

The Attachment Style Interview (ASI) for adults and the adolescent version of the ASI (ASI-AD) have recently been introduced to Australia through a partnership between SAL Consulting and Middlesex University.

The ASI is an evidence-based assessment of support and attachment style that provides workers with a tool for measuring current marital/partner relationship and support contexts. The ASI is an audio-recorded, semi-structured interview that takes around an hour and a half to administer.

The Attachment Style Interview

Enhancing practice through
evidence based assessment

The Attachment Style Interview Fact Sheet

Enhancing practice through evidence based assessment

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1. The Attachment Style Interview (ASI)



Background

Attachment theory is influential in both research and practice in providing explanations of individuals' capacities to achieve good support, close partner relationships and effective parenting of their own and others' offspring. The ASI is a standardised interview tool, which assesses support-based attachment styles in adults and is adapted for case workers, social workers and psychologists working in Adoption/Fostering and Child Protection contexts.

The interview was originally developed in a large program of research funded by the Medical Research Council, UK, identifying vulnerability in families in relation to mental health, and was used in over ten years of psychosocial research on families conducted by Professor Antonia Bifulco and her research team at the Centre for Abuse and Trauma Studies, Middlesex University. The research team subsequently designed the interview for Adoption/Fostering and children's services. More recently the team has developed an adolescent version, the ASI-AD, which is used in Residential Care and with other young people at risk.

The Attachment Style Interview

The ASI is an evidence-based assessment of support and attachment style that provides workers with a tool for measuring current marital/partner relationship and support contexts. The ASI is an audio-recorded, semi-structured interview that takes around an hour and a half to administer. It uses standardised thresholds for what constitutes 'good- enough' support, and aids practitioners to avoid the biases and 'halo effects' from clients' socially-desirable responses. Using investigator-based tools (where the assessor makes the final scoring and judgments are based on previously determined benchmarks), with semi-structured probing to determine evidence for a more in-depth picture of

relationships, helps to counter-act such biases. The ASI is one of the few attachment style interviews that has an accessible method of questioning and scoring to assess both secure and insecure relating styles.

The ASI assessment aids understanding of parents' & carers current supportive network including the quality of their partner and other close support relationships and identifies barriers they have to such closeness where they may have Anxious or Avoidant attachment styles. It measures their Ability to Make and Maintain relationships and Overall Attachment Style. The ASI should not be confused with the other measures, notably the Adult Attachment Interview (AAI) which is not adapted for use by practitioners and is not support-focused.

Specifically, the ASI provides an objective evidence base for the following:

- Overall Attachment Style. Insecure attachment styles are either of an anxiously attached nature (Enmeshed or Fearful) or are of an avoidant nature (Angry-dismissive or Withdrawn).
- Current on-going support from partner, if there is one (Please note it does not assess past partner or support relationships).
- Current on-going support from close confidants.
- Current Ability to Make and Maintain relationships.
- Current generalised attachment attitudes to closeness/autonomy to ascertain the reasons for attitudes which a person can have that form blockages in obtaining support from close others. This includes those attitudes that create distance from others e.g. high mistrust, psychological barriers to getting close to people, fear of rejection or anger. It also includes attitudes that create over-dependence on others e.g. high need for the company of others, low self-reliance in decision making and high fear of separation from loved ones.
- It also assesses ability to access help and support and barriers to this in terms of insecure attachment style.
- It provides a baseline for gauging future change.

Overall attachment style is derived according to an established procedure. Those with good support and positive attitudes to others are rated as 'Clearly Secure' and those with good support and some negative attitudes are scored as 'Mildly Insecure'. However, those with poor support, inability to make relationships and a series of negative attitudes are scored as 'Markedly', or 'Moderately Insecure' in their attachment style. Attachment styles differentiate those Secure (the most adapted) from those Insecure Anxious (Enmeshed or Fearful) and those Avoidant (Angry-dismissive or Withdrawn) or Dual/disorganised (Anxious and Avoidant). These latter identify different typologies involving over-dependent versus over self-reliant; frightened versus angry; needy versus isolated and less adapted socially.

Key findings



Secure styles, or those at only 'Mild' levels of insecurity as measured by the ASI, and those rated Moderately Withdrawn show high levels of resilience. A secure attachment style, in terms of the ASI, refers to good ability to make and maintain close supportive relationships. It also refers to having

positive attitudes towards others in terms of trust and being able to attain closeness, being self-reliant and having low levels of anger and fear in relating to others.

Prevalence figures show that just under half in a general community sample have 'Clearly Secure' attachment style, with around a third having a 'Mildly Insecure' attachment style and around twenty percent a 'Highly Insecure' attachment style. Parents or carers with a significant level of insecure styles (Anxious such as Enmeshed or Fearful, or Angry-dismissive) or Dual/disorganized styles are considered high risk in relation to partner support/stability and sensitivity required for good parenting. This is particularly evident when both partners in the family have such styles.

'Highly Insecure' Anxious (Enmeshed and Fearful) and Angry-dismissive attachment styles are a significant predictor of emotional disorder (major depression and anxiety). Such styles also relate significantly to other risk factors such as low self-esteem, poor support, partner difficulties and childhood neglect and abuse (4, 5).

Clearly Secure, all Mildly Insecure styles and the Moderately Withdrawn style do not elevate risk of depression and in fact these styles have resilient aspects.

In retrospective community studies, Markedly and Moderately Insecure Styles were related to incompetent parenting, which in turn related to neglect or physical abuse of offspring as reported in late adolescence/early adulthood (6).

Insecure ASI categories were associated with more insensitive and distant mother-baby interaction (4).

Use of the ASI in services

The ASI is used with parents & carers in Adoption/Fostering and child protection services as a means of predicting parents and carers' support in relation to anticipated need over the course of crises that may arise with any of their children. It also aids understanding of parents' current supportive network, quality of partner relationship, other close relationships and relating ability, helping assess resilience and ability to provide a stable family context for the child.

The ASI aids assessments of risk and resilience and is specifically used as a means of predicting parents and carers' likely future support in relation to anticipated needs that may arise with placed children.

Research background

The ASI is accepted as a standardised measurement tool in research terms, since it has been tested in relation to its reliability (similarity of scoring same interview by different scorers on different sites; its relative stability over time) and its validity (it relates to other experiences as expected from attachment theory)(1, 2). The ASI's reliability and validity is established among researchers (including several cross-cultural studies) (3) and good inter-rater agreement (above 75% agreement between raters) has been found in three different published studies (in London, across Europe and in Japan) (3).

Good stability of the measure was found, for example when administered before and after birth (75%) and over a three-year period with community women (73%) in terms of basic Secure or Insecure style. Where change did occur it was somewhat more often in a positive direction to greater security (4).

Use in Court & Adoption / Fostering Panels



The ASI is well received by the Children's Courts as it is evidence based, clear and transparent. The ASI is only one of many tools used to assess family strengths and difficulties and should always be used in conjunction with other assessments.

The ASI provides an objective, evidence-based assessment tool that has gone through careful checks to show it is consistent and reliable in its use. The scores do not depend on the opinion of the professional undertaking the interview, but on a series of rules and rating procedures all outlined in a training manual and verified in research contexts. The ASI's reliability and validity has been tested in a number of sites and it is a reputable interview tool for assessing current social and psychological factors around relationships that highlight risk or resilience in relation to family life.

The ASI provides workers with objective scores for the quality of the current partner and relationship including current interaction and confiding behaviours. All these scores can be used to inform reports and assessments.

Reports produced for court or panels using the ASI should give headline scoring with explanation, but also crucially reproduce some of the verbatim comments to illustrate the relevant context, relationships and styles, in order that the voice of the client can be represented. This is also useful for client feedback, which is usually well received as it is based on the audio-recorded verbatim comments and scorings recorded in a standardised ASI pack, with explanations of each scale and illustrative scoring examples for easy reading.

Practitioners using the ASI for court work should be experienced users who have had previous cases checked for accurate scoring. To ensure consistency all ASI cases are required to be quality controlled with a fully trained colleague.

Further information regarding ASI research and practice can be found in: Bifulco A, & Thomas, G. Understanding Adult Attachment in Family Relationships: Research, Assessment and Intervention. Routledge. (2012)

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2. The Attachment Style Interview for Adolescents (ASI-AD)



The Attachment Style Interview for Adolescents

The ASI-AD is an audio-recorded, semi-structured interview that takes around an hour and half to administer, and approximately 2-3 hours to score.

It uses standardised thresholds for what constitutes 'good-enough' support, and aids practitioners to avoid the biases and 'halo effects' from clients' socially-desirable responses.

Using investigator-based tools (where the assessor makes the final scoring and judgments are based on previously determined, evidence-based benchmarks), with semi-structured probing to determine evidence for a more in-depth picture of relationships, helps to counter-act such biases.

The ASI is one of the few attachment style interviews that has an accessible method of questioning and scoring to assess both secure and insecure relating styles.

The ASI-AD is a evidence based assessment of support and attachment style that provides workers with a tool for measuring current a young person's relationship with their parents/carers and support contexts. Specifically, the ASI provides an objective evidence base for the following:

- Current on-going support from parents and carers & other close confidants.
- Current Ability to Make and Maintain relationships.

- Current generalised attachment attitudes to closeness/autonomy to ascertain the reasons for attitudes which a person can have that form blockages in obtaining support from close others. This includes those attitudes that create distance from others e.g. high mistrust, psychological barriers to getting close to people, fear of rejection or anger. It also includes attitudes that create over-dependence on others
- e.g. high need for the company of others, low self-reliance in decision- making and high fear of separation from loved ones.
- Overall Attachment Style. Insecure attachment styles are either of an anxiously attached nature (Enmeshed or Fearful) or are of an avoidant nature (Angry-dismissive or Withdrawn).
- It also assesses ability to access help and support and barriers to this in terms of insecure attachment style.
- It provides a baseline for gauging future change.

Overall attachment style is derived according to an established and evidence- based procedure. Those with good support and positive attitudes to others are rated as 'Clearly Secure' and those with good support and some negative attitudes are scored as Mildly Insecure. However, those with poor support, inability to make relationships and a series of negative attitudes are scored as Markedly, or Moderately Insecure in their attachment style. Attachment styles differentiate those Secure (the most adapted) from those Insecure Anxious (Enmeshed or Fearful) and those Avoidant (Angry-dismissive or Withdrawn) or Dual/disorganised (Anxious and Avoidant). These latter identify different typologies involving over-dependent versus over self-reliant; frightened versus angry; needy versus isolated less adapted socially.

Attachment and young people

The need for a support-based adolescent attachment measure is proving increasingly necessary for understanding risk and resilience factors at this critical life stage. Attachment theory provides a useful framework for investigating lifespan linkages between early interactions between parent and child and subsequent relationship style in adolescence and adulthood. The ASI can be seen as a useful measure of teenage risk and resilience in terms of supportive relationships.

A key aspect of the ASI is it provides an evidenced base for how the young person see's the world and how they interact with their peers and carers and their attitudes towards distance and closeness in relationships.

Prevalence Rates

Prevalence figures (Oskis et al., 2011) show that just over half of a general community sample of young people have 'Clearly Secure' attachment style (52%), with around 10% having a 'Mildly Insecure' attachment style

28% had a 'Highly Insecure' attachment style.

10% had a disorganised or dual style.

Young people with a high level of insecure styles (Anxious such as Enmeshed or Fearful, or Angry-dismissive) or Dual/disorganised styles are considered high risk in relation to placement stability and psychological and emotional health.

Prevalence Rates: Young People in Residential care

The ASI-AD has been used for a decade in residential care services by St Christopher's Fellowship. (www.stchris.org.uk). It is used at first assessment before a programme of behavioural management in order to understand more of the young person's interpersonal style and support. Elements of the ASI are used to determine management of increasing pro-social behaviour and antisocial behaviour.

Work has shown high rates of dual/disorganised attachment style and angry-dismissive styles consistent with other findings in residential care studies.

In 2017, 105 baseline ASI's have been completed to date All of these were high risk in attachment terms.

Of these 58% were Disorganised with two attachment styles and (N=61), 42% (N=44) were a single, Insecure style (termed Marked or Moderately Insecure in the ASI).

No baseline was Clearly Secure or the Mild Style both of which are associated with Resilience.

Prevalence Rates: Young People in Foster Care

The prevalence rate of the ASI for young people in foster care is currently being determined in partnership with the St. Christopher's Fellowship.

Research background of Attachment Style Interview for Adolescents



Disorganised attachment questionnaire study (Bifulco et al., 2016)

This study used the ASI-AD and the Vulnerable Attachment Style Questionnaire (VASQ) self-report in a pilot study of young people in residential care in the UK and Isle of Man.

The aim was to test these relatively new measures in practice contexts administered by practitioners, and to determine rates of insecure and disorganised attachment style to compare with other studies.

Results show around half of the young people had disorganised (or mixed) attachment styles using either measure, with avoidant attachment styles more common than anxious ones.

Secure style was rare.

Intergenerational study (Bifulco et al., 2006)

146 young people in North London aged 16-30 (average age 20). All selected by had mothers' psychosocial risk for depression (adverse childhood or poor adult relationships). Mothers selected from London GP lists and screened by Questionnaire. All were brought up by biological mother (but not necessarily father), therefore stability of care arrangements. Neglect and abuse from mother was associated with insecure attachment styles in adolescence and to depression/anxiety disorder.

Insecure attachment style and negative self- evaluation provide mechanisms by which adolescents with prior childhood adversity will be at increased risk for disorder.

Evidence supportive of an attachment theory approach.

Contextual interview measures are useful in providing the range of data and narrative case history (useful for researchers and clinicians).

Cortisol study 1 (Oskis et al., 2011)

60 healthy females aged 9-18 years (average age 14 years) participated in the ASI-AD.

Cortisol levels were examined within saliva samples which were collected over 2 days, and synchronized to awakening, to examine the cortisol awakening response and the subsequent diurnal decline.

The anxious attachment group exhibited higher cortisol levels on awakening in contrast to the securely attached group. The anxious insecure group also showed an attenuated awakening response compared to all other participants.

These findings indicate that the same pattern of cortisol dysregulation associated with disorder in adulthood manifests as a function of anxious (but not avoidant) insecure attachment style in females during healthy childhood and adolescence.

Cortisol study 2 (Oskis et al., 2014)

This study investigated the association between female adolescents' interview-based attachment behaviours and two markers of stress system activity axis activity: cortisol and DHEA.

55 healthy females, average age 14 years, years participated in the ASI-AD.

A smaller cortisol awakening response was related to anxious attachment attitudes, including more fear of rejection. Greater morning DHEA was predicted by lower levels of reported confiding in mother.

These findings highlight that the normative shifts occurring in attachment to caregivers around adolescence are reflected in adolescents' biological stress regulation.

Emotional identification and expression study (Oskis et al., 2013)

Alexithymia is a cognitive-affective impairment in the processing, regulation and communication of emotion.

In this study 60 school-based healthy 60 healthy females aged 9-18 years (average age 14 years) participated in the ASI-AD.

Greater levels of alexithymia were exhibited by both anxious and avoidant insecurely attached groups compared to securely attached participants.

In terms of specific ASI attitudes, fear of separation and constraints on closeness predicted different aspects of emotional identification and expression.

Cortisol study 3 (Smyth et al., 2016)

In this study a group-based acute psychosocial stressor was used to assess stress reactivity, as indexed by the hormone cortisol.

78 healthy young females (average age 20 years) completed the Vulnerable Attachment Style Questionnaire (VASQ), which is validated against the ASI, and were then exposed to the group stressor, a public speaking activity.

Physiological stress reactivity was assessed using salivary cortisol concentrations across the stress event.

Insecure anxious attachment style showed greater cortisol reactivity than participants with secure attachment style.

Avoidant attachment was not significantly different from the secure attachment style.

Key ASI-AD research findings: Resilience.

Secure style acts as a resilience factor among those who have childhood neglect/abuse.

No associations were found with Moderately Insecure Withdrawn style and psychopathology consistent with adult findings.

Insecure avoidant attachment style characteristics are associated with the same hormonal functioning as securely attached

Key ASI-AD research findings: Risk

Anxious styles of Markedly or Moderately Insecure Enmeshed or Fearful are risks for depression, anxiety and self-harm.

Anxious styles of Markedly or Moderately Insecure Enmeshed or Fearful are higher in pregnant teenagers.

Anxious styles of Markedly or Moderately Insecure Enmeshed or Fearful relate to maternal neglect and abuse.

Markedly or Moderately Insecure Angry-dismissive styles are associated with conduct disorder and also self-harm.

Dysregulated hormone levels are associated with anxious attachment styles, particularly scales of fear of rejection, fear of separation and confiding in mother. These same relationships are not found for insecure avoidant or securely attached.

Specific aspects of insecure attachment styles, particularly fear of separation and constraints on closeness are related to impairment in the processing, regulation and communication of emotion.

Dual or disorganised styles were significantly related to substance abuse/dependence.

Dual or disorganised styles were significantly related to paternal neglect/abuse.

Dual or disorganised styles are over-represented in young people in residential care.

Different versions of the ASI-AD



There are three versions of the ASI-AD Interview Pack:

1. **ASI-AD** for young people living with their parents, or wider family members.
2. **ASI-AD Fostering** for young people living with their Foster Carers'.
3. **ASI-AD Residential** for young people living in residential placements.

1. The ASI-AD

The ASI-AD assessment aids understanding current of young people living at home's current supportive network including the quality of their close support relationships with parents, family and friends, and identifies barriers they have to such closeness from attitudes of Anxious style or Avoidant style. Practitioners use this version with young people living in homes that are having parenting assessments. It is also used when parents and children are having an adoption assessment for another child to be adopted into the household.

2. The ASI-AD Fostering

The ASI-AD Fostering assessment aids current understanding of young people living with foster carers current supportive network including the quality of their close support relationships with their foster carers, family (if contact) and friends, and identifies barriers they have to such closeness from attitudes of Anxious style or Avoidant style.

Practitioners use this version to help with specific care-planning based around their current attachment style.

3. ASI-AD Residential

The ASI-AD Residential assessment aids current understanding of young people living in residential care's current supportive network including the quality of their close support relationships with their carers, family (if contact) and friends, and identifies barriers they have to such closeness from attitudes of Anxious style or Avoidant style.

The ASI-AD Residential is a briefer assessment that concentrates on the attachment attitudes and overall attachment style. It also provides evidence for closeness and antipathy with key people in their life.

Practitioners use this version to help with specific care-planning based around their current attachment style. It is also used pre and post interventions help to measure change.

Voluntary organization St. Christopher's Fellowship have used the ASI-AD as part of their attachment framework in their residential homes for over a decade. A paper describing this work is: Jacobs, C., Ilan-Clarke, Y., & Bifulco, A. (2012). Caring about attachment in young people in residential care: The use of the Attachment Style Interview. *Community Care*, 1.

Best Practice for the ASI-AD

The ASI-AD is only one of many tools used to assess a young person's strengths and difficulties and should always be used in conjunction with other assessments. The ASI-AD provides an objective, evidence-based assessment tool that has gone through careful checks to show it is consistent and reliable in its use. The scores do not depend on the opinion of the professional undertaking the interview, but on a series of rules and rating procedures all outlined in a training manual and verified in research contexts. The ASI's reliability and validity has been tested in a number of sites and it is a reputable interview tool for assessing current social and psychological factors around relationships that highlight risk or resilience in relation to family life.

The ASI-AD provides workers with objective scores for the quality of the current parent/carer and relationship including current interaction and confiding behaviours. Objective scoring of relationships with key support figures and score a current score of Ability to Make and Maintain relationships, Negative attitudes and overall Attachment Style are also determined as described earlier. All these scores can be used to inform reports and assessments.

Reports produced for the ASI-AD should give headline scoring with explanation, but also crucially reproduce some of the verbatim comments to illustrate the relevant context, relationships and styles for transparency in order that the voice of the client can be represented. This is also useful for feedback young person, which is usually well received as it is based on the audio-recorded verbatim comments and scorings recorded in a standardised ASI pack with explanations of each scale and illustrative scoring examples for easy reading.

Practitioners using the ASI with young people should be experienced users who have had previous cases checked for accurate scoring. To ensure consistency all ASI cases are required to be quality controlled with a fully trained colleague, or through the university team's low-cost checking service for more difficult cases.

Electronic versions of the Attachment Style Interview for Adolescents, for Fostering and for Residential care is available for license to agencies and individuals. For details of this, further research information or access to other practitioners who can endorse the ASI contact lifespantraining@mdx.ac.uk

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