

CareME

Attachment based intervention

**HELENA CARVALHO | CATARINA PINHEIRO MOTA | BEATRIZ SANTOS | MÓNICA
COSTA | SEMIRA TAGLIABLUE | PAULA MENA MATOS**



- **CareME** - Efficacy of an attachment-based intervention in residential care: A randomized controlled trial on the effects on the caregivers' relational skills and the adolescents' psychosocial adaptation
(Oct2018-Oct2021)
- Funded by the Portuguese Foundation for Science and Technology (PTDC/PSI-ESP/28653/2017)



WHY PROFESSIONAL CAREGIVERS?

- Variability in the quality of care and protection provided by RC and consequent outcomes (e.g., Costa, Mota & Matos, 2019)
- Quality of residential care: to reinforce structural neglect (van Ijzendoorn et al., 2011) or to inform a culture of caring (Ainsworth & Fulcher, 2006)
- “second chance secure base figures” (Graham, 2005)
- Caregivers’ role on inducing attachment security through responsive, continued consistent and trustful care (e.g., Costa et. al, under review; Rabley et al., 2014; Steels & Simpson, 2017; Wright et al., 2019).



CORE PREMISSES

Caregiving is inspired by **own history of being cared** (e.g., Bowlby, 1988, Mikulincer et al., 2005).

To acknowledge that *sometimes our pain awakes when assisting their pain* (Caregiver interview, 2020)



caring for caregivers

Improving care is also to create conditions for **self-knowledge**, for embracing emotional triggers and to welcome spontaneous expressions of love, **the love that cures** (Carvalho et al., under review).

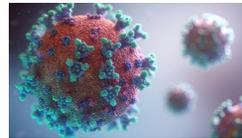
Black box state of knowledge (Leipoldt et al., 2019).



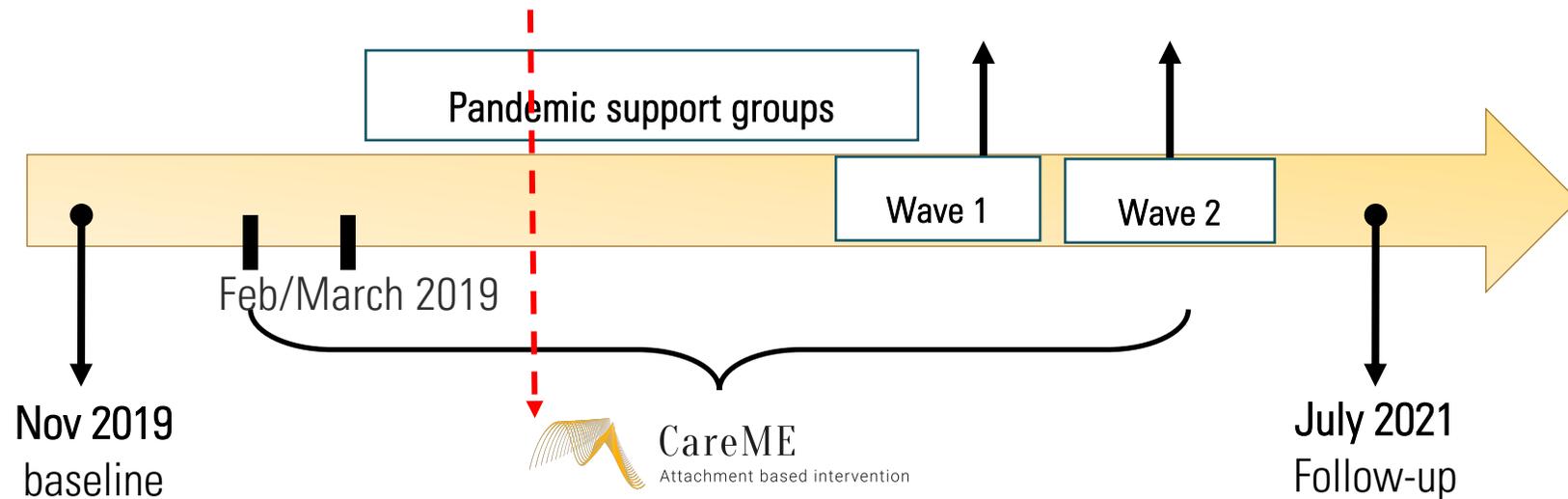
DESIGN

Longitudinal data collection – 4 waves

(multi informant & mixed methods)



June 2020 - Sept. 2020 / Dec. 2020 – March 2021



Intervention control group



Baseline
212 caregivers
(*M* age = 40.99 years, *SD* = 11.05)
243 adolescents
(*M* age = 15.56 years, *SD* = 1.67)

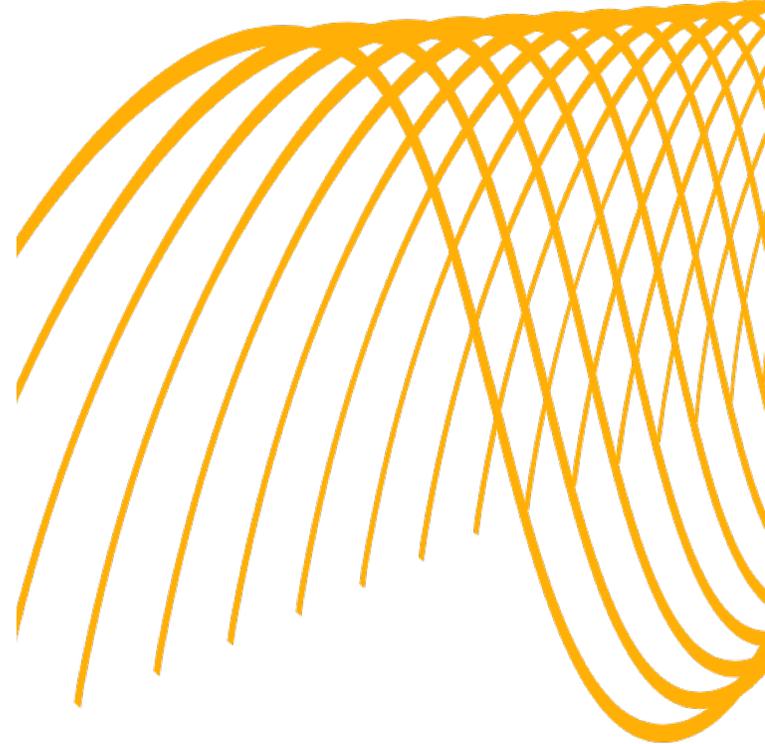
Wave 1
157 caregivers
(*M* age = 41.06 years, *SD* = 10.21)
170 adolescents
(*M* age = 15.42 years, *SD* = 1.71)

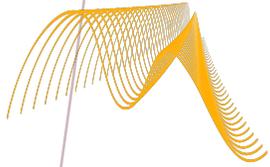
Wave 2
113 caregivers
(*M* age = 39.27 years, *SD* = 9.26)
128 adolescents
(*M* age = 15.46 years, *SD* = 1.66)

Wave 3
July 2021

INTERVENTION

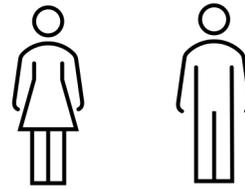
- 10 sessions – 2 hours – certified by the University of Porto
- 4 intervention groups (around 20 caregivers each)
- Reflexive practice (video discussion, single cases, expositive methods, feedback and re-meaning experience)
 - How did I feel?
 - How did he/she feel?
 - What this behaviour tells me about children/youth relational experiences?
 - What sense/meaning can I bring from the experience?
 - How can I develop a more responsive behaviour?
 - How did I interpreted the others' behaviour and acted accordingly?





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Processes

Sensitivity & attunement

Emotion regulation

Reflexive function

Accessed dimensions

Attachment

Quality of relationships

Perspective taking

Mentalization

Emotion regulation

Mental health

Accessed dimensions

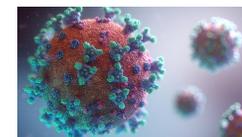
Attachment

Quality of relationships

Emotion regulation

Visions about the future

Mental health



WHAT WAS FELT AS MORE USEFUL?

Understand the reason underlying certain behaviours. Sometimes is hard to understand

Being a safe haven when facing externalizing behaviour

When facing challenging behaviour we should ask "What happen to you?"

When there is a temper tantrums I think before I react.

The importance to be there, just listening, even when I can't resolve the problem

Understand the importance of time for developing new relationships



*WHAT
WAS
FELT AS
MORE
USEFUL?*

The film helped me to understand the traumatic nature of the experience from the child's perspective. The relevance of being available to "read emotions" behaviours, considering their life experiences. The importance of being a container, consistent and empathic. To learn from the children suffering how to be a better person.

Caregiving consistency, leading with insecurity from not knowing everything or dealing with errors. Repairing relationships

Predictability and consistency is organizing.



INNOVATIVE DIMENSIONS

Non expected results

- Development of a sense of belonging & identity
- Group intravision- institutions integrate CareME

knowledge production & grounded needs

- Being responsive to changes in the environment (e.g., covid)
- Ethical concerns. Prevent revictimization / intervention control group

Dissemination & research validity

- Triangulation
- Research production that responds in time to ground challenges
- Participants as co-researchers

And then...

- Scarce investment funds on the child welfare research
- Discontinuity of sessions



CareME Team

Catarina Pinheiro Mota (UTAD, CPUP)

Paula Mena Matos (FPCEUP, CPUP)

Helena Carvalho (FPCEUP, CPUP)

Mónica Costa (FPCEUP)

Beatriz Santos (UTAD)

Francisca Babo (UTAD) & Francisca Morais (FPCEUP)

Semira Tagliabue (Catholic University Milan)

Tiago Ferreira (FPCEUP, CPUP)

careme@fpce.up.pt

