

Book Review

Taylor, C. (2012). *Empathic Care for Children with Disorganised Attachments: A Model for Mentalizing, Attachment and Trauma-Informed Care*. London: Jessica Kingsley Publishers, 208pp, ISBN 978-1-84905-182-8, £18.99.

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The views expressed here are my own and in no way reflect those of the organisation.

If you work in residential childcare, it seems likely that you will be supporting young people who have experienced traumatic events in their childhood. It is known that such experiences have a significant impact on brain development and the quality of attachment with their care givers (Cairns, 2015, p.50). You might think that there is little you can do to help them recover from their experiences. You might think that your young people have come into residential childcare too late; that the potential for therapeutic working is long gone. Chris Taylor suggests otherwise: he suggests that with understanding and empathy, young people can heal.

The Mentalizing, Attachment and Trauma-informed care model (MAT) is a model of recovery for children and young people who have experienced traumatic events in their early years. It is heavily based on the idea of mentalization - the process by which individuals are able to interpret and understand their behaviour and that of others (Fonagy, Gergely, Jurist and Target, 2004, p.3). Taylor suggests that giving children and young people the best chance of recovery from their early experiences relies on adults having a comprehensive understanding of their past, coupled with a desire to understand how this affects their thought processes and behavioural responses in their present. He states that caregivers also have to have an understanding of how they think and respond to the behaviour of the young person. There is an emphasis on the use of positive and reliable relationships for this approach to be wholly effective.

Each chapter commences with a list of learning outcomes which should be achieved by studying the content. This approach sets the tone for readers, allowing them to relate content to outcome. A chapter is dedicated to providing an outline to each of the three main strands of the model: mentalizing, attachment and trauma. Whilst this allows readers to develop their understanding of each strand before thinking about how the principles of each can be combined to help young people make sense of their past

experiences, it has to be noted that a comprehensive understanding, particularly of attachment theory, might be required for the reader to wholly understand its implications for practice. The way it is set out is beneficial for those who perhaps want to understand a bit more about the impact of trauma or attachment without necessarily working in an environment which uses the model in their practice.

I particularly like the chapter on attachment and trauma informed care. It is not the first time Taylor mentions the importance of adults understanding their own response to a young person in order to promote recovery; it suggests that having preconceived ideas about young people can be detrimental to their recovery, highlighting the importance of the relationship for promoting recovery. Taylor, in a simple yet effective manner, discusses the notion that all behaviour has communicative purposes. For residential workers this concept should not be a new one; even though it can be easy to forget in the immediacy of supporting a young person through a period of pain based behaviour. I like that Taylor does not refer to the behaviour as challenging. Instead, he suggests that the challenge is for adults to interpret the behaviour at the point of occurrence, allowing them to respond in a meaningful manner. This chapter sets out certain conditions which are beneficial for promoting recovery from trauma. At first, you may be thinking that these cannot be met in a residential environment, that the fluid nature of residential care makes it seem an impossible task. It is gratifying to read that, in a world where residential childcare is often still considered a place of last resort (Smith, 2009) there are some professionals who believe it has therapeutic potential. There is an acknowledgement that for some young people, the foster care environment can be too intense as they learn to negotiate new relationships. I hope this recognition gives new hope that, with time, the discourse of residential childcare as a last resort might become a thing of the past.

Chapter six offers intervention approaches for the different attachment style. This is only beneficial if the adults have a clear understanding of attachment theory and its implication for practice. The implementation of the approach is likely to be more successful if a young person is described as having a clear and undeniable attachment style. We have to recognise that we support children who may have had horrible things happen to them and our role is to help them heal from trauma in as nurturing a manner as possible. We have to be aware that even with the best intentions, our interactions can be misinterpreted with devastating results. I would suggest approaching the ideas in this chapter with a degree of caution for cases where there is no clearly defined attachment style.

The MAT model appears to bear a similarity to the life-space approach which advocates the therapeutic use of naturally occurring every day events at the point of occurrence, where carers have the potential to help young people make sense of that moment whilst helping them make more positive connections (Smith, Fulcher and Doran, 2013, P. 13). Daniel, Wassell and Gilligan (2010) suggest that young people are unlikely to thrive if adults have low expectations of them. One of the key differences between MAT and the life-space approach is that Taylor makes you consider how your own thoughts and feelings about a child can have a significant impact on their recovery. The life-space approach seems less complex although in essence both approaches advocate for the same thing: the use of self to promote recovery and growth. Both approaches recognise that residential

workers, spending a considerable amount of time with young people, have the potential to be the most influential people in a young person's life.

All in all, this is an interesting and thought provoking read for practitioners who have a desire to learn more about particular areas which affect their young people. The MAT model has clear benefits for improving outcomes for children in residential childcare. However, successful implementation relies on an entire team having a clear and concise understanding of its concept. I would not suggest using this book as the sole resource for embedding this model into practice, but it would make a valuable contribution.

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