty things like, if he won't stop tapping or something like that, nothing like major"* (R299-P299) (How would you feel if he wasn't there?) *"Just rubbish, because he means a lot"* (R306-P306).

  Support was rated at 3-Good average support with no discordance.

- **VCO 2 Rachael (Sister)**

  Rose said that her sister Rachael was someone that she confided in to a certain degree but didn't always want to tell her everything or go into detail; she also didn't like her sister asking her too many questions, especially about her boyfriend. She reported very little arguments, but that they could get annoyed with each other because of their stubbornness. *"Yeah, because whenever I'm having a problem, I just text her and she you know, immediately responds",* (P430) *"Err, well whenever I go around to her house, we spend quite a lot of time alone"* (P352).

  Support was rated at 3-Good average support with no discordance.

5.2.4.4 Ability to make and maintain Relationships:

Rose ability to make and maintain relationships was rated at 3, suggesting she had some ability.

5.2.4.5 Attachment Attitude:

- **Mistrust**

  Reported she found it hard to trust people because of past experiences. (Do you find it hard to trust people?) *"Yeah"* (What makes it hard*?) "Because, everyone that I've ever confined in they have betrayed me in some way",* (R378-P379). (Do you ever feel like people are against you?) *"I feel constantly like an outcast and I feel like people don't tend to like me, err yeah".*

- **Constraints on Closeness**

  Rose reported that it was important for her to feel close to someone but that she found it hard to get close to people, because of her mistrust issues. *"Err, because I just struggle to have conversations with people, because I'm awkward and shy, err it takes me months to form a close relationship with someone"* (P392). (And do you find it hard to get close to people? Do you think it's hard to get to know you properly?), *"Yeah"* (Why is that, what is it that?) *"Because I don't really, open, up a lot, I don't give people the full details and that's because I'm not comfortable with people knowing everything about me, in case they might use it against me".* (R397-P398)

- **Fear of Rejection**

  Her fear of rejection, stops her from getting close to people as she feels she is treated differently to others, this stops her from getting close to people. *"it's just I feel like, she treats the other three way better than me and if ever I want something, she says no, err, she really doesn't bother with me, well not that much"* (P424).

- **Self-Reliance**

  Rose felt that she wasn't very good at coping with her problems on her own, but at the same time felt independence was important. *"Because when I'm having these problems I don't, I can't calm myself down. I do destructive things",* (Ok, give

me an example of something destructive?) *"Err, self-harming, smoking and drinking".* (P426-P428)

- **Desire for Company**

  Rose felt content with the amount she saw people and didn't feel like she needed people around all the time *"Err, I like being alone sometimes because I feel a bit crowded but sometimes I do like to have people around".*

- **Fear of separation**

  Rose said she generally did not have a fear of being away from people, but she didn't like it when she was away from Mark, when she was on holiday. *"I was just worried because I missed him, badly and I couldn't talk to him as often as I did"*

- **Anger**

  Rose said that she used to argue with people, friends mostly but not anymore, but that she did feel angry with people. *"My mum, err, my dad, err my friends from my old school, I feel angry at those because they've just all kind of stabbed me in the back at some point and they've just, I can't be bothered with them anymore".*

5.2.4.6 Overall Attachment Style:

Rose's ASI-AD rating identified her with an angry dismissive attachment style.

5.2.5 Tom

5.2.5.1 Background and Presenting Difficulties:

Tom is a fifteen-year-old male who was suffering from severe anxiety. He had been under the care of CAMHS previously, but was not receiving any support for his difficulties at the time of interview. As a young child Tom, witnessed domestic violence from his birth father towards his birth mother. His father left the family home when Tom was between six and seven years old, after having an affair, whilst his mum had been hospitalised. Tom lived in a refuge for some time with his mother and younger sister Sarah, aged thirteen years old. He was now living in more permanent housing arrangement with his mum and younger sister. Tom also had four older siblings, two brothers, Pete, aged eighteen years and Ollie aged twenty-one years and two sisters Jo aged eighteen years and Sue aged nineteen years, who did not live with them. Soon after Tom and his family left the refuge, his mother's new partner (Anne) with whom Tom was very close and saw as a mother figure, died of Cancer. Tom started to self-harm which impacted his involvement in certain activities at school, particularly PE. He

also became isolated from his friends. No difficulties or disclosure arose during the interview.

5.2.5.2 Engagement with Interview:

There was good rapport and he gave clear examples of relationships and how he was affected in relation to his attachment attitudes.

5.2.5.3 Presentation and Support:

- **Mother**

  Tom reported he felt he used to have a close relationship with his mother, but that things had changed and he confided in her less. *"I used to yeah, but then recently she's, I guess she's kind of broke my trust, because she tells my little sister a lot. "Err, it's good I guess. I just don't really speak to her about stuff, that's all , you know what I a negative atmosphere, unless she's had a bad day, she's quite ill, she's having tests for, she's had loads of tests for bowel cancer"* (P178-P180). *"I tell her I'm worried but I wouldn't ever say to her like, you know like, I'm scared because that would really bug her, you know what I mean.* ((P397)

  Support rated at 2- Good average support with discordant.

- **VCO 1- Jo (Sister)**

  Tom, described Jo as his closest sibling. *"I guess I've always felt like she's understood me and I've always been able to speak confidently really"* (P31) *"I guess, probably deep down personally how I feel because I wouldn't want any of my siblings to know except Jo, because, I don't want, I just feel she understands" (P377)*

  Support rated at 3-Good average support with no discordant.

- **VCO 2- Arthur (Granddad)**

  Tom described a close affectionate relationship with his Granddad. *"Anything, if I feel down, I feel like I can just go and speak to him, because he speaks to me in like a mutual way. It's like we speak to each other, acknowledge each other's problems, without taking them on board, you know what I mean?"* (P535). *"Err, I suppose, I speak to him about the way I feel about some of the stuff that my Nan does because she's very, she's controlling…"* (P537)

  Support rated at 3-Good average support with no discordant.

5.2.5.4 Ability to make and maintain Relationships:

Tom had some ability to make and maintain relationships which was rated at 3.

5.2.5.5 Attachment Attitude:

- **Mistrust**

  Tom felt he could not trust people close to him or in general. *Do you feel like you can't trust people err, just in case they let you down?) "Yeah". (Why do you think that is?) "I don't know I just get paranoid about everything"* (P632). *"Yeah there was this once, erm, when my dad was between coming and going, err, it was like, the once he said, 'oh yeah I'm sorry I forgot to get you a birthday present and err, a few days before my birthday and then left, and my mum was like, let me come with you, because I don't think you're going to come back. He was like, trust me, I'm going to come back, so my mum was like, ok, and then he never came back"* (P636). *"That was difficult for us, he was like, it was horrible. I was out on the front for ages, waiting for him to come back and I just felt let down and I felt like, he broke my trust"* (P638). *"I guess there's never really, like erm, what my mum does, that makes me lose trust in a lot of people and it makes me like scared of trusting someone, confiding in them just in case"* (P605)

- **Constraints on Closeness**

  Tom also indicated on various occasions that he wanted to feel close to others, but was fearful of doing so and he felt he could not trust others. (Is it important to have someone close to you?) *"I feel like it yeah. I always feel like, I feel like I have, to rely on somebody and I liked to feel relied on"* and *"Yeah, yeah I guess. I haven't really, got close to anyone recently. It's always been like the people I've always been close to". (P167)* (Why do you think that is?) *Erm I guess, once Anne died I was, it completely changed me as a person, I guess (P618).*

  Fear of Rejection

  Tom had a fear of being rejected. (Do you ever feel like people are against you?) "*Yeah, I feel like my family is all the time, because they are always trying to cause trouble for everyone" and "Yeah like, when I'm walking down the street I get*

paranoid, there's always someone right behind, or I'm going to get jumped, you know it's weird". (Do you ever back off if you feel like you're getting close to someone, do you ever stop yourself from getting close to people?). *"Sometimes yeah, I panic like" (P640) "Like my mates like, you know when I'm really, close to someone and then, it's like they start to talk to me about stuff, I'm like, I kind of step it back a bit".*

- **Self-Reliance**

  Tom, felt he could cope better with his problems with other people's help, but also valued his independence. *"I think, I like to have a fixed mind set, but when someone's sat there and they've explained it to me, and said maybe that's not as practical as I thought" (P655)*

- **Desire for Company**

  Tom, said he didn't like to be around people a lot of the time and felt he saw his friends and family enough. *"I was like, I used to be, I was outgoing I guess, I loved to, I was a people person you know what I mean, but now I guess, I surrounded myself as much as I can, besides I hate being alone, but I hate being around groups of people and groups of people I'm not comfortable with" (P619).* (Would you like to have more people that you could share your problems with?) *"Sometimes I feel like I would yeah, and then other times feel like I'd rather be left alone and just try and get on with it" (P623*).

- **Fear of separation**

  Tom said he worried a lot about people he was close to, *"I worry about my Nan and my granddad a lot; yeah I really do worry about them a lot"* (P683). (Do you worry if they are away, spending time away, say if mum went away?) *"Yeah, I worry like if anything happened or could happen, stuff like that".*

- **Anger**

  Tom said he often falls out with people. He described getting annoyed with his dad a lot about the past*, "I try to talk to him about it, you have, to try and adapt things, you have to adapt to what you say, like not to make him, my dad's very, he's very, his attitude always been if you can't accept me then I can't accept you. That's what he's always said so I guess that's difficult" (P698)*

5.2.5.6 Overall Attachment Style:

Tom's ASI-AD rating identified him as Mildly Fearful attachment style.

5.2.6 Tina

5.2.6.1 Background and Presenting Difficulties:

Tina is a fifteen-year-old female, who lives at home with her mother and two sisters Ann aged seventeen years and Kath aged thirteen years. Her parents split up two years previously which Tina reported was because of constant arguing, but did not elaborate on this. She spoke to her dad daily but did not see him regularly due to family conflicts, which Tina described as difficult. Tina has a boyfriend, Tim, whom she feels close to. Tina struggles to engage well at school and has difficulties getting along with both teachers and staff, which interferes with her being unable to perform educationally to the best of her ability. No difficulties or disclosure arose during the interview.

5.2.6.2 Engagement with Interview:

Tina did not give many explanations to her answers and it was difficult to establish a rapport.

5.2.6.3 Presentation and Support:

- **Mother**

  Tina reported that she did confide in her about anything but struggled to give examples, but briefly mentioned something after some probing *"Yeah, I told her how they were with me, stuff like that and she was really close, with my best mate and she just didn't understand it, when I was telling her that"* (P176). (Ok, and do you think she is interested when you talk to her, does she show she's interested in things?) *"Not really, but, when, if I'm upset she would, but not if it's just like basic stuff, then she would, like wouldn't"* (P179). Tina reported that she never spent time alone with her mother and this is what irritated her about their relationship.

  Support rated 5-insufficient support with no discordance.

- **VCO 1- Jackie (Tim's mum)**

  Jackie was her boyfriend's mum, whom she reported she was very close to and confided in about everything. *"Like about when my mum and dad split up like. She was asking me because like, I didn't tell Mark about it and because he wouldn't*

understand, because his mum and dad are still together, and I was talking to her about it and I was like crying to her and that, and she was like, she was, said that I can go to her for anything, like!" (P213). (Do you think she is interested when you tell her? How does she show it?) *"Like she doesn't speak over me or like, just says it's all going to be ok and, she like, talks through it with me".*

Support rated 3-Good average support with no discordance.

- **VCO 2- Ann (Older sister)**

  Tina reported that her older sister was someone she confided in, telling her most things, but again struggled to give clear examples. She felt her sister was interested, *"Like she would tell me about, like it was the same, that she understood and that".*

  Support rated 3-Good average support with no discordance.

  Tina's reporting style was brief and factual and there was not a lot of emotion attached to what she was saying. This denoted a closed way of relating which was also evident from the lack of examples given, when she talked about her VCO's.

5.2.6.4 Ability to make and maintain Relationships:

Tina's ability to make and maintain relationships was moderate and rated at 2.

5.2.6.5 Attachment Attitude:

- **Mistrust**

  Tina reported that she found it hard to trust people, (What makes it hard to trust people?) *"From, like it's been a lesson from having previous friends".* (So because people have let you down?) *"Yeah".*

- **Constraints on Closeness**

  Tina didn't feel it was important to have someone close to her. (Is having someone close to you important?) *"Not really it doesn't really bother me".* (And do you ever find it hard to get close to people?) *"No" (R279-P280).*

- **Fear of Rejection**

  Tina did not show a fear of rejection. (Do you feel it's hard to get close to people?) *"No, it's easy to get close to people, but I wouldn't tell them my business".* (Do you ever feel people are against you?) "No". (Do you ever feel people are out

for themselves, or only do things for themselves?) *"Yes"* (Why do you think that), *"Because like if I do something for them, they wouldn't do anything in return"*. (And does that affect the way you are with other people?), *"yeah, I know not to do anything for anybody"*. (Is having someone close to you important?), *"No it doesn't bother me".* (Do you feel you can't trust people in case they let you down?) *"Not let me down, but trust people in case they say like, say what I've said".* (Does that make it difficult to trust them?) *"Yeah"* (Do you ever back off, if you feel you are getting close to somebody?), *"Sometimes, yeah",* (R274-P279)

- **Self-Reliance**

  Tina reported that she did not rely on others and felt independence was important, although she said she did like to get advice from other people, people's opinions were generally not important to her.
- **Desire for Company**

  (Do you ever feel like you need other's help?) *"No"* (P298). (Do you enjoy spending time with new people?) *"Sometimes"* (P312). (Do you ever enjoy meeting new people?) "Not really, no" (P316). (What's it like when you're on your own, how does it feel?) *"I feel more independent; I'm not bothered about not being around people"* (P320)
- **Fear of separation**

  There was little fear of separation from parents, but she said she wouldn't like it if her boyfriend went away, (What about if Tim had to spend time away?) *"I wouldn't like it"*. (So you wouldn't like him to go on holiday?) *"No"*. (P331-P332)
- **Anger**

  No evidence of arguments with people in general. She didn't feel ignored or that people hadn't done enough for her. (Do you often get into arguments with people?) *"No"* (Do you often fall out with close friends or anything?) *"No"* (R336-P337).

5.2.6.6 Overall Attachment Style:

Tina's ASI-AD rating identified her as being Mildly withdrawn.

5.2.7 Karen

5.2.7.1 Background and Presenting Difficulties:

Karen at the time of interview was fifteen years old. Karen lived with both her birth parents and her four brothers: Ben aged seventeen years, James aged thirteen years, Noah aged six years and Fin aged two years. She described her family as close and loving and shared experiences of time together as a family. Karen, at the time of interview had been suffering from some anxiety, related to a long period of time off due to illness which Karen explained made her feel anxious about going back to class. Karen was diagnosed with anxiety. No difficulties or disclosure arose during the interview.

5.2.7.2 Engagement with Interview:

Karen engaged well during the interview and a good rapport was developed. She reported her attachment with her family with ease and could give examples of her interactions and feelings towards them.

5.2.7.3 Presentation and Support:

- **Mother**

  Karen reported a very close confiding, affectionate and fun relationship with her mum, (And do you hug her for example?) *"Yeah, like there doesn't have to be a reason" (P71). "I can tell her everything"*, "Like if I fall out with someone at school", or another example was *"Yeah, because my mum's like, really concerned, she tries to find out what's a matter with me and things like that"* (P191-P194). There were very minor irritations or arguments which did not happen very often, *"Err, not very often but when we argue it isn't like a full-blown argument it's just like a disagreement kind of thing, so"* (P239)

  Support was rated at 1-Very good support with no discordance.

- **VCO2- Father**

  Karen described a close relationship with her dad, fun and playful but not as much confiding as mum, *"Err, I just say, I just more mention it. Like he'll ask me, how's your day been and it's been a bad day, I'll be like a bad day and he'll ask why and I'll say I've had an argument with the teacher, but I've sorted it. I won't go in; I think I'll tell my mum more because she's at home more, So I'll go into detail more with mum, so"* (P256-P257). Again, minor irritations and arguments, (And do you get angry towards any of them, do you feel angry?) *"Not really no, it's not*

common. Like if we do argue it's only about the remote at the end of the day, it will be ok after that anyway".

Support was rated at 3-Good average support with no discordance.

- **VCO 2-Crystal (Friend)**

  Karen reported that her friend Crystal who was two years older than Karen, 17 years old was someone that she would confide in, but only to a certain point. She felt her friend was interested in what was going on in her life. *"Like I told her, if I've got a hospital appointment and talk and what's gone on and stuff like that, but I won't go into detail that she'd worry about me kind of thing (OK), because I know it worries my mum and it would worry Crystal as well" (P303- P304).*

  Support was rated at 3-Good average support with no discordance.

5.2.7.4 Ability to make and maintain Relationships:

Karen's ability to make and maintain relationships was good with all her VCO's and very little expression of anger or negative attributes to any of these relationships.

5.2.7.5 Attachment Attitude:

- **Mistrust**

  Karen reported appropriate levels of trust *"Yeah like my mum, like my family members the main ones and then I'd say I tell the rest of my mates something but I'd only tell them certain stuff*" (P380), although because of past issues had concerns about trusting friends, *"Err, I've had friends in the past who have like, gone behind my back and stuff, so I don't really trust other people, that's why I think I tell Crystal main stuff because I wouldn't tell anyone else".* (P376)

- **Constraints on Closeness**

  Karen reported that it was important that she had someone close to her, *"Because I like the fact that I can tell someone something"* (P389). Karen expressed little constraints on closeness *"I don't know because I'm pretty open. Like if someone I don't know, talks to me and everything I won't ignorant, I'd like talk to them back"*. (P397).

- **Fear of Rejection**

  Karen reported little fear of rejection. *"It doesn't really bother me, because I don't expect everyone to like me"* (P445).

- **Self-Reliance**

  Karen reported a healthy degree of self-reliance, asking for help and advice when needed. (Do you feel you can cope with your problems well?) *"Yeah, because I don't really, I don't keep them to myself, but when I do it's just like unnecessary stuff anyway, so I'm alright with it"* (P428). (Is it important for you to be independent?), *"I like to do as much as I can on my own, until the point I think I need someone's help"* (P435-P436). (And do you like to make up your mind about things, or do you like getting other people's opinions and advice and things, before you make up your mind?), *"I'd say I make up my own mind, like if I know something, like, I like it depends, I suppose it depends on what it is".*

- **Desire for Company**

  She enjoys spending time with people and finds it easy to initiate friendships and doesn't mind having people around, but also enjoys her own space. (Do you enjoy spending time with people?) *"Err, yeah if they're nice people yeah, but like if a bad vibe comes from them, then I'd rather not"* (P459). (And do you find it easy to make new friends and things like that?), *"Yeah, Jaya was new to the school and she's like closer now and stuff"* (P461). (And do you enjoy having people around you a lot of the time?), *"I like; I like my personal space as well"* (P462)

- **Fear of separation**

  Karen reported that she does worry if she is away from family members, and likes to know if they are ok. *"When, because my brother, err, when we go on holidays now, my eldest brother doesn't like coming, because of his girlfriend and everything, so he stops with my nan and I think then, even though you're on holiday, as much as it's good, you're always thinking, I hope he's alright"* (473-P474).

- **Anger**

  Karen doesn't have arguments with people who are close or with people in general, occasionally gets annoyed with a friend but gets over it. (Do you often fall out with people?), *"Not really because I'd say I'm like, I give people more chances than I should, I'd say"* (P478), (Ok, and do you ever argue with close friends or anything?), *"Err, not really, not really but ever since, I used to argue with Claire quite a lot, so!"* (P479)

5.2.7.6 Overall Attachment Style:

Karen's ASI-AD identified her as Clearly Secure.

5.2.8 Jay

5.2.8.1 Background and Presenting Difficulties:

At the time of interview Jay was an eighteen-year-old transgender male. He lived with both his parents, youngster sister Aria aged ten years and younger brother Joseph aged five years. Jay was going through gender transition and lived and presented as male. Jay was also very close to his maternal grandparents and tried to spend as much time with them as he could. Jay's gender identity issues had disrupted both his home and school life and had caused him both anxieties, expressed in frequent panic attacks and depression, which were expressed through periods of low mood and isolation. Jay had heightened anxiety, which presented itself when Jay first started to discuss his gender identity with his family and make physical changes to his appearance. No difficulties or disclosure arose during the interview.

5.2.8.2 Engagement with Interview:

Generally, Jay engaged well, and we could establish a degree of rapport. At times, he found it difficult to articulate what he wanted to say.

5.2.8.3 Presentation and Support:

- **Mother**

  Jay reported closeness in his relationship with his mum, but not much confiding about his gender issues as he felt this caused conflict between them, due to their difference in opinion about it. (Ok, so tell me a bit about your relationship with your mum, would you say you had a good relationship with her?), *"I think it's had its ups and downs, I don't know whether I'd categorise it as good, but I wouldn't categorise it as bad at all, so it's leaning towards good, but it's not the best it could probably be".* (And can you tell me a little bit why?) *"err, I think it's because she has very different views on a lot of issues, Erm and she has a lack of understanding*

with problems that I deal with, erm, to do with like, how my mental health is or gender, or, she has very different views so, it's hard for me to have a good relationship with her when, I can't be as open as I'd probably want to be". (Ok, so what's it like when you're together, the two of you, what's the atmosphere like?) *"I mean it's not like I have a proper conversation with her but it's not like we wouldn't talk at all and we would just argue and that, it's like we'll talk, but there's only a certain amount of time I can talk to her before, one of those differences in opinions come up and I'm just like"* (And would you say the atmosphere is tense around you or is it relaxed, you know, how would you*?) "I think it's quite relaxed, until err, like a certain opinion comes cross in the topic of conversation, err, like if I was trying to express what a lot of people think and what I think personally and explain my, err view on it, I think it creates tension then"* (P49-P53).

Support rated 5-Insufficient support

- **VCO 1- Dot (Nan)**

  Jay reported a very close relationship with his Nan, with confiding, including emotions. (So if you have a problem or a worry can you speak to your Nan?) *"Yes definitely"* (Would you say that you are close?) *"Yeah",* (Would you say that you talk to her more than you talk to your mum?) *"Yeah (laughs)"* (What sorts of things would you tell her?) *"Everything and anything, so like something to do with my mental health, or, or my gender, school",* (And do you go into more detail with her?) *"yeah, she seems to be a lot more, calmer and understanding, she tries to understand".* (Is there anything that you wouldn't tell her?) *"No",* (R271-P276). *"She doesn't have a set opinion and then if she does she asks me questions, and then she says what she thinks, and if that's right or not and asks me on that situation" "Yeah and me and my Nan communicate very well and I think that's the difference",* (P289-P290).

  Support rated 1-Very good support

- **VCO 2- Lucy (Friend)**

  Jay reported a close relationship with his friend Lucy who supported him with his gender issues and had been around when he presented as a female, so she had supported the changes he had gone through. Although he reported that she was interested, he kept things quite vague with her and didn't talk too much about his feelings. *"No, no, no, no, no, I keep it quite vague"* (P323), *"Yeah she*

seems quite interested in that side. Not to do with, she more, just supportive, it's not like, oh I've got this problem because of this, but she just supports whatever I do, that sort of thing" (P326-P327).

Support rated 3-Good average support

Jay's ASI-AD rating identified him as mildly fearful. Jay described that he felt let down by people in his life and this impacted on how he related to others.

5.2.8.4 Ability to make and maintain Relationships:

Jays had a moderate ability to make and maintain relationships, which was rated at 2.

5.2.8.5 Attachment Attitude:

- **Mistrust**

  Jay reported that he found it hard to trust people and would question why people did certain things. *"Err, because I think it's very hard to, it's just, it makes me very anxious to trust people, because if they're not, if I trust them and they break my trust, it's just I"*. (Do you ever question why people do certain things?) *"Yeah all the time"* (P366). He didn't feel people were against him. *"No, no I wouldn't say so".* (Do you ever feel that most people are out for themselves?), "*Yeah definitely",* (Why do you think that?), *Because, I think a lot of people, obviously, its instinct to put yourself first, so everyone's just kind of looking out for themselves*" (Is that what you've experienced?) *"Yeah, it's, it's there's a few people that go against that, don't, but it's just kind of see the bigger picture of everything rather than just my life, so I see everyone's"* (R371-P373).

- **Constraints on Closeness**

  He reported that it was important to feel close to someone and that he felt closest to his Nan now. He recognised that he found it hard to get close to people and why. (Connected to fear of future) *"Because I think I always over analyse what I want to say and I think that limits my conversation with people, because I never know what to say".* (P383)

  (Do you find it difficult to let people get close to you?) *"Yeah, I think that's mainly trust issues and then maybe to do with just my emotions"* (P384).

- **Fear of Rejection**

There was some fear of rejection due to past experiences and he expressed a fear of not wanting to get too close to people in case they let him down. (Do you feel you can't trust people because they're going to let you down?) "*Yeah, I think it's quite hard to tell someone something, because that's like such a big thing and you just, you've got to know them enough, and well enough for them not to say an opinion that may be just, don't know" (P392).* (Do you veer back off, if you find yourself getting close to someone?), *Yeah",* (Who, anyone in particular?) *"Erm, I think my friends, certain friends".* (Why is that?) *"I just get very uncomfortable; I just don't want them to get to know me properly I guess"* (R395-P397).

- **Self-Reliance**

  Jay reported that he liked to deal with things on his own, but felt he could ask for help if he needed to. *"I cope better on my own, unless it gets to a point where I really, really, like need someone else".* (P407). Independence was also important to him and making up his own mind, but felt comfortable to ask others to, if he felt he needed to. *"I try to make up my own mind, but if it's something that I can't at all, I think I like reassurance from other people"* (P411)

- **Desire for Company**

  Jay liked spending time with people, but also liked to spend time alone. *"I don't like being completely alone, but I don't like people being around me, so like the ideal situation is like being somewhere, where there are a lot of people, but I'm not with those people lot of people, I just know them so if I need someone there, if that makes sense"* (P428).

- **Fear of separation**

  Jay reported some fear of separation, and recognised that he had irrational thoughts. (Do you get worried when people close to you are away, so if mum and dad are away overnight or?) *"Yeah"* (P435). *"I think the worst situation, so like to do with them, or like my mind comes up with very irrational thoughts"* (P436).

- **Anger**

  Jay reported more irritation than anger with people. (Do you often get into arguments?) *"Only with my family, but not that often because otherwise I just usually just keep to myself kind of thing"* (P438).

5.2.8.6 Overall Attachment Style:

Jay's ASI-AD rating identified him as having a Mildly Fearful attachment Style.

Summary: The eight profiles provide evidence to suggest that adolescents with SEBD, with an insecure attachment style show less ability in making and maintaining relationships and that the degree of insecurity impacts the way in which they interact with close others and people in general, in comparison to their peers with a secure attachment. Their style of relating (fearfully, angrily dismissively or withdrawn), in combination with their SEBD, illustrates how their individual characteristics are impacted and how their resilience comes into play. These are discussed in more detail below.

5.3 The Interplay between Attachment and Resilience of the SEBD adolescents

5.3.1 Attachment Style and resilience in relation to SEBD and its impact on the life of the adolescent:

The three classification types of attachment: secure, avoidant, and anxious narrated the behaviour patterns of the adolescents whilst also indicating their expectations in relation to the responses they received from their main carers and their VCO's. A detailed account of the participants, relationships (below) showed that their attachment style, which is derived from their ability to make and maintain relationships, as well as the degree of security in their attachment, had an impact on how they managed their social, emotional and behavioural interactions with others. 50% of the adolescents' profiles were categorised as avoidant, 25% as anxious and 25% as clearly secure. Table 16 illustrates the attachment styles of the eight individuals, alongside their identified SEBD, ability to make and maintain relationship rating, attachment style and the degree of insecurity, captured in their attachment style interview.

In their individual resiliency profiles, all adolescents indicated low levels of MAS and REL, in both the target and comparison groups. However, as illustrated in Fig 4.1, the distribution of the target group subscales in relation to the comparison group was much lower. What were consistent with research were the expected higher levels of emotion in the SEBD population in comparison to their peers, which again supports resiliency

literature (Olsson et al 2006; Prince-Embury 2006; 2010). The table below illustrates the scale and subscale scores for each of the eight SEBD adolescents.

Target group breakdown of SEBD and Attachment styles					
Participant	**Age (in years)**	**SEBD**	**Ability to make and maintain Relationship Rating**	**Attachment Style**	**Degree of Insecurity**
Secure					
Baleigh	17	Average Anxiety	1 Marked	Clearly Secure	
Karen	15	Mild Anxiety	1 Marked	Cleary Secure	
Anxious					
Tom	15	Anxiety & Depression	2 Moderate	Fearful	Markedly
Jay	18	Anxiety & Depression	2 Moderate	Fearful	Mildly
Avoidant					
Vicky	15	Severe Anxiety	3 Some	Angry Dismissive	Moderately
Jack	14	ADHD/Sever Anxiety	4 Little/none	Angry Dismissive	Markedly
Rose	15	Severe Anxiety & Depression	3 Some	Angry Dismissive	Moderately
Tina	15	Anxiety	2 Moderate	Withdrawn	Mildly

(Table 15: Attachment styles of the SEBD adolescents)

It is evident that most of the young people scored low on the main scales of MAS, REL and mostly high in REA. There are however significant differences in the scores between the subscales of each main scale. The target group will be discussed in more detail, highlighting the interplay between the two in relation to the eight SEBD adolescents, (Atwool, 2016).

Target Group Resiliency Scale and Subscale Scores								
Scales/ Subscales	Participants							
	Baleigh	Karen	Tom	Jay	Vicky	Jack	Rose	Tina
Sense of mastery	36-low	63-high	25-low	42-low	35-low	38-low	35-low	44-ave
Optimism	6	12	4	5	7	9	3	7
Self-efficacy	4	10	3	7	5	8	7	8
Adaptability	3	10	5	6	6	7	2	8
Sense of relatedness	27-low	51-high	21-low	34-low	26-low	26-low	26-low	34-low
Trust	3	12	2	4	5	6	4	7
Support	8	13	3	5	5	5	5	6
Comfort	2	11	1	4	5	6	2	7
Tolerance	8	14	4	10	3	7	7	4
Emotional reactivity	64-high	51-below average	92-high	66-high	63-high	64-high	63-high	72-high
Sensitivity	14	12		12	12	10	18	10
Recovery	14	6		15	16	12	13	11
Impairment	13	7		9	15	13	19	11

(Table 16: Breakdown of resiliency scale and subscale scores)

The three attachment styles found amongst the SEBD population exhibited theoretically consistent profiles of emotional and behavioural symptoms and problems. (Ainsworth 1986, 1989; Bowlby 1973, 1980, 1988), secure adolescents reported a healthier functioning. Anxiously classified adolescents reported an angrier exterior in response to their caregivers and VCO's and felt anxiety and or depression, in response to their lack of attachment to others, which was shown through problematic behaviour at school. (Ainsworth, 1979; Ainsworth et al 1969, Bowlby, 1980; Cooper 1994; Oskis et al, 2010; Potthurst 1990). Avoidant classified adolescents, reported a more withdrawn

way of relating, showing exaggerated problematic behaviour, including self-harm and overly expressive displays of anger towards others, including physical outbursts, again consistent with research of avoidant classified children, adolescents and adults (Ainsworth et al 1978; Bowlby 1980; Collin and Read, 1990; Hazan and Shaver, 1987; Main and Weston, 1982; Oskis, 2010). In each case their resiliency profile supported their attachment style, both contributing to their individual abilities to effectively manage their SEBD symptoms.

5.3.1.1 Secure Classification

It is expected that secure adolescents are able to explore their relationships within the domains proposed by Bowlby (1982) and Ainsworth (1989). Infants who feel secure are able to explore their respective environments encouraged by the fact that their caregiver is available to them, if problems occur they are able to deal with them without being overwhelmed or disturbed in a way that could cause on-going problem.

Baleigh: At the age of 16 years old, an unexpected event occurred in Baleigh's life when she became pregnant. Baleigh reported she became upset at school, because she had become pregnant, and felt people did not find this acceptable. Her overall low score of 36, in MAS , suggests that Baleigh's already less than positive attitude about the world, particularly her low self-esteem and negative connotations of the self (low optimism), were further hindered by these events occurring in her life. Alongside this, her low score (3) in adaptability representing her inability to receive criticism from others, led to the heightened feelings of anxiety that Baleigh describes. She also scores low on problem solving abilities, indicated in her low self-efficacy score (3), suggesting she struggles to apply herself individually, make decisions, or apply alternative approaches to her life when something changes or doesn't go her way.

Baleigh's overall scores in REL (27) are low. Her score in trust (3) showed Baleigh does not trust others, because of previously being let down by friends that she had confided in. Her comfort is also very low (2), suggesting uneasiness around others indicating possible difficulties with meeting new people and making new friends, which was consistent with what Baleigh reported in her interview. In comparison to her other low scores in sense of MAS of REL, her subscale score for support were in comparison

higher, at 8, consistent with what Baleigh interview, describing a supportive relationship with her mum, emphasised by love and understanding. This showed her as marked in her ability to make and maintain significant relationships giving her a template of effective ways of communicating with others. Tolerance however was inconsistent with her scores and she did not fee able to express her feelings without being judged. This inconsistency may be due to Baleigh's recent feelings of feeling judged at school because of her pregnancy, even though she did not feel judged by those she was close to.

Baleigh's REA score is high (64), suggesting Baleigh tends to get upset very easily, with her sensitivity score being 14 and it takes time for her to recover from these feelings of upset, recovery being (14). This was supported by her responses in her interview, when talking about her boyfriend Dave. The above average emotional arousal suggests a further impeding of her ability to recover from the stress of her emotions, when she feels upset about events that happen at school, again increasing her anxiety about being around people that she did not trust.

Baleigh's resiliency profile scores indicate someone who has some anxiety about how she relates to the world around her. However in her interview it is evident that she has the ability to make and maintain relationships with people that she is close to, any disruptions to her school life were effectively managed by her ability to receive the support that she needed from peers and teachers that she felt she could trust, to help her manage. Overall Baleigh is articulate and responsive in her interactions, which further supports the constructs of a secure attachment. Although overall her resiliency profile suggests someone with low resilience, the security in her relationships makes Baleigh's ability to function more effective.

Karen:

Karen suffered from some mild anxiety, mostly presenting as not wanting to attend class and feeling uncomfortable around some of the girls in her class, after a long period of time off due to illness. Karen is the only young person from the SEBD population who had an overall high score on MAS (63). Karen is positive view of her future and the world in general, which is reflected in her optimism score (12). Her self-efficacy score

(10), suggests, Karen's ability to solve problems is considerably better than that of her peers with SEBD with an insecure attachment a possible indication of the positivity in her relationships as a possible key factor in developing these skills. Her adaptability again was higher than her peers (10), which showed an ability to be more receptive to criticism in a positive way, allowing her to overall experience the effect of her interactions with others. Her scores indicated that she could apply thinking to difficulties and have the capacity to learn from her mistakes.

Karen's was the only adolescent from the SEBD population to also have a high score in REL (51), indicating positivity in the way she relates to others and perceived their genuine availability to her needs. Talking about her mum, Karen was able to describe positivity in their relationship, describing little presence of negativity. The positivity is also extended to her relationship with her dad, who she described as loving and caring. Her trust score (12) shows, she has a good degree of trust and feels socially and emotionally connected to others, but mostly with people that she is close to The stability and trusting relationships with her parents allowed Karen to feel adequately trusting in her relationships in general. Equally her support scores (15), show that Karen feels supported in her relationships, able to turn to others when needed and her comfort score (11) shows her ability to be around others without feeling overly anxious. The positivity in her relationships was also reflected in her tolerance score of 14 which indicates she felt able to speak her own mind without feeling judged. The positivity denoted in Karen's relationships with parents, offered her a secure base from which to negotiate relationships at school. Although there were times Karen felt anxious these episodes were more easily overcome due to her feelings of being able to express herself adequately, supporting her secure attachment and higher resilience.

Karen's overall below average score (51) on REA indicates she can recover from emotional arousal quicker and more effectively than her peers with SEBD. Her sensitivity score (12) was higher than her recovery (6) and impairment (7) scores, which was reflected in her interview, where Karen talked about how she becomes easily emotional about certain events, however feels able to bounce back from this emotional state quickly and that her functioning was only slightly impaired due to the occurrence of any event. Karen's resiliency profile in relation to her attachment style, show

someone who has low levels of anxiety and can manage to engage with the world in general, in a positive way with little risk and vulnerability.

Karen and Baleigh lived with both of their birth parents. What is notably different about both these adolescents was their reporting of their relationships with their parents which denoted a very positive supportive nature. They feel they can rely on their parents when they need them and are able to be away from them even when they feel anxious, knowing they can return to their secure base. Even though they are experiencing anxiety at school, their secure attachment with their caregivers and stable way of relating to others, offers them experiences and tools equipping them to be able to function in spite of the difficulties they experience, (Bifulco et al 2008; Figueirido et al, 2006; Oskis et al, 2010).

5.3.1.2 Anxious Classification

Adolescents classified as anxiously attached are expected to exhibit behaviour and emotions, in an angry manner, which is expressed due to the lack of connection between themselves and their main carer, (Ainsworth et al 1969; Bowlby, 1980). This behaviour and emotion is expressed in an anxious or depressed way or as a combination of both attributes, (Ainsworth et al 1969; Cooper et al 1998) and may be amplified with occurrences of problematic behaviour (Potthurst, 1990).

Tom:

Tom, reported that he felt extremely anxious most of the time, which impacted on how he saw himself and others. This was consistent with Tom's overall MAS score (25), which was the lowest score amongst his peers with SEBD. His low score in optimism (4) showed that he was not positive about his future, and that his sense of self and self-esteem were also very low, along with his low self-efficacy (3), showing Tom's inability at problem solving, which increased his anxiety and feelings of depression. His ability to be receptive to criticism and learn from mistakes, captured in his adaptability score (5), was also low. He talked about repeatedly reacting to scenarios in the same angry way. This profile is consistent with both adolescent (Zimmerman & Becker-Stol, 2001) and adults who have an anxious style of attachment (Muris et al, 2001).

Inevitably this impacted on Tom's overall ability to have rewarding relationships. He scored an overall low in his REL (21). His very low trust score (2), highlighted Tom's very low trust in both people he was close to and people in general. Tom did not view others to be reliable and did not feel socially or emotionally connected to people. His support score (3) again was very low. There was strong fear of rejection and loneliness in Tom, which influenced significantly the way he related to people. He reported that he felt angry most of the time which meant he, generally avoided being close to anyone due to feelings of being let down, which he had experienced from both of his main carers. Tom did not feel he could rely on his mum to support his anxiety and depression and so avoided telling her how he was feeling. Equally, he avoided telling his dad anything about himself, particularly his feelings, due to being let down by him in the past and not wanting to be hurt by him again. Tom had the lowest score of comfort (1) in his resiliency profile. The discomfort in his close relationships was also consistent with the way he related to people in general. Tom talked about his recent discomfort in the presence of others. He felt he used to have more of a presence, but his anxiety and depression, produced a dilemma within him, between wanting to be around people, so to avoid the feelings of alienation and feeling low, whilst also not wanting to feel anxious in the presence of others. Also linked to this was Tom's low score in tolerance (4). Feeling unsafe contributed to Tom feeling judged by others, showing that his mistrust in his parents to support him, also extended out to people in general, amplifying his feelings of mistrust and not feeling safe. Tom wanted to be able to feel confident and make more decisions about his life and how he engaged with others (Bowen, 1978; Cicchetti and Toth, 1997).

Tom had the highest score in emotional reactivity (92) in the SEBD group. His sensitivity threshold was high (15), which indicated a high emotional reaction and intensity to upsets in his life. The events that occur in Tom's life, such as his dad leaving and not returning when he said he would, having long periods of time where he did not see him or talk to him, has a major impact on the way in which Tom responded to feelings of being let down, over amplifying his sensitivity. This also impacted Tom's impairment score (15) which was again high, emphasising Tom's inability to function adequately when he was been emotionally upset, leaving him feeling the distress of the event for some time after it has occurred. Tom's insecure attachment style showed

considerable links to the way he relates to others and the lack of a positive framework did not equip him with the necessary tools to deal with his heightened anxiety and feelings of depression.

Jay:

Jay presented with panic attacks, which started after his disclosure of gender issues to his family and his recent presentation of his gender transition. Jay also, described an anxious way of relating to people, but unlike Tom, his degree of insecurity was mild, showing that he was able to communicate with people effectively to a certain degree. He was able to describe 'some' closeness to members of his family, that was warm and interactive, but lacked understanding, which impacted on Jay's ability to feel close to his mum and dad, and stopped him from feeling fully supported, amplifying his feelings of loneliness.

This was consistent with Jay's overall MAS (42), was just below the cut off for average. He showed little positivity and optimism (5) about his future, where he described an ongoing battle. His self-efficacy score (7) showed some ability in adapting strategies to solve problems, also consistent with his milder degree of security. Adaptability was also low, indicating Jay's inability to learn effective skills from previous reactions. For example Jay reported he had frequent panic attacks, which he felt he could not manage adequately when he was at school. Although Jay had worked with a member of the pastoral staff to help him to manage his anxiety at school, Jay found it hard to adapt these skills successfully, as he did not feel that he was confident enough to manage his anxiety, himself, in this way.

In relation to his REL scores, Jay's interview did highlight aspects of his life where his interactions with people, for instance his Nan, allows him to view people and his environment in positive ways, however overall REL score is considerably lower, showing a lack of trust (4) in others close to him and people in general, which was more consistent with his interview, particularly when he talked about his mum, dad which was then reflected in his relationships in general. Support is low (5), as he often felt he was not supported by people who are important and felt very misunderstood, mostly due to his gender issues, which were the key factor in the cause of his ongoing anxiety.

His comfort score (4), again consistent with his interview shows his discomfort in being around others in general, as this increases his anxiety. Jay expressed, that he does like to deal with things on his own if he could, but there are times when he needs support of others and usually he would go to his Nan, and sometimes his best friend. Interestingly Jay's tolerance score in comparison was higher (10), indicating his ability to be able to express some difference of opinion without being judged, consistent with his interview. This factor was a possible contribution in identifying Jay as mildly insecure, due to his ability to think verbalise where necessary. Jay's overall REA scores (66), indicates a high sensitivity (12) threshold. In his interview Jay was able to describe real times of upset, particularly panic associated with his anxiety, which also supports lack of ability in managing the situation, which is consistent with his recovery score (15), and his impairment (9) showing an inability to bounce back quickly from his upset and a sense of lack of control over his panic and an inability to think clearly during episodes of heightened anxiety. His resiliency scores, in relation to his attachment style, indicate someone who has an above average level of anxiety and may struggle to relate to others around him in a meaningful way.

Both of these adolescents, showed maladaptive efforts to cope with that distress, which they both described as sever panic attacks and in Tom's case self-harm, which is consistent with the theoretical justification of an anxious attachment style (Oskis et al, 2010). The insecurity captured in the anxious classification is denoted by the overt arousal in situations, which was shared in both Tom's and Jay's experiences. Both were mistrusting but to different degrees, which was highlighted in both their interviews. Although Jay, described depressive moments, had higher levels of communication compared to Tom, reduced the level of associated depression; in the same way lesser feelings of alienation and higher levels of trust in others corresponded in a lower level of anxiety, denoted by his milder degree of security (Oskis et al, 2010; Bifulco et al, 2010).

5.3.1.3 Avoidant Classification

According to research the avoidant classification denotes a withdrawn way of relating to others which is a response to feeling rejected by the main carer, when emotionally distressed, feeling unloved and unsupported, (Ainsworth et al 1969; Bowlby 1980; Main

and Weston, 1982), increasing feelings of alienation and unacceptability amongst peers, during adolescence, (Collin and Read 1990; Hazan and Shaver, 1987). This emotion and behaviour would be expressed in high reactive responses to others both close and in general, and may include maladaptive ways of coping such as self-harm (Oskis, 2010).

Vicky:

Vicky had anxiety, which presented as her not attending class and having disruptive interactions with teachers and peers. Vicky's MAS scores are low, her below average optimism score (7) indicated Vicky's lack of positivity about her future, and low self-esteem. Her even lower score in self-efficacy indicated her inability to find strategies to solve problems, which was also evident when Vicky talked about how she managed her disputes with other, including shouting, fighting and running away showing an inability to find helpful strategies to her problems. It also indicates Vicky's inability to learn from her experiences, indicated in her low score for adaptability (6).

Vicky's overall REL scores indicated that she did not perceive her relationships with people as being supportive and did not feel able to be comforted by others or express her opinion about issues without feeling judged. Her low score in trust (5), consistent with her interview, highlighted her mistrust in most people, especially those close to her which stemmed from Vicky feeling consistently let down, by both her parents, illustrated in her low support score (5) consistent with an avoidant attachment, prevented Vicky from expressing how she feels, with people close to her. Her feelings of anxiety are expressed often, as anger towards other people got in the way of her making meaningful relationships that lasted, as she becomes disengaged and reserved, showing a lack of comfort in her relationships, represented in her low comfort (5). Vicky's tolerance levels were low (3), consistent with avoidant-angry dismissive style of relating, which is categorised as moderate. This indicated that Vicky, even though has angry interactions with others, still has the ability to make and maintain relationships to a certain degree, but in her case this would be over a period of time and most likely be with people that she was not related to, like 'Miss', showing Vicky's REL are consistent with her attachment style. Vicky's REA are high (63) well above the average threshold. Her high sensitivity score (12) suggests she gets upset very easily. Captured in her recovery score (16) are high levels of emotional upset, which also suggests it takes her

longer than her peers might, to be able to bounce back from the emotional upset. Although there are no actual evidence in the transcript, Vicky's overall behaviour patterns such as running away and continually skipping class would support her high sensitivity and recovery scores. Impairment was scored at 15, indicating her inability to think clearly when she is emotionally aroused. Her resiliency profile and her attachment interview indicate a young person who has high levels of anxiety about her future and her general life course. She is not someone who will trust easily and finds it difficult to relate to people on a personal level.

Jack:

Jack presented with severe anxiety, which played out in angry outbursts with both teachers and peers. Jack's resiliency scale scores did not consistently reflect his answers in his attachment interview, which is clearly related to the marked degree of security found in his attachment style and that he is the only young person who has little or no ability to make and maintain relationships. His overall score in MAS (38) suggests that he does not see the world positively, however individually Jack's scores were the third highest in the group. His optimism (9) shows he some positivity about how he perceived the world and has an average sense of self, which were reflected in his interview, this however has not consistent with Jack's presentation at school, relating back to his inability to make and maintain relationships. His self-efficacy (8) indicated he has the ability to find positive strategies to problems; however this is not indicated in his interview. This may have been due to Jack's being categorised as angry dismissive, at a marked level, expressing higher levels of problematic behaviour and difficulties in relating to others. This was consistent with his REL, which is scored with an overall low of 26. His low score of trust (6), confirmed Jack did not feel he could trust others to be reliable and he described he had frequently been let down by others, close to him and in general, also consistent with this was his perceived low level of support (5), where Jack described he didn't feel anyone was there for him, and that he didn't really have many friends. Comfort was scored at (6), a low score which again was consistent with Jack's general way of relating. Although he chose VCO's that he was close to, it became evident during further questioning that Jack found it difficult to get close to people. His conversations were minimal and general, rather than about anything personal. Jack kept his thoughts and feelings to himself and made only general comments about what

was happening for him in his relationships. Tolerance was scored at 7, suggesting high feelings of unsafety and feeling judged, again not evidenced in his interviews. Jack was very self-reliant and his mistrustful nature, lead to angry interactions which lead to further conflicts, at home and within his school environment, which alienated Jack from his peers creating barriers to making and maintaining relationships.

Daily interactions at school with both staff and peers, for Jack, were hostile, particularly when he was under stress, which was identified as him feeling vulnerable, however they were displayed in an angry dismissive way towards others. Jack's overall REA (64) were high consistent with an angry dismissive way of relating. His sensitivity score (10) showed a high reaction to events that occurred around him, which he also described in his reactions to others (above). His ability to bounce back from this emotional space, was hindered also by his inability to make meaning relationships which was reflected in his resilience recovery score (12). Impairment (13), showed that Jack was unable to think clearly when he was emotionally impacted, which he described in his interview and which fuelled the angry outburst and disrupted behaviour, which led to Jack being isolated from his peers. Overall Jacks self-report on resilience did not reflect his presentation of his interview.

Rose:

Rose had been diagnosed with anxiety and depression, which occurred due to the domestic violence she witnessed as a child. Rose was categorised as insecurely attached at a moderate level, in her angry dismissive style as Vicky was, yet her depression added an extra dimension to her relating style impacting on her personal relationships. This was reflected in Rose's MAS score, which overall are low (35), showing very low levels of optimism (3) about the future, and low levels of self-esteem and sense of self, highlighting Rose's negative view about the world and her future in it. Her self-efficacy score (7) was slightly higher in comparison, showing she felt she has some ability to develop strategies to problems that might occur, although this was inconsistent with what rose reports in her interview about unhelpful ways of dealing with her problems. Very low adaptability (2) also suggests difficulty in learning from past mistakes, which

again is reflected in the way Rose managed her problems. Roses' REL scores (35) were consistent with her attachment profile. Rose does not feel she can trust (4) others and this prevents her from opening up. She also reports she does not feel supported (5) by people she is close to or people in general, because she feels misunderstood and uncomfortable in their presence (2), which was consistent with her avoidant attachment style. Her avoidant interactions, with teachers and peers, meant Rose felt excluded and somewhat, as she reported as an outsider.

High scores in REA (63) suggest someone who was easily distressed, leading to unclear thinking and actions. Her sensitivity score (18) is the highest of the SEBD adolescents and is consistent with how Rose reported her reaction to emotions, which is denoted by feelings of alienation and exclusion by others. Her ability to bounce back is also low as is her functioning when she feels depressed, leading to unhelpful behaviours such as smoking, self-harming and excessive drinking. The high scores in REA indicates someone who is emotionally impaired leading to high anxiety about her and the world in which she resides.

Tina:

Tina presented with anxiety, which is identified as being due to her parents splitting up two years previously, which has impacted negatively on Tina at school. Tina has a withdrawn attachment style. What is distinct about Tina's reporting style is it lacks in emotion, is factual and brief, with answers such as Yeah", "not very often" and "err sometimes", offering little explanation, which makes it difficult to ascertain actual examples during her interview consistent with a withdrawn avoidant way of relating. It is however inconsistent with her resiliency profile scores, which suggests someone with an ability to relate to others successfully. Her overall MAS score (44) is average, showing a higher developed level of social skills and positive interactions with people in comparison to most of her peers from the SEBD population, which is not reflected in her interview overall. Her optimism (7), shows some ability to be positive about her future and have a positive sense of self. Her self-efficacy score (8), indicated a more attuned ability to problem solving, with the ability to find helpful strategies, as is her adaptability (8).

Tina's anxiety is heightened, due to her inability to relate in her personal relationships in a meaningful way, but unlike the others her interactions became withdrawn and unnoticed rather than angry. Her REL scores (34), were low in comparison, and again consistent with her interview. Her levels of trust, indicats a sense of unreliability in others to be there and feeling socially and emotionally disconnected from others. Support is low (6), consistent with Tina's reporting of having very few people to turn to for the support she needs. Her comfort was also low, which showed in her interview as having some discomfort in the presence of others. Tolerance (4) indicated a very low level of feeling able to express her-self without being judged. Tina's REA (72), showed an overly sensitive (10) adolescent, who finds it hard to recover (11) from her emotional upset and impairment (11), feel able to think clearly when emotionally aroused by situations, however this is not consistent with what and how Tina reported examples in her interview.

The insecurity in the avoidant attachment in the above adolescents plays a significant role in the way that they manage their SEBD. As a collective they were highly self-reliant and manage their interactions in either a hostile or withdrawn way. The insecurity of their relating base, i.e. parents and their feelings of rejection depicts an emotionally charged response, in the case of Vicky, Jack and Rose and a de-motivated and stagnant response in the case of Tina (Bifulco et al 2008; Oskis et al, 2010).

5.4 Summary

The low resilience that was found across the two groups of adolescents in Study 1 in conjunction with an insecure attachment found predominately in the SEBD population in study 2 collectively supports the importance of a secure attachment and high resilience, in ensuring a more positive therapeutic outcome in relation to experiences of a SEBD adolescent population, which will be discussed more fully in the next chapter.

Chapter 6

Overall Discussion

6.1 Summary of Research Project

It is ascertained in the introduction (Chapter 1) that SEBD, has become one of the fastest growing areas within SEN in recent years (House of Commons, 2010). Also highlighted is the increasing number of children and adolescents with SEBD, who are not adequately supported in school (Fink et al, 2015; Green et al 2005; McNeilly, 2015; Mental Health Federation, 1999; World Health Organisation, WHO, 2006;). Importantly empirical resilience research highlighting the differences in the coping of mental health issues (Prince-Embury, 2010) in clinical and non-clinical adolescent populations, led to the hypothesis in the current research that resiliency in adolescents with SEBD would differ significantly from a non-SEBD population. Literature on attachment focuses on early attachment (Ainsworth et al, 1969; Bowlby, 1969, 1973; 1980) or adult attachment (Hazan et al, 1991; Miluliner & Shover, 2012), with very little in relation to adolescent attachment (Boyle, 2007; McConnell & Moss 2011). The interplay between attachment and resilience (Atwool, 2006) highlights the significance of empirically; investigating these two concepts in relation to SEBD, leading to the hypothesis that resilient adolescents with a secure attachment are resilient will manage impact of their SEBD symptoms significantly better, in comparison to those with an insecure attachment and who are not resilient.

The present chapter will explore the results presented in chapters four and five in relation to research literature discussed in chapters 1 and 2. The limitations in researching an area such as SEBD with its difficulty to define, and the effect of employing each of the methodologies will also be discussed in this chapter. How the limitations could inform future research in this area will follow, concluding with a review of the findings in relation to counselling psychology.

6.1.1 Study 1: Quantitative

Study 1, quantitatively captured the resilience of young people in both groups, using the RSCA (Prince-Embury, 2010), measuring their MAS, REL and REA allowing a compari-

son amongst the SEBD population and non-SEBD population. It was hypothesised that the SEBD population would show significantly lower levels of resilience in comparison to their non-SEBD counterparts, as reported by Prince-Embury (2010). The subscale results indicated a marginal difference between the SEBD and non-SEBD groups, in both MAS and REL. Overall however there was no significant difference found between them. REA showed that the comparison group were in the low band whereas for the target group they scored comparatively higher in the below average band, suggesting the clinical, target group overall, had a higher sensitivity to their emotions, and that it took them longer to recover from this and resume with daily life. The results are therefore consistent with research using the RSCA, (Prince-Embury, 2006; 2008;2010) that identify clinical disorder groups to have a tendency to report lower MAS and REL in comparison to the nonclinical sample and the clinical disorder groups and higher in REA in comparison to a normative sample

6.1.1.1 What accounts for the similarities found between the SEBD and non-SEBD populations?

Although the results supported the interplay between attachment and resilience (Atwool, 2006) of the SEBD population, unexpectedly in Study 1, the non-SEBD population in comparison to the SEBD population, also showed low levels of resilience. It is therefore worth considering what factors contributed to these results. The young people in the two groups arrived at the same point of resilience but their path to this point may have been considerably different. It could be considered that the non-SEBD adolescents received a wider range of supportive attributes, individually, from the family and from the wider community. Individually, for example, these adolescent participants do not, as the results suggest, possess the resilient attributes, that induce a high resilience in the individual; tolerance and negative affect, (Smith, 1999), self-efficacy (Allen1998), self-esteem (Blum, 1998), foundational sense of self (Dyer and McGuiness, 1996), internal locus of control (Werner, 1995), hopefulness (Wolff, 1995), strategies to deal with stress (Luthar, 1991, 1993), enduring set of values, (Garmezy 1985; Rutter, 1987), all of which are covered in MAs and REA. Although there is no clear evidence to suggest why this is, it may be considered that the profile in the comparison group may reflect the general picture of the school, in a multi-factorial way (Olsson et al, 2003). Both the SEBD and non-SEBD population were from the same catchment area, wherein more

families resided in an area of poor housing and with low income. Impacts of such factors on family dynamics (Bifulco 2012; Fleming et al 2002; Wolff 1995) and effective involvement in their adolescent's life (Smith 1999) have been highlighted. The research indicates that both demographic and sociological factors contribute to the resilience identified in the profiles of the adolescents, more so than any impact of their SEBD. Research has positively related resilience to the importance of family dynamics that is not only developed but importantly sustained, through attachment to others (Dyer and McGuiness, 1996), responsiveness to others, (Luthar, 1991; 1993), pro-social attitudes (Werner, 1995) and specific attributes including, parental warmth and encouragement, (Smith, 1999), close relationship with a caring adult (Wolf, 1995), belief in the child, (Egeland et al, 1993). Some of these attributes can equally be obtained by the positive influence of grounded friendships with one's peers (Luthar, 1991; 1993).

Equally as pertinent is the school, which is also based with the same low socioeconomically catchment area, which again research has highlighted as impacting on the overall resilience levels of the adolescents. School can become a safe environment where positive attributes can be related to, for example where there is no existence of a positive adult role model at home, it could be found at school, and the resources developed here, can also be practiced in this safe space (Rutter, 1987; Werner, 1995;). Research in this area suggests that socioeconomic status can have a great impact on a young person's mind-set and achievement (Allen, 1998; Conger et al 2010; Maggs et al 1997; Morales, 2017). The catchment area in which the school resides, is one where many of the young people come from families who are from a low socioeconomically status, where many of the families are in low paid jobs, or not working at all, and have little education. Importantly as inferred by Bronfenbrenner, (1994) these adolescents are involved in more than one microsystem (community), and so are inevitably influenced by each of these microsystems (Laluvein, 2007). The interplay therefore, between the different microsystems and the SEBD's seemingly impacts any resilience inherent in the adolescent.

6.1.2 Study 2: Qualitative

Study 2 aimed to establish the attachment style, which is derived by the ability to make and maintain relationships, of adolescents with SEBD, using the ASI (AD) (Bifulco, 2012). The qualitative method was adopted partly in response to an arguable critique

that quantifying attachment using measures such as The Adolescent Attachment Questionnaire (AAQ) (West et al; 1998), a self-report questionnaire, does not allow for a direct measure of security or insecurity within a relationship but rather an insight into an adolescent's self-perception of their responsiveness in their close relationships. In order to respond accurately to the question of the impact of attachment style and resilience on a school age SEBD population, a much more detailed account of an adolescent's relationship with their caregivers and other supportive roles within their environment, was essential. The results from the present study supported the hypothesis that the ability to make and maintain relationships, which contributes to identifying a secure or insecure attachment, would also impact the adolescent's interaction with their SEBD.

Attachment theory ascertains that internal working models; the way in which an infant makes sense of the world around them, is developed very early on from the bonds they develop with their caregivers (Bowlby, 1973). The lack of supportive figures and care that was inconsistent proved to be an important factor, in the risk profiles of six of the eight target group sample. If children, as is the case for the 80% in this study, are raised in circumstances, where parents are emotionally unavailable, neglectful or abusive, physically, mentally or emotionally, could possibly lead to a prominent insecure attachment in adolescent years, which is consistent with the few studies measuring attachment in adolescence (Bifulco, 2010, 2012; Oaskis et al, 2010).

6.2 The relationship between attachment and resilience in adolescents with SEBD

To discuss the interpreted results from chapters 4 and 5, it is helpful in this current study to view SEBD as a dynamic and changing occurrence amongst this adolescent population that is distinguished by disturbed patterns of behaviour in individuals that are often extremely sensitive to social context and other environmental influences. Each of the eight SEBD adolescents was identified on the basis of re-occurring reactions, at school, to events that had happened to them. (Please refer to the background and presenting difficulties reported in Chapter 5, of each of the eight profiles). In the occurrence of the event their SEBD's are triggered, in the case of the adolescents of this study, these are anxiety and depression. When this happens two elements come into play: attachment and resilience (Siegel and Hartzell, 2014). The differences that occur in the

profile of each individual adolescent are a result of the interactions that occur between their attachment style and their level of resilience in relation to their SEBD, which is consistent with research of clinical and non-clinical populations that identify that an insecure attachment (Oskis, 2012; Oskis et al, 2010) and low resilience (Olsson et al 2003; Prince-Embury, 2010) as reasons to why with clinical disorders such as SEBD, adolescents do not possess the ability to manage successfully.

Secure Classification: Karen and Baleigh

Karen and Baleigh both had a secure attachment which was identified by both of the girls having supportive parental figures in which they confided in, which is supported by Harris (1995), who highlights the significance of parental relationships, as a crucial component to successful development and from which other relationships are formed and understood. These relationships were also reported as positive with little animosity. They both showed signs of autonomy and were able to ask easily for help when they needed it, which is consistent with research on attachment and characteristics which determine a secure attachment (Bowlby 1973, 1980, Ainsworth 1986, 1989). The differences that occurred in their profile were in direct relation to the differences identified within their resiliency profile.

Karen for example was the only adolescent from the SEBD group who reported high in MAS, REL and below average REA, which supports research that reports the importance of the development of the core characteristics of resilience as a key factor in helping adolescents to manage difficulties associated with anxiety and depression (Gilligan, 2000; Henderson, 2012; Masten et al, 1995; Maton, 2008; Travis and Leech, 2013). Baleigh had a secure attachment like Karen (Table 16) but unlike Karen she had lower scores in MAS and RES and high scores in REA (Table 17). Interestingly Baleigh was the only adolescent to score low in RES but have a higher score in the subscale in support, compared to her insecurely attached peers, which is consistent with research by Grossman et al, (2002), who ascertain the importance of sensitive support from parents, over a long period of time, as crucial to successful adolescent development. The supportive element increased Baleigh's REL in relation to support, emphasising and supporting the idea that a secure attachment acts as a resilience factor amongst a clinically defined group, such as those with anxiety and depression (Oskis et al 2011). It also supports research by

Moretti and Peled, (2004), who ascertain, that mental health issues, such as anxiety and depression were fewer and less prominent in adolescents with a secure attachment compared to those with an insecure attachment and pertinent to this research the importance of differences during adolescent developmental stage, which operate directly through their attachment bonds, (Doyle and Moretti, 2000; Moretti and Holland, 2003)

Anxious Classification: Tom and Jay

Both Tom and Jay were classified as anxious-fearful, which is categorised by the lack of close support from significant others due to fearful mistrust and lack of confiding. This increases the likelihood of them feeling lonely but wanting to feel close to others. There is an avoidance of relationships from the fear of being let down and a high fear of rejection (Ainsworth 1979; Ainsworth et al 1969; Bowlby, 1982; Oskis et al, 2010).

There individual profiles identified Tom as markedly fearful and Jay as mildly fearful. The differences in these rating are associated with the negativity reported in the relationship. In Toms case for example, he had high levels of anxiety associated with relationship, feelings of mistrust loneliness and unreliability in others. This was further amplified by his low resilience in MAS and REL. Tom reverted to unhelpful behaviours such as self-harm and reported high levels of self-blaming attitudes, consistent with an anxiously fearful attachment style at a marked level. The interplay in Tom's case therefore hindered any successful ways of coping, therefore increasing Tom's feelings of anxiety and depression. This supports research evidence that highlights the importance of parental sensitivity and support, which Tom did not receive, as key factors in supporting adolescents to function in a healthy way and make a successful transition into adulthood, (Chak, 2001; Grossman eta l 2002; Meins, 1999). It also supports the notion that anxious styles of enmeshed or fearful are at risk of depression, anxiety and self-harm, and are related to maternal neglect and abuse, which is consistent with Tom's presentation, (Oskis et al 2010). Jay also had depression and anxiety, and an insecure attachment but at a mild level. This indicated that there was still some negativity reported in Jay's close relationships. Jay also scored low in MAS and REL, however, Jay scored higher than Tom, on all subscales in MAS and REL. This difference, showed Jay to have a more positive attitude about his future than Tom, and felt able to engage with his parents to a certain degree and confide in others more deeply, like his Nan, in comparison

to Tom, who felt that he could not tell anyone, especially his mum and dad, anything personal about himself, from the fear of being judged and criticised. This highlights the implicit difference in their relating that had an overall impact on how they managed their individual differences in relation to themselves and others, (Chak, 2001; Grossman eta l 2002; Meins, 1999).

In both cases, the impact of their personal relationships significantly altered their engagement in their relationships with people in general. Even with an insecure attachment, with a degree of 'connectedness and 'bond' in his relationships with his parents, and his Nan Jay was able to use this positive internal working model as a template to engage successfully. Having a supportive figure as in Jay's case, as research highlights is a critical aspect of healthy development (Ainsworth 1979; Bowlby, 1982; Oskis et al, 2010). It allowed Jay to function more successfully, also increasing his resilience (Byrne et al, 2001; Emery and Forehand, 1994; Rutter 1999; Scheier et al, 1999) to help him manage better, in comparison to Tom. Having a markedly fearful categorisation like Tom, who did not have a sufficient positive template on which to base his interactions and behaviour, stopped him from developing meaningful relationships and developing sufficient resilience to help him manage his difficulties in a healthy constructive way (Byrne et al, 2001; Emery and Forehand, 1994; Rutter 1999; Scheier et al, 1999).

Avoidant Classification: Vicky, Jack, Rose and Tina

Vicky, Jack Rose and Tina, were all classified an avoidantly attached. Vicky, Jack and Rose were in the avoidant-angry-dismissive category and Tina was in the avoidant-withdrawn category. The avoidant-angry-dismissive category is characterised by lack of close supportive relationships, no confiding but angry interactions and conflict with both significant others and people in general. There are high levels of mistrust as well as a high need for control and self-reliance (Ainsworth et al 1969; Bowlby 1980; Collin and Read, 1990; Main and Weston, 1982). The avoidant withdrawn category, still denotes a lack of supportive relationships but these are due to detachment rather through anger and there is again little confiding. There again is high self-reliance but also barriers to closeness in relationships with significant others and people in general. There is also a lack of emotional expression in relationships and a high need for boundaries and privacy (Ainsworth et al 1969; Bowlby 1980).

In the angry dismissive category, the degree of security for Vicky and Rose were moderate and for Jack it was marked. Both of these categories were on the high side, however again the differences in them, created the distinctness within each individual profile. Jack was categorised as markedly insecure due to his extreme and high negative attitudes about his life and relationships with others and importantly he was unable to give any definite examples of any support received from any significant others or people in general, consistent with research (Oskis, 2012; Oskis et al, 2010). Although Jack self-report in resiliency suggested he had some optimism about his future, himself and his relationships, this was not evident from his interview, suggesting a distorted perception in Jack, a possible result of his need for closeness. Any interactions he did have with people were high in negativity, often leading to uncontrollable outburst and physical attacks towards others. His internal working models had not given Jack a positive template from which to interpret emotions and behaviour. Instead Jack, because of his high levels of mistrust and need for control, reacted angrily when something did not go his way, or when he felt uncomfortable with what he was experiencing, leading to a consistent show of learned angry reactions dominated heavily by conflict (Oskis, 2012; Oskis et al 2010), also highlighted in his REA, highlighting Jack overs sensitivity to situations at school, with others, (Olsson et al 2003; Prince-Embury, 2010).

Vicky and Rose also had a multitude of negative attitudes towards others and angry and conflicting interactions, consistent with both of their resiliency scores in MAS and REL, which showed them both to have low levels of positivity about their futures, low self-esteem and a general inability to use past experiences in a positive way to deal with their problems and enhance their interactions with others.

However Vicky and Rose, unlike Jack, had at least one person in their life, for Vicky it was 'Miss' and for Rose this was her boyfriend Mark, who they felt they confide in and who they felt supported by, which again highlights a difference in their profile compared to Jack, due to their being able to relate to 'another' in a positive way, (Ainsworth 1979; Bowlby, 1982; Oskis et al, 2010). These relating attributes were also reflected in their slightly higher scores of trust in comparison to their peers such as Tom. Both therefore gave examples in their interviews of positive interactions in trusting relation-

ships, even though they both still held a high level of self-reliance and a high need for control. Vicky's low REL matched her negativity about her future and herself; unable to rely on others from a young age, distorted her internal working models, highlighting a need to look after her-self, which is consistent with research with adolescents, who have an angry dismissive style who report self-harm (Oskis et al, 2010). Her angry interactions leading to arguments and conflicts with both people she was close to and people in general were also reflected in her REA, which she reported as highly sensitive, with a lack of insight to be able to successfully recover. Ultimately Vicky's lack of self-esteem combined with a lack of positive experience led to Vicky's inability to solve problems effectively, consistent with her self-efficacy scores, which led her to deal with her problems by excessive drinking and running away, as a way of dealing with her negative feelings about herself, which Copper and Jacobs, (2011), highlight as legitimate responses to intolerable circumstances.

Rose also had maladaptive ways of coping with her emotions, which also included excessive drinking, smoking and self-harm, again consistent with someone who has experienced domestic violence from a young age (Oskis et al, 2010) which were also reflected in her very low optimism and adaptability scores in MAS; showing her inability to see positivity in her future or learn from her mistakes in helpful ways. Interestingly Rose's self-efficacy scores were higher in comparison, which was also consistent with Rose's interview, in which she reported a need to be self-reliant and rely on her own decision making processes, which may have been because of her early experiences and not being able to see past these experiences. So when the feelings or events became too much for Rose to deal with which was consistent with her high REA, in comparison to her peers with an insecure attachment, her anxiety and depression were heightened and she would revert back to unhelpful methods of dealing with both her internal and external conflicts (Copper and Jacobs, 2011).

Tina's avoidant-withdrawn insecurity was categorised at a mild level, showing a need for boundaries and privacy and self-reliance, but mostly with people in general, rather than people she was close to. In her interview Tina came across as evasive and short with her answers, again due to her need to keep boundaries around what she was saying. With people she was close to she was able to describe a sense of relatedness, which

was reflected in her resiliency scores, which showed some ability to trust others whilst also remaining guarded, this is consistent with a withdrawn insecure attachment (Ainsworth 1979; Bowlby, 1982; Oskis et al, 2010). Tina like most of her peers had a high score in REA, which increased Tina's anxiety which impacted mostly at school, due to her inability to relate to her peers and some adults in meaningful ways, which was consistent with her attachment style, and created from a lack of connectedness to her caregivers from an early age. Unlike her peers whom had an avoidant angry dismissive style of relating, when anxious Tina would become withdrawn and insular in her interactions, rather than aggressive (Ainsworth et al 1969; Bowlby 1980).

Inconsistent care and stable positive people in the life of these adolescents, was a significant factor in their risk profiles. In all cases the presence of any insecure style co-occurred with poor support, low self-esteem and childhood adversity. Severe anxiety and depression co-occurred with insecurity, whilst anxiety although presented as insecure in attachment showed a milder level of security, when the ability to make and maintain relationships was higher. Anxiety when the ability to make and maintain relationships was well established and positive, as in the case of Karen and Baleigh showed a clearly secure attachment and was significantly related to positive parental relationships and positive support. This may be explained by the high prevalence of perceived unsupportive and neglectful roles from their caregivers of the participants. The importance of making and maintaining relationships with significant adults in their lives was a key factor in helping the adolescents with SEBD to manage their difficulties better, which is consistent with the research (Oskis et al, 2010).

6.3 Limitations

6.3.1 Studying a SEBD Population: Limitations

SEBD is a complex and multi-faceted phenomenon (Cooper 2004; 2005). SEBD has been referred to as an umbrella term, (SEBDA, 2006) referring to the difficulty in clearly defining a concept that covers a range of complex and chronic difficulties experienced by children and adolescents. Cole and Visse, (2005), emphasise the overlap between definitions of SEBD and other mental health difficulties experienced by children and adolescents, further illustrating the increasing difficulties in operationalising the phenomenon in research in terms of methodology and assessment. An important consideration in

light of the current research is the limitations in isolating variables that may have impacted the results of the investigation. Using such a broad term, such as SEBD, has not allowed for the data to be conceptualised into more meaningful definitions that can be used specifically in relation to specific clinical disorders.

6.3.2 Study 1: Quantitative

The RSCA (Bifulco, 2012) focuses on strengths as well as symptoms and vulnerabilities of the adolescent population. The scale was selected because it is designed for the adolescent participants to complete at school in groups, (Prince-Embury, 2008; 2010). Time constraints, using a school population of 14-18 years of age, who were in the process of preparing and taking exams was a critical factor. An added advantage that the scale was short and took on average 10-15 minutes to complete in total (estimated 5 minutes per each scale), crucial in agreement of the recruitment of this school population. Although the RSCA scale had been used in various studies (Prince-Embury, 2011; Hall 2010) with sound reliability and validity (internal consistency of all three scales ranging from .79 to .88 and for the 10 subscales from .62 to .85), the scale did not cover family or external resources for the adolescent. However, it may be argued that these components were the focus of the ASI and captured as part of the qualitative analysis of the present study.

Reference also needs to be made to the sample size of the quantitative study, which was a total of 33. Gaining permission from parents of children with SEBD, where loco parentis was not adequate for the SEBD population, proved difficult in comparison to the non-SEBD group recruited in loco parentis from the school. A larger sample size that was equally comparable to the non-SEBD population, may in fact have highlighted a difference in the resilience of the SEBD and non-SEBD population that could not be ascertained from this small and uneven sample.

6.3.3 Study 2: Qualitative

There are a number of potential limitations that require deliberation, when considering the analytic methods in establishing attachment in an SEBD population. Firstly, encouraging elaboration in the client responses was a crucial part of the ASI-AD, in both building rapport and in gathering important information, with regards to the nature of the

adolescent's relationships. The qualitative semi-structured interview schedule was however tightly structured and it became evident during the analysis of transcripts that there were potentially missed opportunities of enquiry, which may have added value to the enquiry and in the establishment of the attachment style. Secondly the small number of, eight participants that were interviewed did not allow for a comparison to be made to the wider population of the SEBD community, even though the number fit within the requirement of ASI-AD research (Bifulco, 2012). However due to the potential lengthy interview, process as well as transcription of data and the analysing of the transcripts using the prescribed method in the ASI-AD manual, meant that due to the time constraints the researcher was unable to conduct more interviews. The third potential missed opportunity was that the ASI-AD interview was not carried out on a selection of the non-SEBD population in relation to their resiliency scales. In light of the analysis of data, inferences about the attachment of the non-SEBD population, in comparison, could therefore not be made.

6.3.4 Ethical Considerations of Working with a SEBD Population

A further consideration to be made, in light of the potential difficulties, is that as experienced with one of the participants Vicky (5.2.1.1). During the interview process, Vicky disclosed issues of concern, and potential safeguarding issues. It is important to note that research has consistently reported findings that suggest that young people from SEBD populations often can come from disruptive family backgrounds, including one parent families and low family income and low educational attainment (Reid et al, 2004). Research has also consistently highlighted as having a high correlation to depression and mental health issues in parents of children with SEBD (Rowe, Maughan and Eley, 2006). It is therefore important to note, that any potential issues of safeguarding could arise, making it essential therefore that a screening process of potential difficulties should be considered prior to the study commencing. Bearing in mind that not every eventuality can be accounted for, it is also important that structures, to support any issues that arise from the interview are put into place. Effective supervision and a point of contact, where any issues that arise can be taken to are crucial.

In light of the nature of the interview and the reporting and expression of potentially emotive issues, and the scores reflected in the resiliency profiles all (both SEBD and

non-SEBD) of the young people were offered the opportunity to access therapeutic support through the school counsellor, which all young people were aware they could access through either the researcher or a pastoral member of staff with which they already had contact (the information of which can be found on the debriefing sheet **all** participants of the study were given.

6.4 Suggestions for Future Research

There are a number of suggestions for future research that could help explain the reasons behind the findings and opportunities to expand on the findings of the analysis of the data of study 1 and study 2.

6.4.1 Measuring SEBD

The similarities in resilience established between the target and comparison group, highlight the possibility of selection bias in relation to this research study, which may have been introduced, by staff of the school that unknowingly approached participants that share a common characteristic. The 'Strengths and Difficulties Questionnaire' (SDQ) (Goodman, 1997) measures social and emotional and behavioural difficulties, to identify the prevalence of mental health difficulties amongst children and young people. It is proposed that the SDQ can be used prior to the commencement of study 1 and study 2, to establish the presence of a SEBD, in a larger sample size, rather than relying on the recruitment of teachers who may or may not be familiar with the multifaceted dimensions of SEBD or they may have difficulty in distinguishing between SEBD and other mental health difficulties such as ADHD. With a more objective screening of SEBD the matching process between the target and comparison group can be more robust, rather than the assumed non- existence in the non-SEBD population.

6.4.2 ASI with the comparison group

In Study 2, identifying the specifics of the SEBD in relation to the target group population, may have allowed for a more detailed breakdown of the SEBD in relation to their attachment style, which in clinical practice could inform a precise evaluation and method of formulation for intervention to be used with the adolescent in question.

It would be important for future research purposes to have a larger sample of both SEBD and non-SEBD participants for better validity. As highlighted in this study, as well as suggested by other research, another consideration is for different school catchment areas to be compared, taking into consideration environmental factors (Allen, 1998; Bifulco, 2012; Conger et al 2010; Fleming et al 2002; Gilligan, 2000; Henderson, 2012; Maggs et al 1997Masten et al., 2008; Maton, 2008; Morales, 2017; Travis & Leech, 2013) as well as school (Epstein et al 1978; Steinhaucer et al 1984; Wolff 1995) can have an impact on the resilience of adolescents. On these stances it is also worth noting that it will be more beneficial to have a larger population of both SEBD and non-SEBD populations to be interviewed using the ASI-AD, so a fare comparison between the two groups can be made. As with Study 1, further consideration would also be to investigate across different catchment areas which may allow for a wider selection of adolescent populations to be compared.

There are few UK based studies on attachment in SEBD populations, in a normal school population, it could therefore be inferred that the current research presents empirical evidence, of the impact of attachment and resilience in schools and could also inform education policy for the general population as well as the SEN population. Therefore, despite the limitations to the research and its potential influence on the analysis, the research has made important contributions to the limited research in the area of adolescent attachment and contributed research to the extremely current mental health issues, including SEBD issues that are continually rising in the adolescent population in the UK.

6.5 Implications for Counselling Psychology Practice

This section will also discuss future direction based on the current findings that the interplay between an insecure attachment and low resilience can have a negative impact on relationships adolescents who have SEBD, have with their main carers and people in general. Having a, framework which is usable for both researcher and practitioner is essential in attachment research, where there are a number of different points during the therapeutic process, from assessment, during interventions, scoring, summary reports, it is therefore essential that these important structures are considered, under-

stood and identified for the benefits of both researcher and practitioner, (Bifulco et al, 2014).

6.5.1 Recommendations

As a researcher-practitioner of counselling psychology, it is important to know and more importantly understand the interactions the psychological impact of SEBD which as literature supports is on the up rise in the UK, in comparison to other mental health issues experienced by the adolescent population in the UK (House of Commons, 2016). In light of this I have two recommendations which are discussed below:

6.5.1.1 Creating a resiliency profile for each secondary school pupil

This study may offer a foundation on which to explore further, the use of both resilience profiles and attachment based measures to be used in schools, by qualified professionals, such a counselling psychologist, who can make an appropriate interpretation, to ascertain any individual needs required for the individual. **It is recommended that a resiliency profile should be obtained for each pupil when they start secondary school.** The RSCA is short and designed to be used in schools, as a screening tool. I recommend that the RSCA is administered by a counselling psychologist creating individual resiliency profiles. This can be administered in the tutor groups. As has been used in the current study the scale can be used to report resiliency profile unique to each child or adolescent. This assessment of personal resiliency will cover three core developmental systems commonly associated with adaptive functioning, which are crucial for learning within a school environment (Prince Embury, 2006; 2008). Depending on the characteristics of the profile, the psychologist can advise the school of further support, for example, therapy, skills development and/or meetings with parents to put into place a plan, to enhance the educational benefits for each young person.

6.5.1.2 Using the ASI (AD) in schools to inform therapeutic work with adolescents from a clinical population.

The ASI (AD) has been used extensively in the UK, with a normative school population, to great effect (Bifulco, 2010; Oskis et al 2010) and is therefore recommended as it allows the young person to express in their own words their relationships with others. The appropriate training would have to be completed for both the application and in-

terpretation of the ASI, for it to be used proficiently. If a resiliency profile was obtained in the way advised above, **a further recommendation would be to use the ASI (AD) interview to draw out any further difficulties a young person may have in establishing relationships, to allow the school environment to offer the young person specific support around their individual needs, based on the way in which they interact with others and how successfully they are able to make and maintain relationships within their school environment.** It is also recommended that the results of the ASI (AD), be used to allow further access to support for the adolescents. The information ascertained from the ASI, for example can be sued to recommend accessible support for the identified adolescents, such as those from the present study. An additional focus may include using the information from the ASI, to monitor contact with family members to reduce feelings of unsafety and anger. Importantly the ASI has an adult version, which could be offered to parents, as a way of establishing positive skills to their child behaviour and offer further support in relation to any difficulties experienced in their relationships. However this would need to be considered in light of any ethical dilemmas that may be presented. For example where there are identified issues of abuse or neglect, sharing of information would not be permissible.

6.6 Summary

The aim of the present study was to explore the interplay between attachment and resilience in relation to adolescents aged 14-18 years with SEBD. Study 1, which measured the resilient traits, using the RSCA (Prince-Embury, 2010) within adolescents of both a SEBD and non-SEBD population and found that although there were some minor differences between the subscales, sense of mastery, sense of relatedness and emotional reactivity, overall there was no significant difference in resilience between the two groups. Study 2 captured the incisive accounts of the SEBD adolescents using the ASI-AD (Bifulco, 2010), to explore their relationships as a way of assessing their attachment style. The results suggested that there was a clear distinction between adolescents with a secure and insecure attachment which was assessed by their ability to make and maintain relationships. The secure adolescents had supportive relationships from a young age, giving them sufficient internal working models on which to form the basis of other healthy relationships (Ainsworth et al 1969; Bowlby 1980; Oskis et al 2010). The insecure adolescents, overall showed less ability to make and maintain relationships suc-

cessfully. For the anxiously attached individuals this was dominated by lack of confiding, due to lack of support and fearful mistrust. They reported feeling lonely however avoided relationships from fear of being let down, and a fear of rejection (Ainsworth 1979; Bowlby, 1982; Oskis et al 2010). The avoidant individuals again reported lack of close support; however in the angry dismissive category their interactions were dominated by anger and conflicts, whilst in the withdrawn category it was reported as detached, with a need for boundaries and privacy, and little emotion was expressed. Both categories reported high levels of mistrust whilst also reporting high levels of self-reliance, as they did not feel able to trust others to support their needs satisfactorily (Ainsworth 1979; Bowlby, 1982; Collin and Read, 1990; Main and Weston, 1982; Oskis et al 2010). The interplay between the attachment and resilience of the adolescents, with SEBD, overall, highlighted higher resilience in the secure adolescents and lower resilience in individuals who had an insecure attachment. The lack of any consistent supporting and caring people in the adolescent's lives was a key factor of the adolescents risk profiles, highlighting the importance of secure attachment in helping adolescents to function successfully during adolescence developmental years (Ainsworth 1979; Atwool, 2006; Bowlby, 1982; Ginsburg and Drake, 2002; Olsson et al 2003; Oskis et al 2010; Prince-Embury, 2010).

Attachment and resilience in adolescence is a significant area of research in counselling psychology, with growing importance. Crucially pertinent to consider is how the implications of the current studies impact in relation to practice in counselling psychology. We are as the study has indicated already aware of the nature of low resilience and an insecure attachment and the impact this has on young people. It is important to go beyond what we already know and consider how attachment and resilience are driven by the context of today's society, including schools. In a discussion by Burkley and Maxwell (2007), they refer the problematic nature of violence in school. In this they quote the commissioner for children in New Zealand as saying "we simply do not know if there is more violence within schools, more violence within our communities and families or if we are tolerating less violence than before and responding differently to this violence". Although this quote refers particularly to violence, it encapsulates the idea of viewing the growing concerns involving young people and how this is driven by the context of school and the wider society today. Importantly it prompts the idea of the working con-

text of a counselling psychologist, offering a wider 'contextual lens' from which to consider counselling psychology practice. It allows counselling psychologists to go beyond the idea of viewing the child as a problem and look see how the young person got there in the first place.

Therefore, having the opportunity to evaluate the qualitative, shared experiences of adolescents in a structured way is a privilege for a research-counselling psychologist. Understanding, evaluating and meeting the needs of adolescents with SEBD is paramount for the profession of counselling psychology, who have an ever growing presence in adolescent clinical disorder environments such as schools. Understanding, evaluating and meeting the needs of the SEBD population is also a national concern and not addressing the need of these adolescents threatens to impact the social, emotional and behavioural welfare of people in the UK, which will inadvertently impact on their nations educational objective as well as impact the society as a whole (Parkin, 2018; House of Commons 2016). Importantly this study adds to the body of research, offering insight into the impact of attachment during adolescence in clinical populations, particularly with the current rise of mental health issues during this crucial period of life (Fraley 2002; Lewis et al 2000; Roisman et al, 2002; Waters et al, 2000).

Chapter 7

"Researcher-Practitioner and that in between"

Personal Reflections and Critical appraisal of the Research Process

This chapter will discuss my journey of the research process, which informed the underpinnings to this research project. I will reflect upon how the formation of ideas and how the research process has impacted on me as a practitioner, including unexpected events that challenged the process and how I dealt with them and what I learnt. I will talk about the thought involved in the methodological underpinnings. I will reflect upon my experiences of working with teams, within a school environment. Reflect on how I have developed as a researcher and what I have learned on my journey as a research practitioner of counselling psychology.

7.1 Formation of Research Ideas

My doctoral thesis research journey has not been an easy one, but one that has created many stumbling blocks which have been encountered in various ways at various stages. At times I have wondered why I started this journey. The impact of my own early attachment to my parents, the significant losses that occurred as a child and adolescent, my disrupted home and difficult school life, altogether have had a profound impact on who I am today. During the course of the doctorate I have been reminded me of my own resilience and what it had taken for me to get to where I am today. The more recent journey from counsellor to counselling psychologist has been an equally significant journey, one where I have encountered the joy and uncertainties of birth, having had two of my children during this course and the earth shattering impact of loss, losing my mum, the strongest women I have ever known. The one person who knew me like no one else ever did, with her I lost something else, something that doesn't have words or that I can begin to describe, but something that is unique and that is just about me and my mum and our secure attachment bond.

My interest in working with children and young people has stemmed from when I first began my A-Level Psychology, I knew then that I wanted to help, children and young

people, I just didn't know at the time what guise that might take. In my late teens, I embarked on a youth training course and worked at the local play schemes. I realised that this wasn't enough, that I wanted to do more. I developed relationships with the young minds that I worked with but they remained distant and I did not have the skills to do more. These experiences evoked my decision to train as a therapist, and so my journey began. My BSc Psychology spiralled, me into a world of choices and opportunities and very soon after graduating I started my first job as a drugs counsellor, whilst I trained as counsellor, doing my Masters. My interest in attachment bonds had already started to gain momentum. My dissertation looked at the bond between twins in the womb, and the impact of loss on a surviving twin. This work came from a very personal place from within. My ideas for my doctorial research, was spurred from both a personal and professional place, personally from my on-going pursuit to understand the intimate relationship of a mother to her child, especially as I had now began to experience that through my relationship with my own children, but also professionally, as I was working with adolescents who were experiencing a number of adversities in their lives. I became interested as an outsider looking in, at the unique ways in which each of these young minds formed relationships, and wondered about the differences that I was seeing. In my research I propose the idea that young people with an insecure attachment and low resilience are less likely to be able to deal with their social, emotional and behavioural difficulties, in comparison young people without social, emotional and behavioural difficulties. I saw that the idea of how a young people related to others and their ability to make meaningful relationships and adapt successfully to adversities, would be a key factor in managing the difficulties they experienced as a result of their SEBD. I saw a research question developing.

Reading literature on my initial ideas of researching adolescents who experienced adversities that impacted on them at school led my thoughts to evolve around what it was about social, emotional and behavioural difficulties that these young lives were experiencing, that made them interact with others in the way that they did. Why were some resilient and others not? What was in their accounts of their unique experiences that impeded on their relationships and their ability to make and to maintain their relationships? Could this be captured and if it could what would we see? Was it ultimately about the way they have learnt to interact with others; their attachment, or were other

factors involved? I was aware from previous investigations that adolescence was an area of research that was under researched; it still remains this way. There were lots on attachment in the early years of a life and lots on attachment in adult life but attachment in adolescent was lacking, a gap in research started to appear. From here, within the current climate of adolescent impact on society, that I was exposed to in my working environment and the ongoing media portrayal of adolescent 'behaviour' arose a question, 'if young people are experiencing an array of adversities, what are the implicit and explicit reasons for these differences?

7.2 Researcher identity and methodological underpinnings

Working therapeutically with adolescents in a school environment evoked further questions to me, in relation to my role as researcher-practitioner. I felt confident about my interactions as practitioner but could not say the same about my identity as researcher in relation to methodological underpinnings. Importantly, for me, I revisited my humanistic base to inform my decisions. I wanted to find something that enhanced my interactions with young people in a safe and respectful way, using my core humanistic values and techniques, whilst also having a researcher a grounded research methodology that would help me to capture incisive accounts of the young people's personal experiences. For me it was more than just collecting accounts of data, but it was about hearing these young people, possibly in ways that they had not experienced before and what was heard was then portrayed in respectful and useful way as a therapist but also as a researcher, encouraging the importance of adolescents and what is happening for them now, in the current climate. It was important to me that they were heard. The idea of capturing incisive accounts of young people's experiences and my comfort of using qualitative approaches, I decided on using qualitative rather than quantitative methods to collect my data. After supervisory discussions of triangulation of data, early in the development stages of the project design, I decided to challenge myself, by doing a mixed method design, one which has challenged me to the very end, but has however increased my awareness and confidence as a researcher.

I had an idea of what I wanted to do, working in a school environment gave me an opportunity to present my ideas to the school which I already had built a 'secure' relationship with. This evolved with the co-operation and acceptance of both teaching and pas-

toral staff, throughout different levels within the school. The deputy head for example was very keen to support the emotional wellbeing of the young people in her school, which allowed for an easy flow of conversation. Having this initial support for the school deluded me into thinking that it would be easy to find the students on which my research would be based; unfortunately this was not the case. The young people for the resiliency scales were selected randomly by the school, and this data was captured over two days. The initial idea of selecting from within the selection of SEBD pupils, participants to interview was not easy. Most of the young people themselves had a positive reaction to the interview, the support stumbled when permission from parents for them to be involved in the research, needed to be obtained. The process was slow in comparison to the initial speedy progress of permission, yet my own determination and that of the pastoral members of staff and most importantly the determination of the young people to be involved, to be heard, meant that permission from some parents was received, enough for the interviews to go ahead.

7.3 Development as a researcher practitioner

Not only had this journey impacted on me personally but professional I did feel completely lost and it has taken me some time to gather my necessary tools to deal with the task ahead, after having some further time for reflection, I persevered. Although it has continued it has been difficult at times to marry all together. I preserved but I learnt something important about my own resilience and tenacity, something that I hadn't may be allowed myself to reflect on previously , that I didn't know when to stop or allow myself to, and maybe that doesn't always work, unless the universe intervened and made me. Even when I was eight months pregnant, working, reading my thesis, conducting my interviews, looking after a 6 and 3 year old, it wasn't until I went into hospital, exhausted and when I was advised very supportively by my supervisors that actually, its ok to take a break. To think I thought I could get it in before the baby arrived…what was I thinking! But importantly since, I have slowed down, and the space I have given myself allowed me to deal with what happened with mum differently. It hasn't become all consuming, I grieve, but I don't need to prove anything. It still will be done. I have grown as practitioner and importantly researcher and the interplay of both of these identities now sits more comfortably than it had done before, although still far from established.

My youngest son is now 18months old and it has been extremely hard to pick up the momentum again, with a pattern of high and low peaks of determination. I have learnt that to stop and take rest does not mean that I have failed or let myself or others down, it's ok if things happen to take a break and evaluate, gain strength, resource myself reflect, make some choices an then carry on. For me this is a BIG learning curve.

My motivation for researching adolescents may have stemmed from a personal place but has certainly propelled, into what I consider to be an identity forming process for me as a researcher-practitioner. It has given me the opportunity to delve into places within myself and think about attachment from a researcher's perspective and not just from a space within the therapy room. My learning hence, begins to gain a different meaning from a completely new perspective. It leads me to raise discussions, present ideas and through critique and reflection of my own way of working and, with a collaboration of thoughts and ideas, has allowed me to share my experience and knowledge, combining the personal and professional with the overall aim of contributing something of significance to the profession of counselling psychology. I started this doctorial research knowing that I had to conduct this research to achieve my doctorate in counselling Psychology. I had not expected that it would form the foundation of an identity as a researcher practitioner, one that is now embedded in my 'want' to understand from a research perspective the intricate movements of the adolescent minds, in a way that is distinct from my interest in working with adolescents therapeutically, but which together form my unique identity as research practitioner.

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Appendix 1

Appendix (5 pages) containing copy of Resiliency scales for Children & Adolescents: A Profile of Personal Strengths: Combination Booklet published by Pearson, removed due to copyright considerations

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Appendix 2

Table 3.1 Score Rankings Based on Resiliency Scale *T* Score Ranges

Ranking	*T* Score Ranges
High	≥60
Above average	56–59
Average	46–55
Below average	41–45
Low	≤40

Taken from the Resiliency Scale for Children and Adolescents: A profile of personal strengths (Prince-Embury, 2010)

Appendix 3

Title of Project: The Interplay between Attachment and Resilience in adolescents with SEBD

Name of Researcher: Ranjit Phull, Trainee Counselling Psychologist

Information Sheet for the Study

Title of Project: Do measures of resiliency in young people age 14-18yrs, who have emotional and behavioral difficulties have clear links to attachment styles?

Dear Sir/Madam,

Thank you for your interest in taking part in our research to understand the relationship between attachment styles and behavioral and emotional difficulties, in young people aged 14-16yrs old and the impact this has on the way in which they learn in the school environment. Here is some information on the study, and what you will be asked to do, should you volunteer to take part. It is important that you know that we need a certain amount of people for the study and that if we have too many volunteers, you may not be chosen to take part. There will be plenty of opportunity for you to ask your own questions before you decide whether to take part.

What is the purpose of the research?
The aim of this research is to look at how you have managed your behavioural and emotional difficulties and, whether your childhood relationship, such as that with your parents, has impacted on the way you learn and manage your school life.

Asking questions about your childhood or your family relationships may bring up uncomfortable or distressing feelings or thoughts. It is important that you know if this does happen we can stop the recording at any time and it will only re-start if and when you are ready. It may also be helpful to know that if you feel you would like to talk to someone about any issues that may come up for you during or after the interview, you can be referred to the school psychological support team for counselling. You will also be provided with a list of other agencies to contact if you prefer.

The benefit of the research is that by hearing the personal accounts of people like you, who suffer from behavioural and emotional difficulties, helping professions like counselling psychology are able to understand better the impact on individuals. This helps us provide a service that better suits the needs of young people in a school environment.

Who is running this project?
The research is being conducted by a Counselling Psychologist in Training (Ranjit Phull), who is a student on a Professional Doctorate in Counselling Psychology at the University of Wolverhampton. The project is being supervised by Dr. Nick Banks and Dr. Josephine Chen-Wilson (University of Wolverhampton). The research has been insured by our sponsor, The University of Wolverhampton.

What will I be asked to do?
If you agree to continue, you will be asked to read and sign the consent form. The Interviewer will ask you some questions, which we will ask you to answer as truthfully as possible. The interview will be audio recorded. You will also be asked to give some personal details including your name, contact details. We would also like your permission to use direct quotes from your recording, which will be annoymised.

What happens if I change my mind about taking part?
Participation is voluntary and you are free to leave the study at any time without giving any explanations**.** The audio recording can be stopped at any time during the recording and can be deleted. You have up to a month to change your mind and withdraw from the study, after which the data will be anonymized and this will not be possible.

Do I have to take part?
It is important that you know that you do not have to take part and if you choose not to, this will not affect anything to do with your schooling in anyway.

How long will it take?
The total time you will spend with us will be around 90 minutes.

What will happen to the audio recording, the transcript and the resiliency scale?
The questionnaires and transcripts will be anonymous, with just a number on them. You will not be identifiable from this number. The recordings will be password protected. These will all be stored in a locked filing cabinet, and archived in the University for 5 years after we've published our findings. After this they will be shredded and recordings will be destroyed. The data may be published as part of an academic paper, or conference presentation.

Where can I find the results of the study?
If you would like a summary of results, let us know and we will send a summary in about 6 months' time. The details of where and how to contact us can be found on the tear off sheet at the bottom of this information sheet. We usually write up an article for university students and staff (WLVInsider) and we will do a talk on the research, which you will be welcome to attend. If you give us your contact details, we can make sure we send you further information nearer the time.

What can I do if I have a complaint about this research?

If you are concerned about how this project has been run or how you have been treated, you may contact the head of the ethics committee at the University of Wolverhampton: [redacted], about any of your concerns.

Thank you for taking the time to read this and considering taking part in this study. Please keep this information sheet for future reference. Feel free to ask if something is not clear for you, and you would like some more information.

The University of Wolverhampton Team
Ranjit Phull [redacted]

Dr. Dr. Wendy Nicholls [redacted]

Dr. Josephine Chen-Wilson [redacted]

UNIVERSITY OF WOLVERHAMPTON
KNOWLEDGE ▪ INNOVATION ▪ ENTERPRISE

Title of Project: The Interplay between Attachment and Resilience in adolescents with SEBD

For information about the results of this study contact:

Ranjit Phull: [redacted]

Appendix 4

Title of Project: The Interplay between Attachment and Resilience in adolescents with SEBD

Researcher: Ranjit Phull, Trainee Counselling Psychologist

Debriefing Note

I wanted to say a personal Thank You for taking part in this research and sharing with us your experiences. Your contribution has helped gather important information about the impact of your emotional and behavioural difficulties on your school life. With this information, we as practitioners and researchers aim to use this information to inform our practice aiming to offer psychological support that fits the needs of people who experience emotional and behavioural difficulties during their school life.

If you would like support or specific information regarding any topics raised during the questionnaire or interview process, please do not hesitate to contact us via the details below.

Thank you once again for your help.

University of Wolverhampton Team

Ranjit Phull [redacted]

Dr. Wendy Nicholls [redacted]

Dr. Josephine Chen-Wilson [redacted]

Appendix 5

General Attitudes towards Others: Scale Categories

BEHAVIOURAL SCALE

1. Interviewer's assessment of ability to make and maintain relationships.

ATTITUDINAL SCALES

2. Mistrust of others
3. Self –reliance
4. Attitudinal constraints re closeness
5. Fear of rejection
6. Desire for company
7. Fear of separation
8. Anger in relationships

GLOBAL SCALE

9. Type of attachment style (Enmeshed, fearful, angry dismissive & withdrawn and degree (determined by secure/insecure)

Scale categories, taken from The Attachment Style Interview for Research & Clinical Practice (ASI-RCP) User Guide: 2015

Appendix 6

Examples of Pre-determined Themes of Relating

- **Confiding**- this refers to the extent to which the participant, can talk about their personal feelings, any crisis that have occurred or any emotionally charged topics. "Do you confide or talk about your personal feelings, any secrets with this person?" "What sorts of things do you tell him/her?" "Do you tell him/her your most personal feelings?"

- **Active Emotional Support**-this refers to how the parent/carer and VCO's respond to the participant when they talk about strong personal feelings are they sympathetic and understanding? The frequency and the strength of such support are pivotal here, as any negative responses reduce the ratings. "Do you think they are interested when you tell them things?"

- **Positive Quality of Interaction**- this refers to positive time that is spent together, and enjoyment in joint activities. An example of the kind of questions that are asked her are: "Do you spend time alone with this person?" "What is it like when you are together?" "Is it easy to be with this person?" What is the atmosphere like when you are together? relaxed? tense?"

- Negative Quality of Interaction- this refers to time that is spent together that has a negative tone, this may include any tension, conflicts, rowing, fighting. Examples of some of the questions are, "What kinds of things irritate you about each other"? "What was your last quarrel/argument about?"

- **Felt Attachment**- this refers to how they feel about being with this person. Examples of the kinds of questions would be: "Do you rely on this person, for example for company, or for confidence?" "How would you feel if they went to live in another part of the country?" "Are there any kinds of situations where you feel you could not rely on this person?"

Appendix 7

Attachment Attitudes

- **Mistrust**- "Do you find it hard to trust people?" Do you find it hard to trust people close to you?" "Do you feel most people are out for themselves?"

- **Constraints on Closeness**- "Is having someone close to you important?", Do you find it difficult to confide in people?" "Do you find it easy to ask people for help?"

- **Fear of Rejection**-"Do you feel you can't trust others in case they let you down?" "Have you ever felt hurt or rejected by anyone you've been close to?" "Does the fear of being hurt or rejected stop you from getting close to people?"

- **Self-Reliance**- "Do you feel you generally cope well with problems?" "Is it important for you to be independent?" "Are others people's opinions important to you?"

- **Desire for Company**- "Would you say you were a sociable person?", "Would you like to see your friends more often or do you see enough of them?", "Do you think you are a possessive person?"

- **Fear of Separation**- "Do you get anxious when people close to you are away?", "Do you find it difficult to say goodbye to people?" "What would you miss most about this person?"

- **Anger**- "Do you often fall out with people?", "Do you often get into arguments?" "Do you ever feel resentful about the past in general?"

Appendix 8

Consent Form for Participation

Title of Project: The Interplay between Attachment and Resilience in adolescents with SEBD

Name of Researcher: Ranjit Phull, Trainee Counselling Psychologist

Please initial boxes

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time/up until commencement of data analysis without giving any reason. Withdrawal will not affect your schooling in anyway. ☐
3. I understand that direct quotes from my interview will be used but that it will be anonymized. ☐
4. I understand that my data will be stored securely and confidentially[1] and that I will not be identifiable in any report or publication ☐
5. I understand that the researcher may wish to publish this study and any results found, for which I give my permission ☐
6. I agree for my interview to be audio recorded and for the data to be used for the purpose of this study. ☐
7. I agree to take part in the above study. ☐

…….	…….	…….
Name of Participant	Date	Signature
…….	…….	…….
Name of Parent	Date	Signature
…….	…….	…….
Name of person taking Consent (if different from researcher, state position)	Date	Signature
…….	…….	…….
Researcher	Date	Signature

Appendix 9

List of Electronic Appendices

a) **The attachment Style interview for Adolescents**

ELECTRONIC INTERVIEW PACK

Rated by:
ID:
Date of Interview

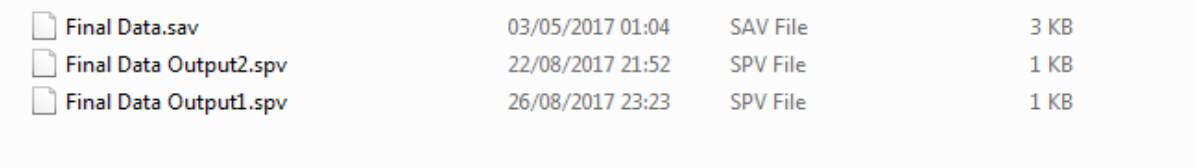
The Attachment Style Interview For Adolescents (ASI-AD)

Middlesex University London

CATS

Chapter 4:
Quantitative Data:

a) **Final data set 03-5-2017**
b) Final data Output 2 -08-2017
c) Final data output 1 26-08-2017

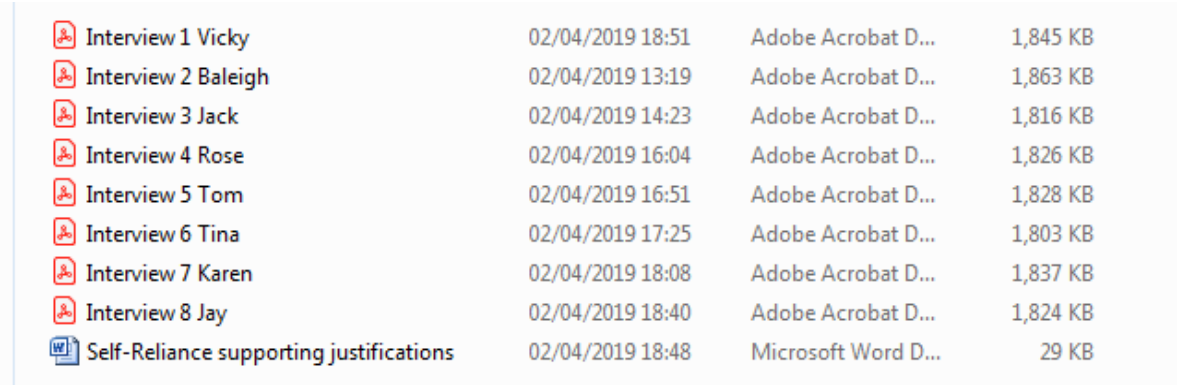


b) **Chapter 5:**

Qualitative Data: ASI-AD Rating Scales:

a) Interview 1 Vicky
b) Interview 2 Baleigh
c) Interview 3 Jack
d) Interview 4 Rose
e) Interview 5 Tom
f) Interview 6 Tina
g) Interview 7 Karen
h) Interview 8 Jay
i) Self-reliance supporting justifications

The rating schedule starts at page 29, all the information prior to this has been removed as is documented anonymously in Chapter 5. Any names used are pseudonyms.



In the electronic version submitted on USB, the box for Self-reliance did not allow me to enter data. I have therefore attached this information for each participant in the word document entitled "Self-Reliance supporting justifications"

Appendix 10

The Interplay of Attachment amongst Adolescents with Social Emotional and Behavioural Difficulties

Ranjit Phull, Wendy Nicholls, Chao-Hwa (Josephine) Chen-Wilson

Institute of Psychology, University of Wolverhampton

Institute of Educational Future, University of Wolverhampton

Abstract

The main objective of this article was to explore the impact of attachment on adolescents with Social Emotional and Behavioural Difficulties (SEBD) and more specifically how the security or insecurity denoted in their attachment classification, impacted both on their engagement within their close relationships and how this impacted their management of their SEBD symptoms of anxiety and depression. Analysis was based on the data sample of adolescents from a normative population, who were diagnosed with SEBD (N=8). Attachment security was assessed using the Attachment Style Interview for Adolescents (ASI-AD), based on the premise that the ability to make and maintain relationships is one of the key factors in establishing a secure attachment. Expectedly, adolescents with a secure attachment showed a higher degree of positivity in their relationships with both caregivers and others in general and were able to manage their SEBD symptoms in helpful ways in comparison to adolescents with an insecure attachment, whose relationships were denoted mostly by negativity and who adopted maladaptive ways to manage their anxiety and depression.

KEYWORDS Attachment, Social Emotional and Behavioural Difficulties

Introduction

Social, Emotional and Behavioural Difficulties

The term Social Emotional and Behavioural Difficulties (SEBD) is used to describe a cluster of behaviours that are present within an individual, where their behaviour and or emotions are adversely affected. Children and adolescents with SEBD have been identified as being difficult to include within mainstream settings, (Burton et al, 2009). Up to one in five young people in the general population will have an emotional or behavioural disorder at some point in their childhood (Bayer and Sanson, 2003). According to Botha and Kourkoutas (2015, p22) "many school children throughout the world who exhibit antisocial or destructive behaviour or who have SEBD do not receive the support they need" they go on to say that collaborative support is needed to counter this.

Attachment

It is argued that that secure children grow up to be secure adults, whereas the development of an insecure attachment has shown to have a negative on-going impact on an individual throughout their lifespan (Ainsworth 1989; Bowlby 1973, 1980). Cognitive representation of self, guide expectations of others, and own thoughts, feelings, and behaviour in relation to others be it their child, parent or life partner. The capacity to regulate emotions, to learn and form satisfying relationships, is significantly influenced by early care-giving, which has a massive long-lasting impact on the overall development of any individual child (Siegel 2012). Development of an internal working model is established through the attachment relationship (Bowlby; 1969); the main caregiver acts as a prototype for future relationships, through: (1) a model of others as being trustworthy, (2) a model of the self as valuable, and (3) a model of the self as effective when interacting with others. Internal working models are internalised cognitive representations of the early experiences, both mentally and physically

that a child has with their caregiver. A secure attachment supports mental processes that enable individuals to regulate emotions, have understanding and insight, reduce fear, attune to others, have empathy for others and can appropriately use moral reasoning. Learning positive ways to do this as children, developing 'reflective functioning' or 'mentalising behaviour' the chances are as adults we will use the same ways, the same internal working model' to elicit what we need (Fonagy et al, 2002). These different styles of seeking out help and obtaining what we need constitute the attachment process.

Adolescent Attachment

Targeting the adolescence development stage in relation to attachment, it has been considered one of great difficulty (Boyle, 2007; McConnell and Moss; 2011). The depth of changes that occur during adolescence continues to be debated, (Moretti and Peled 2004). Every aspect of an adolescent functioning is impacted on, neurological, cognitive, biological and social, creating rapid changes which Moretti and Obsuth (2009) refer to as a social-cognitive dilemma in youth. Attachment relationships to caregivers during adolescence are considered to be equally important but crucially distinct from the attachment relationship that is formed with caregivers in early childhood (Fraley 2002; Lewis et al 2000; Roisman et al, 2002). Parents and caregivers are seen by the adolescent, as having their own distinct life, which does not centre on them (Bowlby, 1969; 1980). Research has highlighted the importance of a supportive parental caregiver relationship during adolescent years, as a predictor of a secure attachment. In a study by Moretti and Peled (2004), they found that mental health issues such as anxiety, depression, conduct disorder, delinquency, aggression and inattention thought problems, were much fewer in a securely attached adolescent in comparison to their insecurely attached counterparts. According to their synopsis the role of parental influence during adolescent years has been seriously questioned. Some researchers continue to argue that peer

influences are much more significant during adolescent years (Raja et al, 1991). Moretti and Peled, (2004) however argue that the emotional and psychological wellbeing of a young person and the negotiating of their thoughts, feelings and behaviours are much more significantly impacted by caregiver relationships, which is supported by Harris (1995), who highlights the significance of the parental figure, an example, from which other relationships are formed and understood. Pertinent to the current study is research that has identified parental sensitivity and support as absolutely critical in supporting and helping maintain an adolescent's development (Chak 2001; Grossman et al, 2002; Meins, 1999), but that the differences during this developmental stage operate directly through the nature of their attachment bonds. (Doyle and Moretti, 2000; Moretti and Holland 2003; Moretti and Peled, 2004).

A series of longitudinal studies (Ammanti et al 2000; Cooper 1994; Cooper & Jacobs, 2011; Zimmerman and Becker-Stol 2002), explain how attachment alone cannot predict future social, emotional and behavioural problems, challenging attachment theory, offering an alternative insight into the development during the critical phase of adolescent development. Three studies have looked at stability of attachment during adolescence between 2-4 years, concluding overall a rate of about 70% consistency in attachment style over time Ammanti et al 2000; Cooper 1994; Cooper & Jacobs, 2011; Zimmerman and Becker-Stol 2002). What is not clear is whether it is attachment or something else in the adolescent's life that impacts on how they manage their adolescent years. Socioeconomic status for example, can have a great impact on a young person's mind-set and achievement (Conger et al 2010). Young people go through a transition physically (Deforche et al, 2015), neurodevelopmental (Crone and Steinbeis, 2017), psychological and socially (Anderman 2002). Attachment insecurity has well been established in adolescents from a clinical population, and is less prevalent in no-risk populations (Bifulco, 2012; Oskis et al, 2010). A contentious issue in adolescents at risk of

SEBD is their background and living circumstances. The problem may not lie with the adolescent but with their circumstances, both internal or neurodevelopmental and environmental, which may need to be dealt with, perhaps urgently: 'behaving in problematic ways is sometimes a legitimate response to intolerable circumstances', (Cooper et al, 1994; Cooper and Jacobs, 2011).

Aim of the current study

The aim of current study is to establish the impact of a secure and insecure attachment on adolescents with SEBD, particularly in relation to their ability to make and maintain relationships with caregivers as a template in maintaining relationships with others in general. It is hypothesised that adolescents with SEBD and a secure attachment will manage their SEBD symptoms better due to their supportive relationships which encourage helpful ways of managing anxiety and depression in comparison to their peers with an insecure attachment (anxious or avoidant) which will demonstrate disruptions and difficulties in their close relationships and report maladaptive ways to manage their SEBD symptoms.

Method

Participants

A clinical sample consisted of 8 pupils with SEBD who were recruited from school, who were also aged between 14-18 years (female n= 5, male n=3; mean age = 15, sd = $\pm$0.2).

Measure and Analyses

The semi-structured Attachment Style Interview for Adolescents ASI-AD (Bifulco, 2012), captured incisive accounts of the experiences of young people with SEBD, specifically looking at its impact on both their relationship with close others, such as parents, relatives, friends and teachers and how they relate to people in general, using the pre-determined themes to discuss both their close relationship and general attitudes towards others, which are divided into the three behavioural, attitudinal and global. For the purpose of the interview these scales are divided into sections to form an interview schedule, using five main themes are; confiding, active emotional support, positive quality of interaction, negative quality of interaction, and felt attachment (Appendix 1). Attachment Attitudes; mistrust, constraints on closeness, fear of rejection, self-reliance, desire for company, fear of separation and anger form part of the interview that attempts to establish how the participant relates to the world in general (Appendix 2). Questions which guided data determine the kind of relationship the participant has with the person they are talking about, which is then given a rating that is later used to determine the participant's attachment style. Both the ratings and the attachment style are both given after the interview has commenced, by reading through and evaluating the transcript in relation to the ASI-AD manual to create a ASI rating schedule for each participant (Appendix 3).

Results

In the eight cases interviewed for this research study, 80% of the adolescents had an insecure attachment style, which is consistent with infants with a secure attachment in a general population, where 70% are were found to have a secure attachment, (Ainsworth et al, 1969). The distribution of the attachment styles are presented in Fig.1.

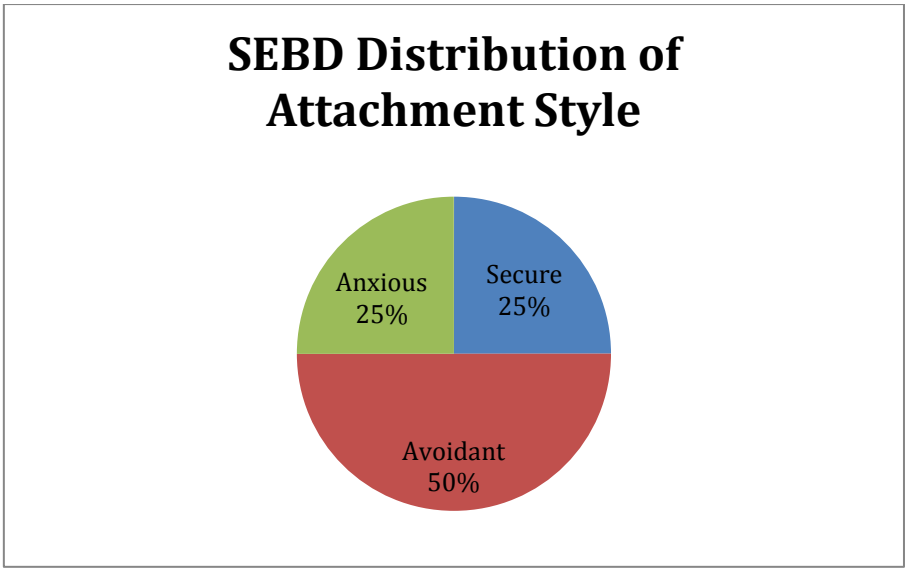


Fig 1: Distribution of attachment style

Interplay between Attachment Style and SEBD

The three classification types of attachment: secure, avoidant, and anxious narrated the behaviour patterns of the adolescents whilst also indicating their expectations in relation to the responses they received from their main carers and very close others. A detailed account of the participants, relationships showed that their attachment style, which is derived from their ability to make and maintain relationships, as well as the degree of security in their attachment, had an impact on how they managed their social, emotional and behavioural interactions with others. 50% of the adolescents' profiles were categorised as avoidant, 25% as anxious and 25% as clearly secure. Table 1 illustrates the attachment styles of the eight individuals, alongside their identified SEBD, ability to make and maintain relationship rating, attachment style and the degree of insecurity, captured in their attachment style interview.

Breakdown of SEBD and Attachment Styles					
Participant	**Age (in years)**	**SEBD**	**Ability to make and maintain Relationship Rating**	**Attachment Style**	**Degree of Insecurity**
Secure					
Baleigh	17	Average Anxiety	1 Marked	Clearly Secure	
Karen	15	Mild Anxiety	1 Marked	Cleary Secure	
Anxious					
Tom	15	Anxiety & Depression	2 Moderate	Fearful	Markedly
Jay	18	Anxiety & Depression	2 Moderate	Fearful	Mildly
Avoidant					
Vicky	15	Severe Anxiety	3 Some	Angry Dismissive	Moderately
Jack	14	ADHD/Sever Anxiety	4 Little/none	Angry Dismissive	Markedly
Rose	15	Severe Anxiety & Depression	3 Some	Angry Dismissive	Moderately
Tina	15	Anxiety	2 Moderate	Withdrawn	Mildly

(Table 1: Attachment styles of the SEBD adolescents)

Secure Classification

Infants who felt secure were able to explore their respective environments encouraged by the fact that their caregiver was available to them, if problems occur they were able to deal with them without being overwhelmed or disturbed in a way that could cause on-going problems. For the adolescents with a secure attachment in the current study, their relationships with their caregivers were mostly positive and supportive with very little negative interactions. The individual differences that occurred amongst the adolescents were specifically related to the recent anxiety in relation to relationships within their school environment. In all cases their secure attachment base, even with their anxiety, allowed them to manage their difficulties effectively compared to their peers with an insecure attachment.

Anxious Classification

In comparison to their securely attached and avoidant attached peers there were distinct differences in the anxiously attached adolescents in both the tone of their relationships and the impact this had on their SEBD. As predicted their close relationships were denoted by angry interactions, where the all adolescents found it difficult to communicate without feeling overwhelmed with the interaction, which lead to disagreements and arguments, and in some cases to physical fights. In all cases this caused high levels of anxiety, often for a long period after the event had occurred, which resulted in, either high levels of anxiety, and or episodes of depression, both impeding on the everyday function of the adolescents. In all cases this lead to maladaptive ways of dealing with both the depression and anxiety, including self-harm and physical attacks on peers and members of teaching staff.

Avoidant Classification

Adolescents with avoidant attachment style had a distinctly withdrawn way of relating in comparison to their securely attached and anxiously attached peers. As a collective they were highly self-reliant and manage their interactions in either a hostile or withdrawn way and reported different degrees of insecurity. Angry dismissive at a marked level, was distinguished due to his extreme and high negative attitudes about life and relationships with others and importantly an inability to give any definite examples of any support received from any significant others or people in general, consistent with research. Interactions were high in negativity, often leading to uncontrollable outburst and physical attacks towards others. The internal working models of adolescents in this category had not created positive template from which to interpret emotions and behaviour. Instead high levels of mistrust need for control and angry reactions to disagreeable or uncomfortable situations lead to a consistent show of learned angry reactions dominated heavily by conflict. Adolescents in avoidant angry

dismissive at a moderate level of insecurity, had a multitude of negative attitudes towards others and angry and conflicting interactions, which impacted on their sense of self, resulting in maladaptive ways of coping, such as self–harm, excessive alcohol and drug use and running away. Unlike their peers with a markedly rated degree of security, the adolescents in this category had at least one person in their life, who they felt they confide in and who they felt supported by, which again highlights a difference in their profile. The avoidant-withdrawn insecurity was categorised at a mild level, reported a need for boundaries and privacy and self-reliance, but mostly with people in general, rather than people she was close to. People with whom they were close were described in positive relational ways; with people in general they remained guarded and distant with an inability to relate with peers and some adults in meaningful ways.

Discussion

Differences in experiences of SEBD in relation to attachment classification

The current study aimed to establish the attachment style, which is derived by the ability to make and maintain relationships, of adolescents with SEBD, using the ASI (AD) (Bifulco, 2012). The qualitative method was adopted partly in response to an arguable critique that quantifying attachment using measures such as The Adolescent Attachment Questionnaire (AAQ) (West et al; 1998), a self-report questionnaire, does not allow for a direct measure of security or insecurity within a relationship but rather an insight into an adolescent's self-perception of their responsiveness in their close relationships. In order to respond accurately to the question of the impact of attachment style on a school age SEBD population, a much more detailed account of an adolescent's relationship with their caregivers and other supportive roles within their environment was essential. The results from the present study supported the hypothesis that the ability to make and maintain relationships, which contributes to

identifying a secure or insecure attachment, would also impact the adolescent's way of coping with their SEBD.

The three attachment styles found amongst the SEBD population exhibited theoretically consistent profiles of emotional and behavioural symptoms and problems (Ainsworth 1986, 1989; Bowlby 1973, 1980, 1988). Secure adolescents reported a healthier functioning. Anxiously classified adolescents reported an angrier exterior in response to their caregivers and very close others and felt anxiety and or depression, in response to their lack of attachment to others, which was shown through problematic behaviour at school (Ainsworth, 1979; Ainsworth et al 1969, Bowlby, 1980; Cooper 1994; Oskis et al, 2010; Potthurst 1990). Avoidant classified adolescents, reported a more withdrawn way of relating, showing exaggerated problematic behaviour, including self-harm and overly expressive displays of anger towards others, including physical outbursts, again consistent with research of avoidant classified children, adolescents and adults (Ainsworth et al 1969; Bowlby 1980; Collin and Read, 1990; Hazan and Shaver, 1987; Main and Weston, 1982; Oskis, 2010).

Secure Attachment

It was expected that secure adolescents were able to explore their relationships within the domains proposed by Bowlby (1982) and Ainsworth (1989). What was notably different about both these adolescents was their reporting of their relationships with their parents which denoted a very positive supportive nature, reporting little animosity. The significance of parental relationships is empirically evidenced as a crucial component to successful development and from which other relationships are formed and understood, (Bifulco 2012; Harris 1995; Oskis et al 2010). They felt able to rely on their parents when they needed them and are able to be away from them even when they feel anxious, knowing they can return to their

secure base. Both showed signs of autonomy and were able to ask easily for help when they needed it, which is consistent with research on attachment and characteristics which determine a secure attachment (Bowlby 1973, 1980, Ainsworth 1986, 1989). The differences that occurred in their profile were in direct relation to the differences identified within their resiliency profile. Even though they are experiencing anxiety at school, their secure attachment with their caregivers and stable way of relating to others, offers them experiences and tools equipping them to be able to function in spite of the difficulties they were experiencing. This has been widely documented amongst adolescents with a varying degree of mental health issues, supporting research that, that mental health issues, such as anxiety and depression were fewer and less prominent in adolescents with a secure attachment compared to those with an insecure attachment (Bifulco et al 2008; Doyle and Figueirido et al, 2006; Harris 1995 Oskis et al, 20104). Pertinent to this research the importance of differences during adolescent developmental stage, which operate directly through their attachment bonds, (Moretti, 2000; Moretti and Holland, 2003; Moretti and Peled, 20004)

Anxious Attachment

The anxiously attached adolescents were all classified as anxious-fearful, which is categorised by the lack of close support from significant others due to fearful mistrust and lack of confiding. This increases the likelihood of them feeling lonely but wanting to feel close to others. There is an avoidance of relationships from the fear of being let down and a high fear of rejection (Ainsworth 1979; Ainsworth et al 1969; Bowlby, 1980; Oskis et al, 2010). Adolescents classified in this way were expected to exhibit behaviour and emotions, in an angry manner and the overt arousal in situations, which is expressed due to the lack of connection between themselves and their main carer, (Ainsworth et al 1969; Bowlby, 1980). This behaviour and emotion is expressed in an anxious or depressed way or as a combination of both

attributes, (Ainsworth et al 1969; Cooper et al 1998) and may be amplified with occurrences of problematic behaviour (Potthurst, 1990). This was evidenced in the current study as the anxiously attached adolescents, showed maladaptive efforts to cope with that distress. They presented as mistrusting but to different degrees, which was highlighted in their interviews and categorised in their degree of security, mildly and markedly. The mildly attached adolescents had at least one positive relationship on which to form, positive identifying behaviours. The markedly attached, however, due to the lack of continual supportive adults, were unable to use their experiences positively, resulting in sever panic attacks and self-harm, which is consistent with the theoretical justification of an anxious fearful attachment style (Oskis et al, 2010). In the same way the impact of their depressed states were managed differently due to the difference in their ability to communicate effectively. For those with a mild degree of security the impact of the depression was less, they showed an ability to maintain successful relationships with close others, reducing the severity of their SEBD, to help them both function and adapt better in comparison to those with a marked degree of security, where their lesser ability to communicate effectively impacted their depression more severely, impeding heavily on their everyday functioning, amplifying further their ability to find helpful solutions to their distress (Bifulco et al, 2010; Oskis et al, 2010).

Avoidant Attachment

A higher proportion of this SEBD population in this study were classified as avoidant attached some in the avoidant-angry-dismissive category and others with avoidant-withdrawn category. The avoidant-angry-dismissive category is characterised by lack of close supportive relationships, no confiding but angry interactions and conflict with both significant others and people in general. There are high levels of mistrust as well as a high need for control and self-reliance (Ainsworth et al 1969; Bowlby 1980; Collin and Read, 1990; Main and Weston, 1982). The avoidant withdrawn category, still denotes a lack of supportive relationships but

these were due to detached ways of relating rather through angry interactions, with very little confiding. There again is high self-reliance but also barriers to closeness in relationships with significant others and people in general. There is also a lack of emotional expression in relationships and a high need for boundaries and privacy (Ainsworth et al 1969; Bowlby 1980).

Both of these categories were on the high side, however again the differences in them, created the distinctness within each individual profile. Adolescents categorised as markedly insecure, due to extreme and high negative attitudes about his life and relationships with others and importantly who were unable to give any definite examples of any support received from any significant others or people in general, which is consistent with research with adolescents from a clinical population from a normative school (Oskis, 2012; Oskis et al, 2010). Any interactions were denoted by amplified negativity, often leading to uncontrollable outburst and physical attacks towards others. Their internal working models did not equip these adolescents with a positive template from which to interpret emotions and behaviour. Instead because of his high levels of mistrust and need for control, they reacted angrily when something did not go his way, or when they felt uncomfortable with what they were experiencing, leading to a consistent show of learned angry reactions dominated heavily by conflict (Oskis, 2012; Oskis et al 2010).

In the marked angry dismissive category a multitude of negative attitudes towards others and angry and conflicting interactions, showed them to have low levels of positivity about their futures, low self-esteem and a general inability to use past experiences in a positive way to deal with their problems and enhance their interactions with others. Distinctly different the angry dismissive attached at a moderate level, they had at least one person in their life, they

felt they confide in and who they felt supported by, which again highlights a difference in their profile, (Ainsworth 1979; Bowlby, 1980; Oskis et al, 2010). Positive interactions in trusting relationships were reflected upon in their interviews, even though they had high level of self-reliance and a high need for control, which is consistent with research with adolescents, who have an angry dismissive style who report self-harm (Oskis et al, 2010). Angry interactions leading to arguments and conflicts with both people they were close to and people in general combined with a lack of positive experience led to an inability to solve problems effectively, which led them to deal with their problems by excessive drinking and running away, as a way of dealing with their negative feelings about themselves, (Copper and Jacobs, 2011).

The avoidant-withdrawn insecurity was categorised at a mild level, showing a need for boundaries and privacy and self-reliance, but mostly with people in general, rather than people they were close to. The evasiveness and short responses in their interviews was a possible relating attribute and the need to keep boundaries around what she was saying, consistent with a withdrawn insecure attachment (Ainsworth 1979; Bowlby, 1982; Oskis et al, 2010). An inability to relate to her peers and some adults in meaningful ways, which was consistent with her attachment style, and created from a lack of connectedness to her caregivers from an early age, was denoted in this attachment style. Unlike their peers whom had an avoidant angry dismissive style of relating, when anxious they become withdrawn and insular in her interactions, rather than aggressive (Ainsworth et al 1969; Bowlby 1980). The insecurity of their relating base, i.e. parents and their feelings of rejection depicts an emotionally charged response, in the angry dismissive category and a de-motivated and stagnant response in the withdrawn category, (Bifulco et al 2008; Oskis et al, 2010).

Conclusions and limitations

Attachment theory ascertains that internal working models; the way in which an infant makes sense of the world around them, is developed very early on from the bonds they develop with their caregivers (Bowlby, 1973). The lack of supportive figures and care that was inconsistent proved to be an important factor, in the risk profiles of six of the eight target group sample. If children, as is the case for the 80% in this study, are raised in circumstances, where parents are emotionally unavailable, neglectful or abusive, physically, mentally or emotionally, could possibly lead to a prominent insecure attachment in adolescent years, which is consistent with the few studies measuring attachment in adolescence (Bifulco, 2010, 2012; Oaskis et al, 2010).

There are a number of potential limitations that require deliberation, when considering the analytic methods in establishing attachment in an SEBD population. Firstly, encouraging elaboration in the client responses was a crucial part of the ASI-AD, in both building rapport and in gathering important information, with regards to the nature of the adolescent's relationships. The qualitative semi-structured interview schedule was however tightly structured and it became evident during the analysis of transcripts that there were potentially missed opportunities of enquiry, which may have added value to the enquiry and in the establishment of the attachment style. Secondly the small number of, eight participants that were interviewed did not allow for a comparison to be made to the wider population of the SEBD community, even though the number fit within the requirement of ASI-AD research (Bifulco, 2012). However due to the potential lengthy interview, process as well as transcription of data and the analysing of the transcripts using the prescribed method in the ASI-AD manual, meant that due to the time constraints the researcher was unable to conduct more interviews. The third potential missed opportunity was that the ASI-AD interview was not carried out on a

selection of the non-SEBD population in relation to their resiliency scales. In light of the analysis of data, inferences about the attachment of the non-SEBD population, in comparison, could therefore not be made.

Ethical Considerations of Working with a SEBD Population

It is important to note that research has consistently reported findings that suggest that young people from SEBD populations often can come from disruptive family backgrounds, including one parent families and low family income and low educational attainment (Reid et al, 2004). Research has also consistently highlighted as having a high correlation to depression and mental health issues in parents of children with SEBD (Rowe, Maughan and Eley, 2006). It is therefore important to note, that any potential issues of safeguarding could arise, making it essential therefore that a screening process of potential difficulties should be considered prior to the study commencing. Bearing in mind that not every eventuality can be accounted for, it is also important that structures, to support any issues that arise from the interview are put into place. Effective supervision and a point of contact, where any issues that arise can be taken to are crucial. In light of the nature of the interview and the reporting and expression of potentially emotive issues, of the young people should be offered the opportunity to access therapeutic support through the school.

Declaration of Interest

We have read and understood the Journal of Attachment and Human Development policy on declaration of interests and declare that we have no competing interests.

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Appendix 1

Examples of Pre-determined Themes of Relating

- **Confiding**- this refers to the extent to which the participant, can talk about their personal feelings, any crisis that have occurred or any emotionally charged topics. "Do you confide or talk about your personal feelings, any secrets with this person?" "What sorts of things do you tell him/her?" "Do you tell him/her your most personal feelings?"

- **Active Emotional Support**-this refers to how the parent/carer and VCO's respond to the participant when they talk about strong personal feelings are they sympathetic and understanding? The frequency and the strength of such support are pivotal here, as any negative responses reduce the ratings. "Do you think they are interested when you tell them things?"

- **Positive Quality of Interaction**- this refers to positive time that is spent together, and enjoyment in joint activities. An example of the kind of questions that are asked her are: "Do you spend time alone with this person?" "What is it like when you are together?" "Is it easy to be with this person?" What is the atmosphere like when you are together? relaxed? tense?"

- Negative Quality of Interaction- this refers to time that is spent together that has a negative tone, this may include any tension, conflicts, rowing, fighting. Examples of some of the questions are, "What kinds of things irritate you about each other"? "What was your last quarrel/argument about?"

- **Felt Attachment**- this refers to how they feel about being with this person. Examples of the kinds of questions would be: "Do you rely on this person, for example for company, or for confidence?" "How would you feel if they went to live in another part of the country?" "Are there any kinds of situations where you feel you could not rely on this person?"

Appendix 2

Attachment Attitudes

- **Mistrust**- “Do you find it hard to trust people?” Do you find it hard to trust people close to you?” “Do you feel most people are out for themselves?”

- **Constraints on Closeness**- “Is having someone close to you important?”, Do you find it difficult to confide in people?” “Do you find it easy to ask people for help?”

- **Fear of Rejection**-“Do you feel you can’t trust others in case they let you down?” “Have you ever felt hurt or rejected by anyone you’ve been close to?” “Does the fear of being hurt or rejected stop you from getting close to people?”

- **Self-Reliance**- “Do you feel you generally cope well with problems?” “Is it important for you to be independent?” “Are others people’s opinions important to you?”

- **Desire for Company**- “Would you say you were a sociable person?”, “Would you like to see your friends more often or do you see enough of them?”, “Do you think you are a possessive person?”

- **Fear of Separation**- “Do you get anxious when people close to you are away?”, “Do you find it difficult to say goodbye to people?” “What would you miss most about this person?”

- **Anger**- “Do you often fall out with people?”, “Do you often get into arguments?” “Do you ever feel resentful about the past in general?”

Electronic Appendices

Appendix 3

ELECTRONIC INTERVIEW PACK

Rated by:
ID:
Date of Interview

The Attachment Style Interview For Adolescents (ASI-AD)

Middlesex University London

CATS