

Mental Health Nurses' perceptions of attachment style as a construct in a medium secure hospital: A Thematic Analysis

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Declaration: This work was conducted in partial fulfilment of the requirements for an MSc in Forensic Psychology at Cardiff Metropolitan University.

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Abstract

Background - Attachment theory can be regarded as central to the concept of relational security.

There is a paucity of research examining the coherence of this construct for ward-based staff.

Method & Participants - Five female nurses from the acute admission and assessment ward of a UK medium secure unit acted as participants. Semi-structured interviews were conducted, and inductive thematic analysis was applied. **Results** - Six themes; 'staff-service user relationships', 'staff diversities', 'service user backgrounds', 'variability in service users' presentations', 'service users with personality disorder are problematic', and 'nurses do not use attachment' emerged from the data. The nurses used heuristic models of attachment related behaviour and they lacked knowledge of constructs associated with Attachment Theory. **Research limitations/implications** - Acute admissions may not be representative of all treatment contexts. Traditional models of attachment style may have only limited relevance in forensic services. **Conclusions** – Limited knowledge and confidence in the nurses regarding how Attachment Theory might apply to service users is interesting because it may limit the extent to which care, treatment and risk management might be informed by an understanding of service user representations of therapeutic relationships. Training and educational interventions for nurses that enhance understanding of personality development and attachment styles are warranted.

Key words: Attachment Theory; relational security; therapeutic relationships

The expansion and growing maturity of United Kingdom medium secure services has led to the development of core treatment pathways that emphasise service user recovery (Jobbins et al., 2007). However, recovery may be compromised by poor, or inconsistent, understanding of how service users engage with treatment (Elbogen, et al., 2006) and more specifically the readiness with which people are able to form or accept therapeutic relationships with staff (Ma, 2007; Tyrer et al., 2003). Furthermore, effective therapeutic alliances are obviously central to the relational security function of secure mental health services (Bagshaw et al., 2012).

“Of all the elements of security, relational security has always felt the most difficult to describe. Yet because it’s about caring for and understanding people it is probably also the most important” Appleby (2010, p1).

Staff understanding of service user emotional needs and responses is central to Appleby’s (2010) description of relational security. It is difficult to see how relational security could be achieved without staff being able to gauge how people in their care represent relationships to themselves, how they interact or engage and how they will respond to changes in their social environment. This must be especially so for those who work most closely with service users (e.g., nurses). Although there is a substantial literature advocating attachment-theory-based models (for examples see; Liotti, 2002; Aiyebusi, 2004; Pfaffin et al., 2004), there has so far been no real attempt to explore whether the ‘frontline’

staff in forensic psychiatric services (ward nurses) understand or apply attachment theory in their practice.

Attachment theories describe relatively consistent and enduring patterns of functional and dysfunctional interpersonal attachment that develop early in childhood and persist throughout adulthood (Adshead, 2001). Definitions of adult attachment vary in the literature, but there is consensus that one secure attachment style, and two (or three) insecure styles are typically identified. Bartholomew Horowitz's (1991) four-category model of attachment provides a useful framework because it relates to adult perceptions and behavior in close relationships rather than being derived from parent-child relationships (Ciechanowski et al., 2002).

Insecure attachment styles are associated with a wide range of negative outcomes including increased risk for depression, anxiety disorder, poor social functioning, stress-related disorders, substance abuse disorders, eating disorders, and personality disorders (Berry et al., 2008; Bifulco et al., 2006; Ma, 2006; Goodwin, 2003; Ravitz et al., 2010). A high proportion of mental health service users (with adverse childhood experiences) are described by clinicians as displaying insecure and dysfunctional patterns of attachment (Berry et al., 2010; Schuengel et al., 2001; van Ijzendoorn et al., 1997). It has been argued that this is a particularly acute problem in forensic services where it is unusual to encounter service users whose childhood experiences would ordinarily foster secure attachment (Adshead, 2004). Many forensic service users have experienced childhood trauma including, separation from significant attachment figures, abandonment, neglectful maltreatment, and abuse (Bebbington et al., 2004; Berry & Drake, 2010; Bifulco et al., 2006; Dozier et al., 1999; Holmes, 2003; Seager, 2007). Forensic service users can be regarded therefore as a

particularly vulnerable group in whom high levels of emotional insecurity and complex mental health and interpersonal problems can be anticipated.

Attachment theory is widely regarded as important for understanding service users' emotional needs and responsiveness during therapy (Meyer et al., 2001). Attachment styles describe behavioral and emotional reactions to separation from (or rejection by) attachment figures in close relationships (e.g., ward staff-service user). It might be supposed therefore that a sound understanding of attachment style should be of central importance to those working most directly with secure mental health service users.

In Medium Secure Units (MSUs) nursing staff generally have the most day-to-day contact with service users, and are consequently the profession at most risk of violence (Jonker et al., 2008; Sullivan et al., 2013) and are most directly exposed to the negative effects of service user self harm and suicidality (Willstrand et al., 2007). Awareness of attachment styles may help staff understand volatile reactions in some service users and could also help staff anticipate and prepare for the consequences of change, perceived instability, or challenges posed by the interpersonal styles of individual service users.

The social environment for service users in a MSU is composed mostly of other service users and nursing staff. It could be argued therefore that nurses are best placed for naturalistic service user observation, indeed nurses form an integral part of the service user's social world and are likely to be important attachment figures (Adshead, 1989). Nursing opinion regarding service user attachment characteristics and behaviors could inform care planning and observation levels for individual service users. It could be argued therefore that nursing opinion is invaluable to formulation regarding service user attachment style. Nurses have a central part to play in helping to manage service user emotional stability and should therefore be central for achieving the relational security

objectives of secure mental health services. The capacity for nurses to be able to achieve this will rest to some extent on their understanding and application of models of attachment style, even if this is at a relatively informal level.

Service user recovery and the control of risk behaviors are assumed to be facilitated by the relational security characteristics of medium secure services (Chester, 2013).

Perhaps most notable of these is the characterisation of forensic psychiatric settings as 'secure bases' (Adshead, 2004) that aid service user progress because of the stability of the physical and interpersonal environment that they provide (Adshead, 1998). The capacity for medium secure units (MSUs) to deliver physical security is almost beyond question, they provide very controlled environments with high levels of service user observation and robust systems for physical containment and for controlling untoward behavior. Apart from the physical and procedural aspects of security, the stability of the interpersonal environment that staff provide has been shown to be important for reducing service user violence (James et al, 1990) and it is reasonable to suppose that consistent therapeutic rapport will also facilitate other aspects of service user recovery. Sullivan et al., (2013) report the benefits of changing nursing observation levels within a female medium secure ward in accordance with a flexible, nurse-led model for managing service user self-harm that was informed by attachment theory. The model focused on staff understanding of reciprocity in relationships between service users and staff.

In the James et al., (1990) study above, the stability of the service users' interpersonal environment was defined by the presence of regular staff (who were familiar to service users) versus agency staff (who were unfamiliar to the service users) in an intensive care unit. This of course is just one way in which interpersonal stability could be reduced on a ward. In fact, from the perspective of a service user, interpersonal stability

may be compromised by a host of factors which might include *inter alia* deterioration in their own mental state (Watson et al., 2007), variability in the mental state of other service users, high turnover in primary care staff (James et al., 1990), by high stress levels in primary care staff (Gray-Toft et al., 1981), or, by inconsistency in how staff perceive and react to their attachment needs. The focus here will be on the last of these potential hazards for relational security, it has been demonstrated that staff ratings of service user attachment styles can be inconsistent (Bagshaw et al., 2012) even within a medium secure service that aimed to apply ideas drawn from Attachment Theory to plan nursing care (Sullivan et al., 2013). Our plan now is to use qualitative methods to explore the source of these inconsistencies.

Method

Context and Participants

The present study was conducted in a medium-secure unit that offered in-service user and out-service user assessment and treatment interventions for adults with serious and complex mental health problems who had either offended, or, were considered to be at risk of offending.

The current paper is part of a series of audit-based projects at the Caswell Clinic (Bridgend, Wales) that have been designed to explore the validity of Attachment Theory in forensic mental health practice. In the first of these audits (Bagshaw et al., 2012) we found that Attachment style ratings of service users by staff were only related to a sub-set of outcomes and we observed some variability in staff ratings during inter-rater reliability analysis. In a subsequent unpublished project, low levels of inter-rater reliability (using

Fleiss Kappa analysis) were observed in all wards in the clinic when ratings were provided by all ward-based staff (Admissions ward Kappa = 0.13 (95% CI 0.1-0.17); Treatment ward Kappa = 0.19 (95% CI 0.16-0.23); Rehabilitation ward Kappa = 0.23 (95% CI 0.19-0.27). Poor reliability in ratings was independent both of the sex mix of the staff and service users and was independent of the gendered identities of the staff. Poor agreement amongst staff in terms of their perceptions of service user attachment styles is potentially problematic and further investigation of the source of this variability was warranted. The current paper was an investigation of whether low levels of coherence in staff understanding of attachment may be an important contributor to this variability. We chose to locate this audit in the ward where we had previously observed the lowest levels of inter-rater reliability, the admissions ward.

Although location of the study in the acute admissions ward was deliberate, participation by the nurses was voluntary and the five female psychiatric nursing staff who made themselves available for interviewing were an opportunity sample. The nurses all worked on the same 14-bed male acute admission and assessment ward for service users with a primary diagnosis of mental illness. Nurses were assigned pseudonyms to protect their confidentiality. The interview was refined by first conducting a pilot administration with one nurse, her data were not included.

Rachel (participant 1) had worked at the clinic for 18 months, and had worked on two other wards. She wanted to become a mental health nurse after working in the community with people with dementia. She became interested in 'how the mind works' and enjoyed her nursing placements on the acute mental health ward which led to her enthusiasm for this area of nursing.

Emma (participant 2) began as a student Nurse on a rehabilitation ward, and subsequently worked 'for a few weeks' on the female ward before moving to the acute ward. She had worked continuously in the hospital for 4 years, and knew that she wanted to specialise in mental health nursing.

Louise (participant 3) was working part-time, and consequently was an associate rather than primary nurse. She had worked at the clinic for 5 years, and worked on three other wards before joining the acute ward. She had always wanted to become a nurse, and the university placement in mental health nursing encouraged her to specialise as a Mental Health Nurse.

Chloe (participant 4) was a Staff Nurse. She had worked for 9 years at the hospital. She had been working on the acute ward for 9 months, and wanted to become a nurse because of her interest in mental health.

Lauren (participant 5) was the most experienced nurse, she had worked at the hospital for 11 years, and had worked on all wards in the clinic. She had spent around 4 and a half years on the acute ward and found psychiatry to be the most interesting discipline in nursing. She expressed interest in getting to know the roots of peoples' problems and helping them through issues.

The nurses varied widely in their experience and stated different reasons for their motivation for mental health nursing. It is supposed here that they represent a fair (though small) cross section of nursing staff working at the Medium Secure Clinic.

Design and Materials

The Service user Approach to Treatment Questionnaire (PATQ) was developed and used by Bagshaw et al. (2012) as an adaptation of Alexander and Anderson's (1994) definitions of attachment styles. The 5 nurses in the current study had previously completed the PATQ as part of a different study. The questionnaire presents descriptions of four different approaches to treatment that reflect different attachment styles; secure, preoccupied/insecure, dismissive/insecure and fearful/unresolved. Staff had previously been asked to decide which descriptor most closely matched the approach to treatment of named service users on the ward in which they were working.

Semi-structured interviews were conducted in order to foster exploration, openness and expansiveness in the participants talk (Smith et al., 2008). Semi-structured interviewing was more appropriate than structured interviewing as the interview schedule guided the interview rather than dictated it, this was important for the present study as views of nurses regarding attachment of forensic psychiatric service users and the usefulness of attachment was an understudied area (Smith et al., 2008). Nevertheless, the prompts used during the interviews were related to issues highlighted in the introduction and included terms like therapeutic relationships, attachment style, relational security and service user backgrounds.

The interview schedule was designed to capture participant understanding of attachment and how it related to the behavior of service users in a forensic psychiatric setting. The interview was also designed to explore participants' perceptions of the PATQ, and its applicability to their work. Questions were included that explored how well acquainted staff were with service users, and about other aspects of their role. The schedule commenced with a closed question and some simple questions. Following this more general

open questions were asked. Prompts were included to guide the participants when they struggled to understand or respond to particular questions. The 5 nurses gave consent for interviews to be audio taped and transcribed.

Procedure

Each interview lasted 20-40 minutes. The interview schedule began with the least focused material; for example “What made you want to become a psychiatric nurse?” and “How long have you worked here?” This approach was taken to establish trust and rapport with the interviewees. More focused questions then followed; for example “How relevant do you think the questionnaire [PATQ] is to service users in this service?” Interviews were audio-recorded using a digital dictaphone and transcribed verbatim. Inductive thematic analysis was then used to explore the data (Braun et al., 2006).

Ethics

Ethical approval was granted by Cardiff Metropolitan University School of Health Sciences Research Ethics Committee, and the local NHS R&D committee reviewed this study and classified it as a service evaluation. The 5 nurses were debriefed, allowing them the opportunity to ask questions.

Results and analysis

Thematic analysis is a process for encoding qualitative information from which relevant themes can be identified (Braun et al., 2006). Inductive thematic analysis was used; thorough examination of the transcripts yielded dominant themes, rather than themes

derived from prior theory or research (Boyatzis, 1998). Thematic analysis allowed information to be used in a way that increased the accuracy and sensitivity of the resulting interpretation (Boyatzis, 1998). The main objective of the current investigation was to make explicit the structures and meanings that the nurses gave for their views of service user attachment, thematic analysis is ideally suited to this purpose.

Stage one of the analysis involved careful reading and re-reading of the transcripts (Braun and Clarke, 2006). This allowed identification of patterns of meaning in the data. In stage two, the data were organised into meaningful groups allowing the generation of initial codes that 'captured the essence of observations'. The third phase involved producing interpretative codes that captured broader areas of meaning. Descriptive and interpretative themes were then reviewed and labelled; theme labels were confirmed by returning to the transcripts and identifying quotes that were consistent with the themes. Further refinement of the analysis was achieved by providing a detailed analysis (written separately for each theme). The final, concluding analysis involved an over-arching account of the themes, the aim of this was to provide a coherent, concise and logical account of the data.

Application of the above thematic analysis to the interview transcripts yielded six themes. Some of the themes related directly to the coherence and relevance of attachment constructs for the nurses and they often challenged the conceptual validity of attachment for this group of service users. Other themes related to staff backgrounds and how these might colour interpretation of service user attachment needs and behaviour. The final theme was perhaps most concerning and related to the nursing staffs' perception of attachment theory as an alien (Psychological) construct that was the domain of a different, specialised professional group within the clinic. The following presentation of results deals

with each of these six themes in turn with illustrative examples from the interview transcripts.

Nurse-Service user Relationships

Nurses discussed knowing some service users more than others, for instance some service users had returned from other wards, and had resided on the acute ward for longer than others. The salience of nurse-service user relationships to the nurses was demonstrated by participants making frequent reference to 'therapeutic relationships,' and was highlighted by Louise as a primary reason for her interest in mental health nursing.

Louise: I think it was just the people contact, you have more time to sit and speak to people and find out about them and their lives.

According to the participants therapeutic relationships are built on trust, by talking with and getting to know service users. However, the service users' experiences of past relationships can perhaps make this difficult. Service users have differing experiences of previous relationships and some are more private and suspicious than others, taking longer or being more difficult to build relationships with.

Participants recognised one tenet of attachment theory; that service users' social behaviors (with staff) may be negatively affected by problematic experiences from the past.

Lauren:*for whatever reason they're not really engaging, for whatever reason that is. You know maybe in the past they've had issues with say family or carers and that's clouded their view on how people are.*

Despite difficulties of establishing relationships with some service users, the benefits of developing therapeutic relationships were identified, for instance through increasing understanding of service users and their behaviors, this potential benefit was identified by several participants.

Chloe: *By spending time with them either on a one-to-one basis if you can and build up that therapeutic relationship without being too sort of....not forcing yourself on them but just sort of in different ways of managing to find time with them*

Lauren:*it's sort of building up that relationship with them so that they can get to trust us and then open up and sort of get help from us and talking through problems using various means*

Service users who staff knew well were considered easier to rate on the PATQ in comparison to service users who are not known as well. For instance, Chloe was new to the ward at the time of PATQ completion and found it difficult rating several of the service users as she had not spent as much time with them as the other nurses had.

Chloe: *Yeah I had to think about it quite a bit because when I filled this in (The PATQ) I'd only just started on this ward, so it would have been around I guess November or*

December last year would it or maybe January yeah. So there were only a few service users that I knew because I'd nursed them before on another ward, so it wasn't that easy because I hadn't really got to know them very well

In summary, nurses made connections between having a relationship with, knowing a service user, and the ease with which they were previously able to complete the PATQ for specific service users. Familiarity with patients is one obvious pre-requisite for the development of therapeutic relationships, but it should be noted that familiarity alone does not constitute a therapeutic relationship. The staff recognised that staff-service user relationships were dynamic and often difficult to interpret. In the next section we will see how staff diversity in backgrounds and attitudes towards service user behaviour may add another layer of complexity that will hinder simple interpretation of service user attachment styles.

3.2 Staff Diversities

The nurses recognised that staff differ from each other in a variety of ways which has a number of significances, including the effects on the nurse-service user relationships. Service users' behaviors change for different members of staff, and service users raise different opinions from members of staff which can be divisive within Clinical Teams. Divided clinical opinion can be difficult to communicate consistently to service users and may in itself jeopardise therapeutic relationships.

Lauren: Well you know if one of the service users feels hard done by because they haven't had something that somebody else has, you know you've got to sit down

with them and say right then. For example, Joe Bloggs has been given ground leave by his team and your team is saying no alright. You've got to look at, okay then, we need to go and ask the team what do you need to do for them to grant it to you

Rachel noted that staff who completed the PATQ (for a previous study (Bagshaw et al., 2012)) at the same time had categorised the same service users as having different attachment styles. She attributed this to their differences as individuals. Rachel also speculated that staff individual differences influenced their perceptions and tolerance of service user index offences with some finding it difficult to accommodate knowledge of specific offences that may have particular meaning for them.

Rachel: I mean I did notice that I might have put say D for somebody and somebody might have put A

Interviewer: Yeah

Rachel: You know we have different perspectives on service users; however, we just tried to work out as best we could between ourselves really.

Interviewer: Why do you think that you might have had like differing perspectives?

Rachel: Again I think it's all down to our different values, our own core values and beliefs, the way we interact with people, the way we care, whether people... although, I mean I would like to think most of the staff are non-judgemental, you do get people that can't help but judge you know certain maybe index offences mean more to people than others, so again you've got that in the back of your mind. So there are a number of issues that we would maybe pick out different things for different people and treat them differently

Nurses were clearly aware of the differences between staff in how they view and treat the service users. Nurses treating service users differently as a result of their perceptions of index offences is potentially a serious issue that may impede the development of therapeutic relationships in many ways. Firstly, service users will be sensitive to anything that they may perceive as preferential treatment for other service users. Second, service users who are already experiencing difficulty in managing their interpersonal relationships may become especially confused by, and suspicious of, a group of staff that respond inconsistently towards them. Inconsistencies here are especially concerning for the objectives of establishing therapeutic secure bases and achieving relational security. It was clear that the participants were conscious of the potential difficulties that can arise from diverse staff responses to service users, the next theme highlights how they also saw diversity in service users' experiences as another obstacle to coherent interpretation of service user attachment styles.

3.3 Service users' Backgrounds

Service users' backgrounds, including their childhoods, index offences and experiences in other institutions were discussed by participants. Service users' problems were seen as stemming from their past and particularly difficulties associated with their upbringing such as neglect, abuse and abandonment.

Emma: ...someone with a secure attachment um, is kind of a normal upbringing perhaps and normal attachments with their family. Insecure then they probably have,

perhaps been abused as a child um or was been neglected and things like that. So I think their behaviors then would be different

The above statement illustrates a deficit in Emma's knowledge of attachment, as she assumed that abnormal and difficult upbringings inevitably result in insecure attachment styles as adults, which is not true of AT. This lack of attachment knowledge potentially compromises the validity and applicability of PATQ because it is derived from AT. It is relevant that nurses with limited familiarity with Attachment Theory completed the PATQ previously, as the implications of this are that a coherent understanding of the links between early care giving relationships and adult relationship styles is lacking in staff's representations of the care and treatment they offer to service users, this could lead to variation in the ways staff regard service users and how they manage their own responses to service users' interpersonal behaviours.

Personal backgrounds were viewed as relating to the mental state, engagement, and attachment styles of service users and are discovered by talking; this knowledge helps when working with the service users. For example, Lauren explained that service users are aware that nurses know about their life traumas; nurses try to support the service users rather than gain information from them, in an attempt to encourage service users to open up in therapy sessions with clinicians. Previous relationships (childhood and adult) in particular were seen as impacting on the attachment styles of service-users.

Louise: They all come from such different backgrounds, I think it all stems from their relationships before coming into hospital, even as a child you know the people that they've been attached to in life, the people they've wanted to be attached to but

haven't been able to, maybe their parents have... maybe they've perceived their parents to have abandoned them, maybe they were abandoned, I think it's everything that they encounter before coming to here will play a part in their attachment style

The nurses believed that attachment behaviors can help them to understand the service user's past and the various traumas that most service users had experienced. For instance, Emma talked about how discussing a service user's history with them can help the service user to understand the contributing factors that make them the person that they are.

Difficult pasts can cause obstacles relating to progression, including therapeutic engagement and feelings of insecurity which can provoke suspiciousness in service users.

Lauren:....maybe while they're in prison, hospitals you know they've had bad experiences so they come here expecting what they've had before and over time the mental health improves, you know the transparency, the way that we work here, the trust builds and they can move on from being say dismissive or fearful to becoming more secure and trusting

Generally, the participants recognised that the service users have had difficult lives which have impacted on their behaviors, attachment styles and needs. Whilst troublesome backgrounds cannot be changed, they can hinder a service user's progression and make it very difficult for some service users to form trusting relationships. Despite this, the nurses saw relationship building as central to their role. The main consideration in this theme was

the potential impact of service user histories' and variation in how they may have learned to cope with the negative experiences they had often encountered. The problems for attachment interpretation that the nurses had witnessed were based on variability between service users (they don't always respond to adversity in the same way). The next theme highlighted an even more challenging issue for the nurses when trying to identify the needs of service users and that is dynamic variability in the behaviour and apparent needs within (rather than between) service users.

3.4 Variability in service users' presentations

Participants talked about service users changing in terms of their mental health, attachment styles and behaviors, and these three factors appeared to be linked. Many issues affect the changes in service users including progression, mental state, anxiety levels, medication, and members of staff. For instance, service users may react differently to different members of staff and have different attachments and interpersonal boundaries. Consequently, the way service users interact with staff changes from one staff member to the next.

The behavior of service users can also change generally as their mental health improves which may result in their attachment style appearing to become more secure. Attachment styles were regarded by participants as changing for the better as service users progress, and changing for the worse following significant events or deterioration in mental state. This illustrates that the nurses believe that attachment styles can improve steadily but tend to deteriorate more abruptly.

Chloe: I think that sometimes a service user, their mental health will improve and therefore the way that they behave is different. I don't know, maybe it could be that they're here for a certain length of time and perhaps they need that time initially and then things change and I'm talking about, I can think of somebody that – what can I say – somebody who perhaps has had an attachment style... maybe C, dismissive and insecure and change to secure, you know where they weren't really sort of playing their part with their treatment initially and didn't really want to know that much, but have turned it around and now are secure with their approach and they're very positive and they are progressing and moving on

Evidence for positive change was provided by Chloe (please see above quote), who described how a service user progressed generally, and consequently their attachment style changed in a positive way. Evidence for negative change was exemplified by Lauren, who gave the example of a service user who questioned the safety provided by nurses after being assaulted by another service user. Nurses observations of service users are therefore not wholly consistent with the hypothetical stability of attachment style.

Lauren: Or it could go the other way where, I don't know, you know they could have been relatively secure, something has happened and then they become afraid and something that's so huge for them that for a while they become fearful. An example could be, we had here, oh god, a few months back where we had two service users, one who thought another service user was his friend and then he became unwell and hit him. And this service user then for a while... you know things have changed again

now, but he said how could he do that, he was my friend, he hit me, how are you nurses going to keep me safe

Nurses spoke about service users' behaviors changing rapidly and often, suggesting that many service users fit different attachment style categories on different days because of their mental illness.

Louise: It could be, I mean with the change in their mental state it could be you know one day they could be feeling fairly well and you know be say in category A and then another day maybe they could be hallucinating and derogatory voices, which you know could turn them maybe into sort of be insecure, preoccupied, that sort of service user, it can vary I think rather than just being a set sort of category for each person

It is clear that many situational and dynamic features appear to influence the interpersonal presentation of the service users in the acute admissions ward and the nurses were sensitive to how these would impede interpretation of the current attachment needs of any one service user at any one point in time. What the nurses describe indicates considerable incoherence between traditional conceptualisations of attachment theory (that emphasise stable, enduring traits and coping mechanisms) and the fluid reality of day-to-day care for service users admitted to acute forensic mental health care. The theme that follows indicates that the nurses were aware that Personality Disorder in some of the service users may be an even further complication in trying to interpret service user attachment needs.

Service users with personality disorder Are Problematic

The 5 nurses stressed the difficulties of working with service users who have personality disorder diagnoses, and such service users were typical on the acute ward according to Rachel. These service users were especially perceived as causing a divide between staff because of their differing behaviors that fluctuated, frequently within the same day.

Lauren: Oh sometimes lack of staff, sometimes when we have more challenging personality disorder service users on the ward, I mean the way they present, they can be divisive with a Clinical Team and they tend to bring out more opposite opinions like. You know you have a personality disorder service user and it's really important that everybody is singing from the same hymn sheet and we do it this way and we're all doing it one way.

In addition to causing staff disagreement, the variability of the presentation of service users with personality disorder meant that it was challenging for staff to comfortably place them in one of the attachment style categories on the PATQ.

Rachel: You find that because a lot of them have got personality disorders as well they can be in a number of categories on different days, different... so you try and pick out which one you think 90% of that person fits in but might not always

It was also apparent that staff linked attachment issues to service users with personality disorder in particular.

Emma: You know they, I think especially service users with personality disorder, some service users can, their behavior can suggest then that they've got problems with attachment, they may be difficult and things and perhaps they're trying to like push you away before staff push them away because they've always been rejected

One consequence of differing staff opinions regarding service users with personality disorders and the fluctuation of their behaviors and moods is that they are seen as difficult to manage. Staff felt that it would be beneficial if there was more information and training to help them cope with such service users.

Service users with personality disorders were viewed in extreme terms. Many service users' behaviors can fluctuate daily, but those with personality disorder were seen as especially volatile. The majority of service users were considered to have attachment issues, but service users with personality disorder were most frequently linked to problematic behaviors and dysfunctional attachment styles. Service users with personality disorder could be more challenging to build a therapeutic relationship with as they are more rejecting of staff.

The relevance of single attachment categories for forensic psychiatric service users was questioned by the nurses, and even more so for those with personality disorder. Nurses' inability to distinguish between attachment categories for service users on the acute ward calls into question the validity of Attachment Theory (as measured here using the PATQ) and its applicability in this context. The final theme that emerged from the data

relates to how the nurses saw the concept of attachment theory as a Psychological specialisation within forensic mental health services and therefore perhaps alien to nursing practice.

3.6 Nurses do not use Attachment

Some nurses commented that attachment terms are not used and are often overlooked, because they seem associated with Psychology rather than nursing expertise. It was thought that by nursing a service user, staff can sense whether there are attachment issues and will support them in a way which feels most appropriate without formalising this perception with reference to theory.

Chloe: I mean I can identify people with different attachment styles or would be sort of veering towards A, B, C or D and for me, I just sort of... I'm... my approach with them is just what I know as a nurse and what I think works and support them in that way

Lauren emphasised that knowledge of attachment styles would be valuable if supplemented with information on how to manage behaviors elicited by service users with dysfunctional attachment styles. This was viewed as relevant for managing service users who raise different opinions from staff, as a way for them to move forward with some service users can be challenging to find. Attachment was also talked about as being pertinent in a forensic psychiatric setting if work was to be done with the service users based on their attachment styles.

Lauren: ...it would be useful to have more information on how to deal with that, the behavior that they show and how to manage it. Because it's useful having a description because it's like okay Joe Bloggs is like that so how do we deal with it yeah?

Chloe: Well I suppose if there was going to be work done with the service user once it was identified then I guess yes it would be quite relevant

In summary, nurses emphasised the importance of managing the behavior of service users and felt able to support service users adequately through their relationships with them. There was a consensus that service user management strategies were not coherently related to any systematic formulation of the behavioral patterns that are synonymous with attachment style categories (identified in the PATQ). Attachment was not currently considered by nurses on a daily basis, and was not explicitly applied to managing service users or incorporated into their care plans.

Discussion

The aims of this study were to explore nurses' views of service user attachment in a forensic mental health service, and to gain insight into how applicable the concept of attachment theory is to frontline practitioners in that context. Inductive thematic analysis of the data yielded six themes; nurse-service user relationships, staff diversities, service users' backgrounds, variability in service users' presentations, service users with personality disorder are problematic, and nurses do not use attachment theory. All themes identified impediments to the usefulness of attachment theory in forensic mental health services but many also identified the potential usefulness of the concept.

Nurses appeared to understand some concepts of Attachment Theory, often without knowing their relationship to theory or the terminologies associated with the concept. This intuitive understanding could have resulted from their nursing experience and close relationships with the service users, or through exposure to ill-defined concepts in

interdisciplinary working. For example, they understood that previous relationships and childhood traumas (such as neglect, abuse and abandonment) contribute to a service users' current behaviors and attitudes, and that this can be reflected in their relationships with members of staff. This is consistent with central assumptions of Attachment Theory which suppose that early relationships with primary caregivers shape the progression of healthy and unhealthy social and emotional development (Bowlby, 1969, 1988). It is argued that these early experiences underpin the formation and management of relationships in adulthood (Ainsworth, 1989), including those with sexual partners, friends, and (in forensic service users) nursing staff (Adshead, 1998, 2004). Additionally, nurses emphasised the importance of 'therapeutic relationships' in their role. Therapeutic relationships were regarded as necessary for attachment bonds to develop and for service user progression (Berry et al., 2010; Knapp, 2007; Ravitz et al., 2010; Schafer et al., 2003).

Some nurses suggested that service users become more secure as they progress over time in the clinic. Although attachment style is widely regarded as a relatively pervasive and persistent characteristic (Scharfe et al., 1994), it has been argued that the intensive therapeutic environment of a secure unit constitutes an exceptional context in which the debilitating effects of insecure attachment styles can perhaps be ameliorated (Berry et al., 2010). Indeed, it has been argued that attachment styles are not impervious to change, and psychiatric institutions should aim to alter service users' internal working models of their social world enabling them perhaps to move from maladaptive to more adaptive patterns of interpersonal functioning (Adshead, 1998, 2004). The informal observations of the nurses indicated that they had witnessed such changes in the service users they encountered. However, this observation should not be taken completely at face value.

Some of the participants were initially confused regarding the distinction between secure and insecure attachment; indeed some participants regarded secure attachment as a negative phenomenon. This makes our interpretation of their perception that service users had become more secure through treatment somewhat difficult. It is possible that the nurses simply confused the terms. An alternative interpretation is that they equated secure attachment with dependency or institutionalisation (see Uggerby et al. 2011) and felt treatment in the clinic was resulting in a negative impact on the service users' interpersonal functioning. Both interpretations are viable and only further investigation can determine whether the nurses were simply confused or whether service users in the clinic where the study was conducted tend to become institutionalised during the long periods of continuous care that are typical there.

Nurses spoke about rapid changes in service users' behaviors and mental states, which they readily confused with attachment styles on the PATQ. Consequently, the 5 nurses believed that service users could be categorised in different ways on a day-by-day basis or could even fit a number of categories at one time. The nurses were clearly conflating fluctuations in the service users' mental state resulting from detention, mental illness, or, treatment with fluctuations in what are supposed to be more stable and pervasive traits. Commentary and expertise in differentiating between states and traits is dominated by psychological research and practice and to some extent underpins distinctions between mental illness and personality disorders (DSM). Given the environment in which the nurses were working it is therefore surprising that the nurses did not discriminate between these constructs. This confusion may reflect the complexity of comorbid mental illness and personality disorder set against a background of early privation that is typical of service users within forensic psychiatric services (Bebbington et al., 2004;

Berry et al., 2010; Bifulco et al., 2006; Dozier et al., 1999; Holmes, 2003; Seager, 2007). It seems reasonable to suppose (based on our evidence) that complex case presentation may not be adequately reflected in nursing training in the UK. Given the characteristics of secure mental health service users, we believe that this may be a fundamental challenge to providing effective care and treatment, particularly in the early stages of admission when clinicians do not know service users very well.

Managing service users who are the source of divides in Clinical Team opinion was important to nurses, but they admitted that they do not consider Attachment Theory in relation to this. Furthermore, attachment as a construct was viewed as a psychological concept rather than a nursing term. Research suggests that knowledge of attachment allows the understanding and prediction of how service users will respond to certain situations and psychiatric treatment as well as predicting violence, self-harm and other forms of (more moderate) aggression (Bagshaw et al., 2012; Berry et al., 2010).

Nurses all spoke about the challenging behavior of service users with personality disorder diagnoses, and how these service users particularly caused divides in staff opinion because they often presented with diverse challenging behaviors and attitudes within the same day. It has been argued that concepts derived from Attachment Theory were constructed to explain normal variation and may not adequately describe 'extreme populations' like forensic psychiatric service users (Hesse, 1996). Hesse (1996) noted that a large proportion of Adult Attachment Interviews (AAI; a measure of attachment in adults) did not fit into any of the traditional categories, or, equally fitted into more than one category. To remedy this a fifth grouping of 'Cannot Classify' (CC) was proposed. These CC subjects may be the most disturbed people but are challenging because they have an ill-defined status (Schuengel et al., 2001). Studies of offenders lend some credence to Hesse's

(1996) notion. For instance, when the AAI was administered with forensic service users with personality disorders, a large number of CC cases were identified (Ijzendoorn et al., 1997). In another study the AAI was administered with psychopathic criminal offenders, a large number of CC individuals were again identified, along with a complete absence of securely attached individuals (Frodi et al., 2001). The concept of attachment may therefore be irrelevant in populations with a high prevalence of CC, such as in secure units like the clinic that hosted this study.

It was therefore perhaps unsurprising that staff found service users diagnosed with personality disorder to be particularly difficult to categorise on the PATQ. The stable traits of Attachment Theory could not be reconciled readily with the unstable mental states of the service users. In fact, some personality disorder diagnoses (e.g., borderline personality disorder) reflect stable and pervasive patterns of interpersonal instability. For those charged with day-to-day care of service users it is easy to see how this paradox might be difficult to resolve. Nurses in this environment are in need of specialist training regarding personality development and the various models (for example see Choi-Kain et al., 2008) that describe the possible interactions between personality disorder, attachment and mental illness.

All of the nurses interviewed for the current study were working on a male acute admission and assessment ward. The service users who reside there are likely to be experiencing instability in their mental state, difficulty adjusting to their new environment and possibly experiencing some abreaction to treatment. The current study could therefore be legitimately criticised for exploring staff understanding of Attachment Theory in the worst case scenario of acute admissions. This could in future be remedied by including staff working with service users in rehabilitation or aftercare phases of treatment. Nevertheless,

acute admissions is an important stage in treatment (Quirk et al., 2001) where service users begin to form relationships with staff and start adjustment to the secure environment. The current study could also be criticised for using a volunteer opportunity sampling method, it might be supposed that the nurses who volunteered may have differed in some systematic way from those who did not volunteer. One possibility is that the nurses who volunteered could have felt more confident or expert in their knowledge of attachment theory, the findings of the study do not support this possibility and there is no reason to suppose that those who volunteered differed in any important way from those who chose not to.

Attachment Theory is widely regarded as being important for managing and understanding service users, because it may facilitate therapeutic strategies, risk assessment and management of violent behavior, along with many other forensic service user outcomes (Berry et al., 2010; Duxbury, 2002; Hinsby et al., 2004; Ravitz et al., 2010). Sullivan et al., (2013) have reported on how a model of flexible nursing observations based on Attachment Theory was developed on the female ward in the same unit as the acute ward that hosted the current study. However, the current study found that nurses on the male, acute admission ward did not have a sound knowledge of the individual attachment categories or how they apply to their work with service users in the clinic. Nurses did not use Attachment Theory terminologies in their work but believed that Attachment Theory could be beneficial because it may enable them to work with service users more effectively. What we suppose is that the absence of an understanding of service users' attachment styles may, (1) limit the understanding of factors contributing to violence or self harm, (2) hinder interprofessional communication regarding important service user characteristics, (3) impede the formation of effective therapeutic relationships, (4) increase inconsistency in how staff understand the needs of the people in their care, and (5) work against attaining

relational security. However, it is not clear from the existing literature (e.g., Hesse, 1996; Schuengel et al., 2001), whether the constructs derived from Attachment Theory have validity when applied to forensic psychiatric service user populations generally and therefore it is not clear whether the absence of knowledge of Attachment Theory amongst clinicians will automatically impede service user recovery or achieving relational security (Appleby, 2010).

Despite its widespread influence as a psychological theory and its' appeal to forensic practitioners as a model for understanding relational security and therapeutic relationships in forensic mental health (Adshead, 1998; Bagshaw et al., 2012), Attachment Theory has been relatively neglected as a research topic in forensic mental health services. We introduced this paper by highlighting the central role for nurses in identifying and formulating service user attachment styles in realising the objective of relational security. We base our analysis on the premise that relational security must be realised through a thorough understanding of the personal needs and responses of service users. Our analysis has uncovered a hiatus between theory and the operationalisation of theoretically derived constructs, this highlights the need for research, training and education regarding the development and expression of attachment behaviour in adults with serious, complex mental health and personality difficulties.

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