Attachment in Professional Caregiving

Jenna Turano, *SUNY Oneonta*

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Professional caregivers have the power to bring out the best or the worst within a client, specifically with developmental disabilities or intellectual disabilities (DD/ID). There is an importance to the quality of care given to persons with ID. Specifically, if these persons have ID, they also have a potential history of attachment behavior or disorder. Persons with attachment disorders or behavior share a history of poor attachment figures and lack the support of coping with stressing situations. These disorders or behaviors can lead to future relationship and behavior problems.

The study of Attachment Theory began with Harry Harlow's experiment with monkeys and attachment relationships with artificial mothers. The experiment consisted of monkeys being tested on which surrogate mother they would go to. One surrogate mother was comforting and the other had milk. Harlow's hypothesis expected monkeys to run to the surrogate mother with milk, which was proven false when the monkeys would go to the milk surrogate but quickly moved to the comforting surrogate. The next step of Harlow's experiment was to see the reaction of the monkeys to the rejection of the surrogate mother. The result of the part of the experiment was that the monkeys tried everything in their power for the comforting surrogate mother to love and comfort them. From this conclusion, a British psychologist, John Bowlby, formulated how attachment is fundamental within the development of a person. This emphasizes Harlow's research and how quality of care can shape a person throughout their development.

Persons who have DD require more resources and tools in order to fulfill their needs correlated with their disability. Persons with ID have insecure attachment relationships with their parents more than young people without (De Schipper & Schuengel, 2010). This can be due to

the inability to regulate their emotions and are less adept in dealing with stressful situations. Professional caregivers play an important role in a person with IDs' life because they have the capability of rapport building, thus becoming an attachment figure. An attachment figure provides comfort or support, thus providing a secure attachment to a client. In learning the foundation of attachment behavior and attachment relationships, professional caregivers can better provide services towards a client, through tacit knowledge, in order for clients to thrive in habilitation.

Types of Attachment Relationships

In order to provide a better foundation for clients within a facility, it's important to learn a client's history, specifically in relationships. An attachment relationship exists between two persons with a history of a good rapport. This consists of one person directing attachment behavior to a particular person who responds to the behavior (Schuengel et al., 2012). Through attachment relationships, a person learns to regulate emotions and use interpersonal resources when they feel like they can't cope with a stressor alone. This is especially important for people with ID because they are less adept in dealing with stressful situations (De Schipper & Scheungel, 2010).

A healthy attachment relationship is called a secure attachment. This is characterized by direct and open communication of thoughts, ideas and emotions and efficient regulation of distress. (Scheungel et al., 2012). This is based upon the expectations of an attachment a person creates through an attachment figure. It is suggested that children with ID have a disrupted caregiving system with parents due to cognitive deficits or limits in communication, insinuating people with ID have a lower threshold for distressing experiences (Schuengel et al., 2012). In

2012, Schuengel and his colleagues introduced a study from 2006 that suggests that a child with ID have less of a chance of succeeding in building a secure attachment (50%), compared to those without ID (61%); but still have can be successful in creating a secure-autonomous attachment relationship. This kind of relationship consists of an appreciation for their relationships, and the ability to create a clear and adherent picture of their experiences (Schuengel et al., 2010).

If individuals with ID have an attachment figure that limits emotional support or creates independence too soon, this becomes an insecure attachment. Insecure-attachment can predict a future with limited social competency and friendship quality. People with ID who have an insecure-attachment tend to have a maladaptive processing of social cues from peers due to the lack of guidance from their attachment figure. Insecure attachment can be seen in different backstories and strategies of coping. Insecure-avoidant relationship suggests that the person looking for guidance from the attachment figure is rejected. (Schuengel et al., 2010). This could be explained during the second part of Harlow's experiment where the monkeys were rejected by the surrogate mother but still did everything in their power to make the surrogate love the monkey again. Another type of insecure-attachment is insecure-dismissing attachment. This attachment relationship uses minimizing strategies, includes dismissing the history of attachment, failing to remember the events or idealizing relationships with parents (Schuengel et al., 2010). On the contrary, insecure-preoccupied attachment relationship uses maximizing strategies. Insecure-preoccupied attachment relationship is when the individual is passively or angrily preoccupied with an attachment figure or experience (Schuengel et al., 2010). Attachment relationships that root from insecure-attachment is disorganized/disoriented attachment and organized insecure-attachment. Disorganized/disoriented attachment is a form of insecure-attachment due to the characterization of the attachment involving inconsonant and

contradictory emotion regulation from an attachment figure (Schuengel et al., 2012). An example of this is a child who has the tendency to seek contact with an attachment figure, an expected request of emotional guidance through development, but fears the contact of the attachment figure. Organized insecure-attachment follows patterns of adaptations a child creates to minimize the level of discomfort in experience (Schuengel et al., 2010). This has the potential to go hand in hand with disorganized insecure-attachment due to the discomfort and fear of the experiences.

There are many kinds of attachments, majority being different types of insecure-attachment within interactions of their attachment figures, however it is possible for people with ID to achieve autonomous relationship by working through the history of a difficult childhood (Schuengel et al., 2010). Through viewing the different types of attachment and the history behind each relationship, this shows a paradox that persons with ID have more of a need for healthy socioemotional development than people without (Scheungel et al., 2012). Those with insecure attachment look for strong attachment figures throughout their care, especially through professional caregivers. Professional caregivers have the ability through sensitive responsiveness and quality of care towards an individual to improve and support individuals through healthy coping strategies (Schuengel et al., 2012).

Role of The Professional Caregiver

The role of a professional caregiver is to "support clients in striving towards culturally normative behaviors and characteristics" (Schuengel et al., 2010). This requires a professional caregiver to be mentally equip in assisting individuals with physical and emotional needs due to a study by Clegg & Lansdall-Wefare in 1995; arguing that people with ID in residential care are predisposed towards attachment behavior to care staff and develop emotional insecurity. It is

important for staff members to create a high-quality relationship because it determines the client's quality of life and quality of care. Clegg & Lansdall-Wefare's research was published after the incident of Willowbrook State Developmental Center. This incident accelerated research towards the quality of care and perhaps strategies to prevent Willowbrook from occurring in the future. Willowbrook was a housing facility for people with DD, located on Staten Island. The facility's highest population was 6,200 individuals, meanwhile it was only meant to house 4,000 individuals. A physician that worked at Willowbrook, William Bronston, had stated that it was more of a "human warehouse" than a housing facility due to overpopulation (Disability Justice). As a result of the lack of funding given to the facility, the amount of support staff decreased as the number of individuals increased. It is approximated that the individual to staff ratio of Willowbrook was 50:1. The caregiver was unable to provide a quality relationship with an individual because there were too many individuals to enact strategies to quality of care. One caregiver was responsible for the basic needs, along with specific needs of each disability, of 50 individuals. Individuals were given two minutes to eat a meal and stole each other's food, clothing and being understaffed consequently left individuals neglected and abused. Afterwards, many individuals came out of Willowbrook with choking precautions, due to the amount of food and speed in which they would consume. Willowbrook hid its abuse and dehumanization until it was exposed for its horrific conditions and forced to close in 1987. This case provided the turning point needed for a change of policies and the greater quality of care towards individuals.

Willowbrook brought attention to the equities individuals with DD deserve through the public awareness of inhumane treatment of those living in the facility. Due to the lack of habilitation within the facility, Willowbrook effected individuals by the impediment or recede of

development within them. In addition, Willowbrook could have further diminish any attachment relationship that was established through the lack of responsiveness of the caregiver and neglect of care that has been proven essential for an individual's development. Introducing a real experience, like Willowbrook, emphasizes the importance towards the quality of care for individuals and what a caregiver provides in that process.

In order for a professional caregiver to supply their best care to a client, some train themselves on the needs of the individual and others naturally take on the role for a caregiver. These strategies correlate to the caregiver's history of attachment relationships in order to understand the quality of care an individual receives. In 2010, a case study was created by Scheungel and his colleagues to study the interplay between the caregiver's attachment representation and improvement of care (Scheungel et al.). This study included 60 group home caregivers, 37 caregivers reported having secure-autonomous attachment relationships, 12 caregivers reported insecure-dismissing attachment relationships and 11 caregivers reported having insecure-preoccupied attachment relationships. Within these reports, 10 of the caregivers had also reported unresolved or disorganized responses to loss or other attachment-related traumatic experiences (Schuengel et al. 2010). The research of Schuengel and his colleagues illustrated a case example of observing the attachment behavior and needs of an individual named Dave; then observed and analyzed the differences in history of attachment and interaction within two caregivers, Fred and Diana.

Dave is a 45 year old man, whose IQ score was estimated falling between 20 and 25- suggesting he has severe ID. Dave has lived in a group home since he was 4 years old, where at the time of the case study Dave was living with 11 other adults with visual impairments and serious ID's. Within the observation of Dave, it had been observed that he was eager to engage

in contact of people around him as he attempted contact by reaching out his arm and moving it around until he reached a caregiver. Dave's need for contact wasn't accepted by caregivers because of his interference of the caregiver attending to a task at hand or his movements would lead to uncomfortable areas of a caregivers' body. Caregivers struggled with attempting to define an appropriate interaction with Dave and how to make it a mutually pleasant and sustainable between the two. Caregivers chose Dave as one of the case examples, as a way to provide guidance on how to provide a better quality of care and interaction for him (Schuengel et al., 2010).

Fred is one of the caregivers within Dave's group home. Before the observation, Fred was interviewed to provide a history of his attachment representation. Fred had a strong contrast between his parents, as his mother comforted and advised him during distressed and upsetting times. When speaking about his father, Fred was honest about his removed relationship with his father-in which he disclosed his father's difficult upbringing and was able to acknowledge the influence his father had on Fred, as the father avoided discussion of interpersonal conflict. The research used the Adult Attachment Interview (AAI) in which interviews persons on their history of attachment-related information (Schuengel et al., 2012). Fred's AAI was categorized as a predominant secure autonomous attachment (Schuengel et al., 2010).

Diana is another one of the caregiver's in Dave's group home. Diana was also interviewed in order to understand her history of attachment representation. Diana had a more difficult time answering questions in the AAI in relation to characteristics of her relationship with her parents. Diana described her life in her family as "uneventful" and "dull" and that her relationships were "mostly stable" but that according to her parents, she was a "difficult child". Diana had very withdrawn memories about her family, but the most important characteristic was

her failure to recall concrete memories of interactions with her parents. Diana's AAI was categorized as an insecure-dismissing attachment (Schuengel et al., 2010).

The case study created The Contact program, based upon testing on a multiple baseline design. From this design, researchers were able to compare the quality of interaction from the two baseline periods (first and second interaction), to before the start of the video-feedback session (third interaction) and then after the video feed-back period (3+ interactions) between Dave and each caregiver. The case study's use of video-feedback was to implement interactive guidance stimulated by the other caregivers to study and analyze the interactions to discover ways to improve responsiveness and understand cues and initiatives of individuals (Schuengel et al., 2010).

In Fred's two baseline periods, Fred was interacting with Dave and characterized as mutually affective attunement, indicating that Fred and Dave were getting along. Fred had a high responsiveness to Dave's initiatives, which is important within the quality of care because it provides Dave encouragement to interact more with Fred. After the first interaction, a fluctuation had occurred in the second interaction- where Fred was distracted by noise from other individuals in the group home. However, in the third interaction, Fred returned to communicating with Dave and continued in the next video-feedback sessions. What was common among these interactions was the high level of responsiveness Fred had to Dave's initiatives of contact and even when the group home was noisy, Fred could still maintain responsiveness. Diana had a more difficult time during her observations as in Diana's two baseline periods, Diana missed Dave's initiatives for interaction and her responsiveness worsened in the second interaction. Diana had a shift in her third interaction as she asked Dave questions and sat with him while

interacting. However, Diana declined in the following video-feedback sessions, as it was little affective engagement with Dave (Schuengel et al., 2010).

These results insinuate that people with more autonomous attachment relationships may be more attentive and more fit to be a caregiver than those with an insecure attachment relationship through personal experiences. Fred had an attentive mother that responded to his distress, inclining him to do the same with those in his life. Diana wasn't able to recall any memories of her relationships with her parents or family, suggesting she was independent, and she didn't learn through her attachment figures. This study states that though autonomous attachment was more fit as a caregiver, doesn't mean that caregiving can't be taught. It was shown after video-feedback, Diana improved in her reactions with Dave, presenting the possibility of training to improve caregiver's quality of relationships with individuals. Study shows that Diana had declined afterwards, suggesting that training would be necessary on a regular basis to ensure quality of care is fulfilled continuously (Schuengel et al., 2010). This study also emphasizes that not only is it important to learn an individual's history of relationship but that it's also important to know the caregiver's history in order to train caregivers on the necessary attributes to assist individuals through responsiveness to cues in order to prevent challenging behaviors.

Through the proper strategies and qualities of professional caregivers, individuals with ID can expand communication through different methods. Professional caregivers provide tools, like verbal prompts and gestural assistance, in order to thoroughly communicate with the individual and encourage responses- whether it's verbal, body language or facial expression. If an individual cannot communicate or receive recognition from the caregiver, "…the accumulation of arousal may hinder adaptive functioning and facilitate maladaptive responses…" (De Schipper

& Schuengel, 2010). Suggesting challenging behaviors, like aggression or withdrawal, are created when individuals cannot communicate effectively and grow frustrated from the suppression through misunderstandings. De Schipper & Schuengel recognizes the attachment behaviors as an individual's way to communication when in distressing situations and created a case study where they could study how quality of care can affect individuals with ID (2010).

The significance of this case study was to examine the role of professional caregivers as targets of attachment behavior from individuals within group care settings. Researchers included 156 young participants, in which 107 were men and 49 were women, with moderate to severe ID. With consent from a parent or guardian, individuals were randomly assigned two caregivers for support within 20-minute intervals. The use of random assignment was to investigate variability in attachment behavior between different caregivers. The study used measures like The Secure Base Safe Haven Observation list (SBSHO), that included a 20-item observation list with ratings, in order to describe an individual's attachment behavior. Another measurement was the Attachment Q-Sort (AQS), which was a way to describe attachment security within group care, in which they activated the attachment behavior by putting individuals in stressful situations. The results of this case study were that when individuals don't call on their caregivers during stressful times, the stress will accumulate and it's necessary for caregivers to be responsive and available for an individual for comfort and experience during every day stresses. Attachment behavior will vary from one relationship with a caregiver to another, which each relationship contributing to the individual's comfort and support. There were negative associations between attachment behavior and challenging behaviors with emotional components, like irritability and withdrawal, and stereotypic behavior (repetitive body movements or objects). This case study supports their hypothesis of the importance of "secure

attachment relationships to help regulate stress and function as an important coping resource…" (De Schipper & Schuengel, 2010). This demonstrates the relationship between quality of care and knowledge of the type's attachment relationships and attachment behaviors within each individual. Professional caregivers are the targets of the attachment behavior of an individual with ID and it's important to gain strategies and knowledge on how to communicate effectively and regulate an individual's stress.

'Tacit' Knowledge

The practice of professional caregiving is essentially epistemological; the foundation of caregiving and the basic methods are known by human nature. It is the development of a person, where they are introduced to care by the sufficiency of an attachment figure or the absence of one, that the perception of care has the possibility of being warped. Individuals with ID tend to have more experiences with a negative connotation towards care, such as individuals that resided in Willowbrook or those who developed in variations of insecure-attachment relationships, and though professional caregivers can't change the past, they can provide a more positive and comforting environment; in which individuals are encouraged to build relationships with peers and caregivers. Individuals and caregivers learn from each other, as individuals learn to regulate emotions during distressing times and professional caregivers provide 'tacit' knowledge and other alternative methods to support individuals in their habilitation.

When in professional caregiving, one cannot rely on the information recorded or given to in order absorb an individual's situation. Reinders (2010) offers the concept of 'tacit' knowledge through the expertise of Michael Polanyi and relates it to the experience in caring for people who are dependent upon another. Tacit knowledge is the nature of pursuing knowledge through

images and intuition motivated by passion. Polanyi perceives this knowledge through the statements in which a person cannot explain the feeling, where he states, “we can know more than we can tell”. This illustrates that tacit knowledge is implicit and personal because it involves the knowledge as the person (Reinders, 2010).

The concept of tacit knowledge correlates to the quality of care by rapport building with an individual to where a caregiver has further insight on the cues and behaviors of the individual. Rapport building is beneficial to the caregiver and individual, as it provides a common understanding and connection over time to establish an interpersonal relationship. The importance of tacit knowledge is demonstrated in a case study Reinders created in order to observe high-quality professional interactions with individuals in a group home (2010). Reinders’ aimed his research on the concepts of “connectedness” and “communication”. Through participatory observation, professional caregivers were observed and described on how they connected to individuals and the capacity of their relationships. This study included 11 individuals within a group home, where four individuals were capable of communicating verbally, two individuals had limited verbal communication but the ability to express through body language, three individuals who could communicate verbally but had emotional barriers that impeded communication, and two who were able to communicate well verbally and spoke a lot during the study. Through these different tools of communication, the caregiver is challenged by verifying each individual was being heard and interpreting the individual’s behavior (Reinders, 2010).

One case example was an individual named Harry, who lays on a big cushion on the floor in the living room of the group home. Ellen is immediately concerned by the way Harry looks as he sits down because she knows that his epilepsy manifests through disconnected moments.

Ellen was asked what she was looking for, in which she said, “I am not sure what it is I am looking for.”, though one can observe her concern through the knowledge she has of the individual, Harry. This demonstrates tacit knowledge, as stated earlier by Polanyi, “characteristic of which is that the speaker cannot explain exactly where this feeling, or this supposition comes from.” Ellen has insight of Harry, in which she can observe abnormalities throughout each day. This specific day of the observation, Ellen expressed her observation and interpretations of Harry’s behavior. Harry was pale and had staring eyes, indicating he was tired. Harry also had cold hands, in which Ellen knew that as his mind not being in the current moment. As Harry hides himself in the cushion, Ellen didn’t hesitate and knew to take him to his room. With this knowledge, Ellen concludes that Harry had a convulsion earlier and that was why he was acting abnormal and that another convulsion was on its way (Reinders, 2010).

Ellen was able to examine the situation, observe Harry’s abnormalities and take in Harry’s emotional and physical state simultaneously. Ellen achieved this process while still providing responsiveness to the other individuals in the group home. Ellen demonstrated her tacit knowledge through the insight of knowing Harry on a normal day and recognizing the abnormalities in the day of the observation. Ellen wasn’t notified whether Harry had a convulsion but had intuition that something was wrong and evaluated Harry’s state as he sat on the cushion. Based on Ellen’s insight, she was able to examine his physical state and connect to his emotional state without him communicating verbally. “I try to imagine what he feels, where his mind is. Usually I feel when I am connected. When not, I am in trouble because Harry may react with a convulsion”, Ellen states this as she explains how her quality of care and connectedness with this specific individual correlates with the quality of life and attachment relationship Harry will have due to her quality of care. Tacit knowledge is a very important

aspect of professional caregiving because in situations like Ellen's, a professional caregiver needs to evaluate the situation and determine the next step; in Ellen's situation, Harry depended upon her connectedness and quality of care in order to communicate his convulsion through body language. This case study concludes the importance of the role a professional caregiver plays within an individual's life by building rapport and using tacit knowledge after gaining insight of the individual. This emphasizes tacit knowledge as an important aspect within caregiving, as it diminishes the power dynamic between an individual and caregiver and allows the caregiver to empathize and personalize their relationship with an individual.

Limitations

Each study has variations in population and quantity of participants among different topics involving individuals with ID and professional caregiving. One position of research could potentially propose more research be done with a higher quantity of individuals/participants in order to get more consistent results. The other position of research would disagree with the proposal, as research with individuals with ID are limited due to the necessity of quality studies over quantity. When studying individuals with ID in correlation with professional caregiving, more studies with different researchers are necessary to provide more consistent conclusions without bias due to the variety of researchers. In addition to more research towards the quality of care rather than the quantity of participants, research needs to be brought to the United States for variability of situations and effects towards individuals with ID.

Conclusion

Professional caregiving provides habilitation to the lives of individuals with ID every day. Through knowledge of attachment relationships belonging to the individual and the caregiver, it provides better insight of each role in order to implement a high-quality relationship. Due to use of responsiveness and tacit knowledge of caregivers, the individual can feel properly comforted and supported as they confront every day challenges. The caregiver's use of tacit knowledge will in gaining insight of cues and behaviors of the individual over time to establish a relationship and use of responsiveness to validate the individual and encourage them to communicate effectively. These case studies examine the role of the caregiver and the role of the individual simultaneously with the common goal of creating a greater quality of care for the individual. It's important to be aware of the history of neglect and improper practices individuals with ID have experienced, like Willowbrook, and use it as fuel to accelerate the development of an individual with ID in order to succeed in habilitation.

References

De Schipper, J.C. & Schuengel, C. (2010) Attachment Behaviour Towards Support Staff in Young People with Intellectual Disabilities: Associations with Challenging Behaviour. *Journal of Intellectual Disability Research*, 54, pp. 584-596.

Reinders, H. (2010) The Importance of Tacit Knowledge in Practices of Care. *Journal of Intellectual Disability Research*, 54, pp. 28-37.

Schuengel, C., De Schipper, J.C., Sterkenburg, P.S. & Kef, S. (2012) Attachment, Intellectual Disabilities and Mental Health: Research, Assessment and Intervention. *Journal of Intellectual Disability Research*, 26, pp. 34-46.

Schuengel, C., Kef, S., Damen, S. & Worm, M. (2010) 'People Who Need People': Attachment and Professional Caregiving. *Journal of Intellectual Disability Research*, 54, pp. 38-47.

The Closing of Willowbrook. (n.d.). Retrieved December 4, 2018, from https://disabilityjustice.org/the-closing-of-willowbrook/.