

**Direct observation as a measuring instrument in
caregiver-and-child attachment: a social work
investigation.**

by

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(SATI member number: 1000547)

And finally I want to conclude that:

“I can do everything through Christ who gives me strength.” Phil. 4:13

THE PRESENTATION OF RESEARCH RESULTS

Research findings were reported through articles as specified in the Calendar of North-West University (2009), rule A.13.7.3. The proposed journal to publish research findings is The Social Work Practitioner Researcher (accredited). See Addendum 6.

The co-author gave permission that Lindie Nell may submit this manuscript for the purposes of a MA degree.

TABLE OF CONTENTS

| | |
|--|---|
| ACKNOWLEDGEMENTS..... | I |
| ABSTRACT/OPSOMMING | I |
| SECTION A: | |
| ORIENTATION AND METHODOLOGY | 1 |
| 1 PROBLEM STATEMENT | 1 |
| 2 AIMS AND OBJECTIVES OF THE STUDY..... | 3 |
| 2.1 GENERAL AIM | 3 |
| 2.2 OBJECTIVES..... | 3 |
| 3 CENTRAL THEORETICAL STATEMENT | 3 |
| 4 RESEARCH METHODOLOGY | 3 |
| 4.1 LITERATURE STUDY..... | 3 |
| 4.2 EMPIRICAL STUDY..... | 4 |
| 4.2.1 <i>The research design</i> | 4 |
| 4.2.2 <i>Information gathering and synthesis</i> | 4 |
| 4.2.3 <i>Research participants</i> | 4 |
| 4.2.4 <i>Data collection</i> | 5 |
| 4.2.5 <i>Measuring instruments</i> | 5 |
| 4.3 ETHICAL ASPECTS | 6 |
| 4.4 DATA-ANALYSIS | 6 |
| 5 CHOICE AND STRUCTURE OF RESEARCH REPORT..... | 7 |
| 5.1 SECTION A: ORIENTATION AND METHODOLOGY | 7 |
| 5.2 SECTION B: REPORT OF RESEARCH | 7 |
| 5.3 SECTION C: RESULTS AND RECCOMMENDATIONS..... | 7 |
| 5.4 SECTION D: ADDENDUMS..... | 8 |

SECTION B:

**ARTICLE 1: THE APPLICATION OF ATTACHMENT THEORY ON THE DIRECT
OBSERVATION OF ATTACHMENT..... 11**

INTRODUCTION 11

2 THE AIM AND OBJECTIVES OF THE ARTICLE 13

 2.1 GENERAL AIM OF THE ARTICLE 13

 2.2 OBJECTIVES 13

3 RESEARCH METHODOLOGY 13

4 ATTACHMENT THEORY APPLICABLE TO DIRECT OBSERVATION 13

 4.1 CONCEPT CLARIFICATION 14

 4.1.1 *Dependency, sociability and attachment* 14

 4.1.2 *Attachment and bonding* 15

 4.2 THE DEVELOPMENT OF ATTACHMENT 15

 4.2.1 *The development phases* 16

 4.2.2 *The critical period of forming attachment* 17

 4.3 DIRECT OBSERVATION OF THE CAREGIVER-AND-CHILD ATTACHMENT RELATIONSHIP IN
PRACTICE 18

 4.3.1 *The attachment system and attachment behavioural system* 18

 4.3.2 *Observation of attachment during high and low activation* 20

 4.3.3 *Observation of caregiver qualities complementary to attachment* 21

 4.3.4 *The child's responses to the caregiver* 26

 4.4 RECAPTILASATION OF DIRECT OBSERVATION OF ATTACHMENT IN
PRACTICE 27

 4.5 CLASSIFYING DIFFERENT ATTACHMENT STYLES 28

 4.5.1 *Description of the different attachment styles* 30

 4.6 ATTACHMENT DISORDERS 32

5 CONCLUSION 33

6 REFERENCES 33

SECTION B:

ARTICLE 2: PROPOSED PRACTICE FRAMEWORK FOR ASSESSING THE CAREGIVER-CHILD ATTACHMENT BY MEANS OF DIRECT OBSERVATION.....39

1 INTRODUCTION 39

2 THE AIM OF THE ARTICLE..... 40

2.1 THE GENERAL AIM OF THIS ARTICLE IS: 41

2.2 OBJECTIVES 41

3 RESEARCH METHODOLOGY 41

3.1 LITERATURE STUDY 41

3.2 THE RESEARCH DESIGN..... 41

3.3 DATA COLLECTION 42

3.4 DATA ANALYSIS 42

3.5 PROCEDURE..... 43

3.6 ETHICAL ASPECTS..... 43

3.7 PARTICIPANTS 43

4 DISCUSSION OF THE DATA..... 44

4.1 ATTACHMENT MEASURING INSTRUMENTS USED BY THE PARTICIPANTS BASED ON DIRECT OBSERVATION 46

4.1.1 *Strengths of the measuring instruments utilised by the participant..... 47*

4.1.2 *Deficits and needs regarding the measuring instruments used by participants 48*

4.1.3 *Training..... 50*

4.2 THE SETTING 50

4.2.1 *Laboratory setting versus a familiar setting..... 50*

4.2.2 *The validity of a laboratory setting 51*

4.2.3 *Equipment used in a laboratory setting..... 52*

4.3 PROCESS AND TECHNIQUES..... 53

4.3.1 *Structure of the process used by the participants..... 54*

4.3.2 *Techniques..... 56*

4.4 INTERPRETATION..... 58

| | | |
|--|---|-----------|
| 4.4.1 | <i>The purpose</i> | 59 |
| 4.4.2 | <i>The observing social workers</i> | 60 |
| 4.4.3 | <i>Themes to assess during direct observation</i> | 61 |
| 4.4.4 | <i>Classification of attachment styles as part of interpretations</i> | 64 |
| 4.5 | THEORY NECESSARY FOR UNDERSTANDING ATTACHMENT BY MEANS OF DIRECT OBSERVATION | 65 |
| 4.6 | TRAINING | 66 |
| 4.7 | FEEDBACK | 66 |
| 5 | CONCLUSION | 67 |
| 6 | RECCOMENDATIONS: GUIDELINES FOR A PRELIMINARY PRACTISE FRAMEWORK | 68 |
| 6.1 | THE SETTING AND PREPARATION | 69 |
| 6.1.1 | <i>The setting</i> | 69 |
| 6.1.2 | <i>Preparation</i> | 70 |
| 6.1.3 | <i>Defining the purpose</i> | 70 |
| 6.1.4 | <i>Techniques to include</i> | 71 |
| 6.2 | THE DIRECT OBSERVATION SESSION | 72 |
| 6.3 | INTERPRETATION PROCESS | 72 |
| 6.4 | FEEDBACK | 74 |
| 7 | CONCLUSION | 74 |
| 8 | REFERENCES | 75 |
| SECTION C: | | |
| CONCLUSIONS AND RECOMMENDATIONS | | 81 |
| 1 | INTRODUCTION | 81 |
| 2 | CONCLUSIONS REGARDING RESEARCH METHODOLOGY | 81 |
| 3 | CONCLUSIONS REGARDING RESEARCH FINDINGS | 81 |
| 3.1 | ATTACHMENT THEORY APPLICABLE TO DIRECT OBSERVATION | 82 |

| | | |
|---------------------------|--|-----|
| 3.2 | DIRECT OBSERVATION MEASURING INSTRUMENTS USED BY SOCIAL WORKERS | 82 |
| 3.2.1 | <i>Strengths</i> | 83 |
| 3.2.2 | <i>Deficits identified by the participants</i> | 83 |
| 3.2.3 | <i>Deficits identified by the researcher</i> | 84 |
| 3.2.4 | <i>A practice framework for social workers assessing child-and-caregiver attachment through direct observation</i> | 85 |
| 4 | LIMITATIONS OF THE RESEARCH..... | 86 |
| 5 | RECOMMENDATIONS OF THE RESEARCH..... | 86 |
| 6 | CONCLUSIVE SUMMARY..... | 87 |
| | COMPLETE LIST OF REFERENCES..... | 88 |
| SECTION D: | | |
| | ADDENDUMS..... | 96 |
| | ADDENDUM 1: ATTACHMENT STYLES..... | 96 |
| | ADDENDUM 2: TYPICAL BEHAVIOUR OF CHILDREN WITH ATTACHMENT DISORDER | 102 |
| | ADDENDUM 3: INTERVIEW SCHEDULE | 104 |
| | ADDENDUM 4: CONSENT FORM | 105 |
| | ADDENDUM 5: LETTER OF THE INDEPENDENT SOCIAL WORKER | 109 |
| | ADDENDUM 6: INSTRUCTIONS TO AUTHORS | 110 |
| LIST OF TABLES | | |
| ARTICLE 1 | | |
| | TABLE 1: CONDITIONS THAT ACTIVATE BEHAVIOUR | 19 |
| ARTICLE 2 | | |
| | TABLE 1: TRAINING AND YEARS OF EXPERIENCE OF THE PARTICIPANTS | 45 |

| | |
|---|----|
| TABLE 2: THEMES WHICH EMERGED FROM THE EMPIRICAL STUDY | 46 |
| TABLE 3: AN OUTLINE OF THE MEASURING INSTRUMENTS USED BY THE PARTICIPANTS | 54 |
| TABLE 4: THEMES DERIVED FROM THE EMPIRICAL STUDY IN RELATION TO INTERPRETATION OF THE OBSERVED INFORMATION | 59 |
| TABLE 5: DIMENSIONS TO ASSESS AS THEY CORRESPOND WITH THE DIMENSIONS DERIVED FROM LITERATURE | 61 |

ADDENDUM 1

| | |
|--|-----|
| TABLE 1: SECURE ATTACHMENT IN INFANCY | 95 |
| TABLE 2: SECURE ATTACHMENT IN OLDER CHILDREN | 97 |
| TABLE 3: AVOIDANT ATTACHMENT | 98 |
| TABLE 4: AMBIVALENT ATTACHMENT | 99 |
| TABLE 5: DISORGANISED ATTACHMENT..... | 100 |

LIST OF FIGURES

ARTICLE 1

| | |
|---|----|
| FIGURE 1: SCHEMATIC PRESENTATION OF THE OBSERVATION GUIDELINE..... | 28 |
|---|----|

ARTICLE 2

| | |
|---|----|
| FIGURE 1: SCHEMATIC PRESENTATION OF THE PROPOSED DIRECT OBSERVATION FRAMEWORK MODEL..... | 69 |
| FIGURE 2: SCHEMATIC PRESENTATION OF THE INTERPRETATION PROCESS..... | 73 |

THE PRESENTATION OF RESEARCH RESULTS

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ABSTRACT

Key words: Social work investigation, caregiver and child attachment, direct observation, measurements.

In this dissertation 9 social workers working in Pretoria, Gauteng Province were interviewed. The focus of these interviews was regarding the use of direct observation as a measuring instrument for the purpose of assessing attachment of the caregiver-and-child's relationship. These information jointly with a two-fold literature study served as the foundation for a proposed preliminary practise framework.

The completed research is described in the article format in two articles. Article 1 contains the literature study on **attachment theory** and it's **application to direct observation of attachment** of the caregiver and child's relationship. Article 2 contains the literature study on **direct observation measuring instruments** for the purpose of **assessing attachment** of the caregiver-and-child's relationship. **Direct observation measuring instruments** used by experienced social workers were also examined by means of an empirical investigation.

The practise framework acts as preliminary guidelines giving direction into the usage of direct observation as a structured measuring instrument in assessing the caregiver-and-child's attachment relationship.

OPSOMMING

Sleutelterm: Maatskaplikewerk-onderzoek, versorger-en-kind binding, direkte waarneming, meetinstrumente.

Tydens hierdie navorsing het 9 maatskaplike werkers in Pretoria, Gauteng Provinsie deelgeneem aan die onderhoude. Die fokus van die onderhoude was ten opsigte van die gebruik van direkte waarneming as 'n meetinstrument, met die doel om die bindingsverhouding tussen die versorger-en-kind te assesseer. Hierdie inligting tesame met 'n twee-ledige literatuurstudie het gedien as die grondslag vir die voorstel van 'n voorlopige praktiese raamwerk.

Die volledige ondersoek word verduidelik in die formaat van twee artikels. Artikel 1 bevat die literatuurstudie van bindingsteorie en die toepassing daarvan op die direkte waarneming van versorger- en- kind se bindingsverhouding.

Artikel 2 bevat die literatuurstudie van direkte waarneming meetinstrumente wat fokus op die assessering van die bindingsverhouding tussen die versorger en kind. Direkte waarnemings meetinstrumente soos gebruik deur die ervare deelnemers is verder bestudeer deur middel van die empiriese navorsing.

Die praktiese raamwerk dien as 'n voorlopige riglyn en gee rigting vir die gebruik van direkte waarneming as 'n gestruktureerde meetinstrument in die assessering van die versorger-en-kind se bindingsverhouding.

SECTION A:

ORIENTATION AND METHODOLOGY

1 PROBLEM STATEMENT

Working with children and families is dominant in the social work services system and therefore needs special attention as it forms a large part of the caseload of social workers. Services to caregivers and their children in particular, demand much from, and are the task of social workers (White Paper of Social Work, SA, 1997:58-59).

Attachment between caregivers and their children stands out as a **paramount aspect** when working with children and their caregivers as this important relation between self and others will impact all future relationships (Thomas, 2005:5; Gray, 2002:15). Literature and previous studies suggest that “secure attachments with loving, reliable and protective caregivers form a **crucial foundation** in the caregiver-and-child-relationship and for the healthy development of the child” (Levy, 2000:9).

In fact, the **lack of attachment** has been correlated with failure to thrive, conduct disorder, anxiety and depression, social aggression, deficits in social skills, affect regulation, self control, frustration tolerance and concentration problems, to name a few (Kagan, 2004:17). These associated behaviours lead to further problems with parents and caregivers and in turn may lead to additional separations, replacements and further difficulties in interactions with adults and caretakers.

Knowledge about the attachment relationship is therefore paramount when compiling care plans for children and families in the welfare system as well as children and families using services from social workers in private practise. This assessment information is then taken into account when decisions and planning are made in court and welfare organisations regarding adoption, foster care and custody arrangements. It is further required from social workers to assess the relationship of the parent/caregiver and child to identify areas that can be dealt with in therapy, for example to determine the strengths and weaknesses of the child and adoptive parent’s relationship to work on in therapy. When these children are misdiagnosed it causes the families to waste financial resources and worse yet, precious time in inappropriate therapy. Wrong analyses may be avoided when social workers are well trained in the attachment theory (Levy, 2000:82).

It must be stressed that the social worker normally stands in the middle of all these occurrences and are in the best position to observe it. But even more important is the fact that the social worker is in the best position to detect **early signs** of attachment problems. Fahlberg (1994:31) also emphasises that assessing attachment and bonding are important skills for professionals in child care work.

Assessment of attachment security during early childhood is traditionally based on observations of behaviour between the child and caregiver. Past history helps professionals to consider the nature of the relationships between the child and the parent or caregiver. However, it is only by direct observation that verification or contradiction of these hypotheses can be made. The researcher's view is that it is paramount that the information obtained must be verified with, and supported by other methods of assessing attachments to get a real and full picture (Fahlberg, 1994:31).

From the researcher's experience it seems that the observing social workers will have a list of things to look at, for instance the nature of the eye and physical contact, the nurturing abilities of the caregiver and the setting of boundaries, to name just a few. Although this will all be carefully observed the question arises of what the outcome of this information reveals about the caregiver-and-child relationship and where this leads to. For instance, what will the fact that mother makes physical contact with the child, or that the child is soothed or calmed during distress really tell us and where do all these checklists and techniques fit into the attachment theory?

Patterns of attachment derived from Ainsworth's contribution have been the foundation from which much of research on childhood attachment has been based (Turner, 2005:199). Fahlberg, (1994:34-37) has also developed a system for organising the information gained by direct observation as well as observation checklists for assessing the caregiver-and-child attachment.

Therefore, in order to assess the interactions between the caregiver and child it is necessary to have a sound knowledge of the attachment theory and the measuring instrument / practise frameworks available. However, it is the experience of the researcher that social workers observing the same scenario do not always come to the same conclusions or sometimes come to wrong conclusions in terms of the attachment of the caregiver and child. One could argue that social workers have some knowledge of attachment, but make their own conclusions or develop their own frameworks according to their limited knowledge. Therefore it is necessary to investigate the development of a standard practice framework (Miley, *et al.*, 2004:28)

to ensure more accurate and similar outcomes in order to act in the best interest of the child.

In this dissertation, reference to a one gender in a pronoun also implies the other gender, unless the contrary is clear from the context.

2 AIMS AND OBJECTIVES OF THE STUDY

The research will be conducted in terms of the following aims and objectives:

2.1 GENERAL AIM

The general aim of the research is:

To develop a practice framework in the field of social work for assessing the caregiver child attachment via direct observation.

2.2 OBJECTIVES

- To analyse attachment theory for the purpose of identifying theory giving direction for the direct observation of attachment.
- To determine which available direct observation measuring instruments are being utilised by social workers and what are the weaknesses and strengths thereof.
- To propose a preliminary practice framework for social workers assessing attachment between the caregiver and the child through direct observation.

3 CENTRAL THEORETICAL STATEMENT

Identifying theory applicable to the direct observation of attachment, as well as identifying deficits and strengths of attachment observation measuring instruments will lead to the development of an effective practise framework for assessing attachment of the caregiver-child relationship.

4 RESEARCH METHODOLOGY

The research has been conducted through a literature and empirical study.

4.1 LITERATURE STUDY

As part of the research study, a literature study was conducted in order to gather information regarding the attachment theory and the measuring instruments / practise frameworks available assessing the interactions between the caregiver and the child

by means of direct observation to determine attachment. The researcher studied literature in order to obtain a sound knowledge of direct observation in the field of attachment. This knowledge served as the platform for the empirical study and enabled the researcher to build a logical framework for the research (Delpont & Fouche, 2005:263). The literature study also guided the researcher in constructing questions during the interview schedule (Greeff, 2005). The ground theory work on attachment of Ainsworth (1983) and Bowlby (1969,1980), Blunden (2005), Fahlberg (1994) and Aldgate's (2007) work on attachment from a social work perspective and Cassidy and Shaver's Handbook of attachment (1999,2008) were some of the literature studies studied to serve as the foundation of this dissertation.

4.2 EMPIRICAL STUDY

4.2.1 The research design

The researcher followed a qualitative empirical study, because the qualitative researcher is in the first instance concerned to understand rather than to explain (Creswell, 2003:4-6). Within the qualitative paradigm explorative and descriptive research has been utilised. The research is undertaken in an attempt to understand a problem or phenomena with the objective of developing specific guidelines to address the problem therefore it is within the intervention research (De Vos, 2005:394).

4.2.2 Information gathering and synthesis

In order to verify data it is important in qualitative research to interview experts for the purpose of identifying themes (Strydom & Delpont, 2005:331). The researcher used the semi-structured one-to-one interview as a method of data collecting in order to gain a detailed fuller picture of the individual's perceptions and experience of the measuring instruments (Greeff, 2005:296). After the interviews, archival materials that portrayed the application of the measuring instruments / practise frameworks and the outcomes of the intervention were obtained from some of the participants. This was done in order to determine how the measuring instruments / practise frameworks were used (De Vos, 2005(b):362).

4.2.3 Research participants

The researcher planned to involve ten professional experts employed by the non-governmental organisations Christian Social Welfare Society (CSC) and in private practice in the Pretoria Gauteng Province who are assessing the caregiver-child

relationship or until data saturation was reached (Greeff, 2005:294). Nine of the ten invited experts participated in the research. Three years' experience in assessing the caregiver-and-child relationship by means of direct observation was set as a criterion for inclusion.

4.2.4 Data collection

Firstly, data was obtained by means of a literature study. The researcher secondly identified ten expert social workers assessing the attachment of the caregiver-and-child-relationship by means of direct observation. Thereafter these identified individuals have been invited to participate in the research by means of an interview schedule. (See Addendum 3.)

These one-to-one interviews took place during November-December 2007. The purpose was to identify themes (Strydom & Delpont, 2005:331) and to gain detailed information of the individual's perceptions and experience of the direct observation measuring instruments (Greeff, 2005:296).

After the above data had been analysed, guidelines to develop a standard practise framework for social workers assessing attachment was compiled and sent to five of the individual participants in the research for their comments. Two participants have commented, one suggested also having pre- observation discussions with the caregivers. No other suggestions were received.

4.2.5 Measuring Instruments

The measuring instrument involved semi-structured one-to-one interview schedules with nine professionals in the field of social work. Questions guiding an interview are known as an interview schedule, and these were used as an appropriate instrument to engage the participants (Greeff, 2005:296). The semi-structured one-to-one interview with specific focus on the interview schedule has been chosen due to the flexibility of the method. This method allows the researcher to follow up particular interesting avenues that emerge during the interview and allows the participant to give a fuller picture. Questions were drafted to guide the interviews so that the same questions were directed, but not limited the participant's answers. It also provided participants with opportunity to elaborate on the answers when requested to do so. These predetermined questions were used to engage the participants (Greeff, 2005:296). The interview was recorded with the permission of the participants and then transcribed in writing.

Guidelines derived from the study were given to five of the participants to evaluate and to add their comments.

4.2.6 Ethical Aspects

Strydom (2005:56) stresses that researchers have two basic ethical responsibilities: a responsibility to those who participate in the research, and a responsibility to the discipline of science.

- Informed consent in writing was obtained from the participants and they were informed that they could withdraw from the project at any stage if they preferred (Monette, *et al.*, 2002:50). (See Addendum 4.)
- Participants understood that the data provided by them would be confidential in terms of their identity. Permission was also obtained to record the interviews with the experts (Greeff, 2005:298).
- The researcher acted professionally responsible towards the experts to the best of her ability, by being accurate and honest in reporting of their information and informing them of the procedures and goal of the investigation (Cournoyer, 2005:170-171).
- Ethical permission was obtained from the Ethical Committee of the Faculty of Health Science, North-West University, before conducting the research. Permission code NWU - 000-37-07-S7 was allocated. Measures were taken to ensure that the findings of the research were reported accurately and objectively (Monette, *et al.*, 2002:50).
- The researcher was sensitive and not judgemental towards participants' work methods (Ruben & Babbie, 2005:71; Strydom, 2005:59).

4.2.7 Data Analysis

The data has been analysed according to Marshall and Rossman's approach (Poggenpoel, 1998:342). Marshall and Rossman's five stages of data analysis were followed, namely organising the data; generating categories, themes and patterns; testing the emerging hypothesis against the data; searching for alternative explanations for the data; and writing the article (Poggenpoel, 1998:342; De Vos, 2005(a):338). The researcher evaluated the findings in terms of their relevance to the research topic and in the light of other alternative explanations (De Vos, 2005 (a):338).

In order to ensure credibility the researcher utilised the triangulation approach described by Delpont & Fouché (2005:353) to provide greater confidence that the outcome is being accurately captured. Literature as well as an independent social worker was used to verify the notes and subsequent themes and categories emerged from the study. A copy of the letter of approval is attached as Addendum 5. The researcher also used Schrink's constructing typologies strategy in order to compile a framework guideline (Poggenpoel, 1998:338). Verbal quotes were used to illustrate certain aspects in the responses as an illustration of the participant's experiences (Poggenpoel, 1998:334-352).

Feedback from the participants on the framework was positive. It was further suggested by one participant that guidelines in terms of the length of the session and the quantity on one day with one child should be included in the framework. This article did not specifically look into guidelines into this ethical consideration but has included this as part of recommendation for a protocol on ethical consideration as part of the framework as well as further research.

5 CHOICE AND STRUCTURE OF RESEARCH REPORT

The research report is presented in article format.

5.1 SECTION A: ORIENTATION AND METHODOLOGY

In section A the research methodology was discussed. Aspects of research questions, the aim of study, research methods and procedures were highlighted.

5.2 SECTION B: REPORT OF RESEARCH

Section B includes the two articles.

- **Article 1:** The application of attachment theory on the direct observation of attachment.
- **Article 2:** Proposed practice framework for assessing the caregiver-child attachment by means of direct observation.

5.3 SECTION C: RESULTS AND RECOMMENDATIONS

In section C the conclusive findings, results and recommendations of the complete research are presented as well as the complete list of references.

5.4 SECTION D: ADDENDUMS

In section D the addendums are included. These addendums comprise tools that were used to gather data, a verification letter from a professional objective social worker listening to all the interviews and notes to verify the conclusions made of the researcher and additional theory and information supportive to this dissertation.

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SECTION B: THE ARTICLES

ARTICLE 1

**THE APPLICATION OF ATTACHMENT THEORY IN THE
DIRECT OBSERVATION OF ATTACHMENT**

L Nell and MM Steyn

Mrs Nell is a social worker in private practice and Dr Steyn is a senior lecturer in Social Work at the School for Psycho-Social Behavioural Sciences, Potchefstroom Campus of the North-West University, Potchefstroom.

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ABSTRACT

Literature on attachment theory was examined for the purpose of identifying theory applicable to the direct observation of the caregiver-and-child attachment. Literature was compared and defined and the information structured in a manner to assist social workers in their observation. Specific attention was directed to a) knowledge of attachment theory which will give a platform to observe from and which no interpretation cannot be done, such as the understanding of the attachment development phases; b) investigation into the different dimensions/themes to assess when observing attachment relationships; and c) guidance for social workers for identifying signs of different attachment styles as well as investigation into the relevance for identifying attachment styles in the field of social work.

1 INTRODUCTION

Families are central in the social work services system and form a large part of the caseload of social workers. Except for the general high demands in this profession, services to caregivers and their children in particular, demand much from social workers, especially where families cannot look after their children sufficiently. In addition, the social worker has to make life-changing decisions in association with relationships such as foster placements, family reunions, adoptions and custody arrangements.

According to the White Paper of Social Work (SA, 1997:58-59) the sustainability of families and the care of children are the task of the social worker. The Children's Act (38/2005) and the Children's amendment Act (41/2007) also prescribe where

social work intervention is necessary in relation to the care of the child. However, this article does not focus on the pathology of childcare but rather on the foundation that forms the quality of childcare namely attachment. Attachment has long been seen as fundamental in children's emotional development (Aldgate & Jones, 2005:67). Calvert and Lightfoot (2001:28) also highlighted the importance of attachment in the planning and decision-making of children when they argue that "attachment in its broadest sense is consistently found to be the most significant factor in assessing long-term outcomes for children". Therefore social workers have the responsibility to understand attachment-related issues when working with children (Botes, 2008:6).

Attachment can be between the child and the biological parent or a significant other caregiver. The need to attach is a universal occurrence (Harden, 2004:30). Furthermore, the most important relationship in a child's life is the attachment to his or her primary caregiver as this relationship shape the foundation for all future relationships (Perry, 2001:4). As part of the attachment assessment procedure, the direct observation of the caregiver-and-child relationship is a valuable tool, which improves social work service with children and families (Le riche & Tanner, 1998:13, 22). Therefore this article will focus on the literature available regarding attachment in relation to direct observation.

The information in this article is intended to guide social workers in their observation of the caregiver-and-child attachment. However, a wide range of perspectives and aspects on attachment have come to the foreground the past 20-30 years. It is further the researcher's experience that although there is information on important elements to look for in attachment, this information is not put into practice in direct observation situations in a laboratory setting and is also not presented in a clear and easily obtainable manner to **assist the social worker** during the direct information session. Thus, it seems necessary to narrow down and integrate the information regarding the **direct observation of attachment** available in literature, as insufficient knowledge can lead the social worker on the wrong track (Botes, 2008:6). It is also clear that when social workers are not well trained in the **attachment theory**, wrong conclusions can be made (Levy, 2000:82). This information will also serve as the background for Article 2 of this dissertation, where **direct observation measuring instruments / practise framework** in the social work field with regard to attachment will be investigated (Fouché & Delpont, 2005:124 -125).

In this article an explanation of the development of attachment is given following with a discussion about the attachment system and the caregiver and child behaviours,

interactions and responses complementary to a secure attachment. A description is further given regarding the signs for different attachment classifications and disorders. All these profound theory is compiled in a manner to assist the social worker in her task of observation by means of direct observation also including a practical guideline diagram.

2 THE AIM AND OBJECTIVES OF THE ARTICLE

2.1 GENERAL AIM OF THE ARTICLE

The aim of this article is to analyse attachment theory for the purpose of identifying theory giving direction for the direct observation of attachment.

2.2 OBJECTIVES

To reach the above aim, the following objectives are set:

- To identify important fundamental aspects to take into account when observing the attachment relationship by means of direct observation.
- To identify theory giving direction regarding the dimensions in the caregiver and child's relationship to assess in regards to attachment.
- To look into the different styles of attachment, with the aim of identifying risk factors and positive areas during direct observation.

3 RESEARCH METHODOLOGY

The research is done by means of a literature study and an analysis of existing literature on the subject of attachment and direct observation (Fouché & Delpont, 2005:123). Literature in the field of social work and psychology was investigated. Information was obtained from academic books, articles, research projects and courses which were attended.

4 ATTACHMENT THEORY APPLICABLE TO DIRECT OBSERVATION

Research outputs on the popular topic of attachment have escalated since Ainsworth (1967) and Bowlby (1969) had developed the attachment theory. The vital role of attachment in the welfare system has also been demonstrated by professionals working in social work and social science, such as Fahlberg (1994), Howe (1995) as well as Aldgate and Jones (2006) (Aldgate, 2007:57). Therefore attachment theory is comprehensive and can sometimes be overwhelming, and for the purpose of this

article, the focus will be mainly on the theory applicable to the direct observation of attachment. The researcher realises that there are also other relevant and important theories for observing attachment, but these are broader than the attachment theory in as such. For the purpose of this article, only the attachment theory will be discussed. In Article 2 of this dissertation there will be reference to such literature, for example the development phases of children and the emotional development phases of children, as no assessment can be successful without these.

4.1 CONCEPT CLARIFICATION

Different applicable concepts of attachment will be clarified in the next paragraphs, as these concepts need to be grasped by the social worker in order to observe the phenomenon of attachment.

4.1.1 Dependency, sociability and attachment

When assessing attachment by means of direct observation it is important to understand that there is a difference between **dependency** and **attachment**. When a child is dependent during an observation session and involving the adult in interaction, it does not necessarily provide evidence of a secure relationship, as companionship does not equal a secure attachment relationship (Aldgate, 2007:61; Willemsen & Marcel, 2007:2). Furthermore, having trust in the accessibility of one's base, is related to a secure attachment and is linked to exploration and independence rather than dependence (Prior & Glaser 2006:20; Solomon & George, 1999:288). However, dependence does play a role here, as the child will use his independent behaviour (exploration) in combination with dependent (proximity seeking) behaviour to his secure base (Willemsen & Marcel, 2007:3,4,5).

Another aspect often confused with attachment is the need for friendship or a need for **sociability**. Infants are attracted to other people and often laugh, smile and express interest in the people surrounding them (Willemsen & Marcel, 2007:3). It could be observed that a child likes specific persons and have genuine interactions with them, but it is important to understand that this does not mean they are attached to the people they like. The difference is that with attachment there is an intense sense of proximity, reciprocity and also a willingness to explore (Willemsen & Marcel, 2007:3, 4, 5).

4.1.2 Attachment and bonding

From literature it is clear that there are different views on the meaning of **bonding** and **attachment**. According to this literature it seems that **attachment** is viewed as an earned relationship resulting from a loving and trusting relationship over time (Levy, 2000:244-245; Verrier, 1993:19). To further support the fact that attachment develops over time, it is important to look at the internal working model postulated by Bowlby (Mains, 2003:163). According to this model children use their early experiences with their caregivers to form internal working models of their attachment relationships, which are utilised as templates for interacting with others throughout life. Mains also argues that by the age of 12 months, internal working models regarding the caregiver and child attachment are evident (Schneider-Rosen, 1993:212).

Bonding seems to be a special biological and emotional tie formed during pregnancy, birth and early infancy (Levy, 2000:244-245; Verrier, 1993:19, 5; Thomas, 2005:6). Taking into account the impact a break in bonding has on even a few day old baby placed with adoptive parents and his future attachment, it is clear that the impact and intensity of the bonding process plays a huge role in the forming of attachment (Verrier, 1993).

The above clarifications are included for the purpose of making the social worker aware of these differences to keep in mind when observing the child and caregiver. For example, she should know during the observation session that for the child to depend and be interactive with the parent does not equal attachment. The difference between attachment and bonding has been highlighted with the aim to guide the reader of this article to have a clear concept about the meaning of these concepts in this article as well as to understand that it is unrealistic to assess the attachment of, for instance, a five month old baby, as attachment develops over time.

To conclude attachment forms over time between an adult and a child and can be seen as the trust and security the child experience in relationship. Bonding plays an important role in the forming of attachment and is the biological and emotional tie formed during pre-birth, birth and early infancy.

4.2 THE DEVELOPMENT OF ATTACHMENT

When observing attachment of a child and caregiver it is important to have knowledge of the **development phases of attachment** and the **critical period of forming attachment**. From the researcher's experience social workers will assess

attachment and make recommendation without taking into account all the information. Therefore the following important aspects are included as this information will enable the social workers to put the observed information in context when interpreting.

4.2.1 The development phases

The development of attachment starts during the critical period of the child's first three to five years of life. The stages of attachment, as according to Bowlby (1969:265,267,268), Newman & Newman (1991:188) and Prior & Glaser (2006:19-20) are integrated and discussed as follows.

- **Pre-attachment** can be described as the ages between birth to three months where the infant uses behaviour such as grasping, smiling babbling or crying to attract attention. The infant is able to distinguish between adults and is completely dependent on the caregiver.
- **Attachment in the making** is at the approximate age of two to eight months where the infant discriminates between her primary caregiver and others. Separation and stranger's anxiety are also now present and smiles are based on recognition. The infant will smile and greet their caregivers after brief separations and vocalises different to their caregiver in relation to other adults
- **Active attachment** normally starts between the ages of 6-8 months, but can be delayed until after one year. During this phase the infant will differentiate and prefer their primary caregivers over and above other adults. They now have formed their first internal representation of their caregivers, resulting in their first working model of an attachment relationship. The attachment to the caregiver also starts to become clear. During this phase children become mobile and they will enjoy their new locomotion by crawling, walking and exploring the world outside their immediate attachment relationship.
- **Goal-corrected** partnership is normally evident between the ages of 18-36 months. During this phase children experience the paradox of the need for independence and a longing for dependence. These children will either move to their caregiver for a hug or call from a distance and look to their caregivers for a glance of approval. When they are satisfied they will continue to explore further. During this phase the child is able to move away from the caregiver without anxiety. The child is now capable to verbally make

their needs known. The child is also able to negotiate differences with the caregiver enabling them to make plans.

- **The latency period** is seen in children older than three years. In Bowlby (1969:179,373) a child at the age of three years will show a decrease in proximity seeking due to the fact that conditions which elicit fear in children such as a stranger or unknown places as well as moderate levels of hunger or pain are no longer perceived a threat to the caregiver's availability. This is due to their cognitive development in middle childhood which can start from age of five years. On the other hand, new situations bring forth discomfort. These new situations consist of mostly self-related threats such as hurt, pride, shame, guilt and rejection. Newman and Newman (1991:190) and Gething *et al.*, (1995:172) also found that by the age of three when attachment has been laid down children have learnt to accept separation and will soothe themselves by forming a picture in their mind of their loving caregiver. Kobak (1999:21) mentioned that the child is able to represent a caregiver and further argued that the child's ability to plan for the reunion as well as discussing the coming separation make the separations less intense.

To illustrate how it can easily happen that a social worker can come to wrong conclusion without the above knowledge, the following example is given. A two-year old child (goal-corrected partnership phase) will act differently than a child of four years (the latency period) when separated from the caregiver. The child in the latter phase will not have such a great reaction to separation because they will possibly soothe themselves by forming a picture in their minds of the loving caregiver, due to their cognitive development (Newman & Newman, 1991:190; Gething *et al.*, 1995:172). The child is also able to represent the caregiver and his ability to plan for the reunion makes the separation less intense (Kobak, 1999:21). The social worker who is ignorant of this information may not differentiate between the intensity of the two reactions, making interpretations without taking into account which developmental phase of attachment the child is in.

4.2.2 The critical period of forming attachment

Throughout the first six months the foundation for attachment is being laid down by the process of attunement, consistency, affection and familiarity as well as misattunement and re-attunement (Gray, 2002:19; Newman & Newman, 1991:195; Schore, 2001:7, 14). Taking into account the need for proximity and exploration in a secure attachment (Willemsen & Marcel, 2007:5), it boils down to the fact that

attachment can only start to develop completely when these proximity-seeking behaviours and explorations are possible (around 6-12 months). Signs of patterns of secure or insecure attachment can therefore only be identified at around the age of one year.

According to the researcher's experience social workers will sometimes try to assess the attachment of babies and their caregivers. However, when interpreting the information according to the above literature it is not possible to assess the **attachment** of a baby with his caregiver in the first year as the **critical period of forming attachment** is between the ages of 6-12 months (Bowlby, 1969:318). Although the attachment in itself cannot be assessed, certain other important aspects in relation to attachment can be assessed and will be discussed in section 4.3.3 of this article.

4.3 DIRECT OBSERVATION OF THE CAREGIVER-AND-CHILD ATTACHMENT RELATIONSHIP IN PRACTICE

Daniel (2007:123) observes that it is important for the social worker to involve the child in the assessment process, just as it is essential to make use of direct observation in different settings. It is important to put the child's behaviour in context with available theory such as attachment theory. The following paragraphs will explain how to utilise direct observation to assess attachment. Firstly, the attachment system and the child's attachment behaviour will be explained. Secondly, an outline will be given of how to observe attachment during low (when the child experiences no discomfort) and high activation (when the child experiences discomfort). Finally, the qualities of the caregiver that enhance attachment and the child's responses of it will also be indicated.

4.3.1 The attachment system and attachment behavioural system

According to Mains as in Prior & Glaser (2006:17) the **attachment system** is – contrary to what is anticipated – **continually active**. The earlier perception that attachment system is activated by the child who is experiencing discomfort and terminated when the child is comforted is therefore questioned, because a “turned off system that would leave the child vulnerable and at risk” (Prior & Glaser, 2006:17). This article will use the view of Prior and Glaser (2006) that the attachment system is continually active and that the attachment **behavioural** system can be activated and terminated in terms of a continuum of low and intense behaviour. Thus, if the child experiences extreme threat, very close proximity or physical contact will be required and when the activation is low, for example when the caregiver is moving away from

the child, just the sight of the attachment figure will bring comfort (Prior & Glaser, 2006:17; Bowlby, 1980:39):

To express his need of proximity or the removal of discomfort, the child will utilise a combination of attachment behaviours, the so-called behavioural system (Prior & Glaser, 2006:17). The social worker has to recognise these signals and attachment behaviour in order to assess the caregiver's sensitivity to identify and respond accordingly. Bowlby listed three categories of behaviours in which young children engage in order to maintain nearness to their caregivers. Signalling behaviours (e.g., vocalising, smiling) are normally utilised by children to attract caregivers toward them for positive interaction. Negative behaviours (e.g. crying, screaming) also attract caregivers to children, thus to stop such behaviours. Active behaviour (e.g. approaching) aim to bring the caregiver close to the child (Lesley, 2003:133).

The observing social worker should further be prepared to identify possible conditions that activate the above-mentioned attachment behaviour. See Table 1 below for an outline of Bowlby's three headings of conditions that activate attachment behaviour and have an effect on the intensity of the attachment (Prior & Glaser, 2006:18).

TABLE 1: CONDITIONS THAT ACTIVATE ATTACHMENT BEHAVIOUR

| Conditions of the child | Whereabouts and behaviour of the caregiver | Other environmental conditions |
|---|--|--|
| <ul style="list-style-type: none"> • fatigue • hunger • ill health • pain • cold | <ul style="list-style-type: none"> • caregiver unavailable • caregiver departing • caregiver discouraging proximity | <ul style="list-style-type: none"> • occurrence of alarming events • rebuffs by other adults or children |

As mentioned in section 4.2.1 on the development phases of attachment, conditions activating attachment behaviour in older children are more likely to be new situations. These new conditions consist mostly of self-related threats such as hurt, pride, shame, guilt and rejection.

4.3.2 Observation of attachment during high and low activation

The attachment relationship is ideally best observed during non-threatening playful interaction as well as in a situation where the child experiences discomfort (Willemsen & Marcel, 2007:5). With regard to discomfort, attachment behaviour activated under stress has provided significant evidence for the status of attachment relationships (Kobak, 1999:27; Glaser, 2001:371). However, the researcher's experience in practice is that although some social workers will use separation as a technique it is not standard procedure for social workers to introduce low stress activities as part of the direct observation procedure. (This issue will be discussed in depth in Article 2; see section 4.3.2.2). With younger children it is easier to create a situation of discomfort as the unavailability of the caregiver through separation is controllable. If a situation of discomfort does not derive naturally with older children, other techniques may be considered, such as projective techniques, because older children are capable of symbolic operations (Howe *et al.*, 1999:31, 35; Laible *et al.*, 2004:566; Solomon & George, 2008:384).

Guidelines on how to observe attachment during both scenarios will be given according to the arousal relaxation cycle and the positive interaction cycle as discussed in the following paragraphs.

4.3.2.1 *Arousal relaxation cycle as a mean to observe children experiencing discomfort (high activation).*

This paragraph focuses on the arousal relaxation cycle as a means to observe children experiencing discomfort (high activation). In terms of the arousal-relaxation cycle the observer has to identify **how the child signals** discomfort, which can be needs or feelings. Discomfort can be activated by the conditions as described in Table 1. The observer then has to be sensitive for the reaction of the **caregiver in terms of identifying the child's signs** of discomfort, leading to attachment behaviour. The next step will be for the observer to assess if the parent is able to **help the child achieve a state of contentment** and calmness in a promptly manner. The observer also needs to assess how the caregiver indicates her own feelings of discomfort and the reaction of the child accordingly. In repeating this cycle successfully, trust in the caregiver is formed, and subsequently secure attachment (Turner, 2005:19; Fahlberg, 1994:26, 27, 32). Also see Figure 1 of this article.

4.3.2.2 Positive interaction cycle as a means to observe children in non-threatening playful interaction (low activation).

The positive interaction cycle as a means to observe children in non-threatening playful interaction (low activation) is another aspect of observation that needs focus. According to the positive interaction cycle the observer needs to assess **how regular** the child and caregiver instigate **positive interactions** and the **reaction** of the other. Most positive responses encourage another positive interaction (Schoore, 2001:15; 1994:32). In a mutual relationship the positive interchanges by the child and caregiver would be more or less the same. For example, a five year old girl excitedly shares a drawing with her parent. The parent might respond with positive affect verbally or behaviourally, thereby encouraging another interaction. On the other hand the parent might respond with a critical comment, which "is just as likely as a total lack of response to discourage the child from continuing the interaction" (Fahlberg, 1994:32).

The observer further needs to identify whether the caregiver acknowledges the child as an **individual person** with his own distinctive needs and to distinguish whether the child's behaviours are according to the caregiver's needs. Another aspect to assess would be whether the caregiver's expectations of the child's behaviour and the manner of discipline are **age appropriate**. One should also look for proof of verbally or behaviourally positive **claiming**. An example of a child who indicates claiming would be a child who imitates a parent or who says "my mummy" (Fahlberg, 1994:29, 30). Also see Figure 1 of this article.

4.3.3 Observation of caregiver qualities complementary to attachment

The enhancement and impairment of the bonding and attachment between the caregiver and child are strongly influenced by the caregiver's actions and caregiving of the child (Perry, 2001:4, 6). When assessing attachment by means of direct observation, the social worker must take into account that direct observation normally **tests hypothesis** as already derived through the comprehensive assessment procedure (Gething *et al.*, 1995:32; Newman & Newman, 1991:16). It boils down to the fact that the patterns in the relationship established over time should present itself in the laboratory session as well and that it must be seen as reliable (Hayens-Semann & Baumgarten (1994:43). Furthermore, discrepancies in the caregiver's behaviour during the observation session are a warning sign, as caregivers know they are being evaluated and they will try to do their best (Pipp-Siegel, 1998:4). However, the social worker must be open-minded and must take into account any

illnesses, depression, fatigue, unsettling events or trauma in the caregiver or child's life when interpreting the observed information. (This issue will be discussed in Article 2 section 6.3.)

The observation of the caregiver's attachment-enhancement qualities is useful, for instance in cases where children have not established an internal working model for attachment as yet (approximately at one year). It is also helpful to use this information in cases where there is not a continuous relationship or foster care cases where there is normally no attachment and where the foster carer's positive qualities and behaviour as well as growth areas in the relationship can be highlighted. (See point 4.4: Classifying different attachment styles.) Finally, these contributory qualities can be assessed where only low levels of the behavioural system is activated or "turned on" (playful interaction).

The following qualities cannot all be assessed during the observation session, but the social worker should have this knowledge in order to identify the qualities when it derives during the session as this will give a picture, taking into account all the other information gathered during the comprehensive assessment process, of the status of the attachment.

The following qualities of the caregiver are therefore important to investigate during a direct observation session.

4.3.3.1 Sensitivity

Sensitivity seems to be the most frequently discussed and focused on with regard to attachment. The sensitivity of the caregiver is a crucial foundation for the quality of a secure attachment (Hinshaw-Fuselier, 2004:62). Yet, according to Claussen and Crittenden (2000:116,117) the minority of researchers have identified the characteristics of sensitivity and without any definition, observers have to be creative and use their own initiatives in order to define and identify sensitivity. For example, sensitivity can be viewed by one person as synchronous incidents and by someone else as the ability of the caregiver to provide intellectual stimulation to the child. According to Claussen and Crittenden (2000:117) sensitivity is best defined as the ability to determine when protection and comfort are needed.

Although a consensus about the meaning of sensitivity would be hard to reach, open communication and clarity about the observer's report of the meaning of sensitivity will make a positive contribution when giving feedback (Claussen & Crittenden, 2000:124). In order to aid the observer in her observation task and combat the

above-mentioned obstacle, a combination of all the available information regarding sensitivity in relation to attachment is presented as a broad and all inclusive view.

Sensitivity is therefore portrayed through:

- **Attunement**

During the observation session the social worker must detect whether the caregiver is able to attune to the infant's signal and attachment behaviour with attentiveness. The **process of attunement** is the same for both discomforting and positive signals. Firstly the caregiver must interpret the signal of the child correctly and respond appropriately to the signals, for example by soothing the child, offering play stimuli or responding with a facial expression within milliseconds in order to calm the child (Nelson, 2005:50). By the time the child is approximately six months, the caregiver begins to interpret the signals of the child. The child's signals also expand to active contact behaviours such as clinging and following. Possible needs being signalled could be a need for physical care, emotional communication, affection, or giving the child the space to do his own thing. It is important to measure the amount of time that passes before the caregiver registers the child signals (crying, complaining, whining). Brief or gentle signals from the child will only be detectable to very sensitive caregivers (Compare Mortan & Brown; 1998:1094; Lesley; 2003:139; Croxford; 2006:9; Biringen *et al.*, 2005:298; Holigrosi *et al.*, 1999:429; Prior & Glaser; 2006:43.)

The **attuned caregiver** reacts sensitively to the child's developmental needs and limitations and has **empathy** for the child's thoughts and emotions. Empathy can be seen as the ability to put oneself in the shoes of the inner life of another individual. Holigrosi describes it as that "the mother experiences a taste of the baby's anxiety; she picks up the baby and holds it close" (Holigrosi *et al.*, 1999:419).

Attuned caregivers also relate in a **playful** manner and are curious and interested in the child (Holigrosi *et al.*, 1999:419). A reason why caregivers have difficulty to attune with their infants can be because they are pre-occupied with their own needs (Pipp-Siegel, 1998:4).

- **Emotional features**

The caregiver's sensitivity does not only involve her responsiveness to cues and signals but it also involves emotional features. The observer must assess if the

caregiver demonstrates the ability to show genuine emotion and eagerness to understand the emotional experience of the child. This is demonstrated by warm giggles, interested eye contact and comforting and playful physical contact (Biringen *et al.*, 2005:298).

- **Flexibility**

Caregiver sensitivity further implies flexibility and she should be able to adjust according to the child's needs in contrast to a caregiver who rigidly keeping schedule regardless of the child's needs. The sensitive caregiver must also be flexible by offering a variety of ideas and being creative according to the needs of the child. The caregiver must be sensitive for the child's tempo as he or she goes from one activity to the other as well. Total acceptance of the child can be seen in a caregiver who speaks to the child at a higher pitch and who does things that acknowledges that the child is a separate individual. Sensitivity means furthermore that the caregiver will support the child in his growing independence (Pipp-Siegel, 1998:4; Holigrosi *et al.*, 1999:420; Aaronson, 2007:4).

- **Negotiate conflict**

Another aspect of sensitivity is the capacity of the caregiver to "negotiate conflict". For example, if the child wants to leave the room on his own, the caregiver may successfully address the potential friction by introducing a toy to the child (Pipp-Siegel, 1998:3).

Children whose caregivers are insensitive tend to be passive or difficult with them. The insensitive caregiver can be domineering and can fail to respond to the needs of the child. They also tend to be negative and are emotionally or physically abusive. Insensitivity can also be seen in depressed caregivers or in the caregiver that ignores the child and only responds to extreme attention seeking behaviour (Pipp-Siegel, 1998:4).

The inconsistently sensitive caregiver can be sensitive at times, making positive statements and smiling, or making positive statements in a bored tone (Pipp-Siegel, 1998:4). As also indicated in 4.3.3, inconsistency is a telltale sign of problems, especially when the caregiver is being observed or videotaped, as they usually want to put their best foot forward under such conditions.

4.3.3.2 Availability

The observing social worker should be sensitive to identify the availability of the caregiver. This implies that the caregiver is physically and emotionally present and

available for the child. As explained in the internal working model, the child will predict cognitively what he can expect from his parents and these expectations are based on their past experiences. Therefore, when the child shows confidence in the parent's availability in a threatening situation, for instance when the child is hungry, ill or tired, this can be seen as an indication of their past experiences of responsiveness and accessibility of the caregiver (Lesley, 2003:139; Cassidy & Shaver, 1999:30).

4.3.3.3 Non-intrusiveness and non-hostility

These concepts refer to the mother's capacity to be available for the child but without being domineering, overprotective or interfering. She must be able to give the child his independence and allow him to lead and explore, working alongside the child in a facilitating manner. The parent should set boundaries in a calm manner (Pipp-Siegel, 1998:3,5; Biringen *et al.*, 2005:298, 300).

When the emotional and physical atmosphere is not adverse, the interactions could be seen as non-hostile. The observer must determine if the caregiver is able to regulate any discomfort. This can be hidden, like boredom, impatience, resentment, rolling of the eyes, teasing, raising the voice; or in the open, for example yelling, physical punishing or behaviour that is frightening, even if not directed at the child – for example pounding the table (Biringen *et al.*, 2005:300).

4.3.3.4 Structure and challenge

Structure and challenge imply that the observing social worker looks at the parent's ability to set limits and to provide an appropriately ordered environment, including initiating play and comfort when needed (Jernberg & Booth, 2001:17). Structuring further refers to the caregiver's knowledge of the child's capacities and the caregiver's sensitive ability to support, guide and challenge the child to progress to the next level of their abilities. If, for example, a child is capable of building a tower of two blocks easily and is attempting to build a tower of three blocks, the zone of proximal development is at this level. The parent may scaffold the child's behaviour by verbal cues if the child is verbal (e.g., "Try the smaller block.") or by nonverbal cues (e.g., moving the second block so that it sits more solidly on the first block so that the second block serves as a more solid base for the child to add the third block). Structuring further entails the supporting the child in learning and exploring without taking away the child's independence (Biringen *et al.*, 2005:300; Jernberg & Booth, 2001:21). The caregiver should furthermore give structure by constantly practiced routines, expectations, limits, and consequences (Aaronson, 2007:4).

4.3.3.5 Engagement, nurture and physical contact

The observer evaluates the caregiver's ability to engage the child in interaction while being attuned to the child's state and reactions. Engagement also refers to flexibility of the caregiver to utilise a variety of tactics in order to engage the child (Jernberg & Booth, 2001:18).

Nurture refers to the caregiver's ability to meet the child's needs for attention, soothing and care. An example of nurturing activities will be to rock, cuddle, hug, feed, hold, stroke the hair of the child and speak softly and with empathy to the child (Jernberg & Booth, 2001:19).

The question that should be answered is "What is the nature of the physical contact?" The observing social worker must further identify who initiates the physical contact and what the reaction of the receiving party is (Potgieter, 2000(a):3).

4.3.3.6 Communication

Secure attachment is based on communication where the sharing of emotions, the caregiver's capability to read and promptly respond to their child's signals for help and the child being sure of his caregiver's availability and emotional regulation are evident (Kagan, 2004:22).

When children enter into the goal-corrected phase of attachment, as discussed earlier, they are also beginning to negotiate a compromise. This changes the focus from the sensitivity of the caregiver to the cooperation between the child and caregiver. Communication is now crucial, allowing both the caregiver and child to voice their own concerns and to acknowledge the other's concern in order to solve the goal conflict. Both the child and caregiver are reading and responding to the other's signal (Goldberg & Atkinson, 2004:144).

4.3.4 The child's responses to the caregiver

Attachment does not only depend on the caregiver's sensitive approaches but also on the effect of the caregiver's responses on the child.

4.3.4.1 The child's responsiveness

When the child regulates between his response to the caregiver and independent play in a balanced way it can be viewed as optimal responsiveness. The response should be with pleasure and enthusiasm and without a sense of necessity (Pipp-Siegel, 1998:6; Aaronson, 2007:4). This also links with the literature discussed earlier, which support the notion that secure attachment involves a continuum of

explorative behaviour and dependent and proximity-seeking behaviour of the child. (See 4.3.1: The attachment system and attachment behavioural system.)

4.3.4.2 The child's involvement

Involvement can be defined as the child being able to oscillate between independent play and involving the caregiver in interaction. The child should not anxiously or desperately try to involve the parent in play. The approaches by the child must be undemanding and without any distress. Warning signs would be when the child is over-involving the parent or shows no desire to make contact with the parent (Pipp-Siegel, 1998:6).

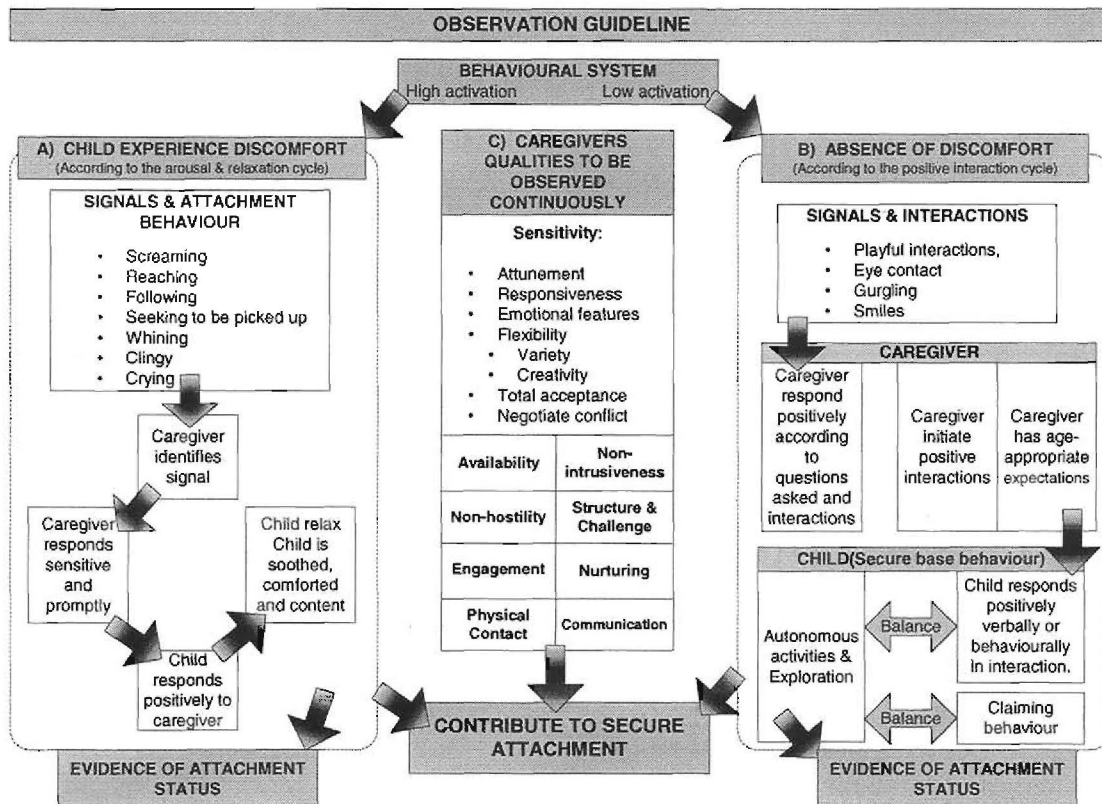
The difference between responsiveness and involvement with regard to the child's reaction is that responsive behaviour refers to the child's reactions to the caregiver's efforts while involvement gives a picture of the child's efforts to get the parent involved in play or interaction (Pipp-Siegel, 1998:6).

4.4 RECAPTILASATION OF DIRECT OBSERVATION OF ATTACHMENT IN PRACTICE

Figure 1 (An Observation Guideline) was compiled from the information in the above paragraphs to guide the social worker in the observation of the attachment relationship. This will also give an outline of how to observe and evaluate the attachment behaviour and responses of the caregiver during low (when the child experiences no discomfort) and high activation (when the child experiences discomfort). The qualities of the caregiver that enhance attachment and the child's responses to it will also be discussed.

Figure 1 was compiled from information gathered from the following sources: Biringen *et al.*, (2005:298,300); Booth (2001:17-21); Fahlberg (1994:26-32); Goldberg and Atkinson (2004:144); Hinshaw-fuselier (2004:62); Holigroschi *et al.*, (1999:420); Jernberg & Booth (2001:18,19); Kagan (2004:22); Lesley (2003:133,139); Nelson (2005:50); Pipp-Siegel (1998:3-6); Prior & Glaser (2006:17); Potgieter (2000(a):1-3); Turner (2005:19).

FIGURE 1: SCHEMATIC PRESENTATION OF THE OBSERVATION GUIDELINE



4.5 CLASSIFYING DIFFERENT ATTACHMENT STYLES

Attachment theory was developed by psychologist Mary Ainsworth PhD and child psychiatrist John Bowlby, who have both contributed to attachment theory in partnership over a timeframe of 40 years (Ainsworth & Bowlby, 1991:33).

As part of research of attachment theory Ainsworth created a standardised protocol called the “Strange Situation”, which enabled clinicians to assess the child’s attachment style. During the standardised Strange Situation procedure, which involves a series of two separations and reunions, the infant is alone with his mother, exposed to a stranger, separated from his mother and finally reunited with his mother. The crucial part of determining the infant-mother attachment was the baby’s behaviour during the two reunions. Based on how infants behaved during the Strange Situation, Ainsworth identified three attachment styles, namely secure, avoidant, and ambivalent (Ainsworth, 1983:36).

Social workers are frequently asked to assess attachment between children and care-givers. It is therefore important to look into the following points regarding attachment styles:

-
- According to Blunden's research the Strange Situation test has not been adapted for children over 18 months and no standardised instrument is available for social workers working with children of that age (Blunden:2005:135).
 - Blunden (2005:134) emphasises that in order to classify the attachment styles of infants, professionals should be trained in the decoding of the Strange Situation test and that the classification of attachment styles only applies to children under the age of 18 months.
 - Kobak further emphasises that "attachment patterns assess the quality of a continuous relationship with a primary attachment figure" (Blunden, 2005:134).

In terms of classifying children older than 18 months, however, there are various studies in literature classifying attachment in older children. For example:

- The **preschool-age coding system** developed by Cassidy and Marvin (1987, 1990, 1991, 1992) as in Cassidy and Shaver (1999:297).
- A **school age system** developed by Cassidy and Main (1988), including the classification of attachment in secure, avoidant, ambivalent and disorganised styles (Cassidy & Shaver, 1999:297).

In addition, other literature has been written by social workers such as Deborah Gray (2002:66-67) for social workers in order to classify children older than 18 months. Aldgate (2007:57) also supports the fact that social workers should be knowledgeable about the different attachment styles.

The researcher also supports the rule that the Strange Situation test (and all other coding systems) should be decoded by psychologists, but social workers must be trained in identifying the signs of different attachment styles in young and older children. Slater and Bremner (2003:155) argue that it is less important to determine *whether* a child is attached or not, but rather what the quality or security of the attachment is. Therefore, the aim of the classification for social workers is not to try to diagnose the attachment styles but to understand the patterns of behaviour.

The social worker should therefore be equipped to identify the signs of secure and *insecure attachment patterns as well as signs of attachment disorders, to enable professionals to make appropriate referrals and placement and treatment decisions*

for children. The researcher's experience is that too many wrong conclusions have been made in the past and that patterns indicating risks in families were ignored. Healing could also have taken place where warning signs were evident, but due to a lack of knowledge these signs were overlooked and subsequently contributed to the break-down of foster care placements and disruptive families.

For identifying the signs of different attachment styles, a comprehensive attachment assessment process has to be conducted. A comprehensive assessment should include a child assessment by means of specific techniques to assess attachment, a timeline, interviews, questionnaires, observations in the home and an assessment about the adult attachment, and finally ending with the direct observation in a structured way.

Finally, the researcher acknowledges that attachment patterns are indicative of a continuous relationship. This must be taken into account when assessing children in foster care and divorce cases, and the aim of such observations should be clarified beforehand. For example, if the social worker has been requested to assess the attachment relationship of a divorced father and his child and subsequently makes recommendations in terms of the custody of the child it must be determined if there is justification to assess and observe the attachment patterns. Although signs of risky patterns may be evident, for instance if the child shows fearful or withdrawal behaviour, it would be inappropriate to rely on the attachment styles to recommend custody, as there has been a break in their day-to-day relationship and the relationship is therefore not a **continuous** relationship.

4.5.1 Description of the different attachment styles

A brief outline of the different attachment styles will be discussed in the following paragraphs, not for identifying the signs but to give a bigger picture and an explanation of the identified attachment styles as this will tell the social worker something about the child's experiences and possible causes. (See a detailed description of each style is attached as Addendum 1 for this purpose.) This information aimed to enable the social worker to put the observed behaviour in context when making interpretations.

4.5.1.1 Secure attachment

Taking into account the internal working model according to Howe *et al.*, (1999:25), the result of a secure attachment pattern is that the child views himself positively and experiences himself as being loved, capable, and sufficient and other persons as

accessible, supportive and trustworthy. Secure attachment is an intimate, special relationship involving mutual enjoyment, acceptance, and recognition of the other's feelings (Gray 2002: 67-68).

4.5.1.2 Insecure attachment

Insecurely attached children find it difficult to regulate stress. To enable them to survive they either dissociate or show signs of hyperarousal. According to Cairns (2002:61) dissociation can be seen as the process to protect the child by becoming overwhelmed by generating patterns of splitting of awareness in response to repeated experiences of an overwhelming nature. When the child is older, the state of hyperarousal will lead to either a response of fight or flight (Cairns, 2002:61). Younger children tend to make use of extreme attachment behaviour and freeze or regress in their effort to get the caregiver to protect them (Cairns, 2002:61). According to Cairns (2002:61) the effect of dissociation and hyperarousal can be seen in, for example, babies who shed tears constantly, babies who never weep at all, babies who avoid eye contact or babies who withdraw from touch.

There is a distinction between two kinds of insecure attachment:

- **Insecure avoidant attachment**

In insecure avoidant attachments, children feel a connection with their caregivers but cannot depend on the response of the caregiver when they express a need. These children decide to rather trust and rely on themselves in order to feel safe (Gray, 2004:72). Taking into account the internal working model, in the avoidant attachment pattern, children believe they are not loved by other people and must depend on themselves. Other people are seen as rejecting (Howe *et al.*, 1999:27-29). In order to survive, the child reduces proximity-seeking behaviour and does not reveal any feelings of discomfort. The child therefore minimises rejection from the caregiver and manages to stay reasonably close to his caregiver (Howe *et al.*, 1999:25).

- **Insecure ambivalent attachment**

Gray (2004:72) explained that the ambivalently attached child will oscillate between attention-seeking and attention-rejecting behaviour. For example, they will ask for help and then complain that the parent is not doing it the right way; or they might ask for physical contact and then reject the physical contact by crying "you hurt me". According to Gray there is normally no trauma as part of the history and the child has sporadically satisfying relationship with parents.

Howe *et al.*, (1999:28) argue that children who are ambivalently attached have a low self-esteem and view themselves as dependent and ineffective. They believe that other people are unreliable and insensitive. These children need to go to extremes in their attachment behaviour in order to get any response from their parents.

- **Disorganised attachment**

In 1990, Main and Solomon identified a third pattern of insecure attachment in some year-old infants. They have called it *disorganised attachment*, using this term to describe infants who apparently lack the ability to organise a strategy for getting comfort from their caregivers (Levy, 2000:33; Howe *et al.*, 2002:29; Solomon & George, 1999:290). Gray (2002:74) agrees with the above and adds that children who have inconsistent tactics in having their needs met, can be classified under disorganised attachment. She further explains that parents of these children have been frightening or alarming to their children. Howe *et al.*, (1999:25) point out that the child in the disorganised attachment style internalises himself as being bad and confused and nearness to the parent can produce emotional conflict, fearful behaviour, depression and withdrawal.

The above arguments make it clear that the social worker should receive specialised training in attachment theory, including identifying the signs of different attachment patterns which are presented during a direct observation session. In order to put the observed behaviour and signs (Addendum 1) in context it is also important to understand the theory behind the different attachment styles, as explained in section 4.5.1 of this article.

4.6 ATTACHMENT DISORDERS

Thomas (2005:5) describes attachment disorder as a condition in which an individual cannot form a lasting relationship. The researcher wants to stress that attachment disorders are not to be diagnosed by social workers. However, as children in the welfare system present with attachment disorder **symptoms**, social workers should be trained to identify these symptoms to allow them to identify **risk factors**, allowing them to refer the children for assessment and therapy. These symptoms are described in Howe *et al.*, (1999:135,136) and include high levels of violence, a lack of affection, obvious lying and a fixation with blood and gore, to name a few. This is profound knowledge for the social worker as it will have an immense impact on decision making in order to act in the best interest of the child. Direct observation has been proposed by Lehmann and Dangel (1998:96) as a mean to estimate risk factors for disorders in children in an objective manner.

A complete version of typical behaviour of children with attachment disorders has been added as Addendum 2.

5 CONCLUSION

As part of the research, attachment theory applicable to direct observation of the caregiver-and-child attachment was identified and investigated. For the purpose of serving as a foundation for direct observation as a measuring instrument / practise framework, this information was structured in a way to assist the social worker in the understanding of certain theory that is important for assessing and interpreting the observation.

Figure 1 was integrated and compiled from the attachment theory in order to assist social workers in the dimensions to focus on when observing the caregiver-and-child attachment. This diagram serves as a basic guideline for observing children and caregivers and will further serve as a guideline in Article 2, where direct observation as a measuring instrument / practise framework will be explored for the purposes of a practise framework.

The classification of different attachment styles was further examined in order to assist social workers in their process of identifying signs of the different attachment styles as well as to underline the application of this to the social work field.

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ARTICLE 2

PROPOSED PRACTISE FRAMEWORK FOR ASSESSING THE CARE-GIVER-CHILD ATTACHMENT BY MEANS OF DIRECT OBSERVATION

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ABSTRACT

In this article theory, on direct observation as a social worker skill, is looked into with the specific focus on direct observation as a measuring instrument / practise framework for assessing attachment. Direct observation measuring instruments / practise frameworks used by experienced social workers in the field of attachment were examined in combination with theory for the purpose of compiling a practise framework. This framework gives guidance on the preparation for the direct observation session, guidelines for the observation of the session in itself, and guidance for the interpretation of the obtained observed information.

1 INTRODUCTION

The skills of social workers are tremendously important when rendering services to families. In order for social workers to make efficient assessments which enable them to give support and compile care plans, it is of the outmost importance that they are competent in these skills.

The attachment between caregivers and their children serves as crucial information, as this will impact on all future relationships and is seen as the foundation in the caregiver-and-child relationship as well as a factor which influences the healthy development of the child (Thomas, 2005:5; Gray, 2002:15; Levy, 2000:9). Furthermore, the lack of attachment has been correlated with aspects such as anxiety and depression, social aggression, deficits in social skills, concentration problems, disruptive behaviour disorder and personality disorders (Kagan, 2004:17).

As part of the attachment assessment procedure, the direct observation of the caregiver-and-child relationship is a valuable tool which improves social work assessments with children and families (Le Riche & Tanner, 1998:13, 22). The direct observation of the attachment relationship of the caregiver and child as a skill in particular can sometimes have a strong influence on long-term decisions for families (taking into account the complete assessment process), as direct observation confirms or refutes hypotheses which were formed (Fahlberg, 1994:31,230,231). The direct observation of families is therefore a very important social work skill, and it makes thorough assessments possible. To further underline the importance of direct observation, Daniel (2007:123) indicated that direct observation is just as essential as **involving the child** in the assessment process. In Turner (2005:199) it is stated that the assessment of attachment is “traditionally based on observation”. Dupper and Musick (2007:82) also argue that direct observation is “a critical step in an assessment”.

In helping families by means of building relationships, this skill requires a specialised understanding and variety of competencies in order to succeed in the best interest of the child. However, the researcher’s experience in practise is that although there are measuring instruments / practise frameworks available in helping social workers in this procedure, many mistakes are made because social workers lack adequate training in the field of direct observation and attachment theory. It is also the researcher’s experience that even trained social workers do not always show confidence in the direct observation procedure.

The purpose of this article is therefore to give guidance to social workers in order to assist them in becoming more competent and confident in the direct observation procedure when assessing attachment. It needs to be emphasised that the purpose of this article is not to make a comparison or to give a detailed description of the measuring instruments / practise frameworks utilised by the participants as such, but rather to understand the needs and deficits of direct observation as a measuring instrument in order to develop a practise framework.

2 THE AIM OF THE ARTICLE

The aim and objectives will be outlined as follows:

2.1 THE GENERAL AIM OF THIS ARTICLE IS:

To develop a practice framework from literature and interviews with experts for assessing the caregiver child attachment via direct observation.

2.2 OBJECTIVES

To reach the above aim the following objectives are set:

- To identify which direct observation measuring instruments / practise frameworks are utilised by a group of social workers in Pretoria, Gauteng Province regarding a caregiver-and-child attachment by means of the empirical investigation.
- To determine through empirical investigation the weaknesses and strengths of the direct observation measuring instruments / practise frameworks utilised by a group of social workers in Pretoria, Gauteng Province.
- To propose a practice framework for social workers assessing attachment between the caregiver and the child through direct observation.

3 RESEARCH METHODOLOGY

3.1 LITERATURE STUDY

The research was done by means of a literature study of existing literature on direct observation. Literature in the field of social work and psychology was investigated. Information was obtained from academic books, articles, research projects, courses which were attended and an empirical study. Literature on attachment as well as interviews with social work experts with relation to direct observation were compared and refined.

3.2 THE RESEARCH DESIGN

A qualitative empirical study was used, because the qualitative researcher is in the first instance concerned with understanding rather than explaining (Creswell, 2003:4-6). During the research the direct observation of attachment was investigated by means of a qualitative, explorative and descriptive research by using interviews as data collection method (Babbie, 2004:89; Creswell, 2003:4-6). During the investigation explorative research was done with experts in the social work field in order to get insight into the situation (Fouché, 2002:109). This study sought to explore and understand the strengths and needs of social work experts regarding the

direct observation of the caregiver and child attachment and to describe the development and description of guidelines in order to make a proposal for a practise framework for the direct observation of attachment. The method of investigation was grounded in deductive thoughts, as the point of departure was to do an investigation of literature first, and then to focus on more specific information by means of the empirical investigation (Babbie, 2004:25).

3.3 DATA COLLECTION

The data in this research was obtained from one-to one semi-structured interviews with experts in the field of direct observation. (See Assendum 3.) The purpose was to identify themes (Strydom & Delport, 2005:331) and gain detailed information of the individuals' perceptions and experience of the application of direct observation (Greeff, 2005:296). The same questions were put to all the participants and further exploration took place regarding the responses which were received. As part of the qualitative data collection and analysis all sessions with research participants were recorded and then assimilated by the researcher. After the interviews, archival materials in the form of case reports of some of the experts were obtained to illustrate how the measuring instruments were used (De Vos, 2005(b):362).

3.4 DATA ANALYSIS

The researcher used Marshall and Rossman's five stages of data analysis, namely to organise the data; generate categories, themes and patterns; test the emerging hypothesis against the data; search for alternative explanation for the data; and write the article (De Vos, 2005(a):338; Poggenpoel, 1998:342). The researcher also used Schrink's constructing typologies strategy in order to compile a framework guideline (Poggenpoel, 1998:338). In order to ensure reliability and validation the researcher used the triangulation approach. Triangulation in qualitative research is the convergence of multiple perspectives that can provide greater confidence that what is being targeted is being accurately captured (De Vos, 2005(b):361). As part of this process all the interviews except one were recorded and the researcher's notes and interpretation of the interviews was given to an independent social worker, experienced in the field of attachment, for screening. (See Addendum 4). The data also has been compared to literature, archival material and comments of participants which all served as measurement to obtain credibility of interpreted data.

Verbatim quotes were used to illustrate certain aspects in the responses and to illustrate the participant's experiences (Poggenpoel, 1998:334-352).

3.5 PROCEDURE

This research follows on Article 1, in which attachment theory applicable to direct observation was analysed. In this article, instruments used by participatory experts in the direct observation of attachment are investigated.

Ten social workers assessing attachment between the caregiver-and-child-relationship by means of direct observation were identified. These identified individuals were then invited to participate in the research by means of an interview. Nine of the ten identified experts were available for interviews.

These one-to-one interviews took place during November/December 2007. After the data had been analysed, guidelines to develop a standard for social workers assessing attachment was compiled and sent to five of the individuals participants in the research for their comments. These comments were incorporated in the finalising of the framework.

3.6 PARTICIPANTS

Nine social work experts who used direct observation as part of their process of assessing attachment were interviewed. One of the requirements in selecting the participants was that the expert social worker must have been either in private practice or working for the CSC (Christian Social Services) in Pretoria, Gauteng Province, South Africa. An additional requirement was that the expert must have been involved in the direct observation of children and caregivers for at least three years. Six of the nine social workers currently work in private practice and the remaining three worked for CSC. All of them received specialised postgraduate training in attachment and the direct observation of attachment.

3.7 ETHICAL ASPECTS

Strydom (2005:56) stresses that researchers have two basic ethical responsibilities: a responsibility to those who participate in the research, and a responsibility to the discipline of science.

- Consent was obtained in writing according to the requirements of the Ethical Committee of the Faculty of Health Sciences, North-West University (Monette *et al.*, 2002:50). Ethical number NWU-0037-07-S7 was awarded to the project.

The participants were informed that they could withdraw from the project at any stage if they preferred (Ruben & Babbie, 2005:71; Strydom, 2005:59).

- Participants understood that the data provided by them would be confidential in terms of their identity (Babbie, 2004:65-67; Strydom, 2005:61-63).
- Except for one interview which was not recorded, all interviews were recorded with the permission of the participants (Greeff, 2005:298). The interviews were also captured in writing during the interviews. Afterwards the researcher listened again to the interviews to verify the data obtained.
- An independent social worker experienced in the field of attachment was asked to listen to all the interviews and to compare it with the conclusions regarding the themes and categories derived from each interview, to verify interpretations which were made. A letter in writing was obtained from the independent social worker (De Vos, 2005(b):362). (See Addendum 4 for the letter.)
- The researcher was to the best of her knowledge professionally responsible to the experts by being accurate and honest in the reporting of their information and informing them of the procedures and goal of the investigation (Cournoyer, 2005:170-171).

4 DISCUSSION OF THE DATA

The data discussed in the following paragraphs was obtained by means of a one-on-one semi-structured interview schedule. Three broad questions were put to the participants and further exploration was done of the answers which were given. Questions which were asked will be printed below in a highlighted textbox, followed by an outline of the headings of the themes and categories which emerged from the exploration of the responses.

QUESTION 1

WHAT TRAINING HAVE YOU RECEIVED AND HOW LONG HAVE YOU BEEN INVOLVED IN THE ASSESSMENT OF ATTACHMENT?

The following table provides a background and context against which the responses must be viewed.

TABLE 1: TRAINING AND YEARS OF EXPERIENCE OF THE PARTICIPANTS

| PARTICIPANTS | TRAINING RECEIVED | YEARS EXPERIENCE IN DIRECT OBSERVATION |
|---------------------|--------------------------|---|
| Participant 1 | RP model & MIM | 6 years |
| Participant 2 | RP model | 3 years |
| Participant 3 | RP model & MIM | 15 years |
| Participant 4 | RP model & MIM | 3 years |
| Participant 5 | RP model | 6 years |
| Participant 6 | RP model | 16 years |
| Participant 7 | RP Model | 6 years |
| Participant 8 | RP Model | 4 years |
| Participant 9 | RP model & MIM | 11 years |

Three of the participants have more than 10 years of experience in direct observation. The majority of the participants have between six and three years experience. According to the table all were trained in the RP Model and only three have training in both MIM and RP Model. This situation contributes to the reliability of the participants as sources of information regarding direct observation in caregiver and-child-assessment.

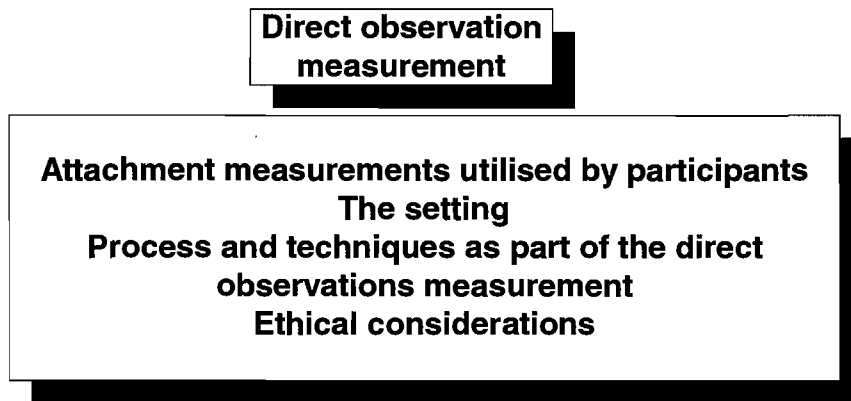
In the following section the responses of the participants regarding the use of direct observation measuring instruments will be presented.

QUESTION 2

WHAT DIRECT OBSERVATION MEASURING INSTRUMENTS DO YOU UTILISE WHEN ASSESSING ATTACHMENT?

The following table gives the themes which emerged from the empirical study with specific focus on direct observation as an attachment measuring instrument.

TABLE 2: THEMES WHICH EMERGED FROM THE EMPIRICAL STUDY (QUESTION 2)



4.1 ATTACHMENT MEASURING INSTRUMENTS USED BY THE PARTICIPANTS BASED ON DIRECT OBSERVATION

The RP model is a semi-structured procedure containing five techniques, (e.g. ball play, snack time and playing with dolls and a doll house) allowing for different themes and qualities of the caregiver-child relationship to derive naturally (Potgieter, 2000(a): module 8:1-3). The MIM is a structured procedure using more instructions and specific techniques (e.g. such as separation of the caregiver, hair combing, teaching the child something new) to evaluate specific pre-identified themes and qualities in the caregiver child relationship, such as intimacy and structure (DiPasquale, 2000:29). (Also see Table 3, page 53 of this article.)

From the empirical study it was apparent that for all the participants the Re-enactment Through Play (RP Model), although not exclusively assessing attachment, is the preferred direct observation instrument when assessing relationships. However, six of the social workers also use the RP model in combination with the Marschak Interaction Method (MIM) while three of the participants depend solely on the RP model as a direct observation measuring instrument / practise framework. The reasons why these models are preferred will be discussed in more detail below.

As part of the literature review for this article, available direct observation measuring instruments / practise framework with regard to attachment were investigated. The investigation revealed that except for the Marschak Interaction Method (Jernberg & Booth, 2001:6, 59, 68-83; DiPasquale, 2000:4) and the Re-enactment Through Play model (Potgieter, 2000(a):1-3.) which were used by the participants, there are also other procedures available for **social workers** (although these are not always exclusively intended for assessing attachment). The Kempe Interactional

assessment (Haynes-semann & Baumgarten, 1994:14) and the Parent-Child-Interaction Assessment scale (PCAI) (Bhor & Holigrocki, 2006:3) are examples of other direct observation measuring instruments which are available and used by social workers to assess attachment. However, the RP model and MIM form the foundation of the participants' experiences.

4.1.1 Strengths of the measuring instruments utilised by the participant

On exploration of the strengths of the preferred measuring instrument / practise framework model, participants firstly reported that the RP model is an effective instrument as it is structured, measurable and comparable. Participant two made the following statement on the RP model:

“It gives an objective image of the interaction between the caregiver and the child.”

The above viewpoint implies that measuring instruments / practise frameworks should be scientifically validated. In Newman and Newman (1991:12) it is firstly confirmed that scientific observation should contain objectivity. These authors further assert that the observation instrument should be structured and comparable, by explaining that another social worker should be able to do the same procedure also using a framework to answer questions in a logical way.

According to six of the participants another strength valued by them is the inclusion of information of the Transactional Analyses theory in the RP model, as this contributes to the ability to interpret and evaluate attachment.

The RP model is secondly viewed as “safe” and “child-friendly” by participant two, while participant three added that it has a less demanding and overwhelming effect on the caregiver and child than the MIM.

Responses related to the MIM's strengths were that it provides age-appropriate techniques, while one participant stressed that it is also a strength that it is more task-orientated. Another advantage of the MIM indicated by six of the participants is that it includes techniques eliciting information on the nurturing as well as intimacy of the caregiver-and-child attachment relationship.

Thus, both the RP model and MIM seem to have strengths which can add value when developing a practice framework model.

4.1.2 Deficits and needs regarding the measuring instruments used by participants

According to the responses the deficits regarding the measuring instruments are the following:

4.1.2.1 Framework

When the deficits and needs of the measuring instruments scales were explored, participant one mentioned that a hands-on model with easy pointers and an easy way of interpretation is needed. In this regard, participant nine expressed the need for specific guidelines in terms of certain dimensions to assess when observing the caregiver-and-child interaction. For instance, when the social worker is looking at communication she should know to look at eye contact and physical contact. Specific techniques that explain the categories of attachment were further pointed out as valuable by participant two. Participant four wrapped up the argument as follows:

“There is a great need for a standardised measuring instrument to test specified qualities and interpret the observation made.”

Further explorations into the framework elicited from participant two a need for a pre-planned framework in terms of specific scenarios such as custody cases, sexual abuse cases, and specific guidelines for family observations as well as follow-up sessions in the current model that the participants used. Jernberg and Booth (2001:69) support the fact that family observations can be done additionally to direct observation to determine the interactions of the family members with each other, but warn that more role-players will add to the complexity of the analysis and therefore should only be done by experienced interpreters. Although they do not elaborate on the requirements for “experienced interpreters”, successes in practice over time will contribute to practitioners being experienced.

The above exploration makes it clear that there is a need for a more simplified framework in relation to techniques which are used, dimensions that should be assessed and the subsequent interpretations which are made. Pre-planned frameworks for specific scenarios are a consideration, although the proposed practice framework should also meet the need for simplification.

4.1.2.2 Techniques

When deficits of the measuring instruments scales regarding techniques were further explored, six participants mentioned that the RP model does not provide age-

appropriate techniques for babies and adolescents and lack the MIM model's division of techniques in age-appropriate levels. Five participants indicated that more techniques are necessary in general, because of age appropriateness (as discussed above) as well as to assess specific dimensions such as nurturing.

These responses boil down to the fact that a variety of age-appropriate techniques would be an asset for a direct observation measuring instrument.

4.1.2.3 Ethical considerations

Another deficit identified by the participants was with regard to the issue of uncertainty of ethical considerations. Participant nine raised the following concerns in relation to direct observation sessions between the child and a sexually abusive perpetrator:

“For how long do we expose children to the perpetrators and is it ethical to do direct observations with the child and perpetrator at all?”

and

“For how long do we allow behaviour during the observation session which is negative behaviour towards the child, but also is providing important evidence of the relationship, for example a mother who is ignoring her child during the session?”

All participants indicated some or other issue regarding ethical considerations.

Although the following issue was not a general deficit mentioned by all the participants, it needs to be mentioned. Participant five was adamant that abusive behaviour during the session must not be tolerated and that the social worker must intervene as soon as she detects any abusive behaviour. This opinion links with the opinion of Gil (2006:56). Another ethical aspect highlighted by participant five was that it is not in the child's best interest to do two sessions directly after each other as the child could be tired by the second session and may therefore display behaviour which will be interpreted incorrectly. Participant six emphasised that no snacks or presents from the adult to the child should be accepted as she was once involved in a case where the co-worker allowed it and where it distracted the child from the process.

Most participants touched on the aspect of ethical consideration, and therefore ethical guidelines must be specified because this can be seen as a crucial

consideration to be included in a protocol when making use of direct observation as a measuring tool.

4.1.3 Training

Exploration into the deficits of the measuring instruments / practise frameworks revealed that most of the participants mentioned that more **training** into direct observation as a measuring scale is needed. A summary of the specialised training needs are as follows: identifying different attachment styles; training, including pre-planned frameworks (see section 4.1.2.1: Frameworks); comprehensive attachment theory; and more **theoretical back-up to underline** and confirm the themes assessed and techniques which are used. Participant eight summarised this needs as follows:

“There needs to be theory behind the method.”

According to Haynes-Semann and Baumgarten (1994:40) **special training** is essential and experience and training in observation of relationships and behaviour should be included in the assessment code of practises. Training of social workers in the identification of attachment styles is further dictated as essential (Aldgate, 2007:57). Levy (2000:82) emphasised that professionals should be well-trained in the **attachment theory, otherwise** wrong conclusions can be made.

Based on the above information, an apparent pre-requisite for using direct observation would be **specialised training in the field of attachment.**

4.2 THE SETTING

4.2.1 Laboratory setting versus a familiar setting

As both the RP and MIM models are normally conducted in a laboratory setting (behind a one-way mirror), the possibility of performing observation in a more familiar setting (for instance in the home) was explored. Natural observation at, for instance, the caregiver’s home is seen by participant four as valuable, but not for the purpose of a structured process. Participant six explained:

“At home there are too many distractions and the child can easily find an escape route.”

Participant nine added that it is also more time-consuming and therefore more costly for a private social worker to include natural observation as part of the assessment.

However, participant five felt that observation at home could be included if more questions arose. Participants five and seven mentioned that a better understanding of the situation could be obtained when observing at home.

Literature supports the above-mentioned responses and stresses that it is preferable to do observational studies in a natural setting in **combination** with a laboratory setting (Gething *et al.*, 1995:32; Newman & Newman, 1991:16). These authors suggest that daily life experiences first be observed, and then to focus on what emerges from those observations and to test only those aspects further in a laboratory setting.

Seven of the participants pointed out the importance of making use of additional information and techniques when assessing attachment. Participants five and seven added that the main purpose of the direct observation of attachment in a laboratory setting is to test hypotheses made during the assessment process.

The researcher agrees with the main viewpoint of the participants that direct observation in a laboratory setting is only one aspect of the comprehensive assessment process and that it is normally used to test hypotheses. The hypotheses formed as a result of the comprehensive assessment normally also include observations made at home by the assessing social worker. This is in accordance with most literature and the views of the participants as well.

4.2.2 The validity of a laboratory setting

Another factor identified by the participants was the aspect of **validation** and **confirming the reliability** of the information observed during the direct observation session in a **laboratory** setting. Participants three and six both emphasised that the **patterns** in the relationship established over time should **present itself** in the laboratory session as well. Hayens-Semann and Baumgarten (1994:43) confirm this view, emphasising that the child will act in the observation session in terms of his **previous experiences which can be seen as reliable**. The internal working model theory, as discussed in Article 1 of this dissertation, also corresponds with this perspective.

However, other authors question the authentic image of “real life” experience presented in a laboratory setting (Muir & Slater, 2003:23,24). As illustrated in the above responses, participants three and six challenge this view by their statement

that the patterns in the relationship established over time should present itself in the laboratory session as well.

The researcher concludes that when direct observation is used to test hypotheses, taking into account the supportive literature as well as other assessment information, the outcome can be seen as reliable.

4.2.3 Equipment used in a laboratory setting

The aspect of equipment as an element of a laboratory setting emerged during exploration and will be discussed in the following paragraphs.

4.2.3.1 One-way mirror (unnoticed versus being noticed)

When the equipment as part of the laboratory setting was explored, participant five pointed out that when the social worker sits in the room she should be as unobtrusive as possible and not make any comments or suggestions. Participant three agreed with participant five but highlighted the possible obstacle of sitting in the room, as the session could be influenced by the social worker, especially when the caregiver is not involved in the interaction and the child wants to involve the social worker in interactions. Participant six also raised the concern that some social workers could influence the observation session when they were present in the room:

“Social workers give instructions to the caregiver when they are in the room with the clients, therefore influencing the outcome. I have found that social workers would sometimes suggest something such as ‘why don’t you play with the ball?’ and especially where the social worker is subjective in the case she will try to give instructions leading the caregiver- and child in what to do.”

From the above responses of the participants it was clear that it is preferable to observe through a one-way mirror in a laboratory setting (Dipasquale, 2000:30), but if this is not possible the observer could sit in the room with the clients, taking care not to influence the observation session in any way (Jernberg & Booth, 2001:60).

4.2.3.2 The room

When the laboratory setting was further explored, participant five emphasised that the room should be comfortable and only the toys and materials as part of the tasks

needed at the time should be in the room (DiPasquale, 2000:30; Jernberg & Booth 2001:60).

4.2.3.3 Video recordings

On investigation into the video recording of the session, most of the participants responded that video recordings were viewed as a powerful tool, allowing for the verification of the information. The verification issue is emphasised by Fouché (2005:281). Identifying new information missed during the initial observation of the session was also mentioned, as well as the importance to make use of video recordings when working with court cases or to review chaotic sessions. However, according to participant three this is not always practical in all circumstances, for reasons such as equipment not being in good working condition and the lack of funds for adequate equipment in welfare organisations. It further seems to be useful to show the caregivers when parenting skills are assessed (Holigrocki, 2008:5).

Video recording seems to be an important aspect of the observation session, allowing the social worker to review the session or to use the video recording in a difficult case where supervision might be necessary (Hayenes-Semann & Baumgarten , 1994:17, 40, 41; Sapsford & Jupp, 2006:85).

From the above paragraphs it seems that direct observation in a laboratory setting is seen as valuable and reliable, especially for testing hypotheses as part of a comprehensive assessment procedure. It seems that the use of a one-way mirror, video recordings and a comfortable room add to the effectiveness of direct observation as a measuring instrument.

4.3 PROCESS AND TECHNIQUES

During the exploration of the measuring instruments / practise framework utilised by the participants, the structure and the process have been investigated. An outline of the structure and process will be given as well as discussion of the techniques within these processes. Two techniques, namely free-play and separation, emerged from the participants' responses and will be discussed in more detail, because Article 1 (see par. 4.3.2: Observation of attachment during low and high activation) has given important direction to the use of these two techniques in relation to the assessment of attachment.

4.3.1 Structure of the process used by the participants

When the process of the measuring instruments / practise framework was explored, six of the participants responded that they structured the session according to a combination of the RP model and MIM and three indicated that they used the RP model exclusively. For the sake of context, it needs to be explained that the RP and MIM models are both **structured** in the sense that there are **specific tasks** to complete during the session. Dupper and Musick (2007:82) support the use of structured observation and mention that it is useful in affirming and contradicting initial hypothesis.

An outline of the participants' use of the RP model and of the techniques used in combination with the MIM is given in the following table.

TABLE 3: AN OUTLINE OF THE MEASURING INSTRUMENTS USED BY THE PARTICIPANTS

| Overview of the standard RP model (Potgieter 2000(a): Module 8:1-3) | MIM (Jernberg & Booth, 2001) techniques mentioned by six of the participants utilised in combination with the RP model |
|---|--|
| <p>Used by participant 3,5,6</p> | <p>Used by participants 1,2,4,7,8,9</p> |
| <ul style="list-style-type: none"> • Choice between hand puppets, play-dough and paper and crayons • A ball is introduced • Snack time • Free play, without any toys • Dollhouse and dolls | <ul style="list-style-type: none"> • Separation of the caregiver • Rub cream on each other's hands • Hair combing • Tell child something about when she was a baby • Child must imitate drawing • Teach something new to the child |

After exploration of the structure and process of the participants' measuring instrument / practise framework the following information emerged:

Five of the participants said that the **RP model** used by them **does not provide enough techniques** and therefore needs **more tasks (structure)**. For instance, techniques on nurturing and intimacy are something they would want to include, or are already including as this seems to be important aspects not covered by the RP model. However, the following viewpoints were also expressed:

-
- Participant three has the view that the many tasks of the MIM create an overwhelming pressured effect, leaving the caregiver feeling unsafe. The caregiver also feels uncertain in terms of what to say and do during the observation session.
 - Participant one explained that too many tasks create an environment where the session becomes too *'fragmented'* and also does not *'gradually break down resistance'* as the RP model allows for.
 - Participant three mentioned for instance that one of the requirements during the session is to rub cream on each other's hands, and that this task is experienced by the caregiver as an order and that it is not a natural action deriving from the session. Participant three concluded:

"The social worker has to work hard trying to empower the caregiver to be natural while giving unnatural tasks."

Another viewpoint on the above discrepancies was mentioned by participant four, who view the RP model and MIM model as complementing each other, although she also feels that the nurturing aspect could be added to the RP model.

However, from the above responses it seems that the MIM in itself is viewed as more structured than the RP model because the caregiver is given more instructions and specific tasks to do during the observation session for the reason of exploring pre-identified themes (DiPasquale, 2000:29). The RP model has fewer tasks seemingly giving the opportunity for themes to naturally surface as part of the relationship, making it less structured. The observer will look for themes that are repeated during the session (Potgieter, 2000(a): module 8:1-3).

According to the participants' responses there seems to be a conflict between the different styles of the RP model and the MIM. The issue of the tasks which can be experienced as too structured, and subsequently having an overwhelming effect on the caregiver, appears to be a crucial consideration. Firstly it needs to be acknowledging that there will naturally be some anxiety on the side of the caregiver about being observed, but the researcher agrees with participant four, who felt that the two measuring instruments complemented each other. When the session is too structured, the session could be experienced as too **demanding**, and the **objectivity** of the session could also be at stake, as the chosen tasks in relation to a specific theme will endanger the objectivity of the independent social worker. The researcher is also of the opinion that other important factors that would have surfaced as

naturally occurring patterns during the session will be missed. However, where more clarification or verification in relation to the purpose of the observation session is needed, more **structured tasks** can be included, either at the end of the session or in a follow-up session.

4.3.2 Techniques

Two aspects mentioned by the participants (Table 2) need further discussion. Article 1 of this dissertation indicates that attachment should ideally be assessed both in a situation where the child experiences **discomfort** as well as in a natural **playful interaction** situation (Willemsen & Marcel, 2007:5). Therefore, **two crucial techniques** allowing assessment in a stressful and a playful environment need to be taken into consideration in the direct observation of attachment. These two techniques are **free-play** and the **separation** of the caregiver and child (Cicchetti *et al.*, 1990:25; Kobak, 1999:27; Glaser, 2001:371; Willemsen & Marcel, 2007:5).

4.3.2.1 Free play as a semi-structured technique

Free-play as part of the RP model is explained by participant four as follows:

“Free-play between the caregiver and child is given as a task where the caregiver and child play without any toys a game that they usually play at home.”

Literature shows that it is a logical consideration to include **free play** as an attachment assessment technique as this provides the opportunity to receive information of the child's ability to use the mother as a **secure base** (Cicchetti *et al.*, 1990:25). This further results in the child **exploring**, which gives some evidence of a secure attachment (Prior & Glaser, 2006:20; Solomon & George, 1999:288; Willemsen & Marcel, 2007:3, 4, 5). Free play and the explorative behaviour of the child also provide the opportunity to observe if the mother is **supportive** of the child's exploring behaviour (Cicchetti *et al.*, 1990:25).

However, currently the RP model's **free play** technique as explained by the above participant does not involve free exploration in the room. It also seems that the MIM model does not include free play as a technique to observe attachment. In both the RP model and MIM, explorative behaviour is therefore difficult to identify, because the designated equipment for the observation session is put on the table and this limits free play and the opportunity to explore.

4.3.2.2 *Creating a low stress environment as a technique*

When the use of techniques was explored further, three of the participants mentioned that they used **separation** of the caregiver as a technique in the laboratory setting. In Article 1 of this dissertation the use of separation from the caregiver as a technique is supported on the grounds that attachment behaviour is activated under low stress and that the observation of children's responses to separations from their caregivers provides critical evidence for the status of the attachment relationship (Kobak, 1999:27; Glaser, 2001:371; Willemsen & Marcel, 2007:5).

Participant one formulated her use of this technique as such:

"I will assess if the child presents with separation anxiety and has trust in his caregiver as this will have an effect on attachment."

Participant eight added that she will look at the caregiver's ability to reassure and create security for the child.

Contrary to the above responses, participant three felt that the separation (carer leaving the room) creates an artificial situation and her experience is that the parents are focused so much on the observer and her task to leave the room, that under pressure she might not reassure the child as she would probably do at home.

From the above responses it seems that the participants who use this technique use it in **different ways**, subsequently endangering the interpretation and measurability of the observation of this technique. Jernberg and Booth, (2001:72) confirm the use of separation and that the focus is on the **departure** and the **return**. In Article 1 it was apparent that it is the **reunion** that tells us much about the **attachment** relationship (Ainsworth, 1983:36).

Two of the participants made an age differentiation. Participant eight would only use this technique with children under the age of five years and participant six would only use this technique with 18 month old babies. Literature supports the inclination of the participants' responses that the age of the child is an important factor. Kobak (1999:27), for instance argued that there are limitations in the approach to only use the physical presence or absence and proximity of the caregiver especially with regard to older children. Literature also shows that in older (middle childhood) children a stressful scenario could be tested indirectly by means of projective techniques such as storytelling and that here is proof that children's storytelling is

related to “*real-life experiences within families*” (Howe *et al.*, 1999:31,35; Laible *et al.*, 2004:566)

Although not mentioned by the participants, literature further dictates that it is paramount to take into account other factors such as the circumstances surrounding the separation, for example the introduction of a stranger and her approach: is the door of the room left open, and is the child used to other adults in her life? (Newman & Newman, 1991:190; Gething *et al.*, 1995:27). All of this can have an impact on the child’s reaction.

The researcher acknowledges that both viewpoints are valid and that the use of the separation technique should focus on the contributory qualities to attachment and the reunion part, where the actual attachment style will emerge.

The above discussions of free play and separation as techniques illustrate that these techniques are important indicators for the status of the relationship and that they should be considered for inclusion when free play and low-level stress do not derive or occur naturally during the session.

The process and techniques seem to add meaningful structuring to the session in that it makes the session measurable and repeatable. However, social workers should be wary not to overwhelm the caregiver and child with too many specific tasks. Adding specific tasks where pre-identified hypotheses were not naturally confirmed or refuted will set the stage for a purposeful session.

QUESTION 3

EXPLAIN HOW YOU INTERPRET THE OBSERVED INFORMATION

4.4 INTERPRETATION

When direct observation is used and interpretations need to be made, it is important to look at the aspects that might influence the interpretations. The aspects which emerged from the empirical investigation are outlined in Table 4.

**TABLE 4: THEMES DERIVED FROM THE EMPIRICAL STUDY IN RELATION TO
INTERPRETATION OF THE OBSERVED INFORMATION**

Interpretation

**The purpose of direct observation
The observing social workers
Dimensions to assess during direct observation
The classification of attachment styles
Applicable Theory
Training
Feedback to the caregiver**

4.4.1 The purpose

During exploration of the interpretation of the observation session, participant five highlighted that the social worker in her preparation for the observation session should clarify the **purpose for the direct observation** session and should structure the session accordingly. Participant five formulated her concern as follows:

*“Techniques sometimes are too rigidly applied and some social workers will observe the session, using the techniques, without a **real purpose** or sense of what they are looking for, making it a meaningless exercise.”*

The main purpose of direct observation, as described by the majority of the participants, is the use of direct observation as a measuring instrument in children’s court cases such as foster care, reunification of families, removal of children, adoption and sexual abuse cases. Other purposes, although only mentioned by a few participants, included the use of direct observation for evaluating caregiver-and-child relationships for the purpose of therapy as well as the use of this tool in custody cases. Emphasising the impact of the direct observation measuring tool, the remark by participant three underlines the great responsibility of the observing social worker:

“The direct observation session’s outcome can serve as the defining aspect for making decisions when the removal of children is at stake.”

Participant five explained that when the real purpose as set out in the above paragraph is not clear, each social worker will review the session from their own point of reference, without taking into account for instance that the purpose is not to look for the ideal family. The implication for this is that where the removal of a child is being assessed and where the purpose is not clear the social worker may look for the

ideal family instead of identifying risk factors in the relationship; therefore the interpretations and outcome of the session may be skewed.

Taking the above information into account, it is clear that it is important not to rigidly follow the techniques but to have a **clear purpose** in mind when observing and interpreting information. However, the dilemma is that knowing the purpose of the session beforehand may influence the objectivity of the social worker; therefore it is necessary to involve more than one social worker, as will be indicated in the following section.

4.4.2 The observing social workers

The participants all agreed that the ideal way to do direct observation is to have **two or more social workers** evaluating the session, especially where court cases are involved. Participant three explained the effectiveness of using more than one social worker:

“It happens sometimes that you get confused during the session and then in your discussion with the other observer you are able to see the full picture.”

Participant six highlighted the importance of an independent social worker and that an independent social worker should not have any history of working with the family/case, in order to ensure objectivity. Furthermore, participant nine remarked that one social worker should have extensive knowledge of the child and family in order to put the child’s development phase in context with the observed information, for instance.

The above responses correlates with literature that direct observation should have **two or more observers** evaluating the session, as this will combat faulty observation and ensure more accurate data (Waltz *et al.* 2005:15; Hepworth & Larsen, 1982:169). Daniel (2008:123) confirms that it is important to put the child’s **behaviour in context** (observed information) with available theory such as attachment theory, therefore validating the need for the social worker with knowledge about the case.

The above arguments underline the importance of an **independent (objective) social worker** as well as a **social worker with knowledge (subjective)** of the case who will have the purpose of the session in mind and who will also test hypotheses as part of a comprehensive assessment procedure to ensure sound interpretations.

4.4.3 Themes to assess during direct observation

Information drawn from the participants in terms of what dimensions to assess in the caregiver-and-child attachment relationship during observation is summarised in table format with the empirical information in the first column and the theoretical support for these responses in the second column. Themes drawn from literature (see Article 1 of this dissertation) will serve as the headings. One of the deficits mentioned by the participants earlier in this article was the need for theoretical backup (see section 4.1.3) in relation to the dimensions of the caregiver and child who are assessed and the interpretations that are made. By reporting the responses and theory in table format, theory for each theme will be formulated. This article made it clear that the experts' information regarding the aspects they observed corresponded with attachment and direct observation theory, as set out in Table 5.

TABLE 5: DIMENSIONS TO ASSESS AS THEY CORRESPOND WITH THE DIMENSIONS DERIVED FROM LITERATURE

| CONTRIBUTORY FACTORS FOR ENHANCING AND FORMING ATTACHMENT | |
|--|--|
| SENSITIVITY | |
| Claussen & Crittenden (2000:117); Holigroski <i>et al.</i> , (1999:419); Nelson, (2005:50); Biringen <i>et al.</i> , (2005:298); Pipp-Siegel, (1998:4); Holigroski <i>et al.</i> , (1999:420) and Aaronson, (2007:4) | |
| <p>Requirements</p> <ul style="list-style-type: none"> • The caregiver must be attuned and has empathy for the child • Eye contact with the child • The atmosphere between the caregiver and child • Playful interaction with the child • Physical contact with the child • The ability to reach out to the child's world • The caregiver's initiative in interaction will be explored • Is the caregiver meeting the emotional needs of the child • Caregiver supports the child • Caregiver praises the child • Safety | <p>Reactions</p> <p>The attuned caregiver adapts his actions according to the child's "developmental" needs and "limitations" and has empathy for the child's thoughts and emotions. Empathy can be seen as the ability to put oneself in the shoes of the inner life of another individual. Attuned caregivers relate in a playful manner and are curious and interested in the child</p> <p>The caregiver's sensitivity also involves emotional features – her ability to show genuine emotion and eagerness to understand the emotional experience of the child. This is demonstrated by warm giggles, interested eye contact and comforting and playful physical contact This is confirmed in literature as variety and creativity also marks a highly sensitive caregiver</p> <p>In terms of emotional the needs of the</p> |

| | |
|---|---|
| | <p>child literature refer to the total acceptance of the child as well as supporting the child in his/her growing independence</p> <p>Sensitive, and responsive to the child's accomplishments, temperament and normal developmental changes</p> <p>Sensitivity is best defined as the ability to determine when protection and comfort are needed</p> |
| <p>AVAILABILITY</p> <p>Pipp-Siegel, (1998:3,5); Biringen <i>et al.</i>, (2005:298,300); Lesley, (2004:139).</p> | |
| <ul style="list-style-type: none"> • Looking at parenting styles • Are the caregiver available to play with the child | <p>Accessibility implies that the caregiver is physical and emotional present and available for the child. This refers to the mother's capacity to be available for the child but without being domineering, overprotective or interfering</p> |
| <p>NON-INTRUSIVENESS AND NON-HOSTILITY</p> <p>Pipp-Siegel, 1998:3, 5; Biringen <i>et al.</i>, 2005:298, 300; Aaronson, (2007:4)</p> | |
| <p>The ability to set limits will be assessed.</p> <p>The caregiver will look at the presenting emotions during the session. For instance does the child shows aggression towards the caregiver?</p> <p>The atmosphere between the caregiver and the child will also be assessed</p> | <p>When setting boundaries the parent do this in a calm manner. When the emotional and physical atmosphere is not adverse, the interactions could be seen as non- hostile</p> <p>The observer must determine if the caregiver is able to regulate any discomfort</p> |
| <p>NURTURING</p> <p>Jernberg & Booth,(2001:19); Potgieter, (2000(b);1-3); Aaronson, (2007:4).</p> | |
| <p>The Nurturing ability from the caregiver towards the child</p> <p>Physical contact from the caregiver to the child will be assessed</p> <p>Intimacy</p> | <p>Nurture refers to the caregiver's ability to meet the child's needs for attention, soothing and care</p> <p>What is the nature of the physical contact? Who initiates the physical contact and what is the reaction of the receiving party. Attachment also results from the child's ability to elicit, receive and respond to nurturing</p> |
| <p>COMMUNICATION</p> <p>Kagan, (2004:22); Atkinson & Goldberg, (2003:144).</p> | |

| | |
|---|--|
| <p>Communication between the caregiver and the child will be looked at</p> <p>The participants will look at the ability of the caregiver and the child to accomplished a certain purpose</p> <p>Aspects around handling conflict</p> | <p>Secure attachment is based on communication where the sharing of emotions, the caregiver's capability to read and promptly respond to their child's signals for help and the child being sure of his caregiver's availability and emotional regulation is evident</p> <p>When children enter into the goal-corrected phase of attachment, they are also beginning to negotiate a compromise</p> <p>Communication is now crucial to solve the conflict. Both the child and caregiver are reading each other's emotions and responding to the other's</p> |
| <p>STRUCTURE AND CHALLENGE Jernberg & Booth, (2001:21); Biringen <i>et al.</i>, (2005:300).</p> | |
| <ul style="list-style-type: none"> • Limit setting and boundaries being laid down | <p>The observer looks at the parent's ability to set limits and to provide an appropriately ordered environment, including preventive measures whenever possible. Structuring further refers to the caregiver's knowledge of the child's capacities and the caregiver's sensitive ability to support, guide and challenge the child to progress to the next level. Clear structure of consistently practiced routines, expectations, limits, and consequences</p> |
| <p>ASSESSMENT OF THE ATTACHMENT BEHAVIORAL SYSTEM</p> | |
| <p>HIGH ACTIVATION OF ATTACHMENT BEHAVIOUR Turner, (2005:19); Fahlberg, (1994:26, 27, 32).</p> | |
| <ul style="list-style-type: none"> • The child's reaction to separation • Will look for signs of discomfort • Be aware for signs of regression • Discomfort from the child with specific tasks | <p>Caregiver's ability to identify the child's signs and to help the child achieve a state of contentment and calmness in a promptly manner. The observer also needs to assess how the caregiver indicates their own feelings of discomfort and the reaction of the child accordingly</p> <p>The caregiver's ability to sooth the child</p> |
| <p>LOW ACTIVATION OF ATTACHMENT BEHAVIOUR Schore, (2001:15); Fahlberg, (1994:32).</p> | |
| <p>Does the caregiver allow for playful interaction?</p> <p>What is he responses of the child</p> | <p>How regular the child and caregiver inisiate positive interactions and what is the reaction of the child</p> |

4.4.3.1 Discussion of the dimensions to assess during direct observation of attachment

Although most of the experts assess the same dimensions there seems to be a need for concurrency and structure, especially in terms of interpreting the behaviour observed. In terms of interpretation it could happen that the participants observe that the caregiver is meeting the child on his level, but lacks the knowledge where this information fits into attachment theory. As described in the above table, for instance, this information indicates that meeting the need of the child on his level tells us about the sensitivity of the caregiver whilst physical contact will tell us about the sensitivity as well as nurturing aspects of the relationship. The table above can therefore be used when interpreting the observed information.

4.4.4 Classification of attachment styles as part of interpretations

Further exploration into interpretations leads to the aspect of the classification of attachment styles.

Participants four, five and three pointed out that classification of attachment cannot be made during a direct observation session as the observing social worker does not always consider the information observed against the background of what the child perceived as reality, the past history and the current circumstances of the child. All of these can influence the child's behaviour.

During the exploration of classification of attachment styles it seems that some of the participants lack the confidence to identify attachment styles and during the empirical study they requested more guidance and techniques to help them with this. Participant two explained: ‘

“I would only go as far as to identify if the relationship seems to be secure insecure as I do not feel equipped with enough guidelines to evaluate for signs of the different categories by means of direct observation.”

Aldgate (2007:67) argued that social workers should be knowledgeable about attachment styles and the effect of these different styles on children's behaviour at different ages. It seems that identifying the **signs** of different attachment patterns as part of a **comprehensive assessment** including direct observation, is justified, but social workers lack confidence to do so.

From the above it seems that when identifying the signs of attachment styles it is best to look at all the information and not only the observed information. In addition, more guidelines in **identifying signs of attachment styles** are necessary in order to interpret the information.

4.5 THEORY NECESSARY FOR UNDERSTANDING ATTACHMENT BY MEANS OF DIRECT OBSERVATION

Most of the participants write down everything they hear and see during the observation session and they will make extra notes about certain aspects that stood out. Only after the observation session they will measure this information against theory.

The proposed theory, which is necessary as part of training to understand and assess attachment by means of direct observation, will be discussed below.

Exploration into the interpretations further revealed that the observed information should be put in correlation with and measured against theory. Firstly, it is important to have extensive knowledge about the attachment theory as discussed in Article 1 of this dissertation. There is also crucial literature and theories outside the attachment theory that is important when interpreting the observed information. A summary of such theory is the Transactional Analyses Theory, cognitive and emotional development phases, trauma knowledge for instance regressive behaviour, in-depth knowledge of sexual abuse, parenting styles, the history of the caregiver's own attachment relationships and the temperament of the care-giver-and child.

To explain the above information, in-depth knowledge about sexual abuse and the internalised messages as developed by Sandra Wieland (1998), for example, could have an immense effect on the attachment relationship of a sexually abused child and the non-perpetrator parent (say the mother), as participant four explained:

“Depending on the developmental phase of the child, it might be that the child believe that her mum know she was abused and subsequently has the emotional experience that “mum is not protecting me.”

Participant six also gave the example of a child who had been sexually abused by a family member. During the direct observation session the man made contact with the child, playing with her and overall presenting an excellent relationship. If the observer knows the dynamics of sexual abuse she will put it in context, for instance that the child is possibly accommodating the sexual abuse for this part of the

relationship as the abusive family member is the only adult in her life fulfilling her need for playful interaction. Also Howe (1995) as in the Handbook for practise learning in social work, Aldgate (2007;61) explained that the temperament of the child could possibly effect the amount of attempts needed to elicit a sensitive response from the caregiver. The child with a more challenging temperament will also elicit a different response from the caregiver.

The above responses and literature dictated the importance of extensive knowledge and theory applicable to attachment when interpreting observed information. Training in these theories is therefore paramount.

4.6 TRAINING

Another factor that led to different interpretations by social workers was identified as the lack of efficient training. Participant five offered the following explanation:

“It all depends from which school of thought the observers are and what they are looking for, for e.g. one observer may look for the ideal family, one may view what they observe from a humanistic outlook, one from a democratic and the other one from a spiritual point.”

It was also suggested by participant two that subjectivity might play a role in the different conclusions. Levy (2000:82) emphasised the importance of training and stated that professionals should be well-trained in the **attachment theory** to prevent wrong conclusions.

From the above responses it is clear that different aspects of training must be outlined and training must be provided for.

4.7 FEEDBACK

Participant five argued that the social worker should be careful in the manner she gives feedback of interpretations to the caregivers:

*“Social workers should give feedback to the caregivers **highlighting the positive aspects** and to present the problem areas to caregivers rather as **growth areas**. We do not want to overwhelm our parents.”*

Literature supports feedback to the caregiver and suggests that the aim of feedback is twofold. On the one hand it provides the opportunity to get clarity from the caregiver and sometimes also the child’s experiences as well as to have the chance

to receive more information. It further gives the opportunity to give feedback to the caregiver about the session (Kelly & Barnard, 2000:270). Kelly & Barnard further emphasise and confirmed the view that feedback must be given with sensitivity and caution and with a non-judgemental approach.

Feedback to the caregiver clearly has a purpose, as this can supply the social worker with more information and it can clarify uncertainties. However, caution must be taken to do this in a sensitive manner.

With regard to interpretation, participants four concluded that:

“The interpretation of attachment is currently open for anyone to interpret as it suits them.”

5 CONCLUSION

Conclusions drawn from this qualitative investigation will be summarised and will be the basis for developing a preliminary practise framework that needs further refining and testing in practise.

- Direct observation in a laboratory setting should be part of a comprehensive assessment process for the purpose of testing hypotheses.
- It is preferable to view the observation session through a one-way mirror; and if that is not possible, the observer can sit unobtrusively in the room.
- Video recordings are valuable as these allow for the reviewing of the session, and also help in difficult chaotic cases.
- The room of the laboratory setting should be comfortable and only offer the tasks necessary at the time.
- Feedback to the caregiver should be given in a non-judgemental way. The feedback to caregivers gives an opportunity to obtain and clarify information as well as to give the results of the session to the caregivers.
- More than one social worker (one independent and one subjective social worker), will ensure objectivity, without losing sight of the purpose of the direct observation session.
- The direct observation should have a clear purpose to ensure a meaningful and effective outcome.

The responses on direct observation measuring instruments and the method of interpretations when assessing attachment emphasise the need for a simplified practise framework, for the purpose of providing:

- Guidance into new and specific age-appropriate techniques;
- Easy pointers into the dimensions to assess and the interpretations thereof;
- A standardised method of interpretations based on theoretical evidence;
- Direction into specialised training; and
- Suggestions for a protocol on ethical considerations.

6 RECCOMENDATIONS: GUIDELINES FOR A PRELIMINARY PRACTISE FRAMEWORK

The suggested practise framework is compiled keeping in mind the information obtained in Article 1 of this dissertation and the data from this article. See Article 1 for full details as this version is only a recapitalisation to form the basis for the practiseframework. This practise framework could also be the foundation of the development of a new measuring instrument / practise framework model for assessing attachment. The framework is grouped into five sections and will be presented in the form of guidelines. Each section presents a broad theme developed from the data analyses.

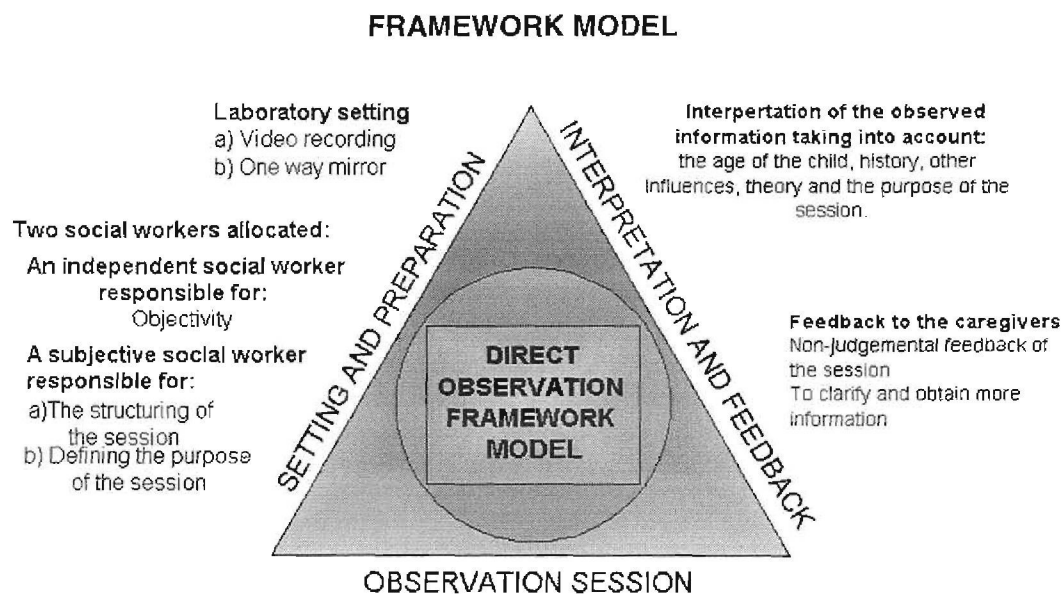
Please note that this framework is not indented to be rigidly applied but to serve as guidance for the structuring and thought processes when using direct observation as a skill and measuring instrument. Before the preliminary framework will be discussed attention is drawn to the following proposed **principles**.

- Firstly, as a prerequisite it is recommended that social workers should recieve specialised training in structured direct observation in a laboratory setting when assessing attachment.
- Training should further consist of attachment theory and other theory applicable such as trauma theory, transactional analyses theory, cognitive and emotional development of children and other identified applicable theory.
- Finally, a protocol with special focus on ethical issues should be compiled and presented as part of training. Issues such as:
 - the length of the session and the amount of sessions on one day

- o allowing the alleged perpetrator of sexual abuse and child in the same room
- o allowing abusive behaviour for the sake of "evidence".
- o the liability of assessing for attachment in cases where there is not a continuous relationship such as in custody cases and children with their birthparents who are in substitute care

to name just a few are ethical issues to include in such a protocol.

FIGURE 1: PRESENTATION OF THE DIRECT OBSERVATION



The observation guideline Figure 1, from Article 1, is applicable. This includes guidelines for assessing the caregiver and child contributions enhancing attachment, as well as guidelines for how to assess the attachment behavioural system giving clues for the actual status of the attachment during high and low levels of activation.

6.1 THE SETTING AND PREPARATION

The setting and preparation will be discussed separately.

6.1.1 The setting

- It is suggested to make use of a laboratory setting when using structured observation measuring instruments as it gives valuable information and is a valuable means in the comprehensive assessment process for testing hypothesis.

-
- Observations behind a one-way mirror are preferable and the video recordings of the sessions are suggested. If a one-way mirror is not available, the social worker could sit in the room unobtrusively, making no contributions or suggestions.
 - Observations in a familiar environment (home-based) are valuable and should be part of the comprehensive assessment process normally done by the field worker (subjective worker).

6.1.2 Preparation

As part of the preparation for the session, two or more social workers should be allocated to do the direct observation. For the sake of an objective but purposeful observation session, one observing social worker should be **independent (objective)** and should have no knowledge of the family/case history, to ensure objectivity. One social worker should also have **extensive knowledge (subjective)** of the child and family in order to put the observed information in context with for instance the development phase of the child, history of the child, the internal working model of the child and current experiences of the child, while keeping the main **purpose** of the assessment in mind.

6.1.3 Defining the purpose

During the empirical investigation when discussing the purpose of using direct observation, cases such as children's court, custody, reunification and assessing caregiver-and-child relationship to work on through therapy were mentioned. The researcher has formulated three purposes which the observation session could answer to. These three purposes can also be used in combination.

The first purpose is to identify the caregiver's ability to **contribute to attachment**. For example, when a child was recently placed in foster care, the attachment cannot be assessed as there will be no attachment as yet. But it will be important to look at the caregiver's ability to identify the needs of the child and to respond to it; and her ability to contribute to attachment through her sensitivity and nurturing qualities in relation to the child, for example.

The second purpose is to **identify risks in the relationship** (normally linked with disorganised attachment styles and attachment disorders). A description is given in Addendum 1& 2 of this dissertation. For example, it might be that the pre-set

hypothesis is that the child is in need of substitute care. The identification of risk factors is therefore crucial, in combination with all the other factors, to confirm or contradict this information.

The third purpose is to identify **growth areas** (here it should be important to have knowledge of all the attachment patterns as well as the aspects contributing to attachment). A guideline is given in Addendum 1 of this dissertation, and Table 2 of this article.

As part of preparation the subjective social worker should formulate the purpose of the observation session, keeping the hypotheses derived and the aim of the comprehensive assessment in mind. It is important that both social workers are trained in the direct observation of relationships and attachment theory.

Please note that each child caregiver and case is unique and the above questions just serve as a guideline.

6.1.4 Techniques to include

The subjective social worker should decide how to structure the session and what techniques to include, keeping in mind the purpose of the direct observation session. As part of the structure of the session it is recommended to make use of the following techniques during the direct observation session.

- Separation (younger children) and low-stress projective techniques (older children) to elicit attachment behaviour subsequently providing information on the status of the attachment. Both the departure and reunion are important aspects to take into account. The departure may give information on the child's trust in the caregiver as well as the caregiver's manner of handling the departure. The reunion gives information on the status of attachment. In terms of other stressful scenarios deriving naturally during the session it is suggested to take into account the arousal and relaxation cycle (see above in Figure 1, Article 1.)
- Free-play in an environment where exploration is possible, eliciting secure base behaviour (using the caregiver as a secure base to explore) can give valuable information with regard to attachment. Therefore the session should provide some time with no specific tasks and other toys in the room allowing the child to explore.

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- It is further suggested to include the playful interactions techniques provided by the RP model to assess contributory factors to attachment as it occurs naturally during the session and adding MIM techniques when more specific information is needed.
 - With regard to age appropriate techniques, the researcher's view is that it is crucial to have knowledge and understand the different cognitive, emotional and attachment development phases. The techniques available from the RP model and MIM should be sufficient. With infants the caregiver and child could be asked to play or interact like usual and to introduce separation as a technique when low stress does not surface naturally.

However, each child caregiver and case are unique and the above points serve as a guideline only.

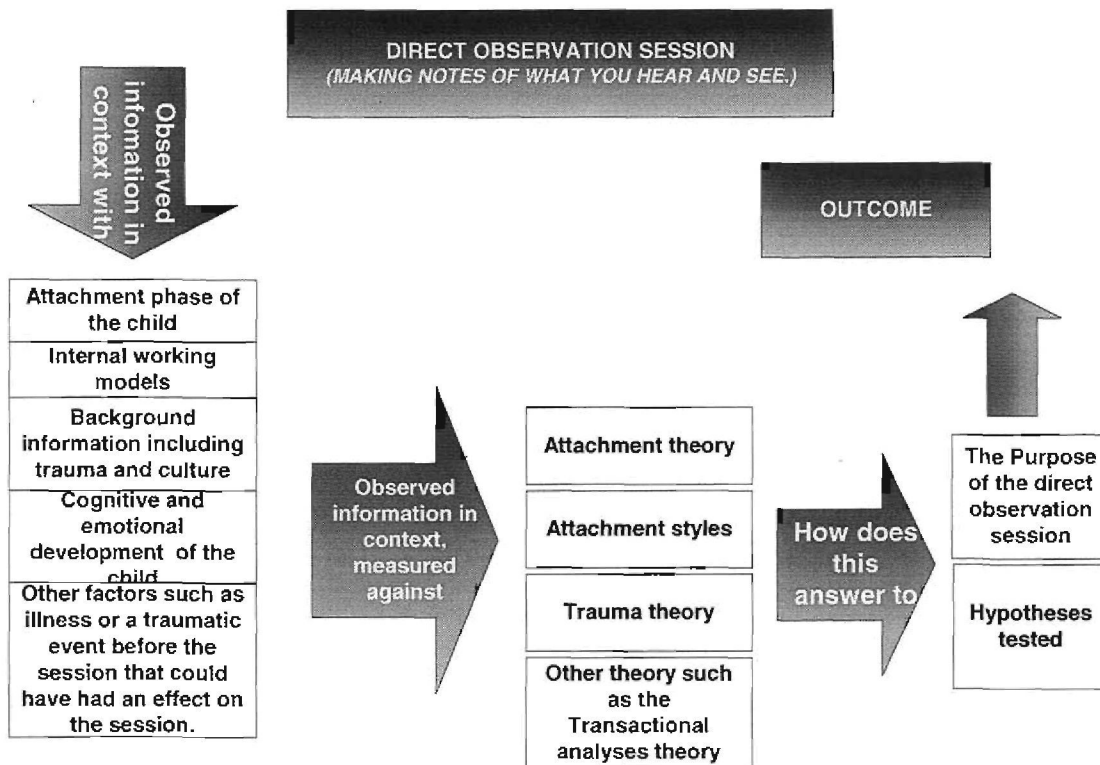
6.2 THE DIRECT OBSERVATION SESSION

- It is suggested to use Figure 1 in Article 1 (which deals with attachment theory) of this dissertation as a guideline for observation.
- The observer(s) should also be sensitive to notice other aspects and should have the knowledge to apply other theories, such as the emotional and cognitive development of the child, the transactional analysis theory and the emotional needs of the child.
- The informed social worker (subjective) should keep the purpose of the direct observation in mind to narrow down the variety of themes to evaluate, as described in Figure 1 in Article 1 of this dissertation.

6.3 INTERPRETATION PROCESS

Guidance into the process of interpretation is presented in Figure 2. After Figure 2, guidelines for its use will be given.

FIGURE 2: SCHEMATIC PRESENTATION OF THE INTERPRETATION PROCESS



During the observation session it is suggested to make detailed notes of everything that is happening, including making notes of aspects that stand out or raise specific questions. It is further suggested to identify certain themes that emerged from the session through replication.

After the observation session, the two or more social workers should discuss their observations and findings together and interpret and discuss their conclusions. As part of these discussions the following should be taken in account:

- The observed information should be put into the context of the applicable attachment, emotional and cognitive development phase of the child.
- Other factors that could have had an effect on the session, taking into account factors for example illness or a traumatic event just before the session, must be considered.
- The observed information should be put into context with background information, other assessment information, history and the internal working model of the child.

-
- The observational conclusions should then be measured against the available theory for instance the transactional analyses and different attachment styles and final interpretations made accordingly. Table 5 could also be used for the purpose of interpreting specific observed information in relation to attachment theory.
 - Finally, these conclusions should answer to the purpose of the session and give an outcome of the hypotheses tested.

6.4 FEEDBACK

Regarding feedback, the following should be kept in mind:

- A feedback session involving the caregivers is valuable but care must be taken to do this in a non-judgemental sensitive manner.
- Feedback can be used to obtain more background information as well as to give the caregivers a chance to put some of the observed information in context.
- Feedback further serves the purpose to guide the caregivers into the positive aspects as well as the “growing areas” in the relationships.

7 CONCLUSION

Although this study is of limited scope, it makes it clear that social workers’ skills to assess attachment by means of direct observation should be of a high standard, as children and families can be at risk when wrong conclusions are reached, upon which wrong decisions are based.

Participants who shared their experience in the field of direct observation of attachment, together with a study of theory on this subject, made it possible to collect valuable information, enabling the researcher to compile a preliminary practise framework. This preliminary practise framework, after being tested and refined, is intended to guide social workers in their task to prepare, observe, interpret and give feedback when using direct observation of attachment in a laboratory setting.

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SECTION C:

CONCLUSIONS AND RECOMMENDATIONS

1 INTRODUCTION

This section consists of a review of the research findings regarding experts' experiences of direct observation as an attachment measuring instrument in the field of social work. Special focus will be placed on the research objectives and findings of the empirical and literature study and these will be used to make final recommendations. Limitations regarding this dissertation will be highlighted and aspects for further research opportunities will be suggested.

2 CONCLUSIONS REGARDING RESEARCH METHODOLOGY

The main goal of this dissertation was:

To identify theory applicable to the direct observation of attachment, as well as to identify deficits and strengths of attachment observation measuring instruments for the purpose of the development of an effective practiseframework for assessing attachment of the caregiver-child relationship

The above goal was achieved within the qualitative empirical study. Explorative and descriptive research was used to gain in-depth data from the social work experts in the field of attachment and direct observation. Sufficient information was obtained by means of a literature study and one-on-one interviews with the participants. The obtained information enabled the researcher to analyse and interpret the information according to the purpose of the study.

As part of the triangulation process an independent social worker verified the findings of the research and the guidelines developed from the research findings was also sent to all the participants to add their comments.

No ethical issues were experienced during the research.

3 CONCLUSIONS REGARDING RESEARCH FINDINGS

The results of the research findings are reported under the following three headings to support the three objectives of the study.

3.1 ATTACHMENT THEORY APPLICABLE TO DIRECT OBSERVATION

In Article 1 of this dissertation, literature regarding attachment with the specific focus on guidance regarding the direct observation of attachment was identified. Information regarding the direct observation for social workers was not readily available in a structured and obtainable manner. Therefore the obtained literature was refined and the information obtained structured in a way for the purpose of guiding social workers when using direct observation of attachment as an assessment instrument. **Firstly**, fundamental information needed as the foundation before observation can commence has been clarified, such as the development phases of attachment. This is important knowledge as this will influence interpretations which are made. **Secondly**, literature was gathered giving direction towards assessing different dimensions which contribute to attachment of the caregiver and child, as well as different indicators when observing in different environments, namely under stress and playful interaction. **Thirdly**, attachment theory in relation to risk factors in attachment and the forms of behaviour reflecting various attachment problems were covered in order to enable the social worker to develop a practice framework for assisting the observer to make adequate interpretations, therefore ensuring effective care-plans. The importance of the identifying risk factors and problem behaviour in attachment was also highlighted and explained.

Finally, an initial diagram-guideline for the purpose of assisting social workers in the assessment of attachment relationships by means of direct observation was developed.

From the data obtained it can be concluded that attachment theory and the information obtained applicable to direct observation were identified. **The first objective, to study attachment theory for the purpose of identifying theory giving direction for the direct observation of attachment, was reached.**

3.2 DIRECT OBSERVATION MEASURING INSTRUMENTS USED BY SOCIAL WORKERS

In Article 2 of this study special attention was given to direct observation measuring instruments used by social workers. Literature on the direct observation as a structured measuring instrument was reviewed and one-on-one interviews with expert social workers in Pretoria, working for the CSC and in private practise was undertaken. Measuring instruments / practise frameworks were identified and the use of these instruments / frameworks was explored. The RP model and MIM

surfaced as the two structured measuring instruments / practise frameworks used by most of the participants. The RP model is the preferred instrument and some participants use it in combination with the MIM. The deficits and strengths of these models were examined and can be summarised as follows:

3.2.1 Strengths

- Direct observation of attachment is viewed as a valuable and reliable tool as part of a comprehensive assessment process, mainly to test hypothesis.
- When conducted in a comfortable setting and when care is taken not to overwhelm the caregiver and child with too many tasks, a safe and natural environment can be created.
- The age-appropriate tasks in the MIM are useful, especially when testing specific hypotheses which are not derived naturally from the direct observation session.
- Observation behind a one-way mirror is effective.
- Video recordings are valuable to verify and clarify observed information as well as to identify new information missed during the first observation. It is further a valuable tool to use for the purpose of highlighting certain aspects to the caregiver.

3.2.2 Deficits identified by the participants

- There is a need for a practice framework with guidance regarding:
 - the different techniques,
 - dimensions to assess in the caregiver-and-child attachment relationship; and
 - interpretations which are made.
- There is a need for more theoretical back-up for the techniques and dimensions in order to make more grounded and sound interpretations.
- Age-appropriate techniques are needed in the RP model.

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- Currently there is no protocol with guidelines for ethical considerations when using direct observation as a measuring instrument. Guidance for instance is needed regarding the ethics of observing a child and an abusive perpetrator; regarding the fine line between allowing abusive behaviour during the session for the purpose of evidence and violating the child's right to safety and regarding custody cases.
 - Social workers who do direct observation of attachment but who lack sufficient and appropriate training in terms of observation can make wrong interpretations.
 - The sufficiency of available training was also questioned.

3.2.3 Deficits identified by the researcher

Taking into account article one of this dissertation, it is important to assess attachment under low-level stress as well as in a relaxed and playful environment. These aspects can emerge naturally during the direct observation session. However, as the direct observation measuring instruments used by the participants in this study are structured, the possibility for free-play with other toys will not occur naturally. Yet, free-play is important as this will enable the observer to assess if the child uses the caregiver as a secure base.

The presence of low-level stress is also emphasised as an important factor when assessing attachment, and if low-level stress such as hunger or fatigue does not occur naturally, this important aspect will be missed. Separation is used by some participants as a technique to cause low-level stress but the concern is that it is not used consistently, with the consequence that it is not a reliable means of observation and that it may lead to unreliable interpretations. It is also not applicable to all age groups.

The second objective, namely to identify available direct observation measuring instruments used by the participants, as well as to assess the weaknesses and strengths of the instruments, were accomplished with the above findings.

3.2.4 A practice framework for social workers assessing child-and-caregiver attachment through direct observation.

Information obtained from the participants in relation to dimensions to assess when observing the caregiver-and-child attachment relationship was compared with the information obtained in Article 1. The outcome was presented in table format. Despite the concern of the participants it seemed that the dimensions assessed by them are rooted in attachment theory. This table will therefore serve as a theoretical foundation as well as for the purpose of determining where the observed information fit in. This table was incorporated into the practise framework.

As part of the practise framework a schematic presentation was created for the purpose of illustrating the process of direct observation. This involves the preparation and setting up of the direct observation session, guidelines for the direct observation session, and the interpretation and feedback.

A schematic presentation of the interpretation process was also created and included in the proposed practise framework to for the purpose of explaining the process.

The summary of conclusions incorporated in the practise framework is given as follows:

- Direct observation should be done by two social workers, an independent social worker (objective) and a social worker with knowledge of the family(subjective).
- Social workers who are involved in direct observation should receive in-depth training for the sake of efficient assessments, interpretations and measurability (pre-exquisite).
- The independent (objective) social worker should look at all themes and angles as part of her observation and interpretation, to ensure objectivity.
- The subjective social worker should have a clear purpose for the assessment and should focus on this when interpreting and putting behaviour and dynamics in context. The social worker should also keep that purpose in mind when choosing observation techniques.
- As part of the purpose of the session, the subjective social worker should decide if the **purpose** is to establish whether the caregiver has the ability to contribute to attachment; to identify risks in the relationship; or to identify growth areas.

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- It is suggested that the techniques and tasks of the session should be structured but not be overly structured, therefore preventing the natural patterns in the relationship from emerging. However, it is acknowledged that more structure could be provided in terms of follow-up sessions and by the end of the session, when pre-identified hypotheses can be tested with specific tasks.
 - The above-mentioned guidelines were developed into a practice framework to assist social workers and to improve the implementation of direct observation as a social work skill in assessing attachment.

With the formulation of the guidelines, the third research objective, namely to propose a practice framework for social workers to assess child-and-caregiver attachment through direct observation, was accomplished according to the central theoretical statement.

By having accomplished the three above-mentioned objectives, the goal of the research has been reached.

4 LIMITATIONS OF THE RESEARCH

Direct observation is not always used only to assess attachment relationships, and attachment is not only assessed by means of direct observation; therefore it was at times necessary to keep the focus of the participants on the research topic of the **direct observation of attachment**. In article two of this dissertation the information in existing literature was also very much interlinked, making it difficult to organise the information under relevant headings.

5 RECOMMENDATIONS OF THE RESEARCH

The following recommendations are made:

- Continuous studies regarding a practice framework for assessing attachment by means of direct observation could enhance and extend the foundation of the current limited research.
- The inclusion of an in-depth study of theories outside the attachment theory applicable to and giving perspective to the direct observation of attachment relationships in further studies would add to a conclusive practice framework. This study has only briefly touched on theories such as transactional

analyses, knowledge of sexual abuse and the development phases of the child.

- An investigation into a variety of ethical considerations such as the direct observation between a child and the abusive perpetrator would streamline and enhance the current proposed practice framework in terms of a complete protocol.
- In testing the functionality of the proposed practice framework suggested by this research by means of further research studies and discussions it can be determined how supportive this framework is to social workers in practice.
- Interviews with caregivers on their past experiences of direct observation could add another dimension to the practice framework.
- Investigation into the duration, amount, and intensity of behaviour, affect and responses of the caregiver and child is needed to improve the observation guideline in terms of interpreting these aspects..

6 CONCLUSIVE SUMMARY

This research study addressed the direct observation of attachment in the relationship between caregiver and child. By identifying problems, positive areas and risk factors in the attachment relationship, it is possible to compile more efficient care-plans. This efficiency could imply referring children to other professionals for further assessments, therapy and taking action in the best interest of the child when at risk.

In order to accomplish the above, attachment theory and direct observation were investigated; literature on direct observation was examined; and experts in the social work area of attachment were interviewed. These findings were refined and integrated to form a framework for the practise to assist social workers in this profound and skilful task.

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ADDENDUM 1: ATTACHMENT STYLES

1. ATTACHMENT STYLES

The different attachment patterns are included in Addendum 1.

The researcher compiled Table 1-2 From various author's inputs Brisch, (1999:27); Cassidy & Shaver (1999:291); Fahlberg, (1999:34,35); Gray, (2004:67-68); Howe *et al.*, (1999:46-53); Kagan, (2004:121,22); Lesley, (2003:130-131); Potgieter, (2000(b):Module 8:12) and Stien & Kandall, (2004:188).

TABLE 1: SECURE ATTACHMENT IN INFANCY

| SECURE ATTACHMENT | |
|---|---|
| INFANCY | |
| 6.1.1.1 Caregiver's behaviour | 6.1.1.2 Child's behaviour |
| <ul style="list-style-type: none"> • consistently meeting the needs of the child • sensitive to the child • mutual enjoyment • acceptance • responsive to the infant's emotional needs • respond to the infants vocalisations • change voice tone when talking to or about the baby • engage in face- to- face contact with the infant • demonstrate the ability to comfort the infant • enjoy close physical contact with the baby | <ul style="list-style-type: none"> • explore freely • mutual enjoyment • alert • respond to people • show interest in the human face • track with the eyes • vocalise frequently • exhibit expected motor development • enjoy close physical contact • signal discomfort • appear easily comforted • appear outgoing • have good muscle tone • infants actively pursue new experiences without becoming overwhelmed by stress |

| | |
|--|--|
| <ul style="list-style-type: none"> • initiate positive interactions with the infant • identify positive qualities in the child • structuring a dependable and consistent routine • provides comfort even when the carer chooses not to respond to a given demand | <ul style="list-style-type: none"> • if upset signals or seek contact with parent |
|--|--|

TABLE 2: SECURE ATTACHMENT IN OLDER CHILDREN

SECURE ATTACHMENT

OLDER CHILDREN

| Caregiver's behaviour | Child's behaviour |
|--|---|
| <ul style="list-style-type: none"> • age appropriate disciplinary measures • respond to the child's overture • initiate affection • provide effective comforting • initiate positive interactions • available & responsive • consistent • sensitive to and aware of the child's physical and emotional needs • reaches spontaneously to the child • communicates reciprocally, accurately and harmoniously | <ul style="list-style-type: none"> • the child explore his/her surroundings • respond positively to parents • show signs of reciprocity • seems relaxed and happy • look at people when communicating • show emotions in a recognisable manner • react to pain and pleasure • engage in age-appropriate activities • use speech appropriately • respond to parental limit setting & demonstrate normal fears • reacts positively to physical closeness • show signs of empathy, show signs of embarrassment, shame or guilt • trust in the parents' love, availability and helpfulness • uses the parents' as a secure base |

| | |
|--|--|
| | <ul style="list-style-type: none"> • is able to separate from the mother/ caregiver readily to explore • enjoys physical contact with the caregiver • approach the mother/caregiver easily when needed • show a response to separation and can be distress • note the parent's return, exhibit signs of pride and joy • Spontaneously hug their caregiver • Confident |
|--|--|

The researcher compiled Table 3 from various author's inputs Brisch, (1999:27,28); Gray, (2004:70); Howe *et al.*, (1999:63,27-29); Kagan, (2004:13); Lesley, (2003:130-131); Mortan and Brown, (1998:1094,1095); Potgieter, (2000(b): Module 5:13); Prior and Glaser, (2006:25).

TABLE 3: AVOIDANT ATTACHMENT

| AVOIDANT ATTACHMENT | |
|---|--|
| Caregiver's behaviour | Child's behaviour |
| <ul style="list-style-type: none"> • acts with rejection towards the caregiver • is rigid • is hostile • reacts aversely to the child • punishes the child's dependency needs • not available to the child's emotional needs • depressed sometimes • discourages the child's fondling behaviour • is indifferent towards the child | <ul style="list-style-type: none"> • they do seek attention from their parents when they want closeness, however they tend to back up to parents, offering a shoulder or a back for hugging • will prefer to feed and take care of themselves • they do not buy into the parents rules easily, because they are parenting themselves and prefer to make their own rules ("Parent-child") • however, in a crisis they will head for their parents |

| | |
|--|---|
| | <ul style="list-style-type: none"> • treat strangers similar to their parents- in some cases even more responsive to strangers • gives the impression of being independent and self-sufficient • attempts to fulfill own emotional needs |
|--|---|

The researcher compiled Table 4 from various author's inputs Brisch, (1999:27); Cassidy and Shaver, (1999:291); Gray, (2004:72); Howe *et al.*, (1999:29); Kagan, (2004:207-208); Lesley, (2003:130-131); Morton and Brown, (2005:1095); Potgieter, (2000(b): Module 5:12); Prior and Glaser, (2006:26).

TABLE 4: AMBIVALENT ATTACHMENT

| AMBIVALENT ATTACHMENT | |
|---|--|
| Caregiver's behaviour | Child's behaviour |
| <ul style="list-style-type: none"> • insensitive • reacts intrusively • displays inconsistent conduct • confuses his own needs with that of the child • uses the child to fulfil his own emotional needs • withdrawal • un-involvement | <ul style="list-style-type: none"> • demands parental attention and angrily resist it at the same time • exhibits protest behaviour, will whine, cling, fret, shout and threaten. • shows anger-ambivalence towards caregiver • is dishonest and manipulative • is in need of parent's recognition • is in need of the parent's proximity • accepts any attention of the parent- positive or negative • may reject the parent • Preoccupied with parent throughout procedure, may seem angry or passive • tried to elicit reaction from the parent • Infants are generally more likely to cling to their mother in an unfamiliar environment and less willing to explore on their own |

The researcher compiled Table 5 from various author's inputs Brisch, (1999:27); Cassidy and Shaver, (1999:291,297); Gray, (2004:74); Howe *et al.*, (1999:29,123); Kagan, (2004:15-17); Lesley, (2003:130-131); Mortan and Brown, (1998:1097); Prior and Glaser (2006:27) ; Potgieter, (200(b): Module 5:13).

TABLE 5: DISORGANISED ATTACHMENT

| DISORGANISED ATTACHMENT | |
|--|---|
| Caregiver's behaviour | Child's behaviour |
| <ul style="list-style-type: none"> • unresolved childhood trauma • is preoccupied with his own unfinished business • is unaware of the child's emotional needs • is unresponsive to the child's needs • frightening behaviours • unable to comfort the child | <ul style="list-style-type: none"> • reacts in a disorganised way when attention is needed • reacts with bewilderment • not capable of exhibiting coherent behaviour when he needs the parent's attention. • extreme aggression • freeze with trancelike expression, hands in air; may rise at parent's entrance, then fall prone and huddled on the floor; or may cling while crying hard and leaning away with gaze averted • disorganised reactions like apprehension, helplessness, and depression. Some demonstrate desperate reactions like prolonged motor freezing of dissociation alternated with agitation in unpredictable ways • child show their fear for the caregiver • rhythmic rocking, head banging, self biting, cover their face • bizarre movements and expressions • unusual combination of high levels of both avoidance together with proximity |

| | |
|--|---|
| | seeking • unable to play, or only violent themes |
|--|---|

ADDENDUM 2: TYPICAL BEHAVIOUR OF CHILDREN WITH ATTACHMENT DISORDER

1. TYPICAL BEHAVIOUR OF CHILDREN WITH ATTACHMENT DISORDER

Thomas (2005:5) describes attachment disorder as a condition in which an individual cannot form a lasting relationship. According to Howe *et al.* (1999:135 –136) behaviours typical of children classified with attachment disorders are:

- Superficial and charming behaviours with strangers
- A dislike of being touched and held
- A lack of affection and bossiness to caregivers
- High levels of anger, rage and even violence, constant blaming of others
- Little or a lack of eye contact
- Few smiles, poor sense of humor and lack of playing
- “crazy” obvious lying and using manipulative lying to get what they want
- refusing to eat in front of other family members
- poor impulse control
- high breakage rate of toys and objects, and tendency to trash rooms when in a temper
- preoccupation with fire, blood, gore and weapons often expressed in violent drawings
- self neglect and poor self hygiene
- Inappropriately demanding & clingy

The following attachment disorders as describe by Brisch (1999:67-69) will be discussed in short.

Where there is no **sign of attachment behaviour** (only be made after the eighth month) children will not show any attachment behaviour in relation to anyone. In **undifferentiated attachment behaviour** the children do not differentiate between strangers and people they do know well. **Exaggerated attachment behaviour** can

be described as children who present with extremely clingy behaviour and will show extreme emotional distress when separated. Children with no reaction to separation and who are extremely submissive can be seen as **inhibited** in their **attachment behaviour**. In **aggressive attachment behaviour** children present with violence in order to organise their attachment relationships. Finally **attachment behaviour with role reversal** has been seen in children where the child takes on the responsibility of the caregiver.

All of the above might seem very similar to some of the attachment classifications but are seen mostly as a attachment disorder due to extremity and in some cases due to the fact that attachment is not evident.

ADDENDUM :3
Interview schedule

The following questions were used as introduction to the theme. Exploration and probing lead to gaining detailed information of the individual's perceptions and experience of the measuring instruments (Greeff, 2005:296).

QUESTION 1

What training have you received and how long have you been involved in the assessment of attachment?

QUESTION 2

What direct observation measuring instruments do you utilise when assessing attachment?

QUESTION 3

Please explain how do you interpret the observed information.

| |
|--|
| <p style="text-align: center;">ADDENDUM 4: CONSENT FORM</p> |
|--|

NORTH-WEST UNIVERSITY (POTCHEFSTROOM CAMPUS)

PART 2

To the subject signing the consent as in part 3 of this document:

You are invited to participate in a research project as described in paragraph 2 of Part 1 of this document. It is important that you read/listen to and understand the following general principles, which apply to all participants in our research project:

1. Participation in this project is voluntary.
2. It is possible that you personally will not derive any benefit from participation in this project, although the knowledge obtained from the results may be beneficial to other people.
3. You will be free to withdraw from the project at any stage without having to explain the reasons for your withdrawal. However, we would like to request that you would rather not withdraw without a thorough consideration of your decision, since it may have an effect on the statistical reliability of the results of the project.
4. The nature of the project, possible risk factors, factors which may cause discomfort, the expected benefits to the subjects and the known and the most probable permanent consequences which may follow from your participation in this project, are discussed in Part 1 of this document.
5. We encourage you to ask questions at any stage about the project and procedures to the project leader or the personnel, who will readily give more information. They will discuss all procedures with you.
6. If you are a minor, we need the written approval of your parent or guardian before you may participate.
7. We require that you indemnify the University from any liability due to detrimental of yourself or another person due to participation in this project as described in Part 1. Effects of treatment by University staff or students or

other subjects to yourself or anybody else. We also require indemnity from liability of the University regarding any treatment to yourself or another person due to participation in this project, as explained in Part 1. Lastly it is required to abandon any claim against the University regarding treatment

8. If you are married, it is required that your spouse abandon any claims that he/she could have against the University regarding treatment or death of yourself due to the project explained in Part 1.

PART 3

Consent

Title of the project:

I, the undersigned (full names) read/listened to the information on the project in PART 1 and PART 2 of this document and I declare that I understand the information. I had the opportunity to discuss aspects of the project with the project leader and I declare that I participate in the project as a volunteer. I hereby give my consent to be a subject in this project

I indemnify the University, also any employee or student of the University, of any liability against myself, which may arise during the course of the project.

I will not submit any claims against the University regarding personal detrimental effects due to the project, due to negligence by the University, its employees or students, or any other subjects.

(Signature of the subject)

Signed aton

Witnesses

1.

2.

Signed at on

For non-therapeutic experimenting with subjects under the age of 21 years the written approval of a parent or guardian is required.

I, (full names)

parent or guardian of the subject named above, hereby give my permission that he/she may participate in this project and I also indemnify the University and any employee or student of the University, against any liability which may arise during the course of the project.

Signature: Date:

Relationship:

For experimenting with married persons the following indemnity from the spouse is required.

I,..... (full names),

the spouse of the subject in this application, hereby undertake not to submit any claims against the University regarding treatment in case of death or injuries of this person due to the project as described in this application, due to negligence of the University, its students or another subject, or in any other way.

Signature: Date:

Relationship:

**ADDENDUM 5:
LETTER OF THE INDEPENDENT SOCIAL
WORKER**

The Ethical Committee
North West University
Potchefstroom

20 October 2008

Regarding: Lindie Nell

I am writing to verify and confirm that I read and listened to the data collected by Mrs Nell for her studies. I can confirm that her conclusions were reliable and accurate.

If you require any further information please do not hesitate to contact me.

Cecilia Schreuder
Intake Officer
Caulfield Access
Caulfield Hospital
260 Kooyong Road Caulfield
Victoria 3162 Australia

Tel: 03 9076 6776
ext 77816
Fax 03 9076 6773
Email: C.Schreuder@cgmcc.org.au

ADDENDUM 6: Instructions to authors

The Social Work Practitioner-Researcher is an interdisciplinary journal devoted to the publication of research concerning the methods and practice of helping individuals, families, small groups, organizations and communities. The practice of professional helping is broadly interpreted to refer to the application of intentionally designed intervention programmes and processes to problems of societal and/or interpersonal importance, inclusive of the implementation and evaluation of social policies.

The journal serves as an outlet for the publication of original reports of quantitatively orientated evaluation studies: reports on the development of validation of new methods of assessment for use in practice; empirically based reviews of the practice literature that provide direct application to practice; theoretical or conceptual papers that have direct relevance to practice; qualitative inquiries that inform practice and new developments in the field of organized research. All empirical research articles must conform to accepted standards of scientific inquiry and meet relevant expectations related to validity or credibility, reliability or dependability and objectivity or confirmability.

All reviews will be conducted using blind peer-review procedures. Authors can expect an editorial decision within three months of submission, manuscripts and an abstract should be submitted in triplicate to The Editor, **The Social Work Practitioner-Researcher**, PO Box 524, Auckland Park, 2006. Articles should be typewritten and double-spaced, with tables and figures on separate pages. Manuscripts should follow the *Publication Manual of the American Psychological Association*, 4th edition. Abstracts are compulsory.

A copy of the final revised manuscript saved on an IBM-compatible disk and formatted in MS Word format should be included with the final revised hard copy, or e-mailed to wainalw.rau.ac.za. Authors submitting manuscripts to the journal should not simultaneously submit them to another journal, nor should manuscripts have been published elsewhere in substantially similar form or with substantially similar content. A publication fee is payable by authors before publication.

Die Maatskaplikewerk-Navorsing-Praktisyn is 'n interdisiplinêre tydskrif wat handel oor die metodes en praktyk van hulpverlening aan individue, gesinne, klein groepe, organisasies en gemeenskappe. Die praktyk van professionele hulpverlening dui breedweg op die toepassing van doelgerig ontwerpte ingrypingsprogramme en prosesse op probleme van individuele en samelewingsbelang, insluitende die implementeringe en evaluering van maatskaplike beleid.

Die tydskrif dien as middel vir die publikasie van oorspronklike verslae oor kwantitatief georiënteerde evalueringstudies; verslae oor die ontwikkeling en geldigheid van nuwe takseermetodes vir die praktyk; empiries gebaseerde kritiek op literatuur van waarde vir die praktyk; teoretiese en konseptuele artikels met praktykimpak; kwalitatiewe ondersoek wat die praktyk inlig; en nuwe ontwikkelinge op die gebied van georganiseerde navorsing. Alle empiriese artikels moet voldoen aan aanvaarde standaarde van wetenskaplikheid en aan toepaslike vereistes van geldigheid of geloofwaardigheid, betroubaarheid of toerekenbaarheid en objektiwiteit of bevestigbaarheid voldoen.

Die keuring van artikels vind op 'n blinde-portuurgroepbasis plaas. Outeurs kan verwag om binne drie maande na ontvangs in kennis gestel te word van die besluit van die redaksie. Manuskripte en 'n opsomming moet in drievoud gestuur word aan **Die Redakteur, Maatskaplikewerk-Navorser-Praktisyn**, Posbus 524, Aucklandpark, 2006. Artikels moet dubbelgespasieerd getik wees, met tabelle en figure op aparte bladsye. Die manuskrip behoort riglyne van die *Publication Manual of the American Psychological Association*, 4de uitgawe, te volg.

Die finale hersiene manuskrip moet op 'n IBM-versoenbare disket voorsien word in MSWord formaat, of per elektroniese pos gestuur word aan wam@wl.rau.ac.za. Outeurs moet manuskripte nie gelyktydig by ander tydskrifte inhandig nie en ook nie gepubliseerde manuskripte in dieselfde of soortgelyke formaat inhandig nie. Bladgelde is betaalbaar deur outeurs voor publikasie.