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Literature Review

Empirical Research Project

Reflective Commentary

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(Child and Adolescent)

Declaration

I, Theodora Manolopoulou confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Contents

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Part 1: Literature Review

A closer look at Looked After Children with Conduct Disorder who have experienced maltreatment

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Abstract

Conduct disorder (CD) is the most prevalent mental health disorder in Looked After Children (LAC). Even though theory has suggested the existence of a link between maltreatment and CD, this literature review has been aimed to understand the reasons behind this connection. A literature search specifically on LAC who have been maltreated was conducted among multiple databases. Results showed that little research has been conducted directly with LAC. Theories arising from case studies in Psychotherapy have been examined, and the themes that emerged are presented. Overall ideas that arose from the search include genetic factors; neuroscience and physiology; attachment theory; cumulative trauma; and mourning. In addition, based on the prior literature, biases are examined that might be held against children who are in residential care. Strengths, implications, and limitations regarding the literature review are discussed, with the main focus upon placement disruptions and early interventions. Future research should also consider differentiations of CD and consider callous-unemotional affect in LAC.

A closer look at Looked After Children with Conduct Disorder who have experienced maltreatment

"Some few stopped to gaze at Oliver for a moment or two or turned around to stare at him as they hurried by, but none relieved him or troubled themselves to inquire how he came there." (Dickens, *Oliver Twist*, p. 122)

1.1 Introduction

Children who have been abandoned and/or have experienced cruelty by those looking after them have occupied the interests of society and literature for centuries (Lanyado, 2017). More recently, these children have also garnered wide interest in academic research. The aim to break the cycle of violence (Widom, 1989a, 1989b) and improve the safeguarding of children has been at the forefront of much legislation and many therapeutic interventions in the UK and around the world during the past 60 years (Smith, 2016). A meta-analysis has found that foster care living arrangements are associated with better long-term outcomes for young people, when compared to those in residential institutions (Li et al., 2017). However, foster care placements can lead to breakdowns, for which behavioural problems of foster care children have been identified as a predictive factor (Oosterman et al., 2007). Placement breakdowns have also been linked to further aggression and offending behaviour in foster care children (Newton et al., 2010).

This literature review aims to explore the theoretical understanding of the development of Conduct Disorder (CD) in maltreated populations who live in foster care. This narrative review aims to describe and synthesise relevant theoretical, clinical, and empirical papers on the topic, to identify the body of knowledge, key debates, and gaps in the literature. Given the interest in this topic's relevance to Child Psychotherapy, the author remains very conscious

of the bias inherent to completing a literature review and has considered the importance of increasing objectivity to achieve credibility.

1.1.1 Looked-After Children

The official term "Looked After" describes those young people under 18 years of age who have been cared for and accommodated by a child service belonging to a community for more than 24 hours, or whose court has granted their custody to a local authority.[1] The Children Act 1989 and 2004 created the legal landscape for the current child protection system in the UK, emphasizing that court decisions should promote children's best interests (Smith, 2016). Since the first half of the previous century, public childcare in the United Kingdom has undergone significant changes, many of which were influenced by psychoanalytic thinking (Packman, 1975).

1.1.2 Epidemiology

A national survey published in March 2020 revealed a total of almost 80,080 children in England who are Looked After. The main reasons these children became Looked After include abuse and neglect, 65%; family dysfunction, 14%; family in acute distress, 8%; parents' illness or disability, 3%; absent parents, 7%; and child's disability, 3%. The term "Looked After" refers to the population of children whose parents struggled *to look after them* (Lanyado, 2017); therefore, the term involves a paradox. The young people with this status generally prefer to be addressed as "Children in Care"

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[1] under a care order: a court order placing a child in the care or supervision of a local authority

under a voluntary agreement: this allows the local authority to provide accommodation for a child where there is parental consent, or when no-one with parental responsibility is in place

under a placement order: a court order allowing a local authority to place a child for adoption (Department of Education, 2020)

(National Society for the Prevention of Cruelty to Children, 2021). Among Looked-After Children (LAC), 72% are placed in foster care; a smaller proportion of 14% is placed with a relative or a friend. A very small proportion, 3%, of LAC either live with their parents, live independently, or live in residential employment, in secure units or children's homes. In addition, among all LAC, placements outside their home council account for more than 40%, which means, apart from a change of the children's postcode, a change of school and separation from their community. Regarding changes to foster care placement, within one year, 21% of all LAC had two placements, and 11% had experienced three or more placements. No consistent information is available on whether these children were placed with a sibling or in care.

Research has established that LAC are more likely to develop psychopathology (Festinger, 1990), and social and behavioural problems (Clausen et al., 2013; Rutter & Sroufe, 2000; Simmel et al., 2001). A recent meta-analysis demonstrated that children and adolescents in the welfare system are 10 times more likely to have CD (Bronsard et al., 2016). CD seems to be the most prominent presentation of children who are in foster care (Meltzer et al., 2003). Moreover, research has reported that 1 in 4 adult prisoners have spent some time in foster care (Williams et al., 2012). CD is of critical concern because of its high societal costs, its long-term effects on young people, and its status as the main reason for placement breakdown. It has been estimated that LAC who have been under a welfare system order for more than a year are 5 times more likely to be offenders when compared to normative populations (Ministry of Justice, 2017).

A recent scoping literature review, employing a sample of 51 UK-based research articles exploring children from middle childhood to adulthood, showed that even though conduct problems were amongst the most popular research topics since 2004, LAC were severely underrepresented in this body of research (Fledderjohann et al., 2021). Furthermore, conducting research with LAC involves several challenges. Murray (2005), for example, reviewed a series of research conducted with LAC across a span of more than a decade and noticed that not only were there not many studies, bt also that more than half of the existing studies did not involve the children themselves in the collection of data. Jacklin (2006) has also emphasized the lack of data, pointing out that some of the data is 'patchy' and fragmented because it is difficult to follow up on the children, and professionals are reluctant to involve them in research. Therefore, a closer examination of the existing literature is important. There is a limited amount of research in this area (Murray, 2005), whilst the data that do exist is often fragmented (Jacklin, 2006). Given the sparse range of studies that have addressed this area, a decision was made by the researcher to include case studies for this Narrative Literature Review from Child Psychotherapy given that these rich and detailed accounts would be relevant to our understanding of the phenomena.Yin (2009) has underlined the value of single case studies and suggests that they can function as a prelude to research that involves larger samples. In addition to this, a survey estimated that 87.9% of child psychotherapists worked directly with Looked After and Adopted Children; 82.3% are working in direct psychotherapy (Robinson et al., 2017).

1.2 Methods

The fragmented experiences of children in foster care and the multiple layers of their experiences are also reflected in the difficulty of identifying the critical terms for the systematic search of this narrative literature review. For this Narrative Literature Review, a systematic search was carried out across a variety of scholarly databases in the fields of health, social care, and social sciences. To identify the existing literature, PsychINFO, EMBASE, Medline, Web of Science, and the Cumulative Index to Nursing and Allied Health Literature (CINAHL) were used, and the studies were screened according to the criteria listed below.

1.2.1 The Focus of the Search

To complete the search, I included different descriptions of conduct disorder. However, I discarded the search terms "violent" and "offender", as those words yielded too many articles unrelated to my research question. Search terms included "anti-social", and "anti-social behaviour". With regards to "looked after child" I also included the word "foster care", as LAC is a term mainly used in the UK. The way that maltreatment was conceptualised was based on the explanation provided by the National Society for the Prevention of Cruelty of Children (NSPCC) and the World Health Organisation which defines it as: "all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power" (World Health Organization, 1999, p.15). The search included all the above

mentioned categories, and special attention was paid to neglect which is often deserted in literature (Music, 2009).

The first search comprised synonyms for "looked after child" and "conduct disorder". The second search comprised synonyms for "looked after child", "maltreatment" and "conduct disorder". The third search comprised synonyms of "looked after child" and "child psychotherapy". The fourth search comprised "looked after child", "conduct disorder" and "child psychotherapy".

The literature that resulted was scanned by reading the titles and abstracts. A review and critical appraisal were completed keeping the aim of the literature review in mind. To keep the focus on the research topic, articles on children in middle childhood to adolescence (4–17 years old) were on partly because, in the LAC population, most of the children who enter care are in middle childhood (Department of Education, 2018).

1.2.2 Restrictions

There were no date restrictions, although only English-language papers were included in the search. I identified the main keywords for the search and added synonyms for each keyword.

1.3 Results

The results of this search were limited. Most of the findings showed a small amount of research that had been directly conducted with LAC, and many of the results were found through the collection of interviews with foster carers, or with people working in residential care. Very little information was provided regarding how long children had spent in foster care, the specific reasons they had been removed from their initial homes, or whether they had changed

schools. The information was observably fragmented, and most of the studies were linked to previously conducted research on maltreatment, using examples of children who had experienced maltreatment but who had remained with their families. Attachment theory (Bowlby, 1988) was often used as a theoretical framework. This is not surprising as Bowlby's work, including many of his earliest publications, on separation and early development was defining in the research and policy making around the world (Smith, 2016; Packman, 1975).

Moreover, it is important to acknowledge that the current research and theoretical landscape appear to be heavily influenced by previous longitudinal studies conducted with adopted children who had previously experienced abuse. For example, Rutter et al. (2007) conducted a longitudinal study of Romanian adoptees was conducted at the Institute of Psychiatry, compared with a control group whose members were placed for adoption before the age of 6 months. The study gathered information using multiple methods, including magnetic resonance imaging (MRI) to measure the sizes of three key brain regions (Mehta et al., 2009), and other findings emphasizing how early deprivation for those who were adopted above the age of 6 months had long-lasting adverse outcomes (Rutter et al., 2007). This longitudinal study offered information on how children who had spent their first years of life in orphanages experienced long term effects on cognitive, emotional, and social levels (Rutter & O'Connor, 2004; Mehta et al., 2009; Beckett et al. 2006; Colvert, et al. 2006).

However, being Looked After is a different experience: there are different variables across someone's life that can play a role in augmenting

CD or preventing it from developing further, such as change of placement; moving to a different postcode, and/or to different foster carers; loss of family; and loss of siblings, schools, social workers, and so on. Therefore, external events can lead to further escalation of conduct problems – or de-escalation, if appropriate help is offered. Moreover, there could be differences because of socioeconomic reasons: children might be placed in boroughs that are restricted economically and therefore cannot sufficiently help (Beagly et al., 2014); might not receive help at all because of continuous placement changes (Lanyado, 2017); or might be placed in a socioeconomic area that is not sufficiently privileged (Moughon & Rutter, 2001).

Thus, understanding the reasons maltreated LAC have CD is important, as is understanding how to further disruptions in their lives influence the children and enable them to maintain such disruptive behaviours throughout their lives. To contribute to this understanding, this literature review will be shaped around the search results. Initially, a clarification of CD will be presented. Following the clarification, a summary of genetic factors, neuroscience and physiology, and the research and theoretical approaches employing Attachment Theory will be presented. Moreover, the theoretical themes that emerged from Child Psychotherapy case studies will be discussed focusing on the issues of loss and discontinuity of care that LAC with CD have experienced. Lastly, this review will discuss those young children with CD who live in residential care.

1.3.1 Conduct Disorder (CD)

"Conduct disorder is the oldest diagnostic category used in contemporary child psychiatry for many centuries. Long before psychiatry and psychology were born, people agonised over what to do with out-of-control children. We are still agonising." (Costello & Angold, 2010, p.1)

CD is categorised under externalising disorder (Achenbach, 1978), and accounts for symptoms that include breaking rules, destructive behaviour towards property, and aggressive behaviour towards other people and animals. Before middle childhood, CD can manifest in disobedience of instructions of caregivers or authority figures, temper tantrums, outbursts that contain aggression, aggression directed towards peers and siblings, destruction of property, and provocation of others. In middle childhood, the manifestation of behaviour also includes theft, being cruel to animals and others, and setting fires. In adolescence, these behaviours often lead to involvement with law enforcement, as they may include stealing cars, robbery, running away from home, and sexually predatory behaviours (NICE, 2017). However, although these behaviours of these young people are highly overt, externalising, and provocative, these children continue not to be "seen" and their voices are not captured in research; they are thus perhaps also not listened to.

1.3.2 Genetic Factors

Research has suggested the existence of a strong genetic component to a variety of behaviour disorders that are linked to CDs. Studies have connected the genetic underpinnings that affect serotonin, neurotransmitters, and dopamine, who are inherited from both birth parents and can lead to other disorders such as CD (as cited in Woolgar, 2003: Comings et al., 1997; Bakermans-Kranenburg and van IJzendoorn, 2007; Belsky and Pluess, 2009; Kim-Cohen et al., 2006). However, Woolgar (2013) has highlighted previously under-explored aspects of what is considered a "risk variable". Woolgar (2013) emphasizes that:

> … having high levels of genetic variation, and the differential susceptibility that follows from this, protects species from a range of different environmental risks or pathogens (Rutter, Moffat and Caspi, 2006) and there is now evidence that what looks like risky biology can promote adaptation in low-risk environments
>
> (Woolgar, 2013, p.250)

Therefore, of those LAC who develop CD, there might be genetic factors in the aetiology of their CD. However, in an epigenetic adaptation, the same genetic predisposition, if used to the advantage of LAC, might increase the children's resilience to adversity, especially in new placements. (Woolgar, 2013).

1.3.3 Neuroscience and Physiology

Additional knowledge to conceptualise LAC's mental health challenges has been gained through neuroscience and developmental research (Fonagy

et al., 2002). More precisely, an understanding of the consequences of maltreatment and neglect on a child's growing brain is utilised to explain the difficulties that most LAC children face (Beebe & Lachman, 2002, as cited in Music, 2016). McCrory & Viding's (2015) thoughts on 'latent vulnerability' have been seminal in understanding the long-term effects and manifestations of childhood maltreatment across the life span. Furthermore, this allowed them to explain how some mental health disorders might only manifest or develop in adolescence or later in adulthood. Nevertheless, these qualities or states already exist but are not yet visible in middle childhood. Latent vulnerability is built on evidence that maltreatment adjusts the reactivity of the amygdala and the neural sensitisation creates a degree of latent vulnerability impacting on multiple neurocognitive systems during development, increasing the risk of anxiety and mood disorders in adolescence and adulthood.

Moreover, other studies have explored brain areas through MRI scans that produce 3-dimensional topographical images of the brain; these images indicate the activity of the brain and related cognitive functioning. Neural signalling has also been explored through ERP (Event Related Potential, assessed using Electroencephalology, also called EEG) (Woolgar, 2013). However, the results of such research need to be taken with some caution, as they can lead to hyperbolic conclusions that the studied individuals are permanently damaged (Chaffin, 2008).

It is important to focus on studies that assist in formulating how aspects of the presentation of CD can manifest, in order to help children via the appropriate intervention (Woolgar, 2013) In cases of trauma, neglect, or both, executive functioning (EF) deficiencies can result (DePrince et al., 2009). More

specifically, research has discovered that early life stress and trauma can damage brain areas that are central to EF skills, such as the prefrontal cortex (Andersen et al., 2008; Yuen et al., 2009). This, in turn, affects many areas central to EF skills, such as working memory; concentration and attention skills; complex cognitive behaviour planning; decision making; and expressing (Shimamura, 2000; Yang & Raine, 2009). Another study has shown that children who had been physically abused were hypervigilant. When those children were presented with stimuli that contained angry faces and voices, their brain activity increased (Pollak, 2008). As a result, impulsive aggression could occur, or they might feel endangered. This is important to keep in mind when considering how these children will adapt to new foster care homes, as such children might be more susceptible to responding in a hypervigilant and threatened manner to caregiving behaviours that are nurturing (Woolgar, 2013).

Physiological studies have shown some significant findings: Van Goozen et al. (2007) identified that children with CD and aggressive behaviour had shown a chronically suppressed level of cortisol. Moreover, research has found evidence that trauma and/or neglect can result in over-arousal of the autonomic nervous system and hypersensitivity of the limbic system, both of which systems interact in the physiological processing of emotions (Porges, 2011). As a result, stress hormones such as cortisol and adrenalin are frequently released, resulting in states of high stress that inform how the infant learns to naturally exist (Schore, 2003). The hyper-alert state that LAC often experience has been linked to a heightened sympathetic nervous system that is difficult to "down regulate" (Porges, 2011). Therefore, managing stress for

this population becomes more difficult, and they can become hypervigilant, or too inhibited to show their emotions.

Theoretical frameworks that inform scholarship regarding the ways in which others are perceived and the role this plays in regulating emotions are important to make sense of these findings for LAC who have CD: Their behaviour often belies the care they receive, as they test their carers beyond endurance, and behave in ways that show they are unable to trust and fearful, and that evoke rejection (Donachy, 2017).

This lack of trust lies in their early life experiences, which have damaged their capacity for mutually satisfying interpersonal experiences in a deep-rooted psychological and biological way. It is essential to understand ways to help these young people and ensure their placement stability

(Oosterman, et. al., 2017). An important point to underline is that even though the anxiety that LAC have experienced has been brought to the surface, neuroscience and physiology studies have not unpicked possible underlying depression, that could lead them to act out as a way of defending against painful feelings (Allan, 2017). Future research in these two fields should also explore the connection between low mood and the presentation of conduct disorder

1.3.4 Attachment Theory

Attachment Theory has been used extensively in LAC literature, because it is a theoretical framework that allows for the operationalisation of complex factors of emotional development when external factors are manipulated (Howe, 1998; Schofield & Beek, 2011). The attachment can be

to one person, but within this theoretical framework, attachment can also be perceived as being within a network of people (Glaser & Prior, 2007).

In his ground-breaking work, Bowlby (1988), embracing an ethological and evolutionary approach, placed the infant–primary caregiver dyad at the centre of attention. Bowlby suggested, and subsequent researchers have confirmed (Ainsworth & Witting, 1969; main & Solomon, 1990) that infants create patterns of interactions based on their history of early experiences with their caregivers when trying to seek the proximity of a caregiver during circumstances of perceived threat (Prior & Glaser, 2007), and by the respective responses of their caregivers (Weinfield et al., 2008). These attachment patterns are formed during the early years when the children are typically still with their original primary caregiver. Attachment strategies can be classified as either secure (positive) or insecure (negative), of which there are three subtypes: insecure-avoidant, insecure-ambivalent, and disorganised (Ainsworth et al., 1978; Ainsworth & Witting, 1969; Main & Solomon, 1990; Prior & Glaser, 2007). Internal working models (IWMs) are developed through these interactions; IWMs function as prisms through which individuals represent themselves and others and develop ways to seek support from others in times of distress, which in turn shape the ways in which they regulate their emotions and make sense of others' behaviours.

Children create representations depending on which behaviours elicit the comfort and proximity they need in times of distress (Main, 1990), and based upon their caregivers' ability to master their distress and environment (Berlin et al., 2008; Stronach et al. 2011). These patterns of interactions are internalised, and children develop an IWM (i.e., anticipations) or mental

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representations (Prior & Glaser, 2007) of both the self and others (Bowlby 1973; Bretherton & Munholland, 2008; Zimmermann, 2004). Children's expectations are shaped according to the availability and reliability, both emotional and physical, of their primary caregiver (Howe, 1999).

However, children who have been maltreated are often classified within the insecure attachment patterns (Insecure-Avoidant, Insecure- Resistant, Disorganised) (Ainsworth & Wittig, 1969; Main & Solomon, 1990). Cyr et, al. (2010) conducted a series of metanalyses to explore the impact of maltreatment and socioeconomic risks on attachment security and disorganization. They used fifty-five studies with fifty-nine samples with non maltreated high-risk children and 10 samples with maltreated children. Results of these metanalyses estimated "an extremely high" (Cyr et. al., 2010, p. 100) effect size of maltreatment on attachment security and disorganisation: maltreated children were less secure and more disorganised. This is a result of the frightening, unsafe, and uncertain responses that they have received at times of distress (Stronach et. al., 2011). Their representations of themselves are more negative including being unworthy and unlovable (Bretherton, 1991, 1993). Research has indicated that the negative representation of others in maltreated populations arises because their primary-caregivers have been unresponsive, passive and unemotional towards their distress, and therefore are represented as such (Levy, Orlans, 1988; Kaplan, 1987; Lyons-Ruth & Jacobvitz, 2008)

Even though research has not been conducted with LAC who have CD to understand their attachment patterns, research has explored attachment representations amongst LAC. There are two studies that have explored the

attachment representations of LAC sample to compare them against a normative sample in middle childhood. Hillman et al. (2020) developed and used the Story Stem Assessment Profile, a projective, playful, non-intrusive method that offers information on attachment representations. Participants in the 2020 study were in middle childhood and lived in either foster care or residential care. All of the children had experienced at least one prior placement, and those in residential care accounted for 11.4%. Results demonstrated that the entire LAC sample showed significantly higher scores than normative samples on the constructs of defensive avoidance, disorganized and insecure, while displaying lower scores on the secure construct. More specifically:

> … catastrophic fantasy, bizarre, atypical material, extreme aggression and bad to good shifts. These traits are considered to arise as a result of a lack of coherent organized behavioural strategy, which has not been developed due to the experience of caregivers who are frightening or frightened themselves (Hillman et al., 2020, p. 6)

Moreover, results showed that LAC scored lower than those in the normative sample in secure categories and showed strong significance for those in defensive-avoidant categories. This was aligned with previous research showing that children who had experienced maltreatment tended to defensively remove themselves from situations, as they were worried that maltreatment may occur again (Kaufman and Cicchetti, 1989, as cited in Hillman et al., 2020).

Zaccagnino et al. (2015) used the child attachment interview CAI (Shmueli-Goetz et al., 2004; Target et al., 1999a). The sample comprised

young people in middle childhood who had spent a bit longer than a year in a residential foster care home. Results showed that their insecure and disorganised attachment representations were more prevalent when compared to a control group who had never been in foster care.

As a result, both studies reveal the long-term effects of early abuse, effects resulting from placements into foster care, and how difficult it is for IWM to change for LAC, presenting a barrier to their ability to see through a different prism how they view themselves and others.

LAC could perceive and expect new caregivers to behave in the same ways as those who have maltreated them, which can lead to "double deprivation" (Henry 1974). Double deprivation has been defined as, "when a deprived child becomes identified with a cruelly depriving internal figure and is, in consequence, very difficult to reach or help through offering a better experience in the here and now" (Rustin, 2008, p. 17). The role of foster carers in offering support and recognising these responses is crucial to helping such children manage acute anxiety (Dozier et al., 2008; Fisher et al., 2007; as cited in Woolgar, 2003).Emmanuel's (2002) concept of "triple deprivation" emphasizes how this misreading could also be experienced by the system of professionals, for example ,social workers, working with such children, and could thus lead to a further breakdown. This can result in a child becoming stuck in an endless cycle of changing families and professionals, compounding the already existing trauma. In a meta-analysis, Oosterman et al. (2007) have shown that CD in children can lead to placement breakdowns. Moreover, it has also been established that placement breakdowns can lead

to behavioural problems (Newton et al., 2010); the bidirectional link of this relationship has been recently underlined (Rubin et al., 2007). There i

could be made of the literature on disorganised attachment and CD, as this could be a missing link in the lack of research on LAC, as you have shown that disorganised attachment is associated with both LAC.

Nevertheless, Schofield and Beek (2010) focused on the 'working' element of IWM, highlighting the fact that IWM can adapt over time, and should not only be seen as a blueprint. They suggest that "working models can change to accommodate new experience, which suggests a window of opportunity for shifts towards security in the context of subsequent relationship, whether in the birth family or in a substitute family" (Schofield & Beek, 2010, p. 29).

Compelling evidence regarding disorganised attachment and foster care children has been provided by interviews completed with foster carers. Donachy (2017) conducted interviews with foster carers who had cared for children whose placements had broken down, with children under the age of 5 who had an early experience of abuse and neglect. The sense of loss of self or of being abandoned was a theme that emerged through the interviews: "one aspect of the loss of the sense of self could be seen when the carers began to feel as if they were like the depriving or maltreating parent the child expected them to be" (Donachy, 2017, p. 232). Therefore, Donachy (2017) discussed how disorganised attachment in LAC can create disorganised caregiving in foster carers, which leaves them feeling depleted and lost, and as a result the foster care placement breaks down.

Recent meta-analytic studies have also established the link between insecure attachment patterns and the tendency to externalise problems (eg. Hill et. al. 2007). These studies have underlined the increased risk of externalising problems for those with a disorganised attachment style (Fearon et al., 2010; Groh et al., 2012). Many relational difficulties continue into adulthood (Johnson & Greenman, 2006) and parenthood (Main, 1990). However, research has not yet been conducted in this area with LAC who have CD. Future studies should fill this gap, to provide more robust findings regarding CD amongst LAC and their attachment patterns.

When considering placement prevention from the perspective of placement breakdowns, it is important to position at the centre of attention the relationship of the foster carer with the children. There appears to be an alignment among neuroscience, physiology, attachment theory, and research, all of which underline that children who have experienced maltreatment will also experience hypervigilance, anxiety, and the expectation that they will not be offered nurturing care when they are positioned in new environments. It is important for foster carers to understand that small triggers might make these children anxius, and that this might lead them to act in aggressive ways, break the law, or hurt other people or animals during their attempts to cope with intense feelings.

Additional high-risk factors associated with placement breakdowns have been identified as including, older age, number of previous placements, separation from siblings (Rock et. al., 2013).

Thus, the compounding element of such risk factors needs to be taken into serious account. However, very few research articles in Attachment

Theory used LAC in their sample, and LAC are underrepresented in research overall. Given the gap in literature and empirical studies of LAC with CD, a deeper exploration of case studies was decided, to investigate whether there were any conceptual elements that were missed from previous research that would help explain CD in LAC who have experienced abuse.

1.3.5 Cumulative Trauma and Discontinuities of Care

This section focuses on the main themes that have arisen from case studies with LAC and on some occasions adopted children, directed, in particular, on LAC's experiences of being removed from their birth families because of maltreatment.

The children about whom I was reading had experienced abuse in their early lives; they had also been separated from their families, siblings, and communities, and they were required to make new beginnings again and again (Beck, 2006). Some of them were abused again along the way in their placements, or by people in the community (Oswald, et. al, 2005) Unfortunately, young people who are vulnerable are at risk of being abused again (Hobbs et. al., 1999)

From the search it became apparent that in both the quantitative research and the case studies, information about the painful events that they have experienced were not included (Tadrissi & Russell,2015). Some of this information was thus lost, reflecting the neglect which the children might have experienced, and other related information was ignored (Jacklin, 2006). This experience caused me to wonder whether the children had undergone too many traumatic events to even begin to unravel and contain them in one's

mind. The absence of information regarding separations from siblings, and change of address, was significant, as this information was missing from most of the research and published articles I encountered. Larger studies and surveys almost never included information on how long some young people had been in care (eg Steim & Wade, 2000; Crawford, 2006); this conveyed a real sense of loss of time. Moreover, there was a real sense in the papers I examined that the trauma had merged into one agglomeration in the minds of those who wrote about these children. It made me wonder where the trauma resided.

With this sense that all of the traumatic experiences that these children had experienced had merged into one mass, also came the sense that there was pain that whose origin was difficult to determine. These children were behaving aggressively, destroying properties, hurting others, feeling unsafe, being placed in new environments, unable to find a home in their hearts, unable to feel a sense of belonging, unable to trust professionals (Lanyado, 2017). The minds of these young people were depicted in my mind, as if I were looking at an impressionist painting, with figures that were rendered unclearly and were difficult to make sense of. This made me notice more clearly in the papers that there was an underlying theme of a compounding element in their trauma (Barrows, 1996).

Considering the complex experiences of children who have been maltreated early in their lives, subsequently entered the care system Edwards (2000), was helpful to understanding this confusion, as these children "can appear to have entrenched systems of behaviours and defences which 'protect' them against feelings of helplessness, hopelessness and

dependency" (p. 396); furthermore, "early trauma becomes augmented cumulatively by these changes, and by the impact of repeated separations" (p. 411). These papers helped me to understand that formulations of the presentations of these children should not only focus on their past experiences of abuse, but also identify how successive traumatic events accumulated on their first trauma (Rocco-Briggs, 2007).

The internal worlds of these young people are often chaotic and fragmented, not only as a result of abuse but also due to the repeated disruption of their continuity of being (Winnicot, 1960), through placement changes and losses of parents, siblings, locations, friends, and significant people in their lives. Therefore, their continuity of being has been further compromised by their discontinuity of care (Lanyado, 2017). Canham (2012) has pointed out that often, these young children experience "distortions in the perceptions of time". This concept starts in their infancy due to the disorganised caregiving that they receive; the lack of organisation and consistency then is further disrupted in their new relationships (Schulman, 2019) which leads to them lacking a "sense of continuity of experience" (Kenrick, 2006; as cited in Schulman, 2019). Memories can become a reality in their minds, and it can be difficult to understand whether their anxiety derives from present or past experiences.

For this reason and going back to the idea of creating a formulation that includes more recent traumatic events, the importance of incorporating the different dimensions of trauma, and its accumulation, would be important or the professionals involved around the children. As it has been pointed out professionals often might make formulations about LAC that are not scientific

eg. "Phrases like 'because Kim was a maltreated child s/he will have difficulties in emotion processing and an exaggerated fight or flight mechanism etc' are not scientifically valid" (Woolgar, 2013, p. 249). The individual needs, risks, and stories should be taken into consideration, as well as the risk, triggers across the life of LAC but also in the here and now. The symptomatology of conduct disorder will continue to manifest if children are not helped to understand their different sources of pain and address their difficulty in perceiving time. In addition to this, future research should explore how these traumatic events after being removed have influenced the LAC children. Moreover, events that help them develop their sense of belonging and resilience need to be explored to help these children develop and escape this endless cycle of trauma and disruption.

1.3.6 Mourning and Conduct Disorder

One theme that emerged from the search of case studies was that of loss and aggressive feelings that emerged as a result (Hunter-Smallbone. 2009). This was not inconsistent with the precursors of Attachment Theory. Bowlby's first innovative paper was on delinquent children, whose behaviour had been impacted by prolonged separations from their primary caregivers (Bowlby, 1936). Throughout his career, he continued to revisit the concept of loss regarding attachment. Bowlby (1980) further examined the effects of loss in a study on the products of loss, finding evidence in a survey conducted by Arthur and Kemme (1964) of 83 children and adolescents, aged between 4–17 years, who had been referred to a children's psychiatric hospital in Ann Arbor, Michigan, with a variety of emotional and behavioural problems. These young people already had a difficult start in life, but it seemed that the death

of a parent exacerbated their difficulties. Bowlby (1980) wrote that one-third of these young people "were overactive and in greater or less degree aggressive. Some engaged in unprovoked violence towards peers or adults or inexplicable destruction of property" (p. 242). In the same paper, Bowlby elaborated that some children felt *guilty* for their parent's death, while others felt abandoned by the parent and were angry. Therefore, it is important to emphasize that for children who had a difficult start in life, dealing with grief could lead them to embrace behaviours that fall within CD symptomology.

LAC may have very complicated and confusing feelings towards grief and sadness; because of their disorganised attachment, they often cannot make sense of these, nor communicate or seek support for them (Lanyado, 2017). In light of this understanding, it is thus essential to add a further dimension to their development of a sense of self through loss (Ironside, 2009). It can be complicated for professionals and for children themselves to keep in mind that sometimes children might miss their birth parents, even though their parents maltreated them. Creegen (2017) takes this a step further and explains that even adoptive parents should leave some room in their own minds for the biological parents, even if the birth parents had at times maltreated the children, in order to help these children, find a place in their new homes with their new parents, and build new relationships.

Foster care is intuitively different. Children in this type of care arrangement have much more 'patchy' experiences: different foster carers, schools, teachers, extended members of the foster care families, and/or people in the neighbourhood. Every change of placement might come with a sense of a "fresh start"; however, from a biological, physiological perspective

this is impossible because there is too much traumatic history, which will be repeated if it is not processed. The double task of these children, to mourn their previous relationships and form new ways of relating (Hindle & Shulman, 2009), should be underlined in environments that could eventually break down, yet again. Mourning can thus relate both to the grief over previous caregivers, school and important figures, but also to grief over the absence of loving, systematic, and organised caregiving that they never received.

In therapy rooms for psychotherapy with LAC, aggression is often present, and destruction in the room reflecting what is happening internally for these children (Lanyado, 2017). Breaks from treatment, or weekly breaks between sessions, become very difficult for such children, as they often feel agony that the psychotherapist will abandon them (Lanyado, 2017). It is important to explain, then, that children often feel guilty and feel responsible for being left, contributing to further placement breakdowns. They see themselves as unlovable (Music, 2016) and as bad (Newbolt, 1971). Therefore, they can exhibit aggressive behaviours and test the boundaries by breaking the rules, to prove that they are unworthy of good caregiving. Newbolt (1971), describing a psychotherapy case with a child in middle childhood, writes of how "being bad" has become central to central to how one child saw herself: "the little girl who couldn't live with her mummy because she was bad" (p. 53).

Therefore, being punished and breaking the rules can be seen through the lens of these children feeling as being undeserving of care, as being bad, and as potentially being left again and again, allowing little space for hope to live within their minds. The power of such feelings can be so intense that they

can be projected onto foster carers and other professionals working with these children; as a result, the children might end up feeling hopeless, which will lead to further marginalisation of themselves within larger society. Future research could explore the reasons why these children have been removed from their birth families. Also, the dimension of mourning should be explored on whether it is a key preventative factor for LAC to develop new relationships in their new placements and as a result aggression and CD is still prevalent in their behaviour.

1.3.7 Residential Care

In the UK, a small percentage of LAC are placed in residential care; this option is seen as the last resort, following many failures of placements with foster carers (Hart et al., 2015). Previous research has shown that the actions of those in residential care might be treated differently and more punitively than those who live in their family homes (Blackwell, 2009).

Although little research has been conducted directly involving this vulnerable population, the search of the current literature review has revealed existing findings from research regarding offending behaviour of LAC who live in residential care. Hayden (2010) has described residential care as being criminogenic. Gerard et al. (2018) conducted semi-structured interviews with professionals who worked with the network of adolescents in residential care, including: police officers, legal aid workers, juvenile judicial workers, and residential care workers. The interview questions were structured around investigating professionals' perceptions of these children and the reasons they thought that such children committed offences. This study showed that "children in residential care face a greater likelihood of police involvement for

minor matters or behavioural problems, and, in turn, are more likely to be arrested for such behaviour" (Gerard et. al, 2018 p. 82). Interestingly, the interviews with the police officers showed that they perceived their own involvement as often unnecessary, whereas residential care staff members thought of their own care as having been carefully planned. Even though this research was conducted in Australia, similar findings have been found in the UK (Gentleman, 2009; Moore, Gray, Roberts, Taylor, & Merrington, 2006 as cited in Gerard et. al., 2008).

This study emphasizes the importance of thorough training for professionals working with this population, to help professionals to understand their "punitive" reaction comes from. It can be hypothesized that this is projected into professionals by young people, and also that unconscious bias of professionals might be involved regarding this population. Moreover, a further key to this understanding is that residential care homes are often overstretched, over capacity, and professionals have little access to support and training.

In a similar vein, a systematic review conducted by Steels and Simonson (2017) underlined the need for staff members to receive training on mental health awareness. Their study added to previous discussions of the ways in which uncertainty of the future of these young people contributes to their challenging behaviour, (Steeles & Simpson, 2017)

1.4. Strengths and Implications

Overall, although LAC comprise one of the most vulnerable and at-risk populations in society, little research has been conducted directly with these

young people. This literature review has aimed to broaden the understanding of the link between LAC with CD who have experienced maltreatment. The search results indicate that this link can be explained through genetic factors; neuroscience and physiology; Attachment Theory; and other research. Importance has been placed on the idea of the cumulative trauma that these children have experienced, and on the multiple losses that they have experienced. Attention has also been paid to those who live in residential care homes. It can be understood that these children have undergone traumatic experiences that have become entrenched in their psyches, and that are augmented by subsequent placement breakdowns and changes.

Policy making should underline the importance of offering treatment to these young people, and to their new caregivers, to help all parties involved process their prior experiences, and make room for new ways of relating. The children's acute anxiety and hypervigilance, which might not appear immediately, should also be understood, as should triggers that might lead to aggressive or destructive behaviours. Clear formulations, adding on protective measures and risk factors for these children, should be shared amongst professionals, taking into consideration different traumatic events that occurred in their lives, but also differentiating focusing on how this impacts them today, and risks attached.

Attention should not only be placed on the maltreatment that these children have experienced in the past to explain their behaviours in the present; focusing only earlier trauma in formulations can add to the children's confusion of the sense of time, inhibiting their ability to relate differently to new caregivers. Professionals should be helped to understand the different layers

of their traumatic experiences – which can include loss of friends, separation from siblings, and change of address, schools, or community. This understanding can help professionals to avoid inadvertently sharing the confusion that LAC feel regarding their past experiences and can aid professionals in helping these children mourn the past, be open to new experiences, and move forward.

Moreover, children with CD, even at young ages, should be prioritised for treatment, and placement into foster care should be appropriately supported to ensure care is solid and avoids breakdowns. Future research should aim to involve children more in research as participants, and should also use additional mixed-methods designs, in order to understand their experiences. Moreover, research in the future should pay more careful attention to the individual characteristics of these children.

1.5 Limitations of the Literature Review

In this literature review did not include information on children under the age of 4 years. Therefore, there is a gap in this literature review on capturing the experiences of these young people at that age. Moreover, as the search of the literature review included the synonyms of LAC in search fields, empirical papers, theories and case studies that may have included examples of LAC, but they were not part of their title or abstract, were missed. Future search should also look more generally at maltreatment and look specifically for examples from LAC. An example of something that might have been missed is that of callous unemotional characteristic in CD.

More recently, there has been a focus on CD as involving callous unemotional characteristics, which have been linked to psychopathic characteristics (Barry et.al., 2000). For example, conduct problems in middle childhood amongst LAC can manifest in setting fires in the house, stealing items from the home, breaking the rules, torturing animals, or in behaving violently, physically or sexually, towards other children in the household. Some of these actions can be impulsive, "hot aggression", and motivated by self-preservation; other actions can be more calculated, and lacking in empathy or remorse, "cold aggression" (Music, 2016). The latter category has been insufficiently studied in empirical studies amongst prior literature, and more attention should be paid to this subcategory of CD in the future, in which aggression is not impulsive but more calculated; additional research on the differences between hot and cold aggression would contribute to improved understanding of this population. Moreover, in the existing body of literature reviewed here, little attention has been paid to race or to gender regarding CD. Future literature reviews and additional research should thus also take these demographics into consideration. Lastly, this literature review has not explored the role of neurodevelopmental difficulties in CD (i.e., Attention Deficit Hyperactivity Disorder or Autism Spectrum Disorder). Future research should also explore if neurodevelopmental disorders influence on CD in LAC who have experienced maltreatment, as well as learning disabilities.

1.6 Conclusion

The presence of conduct problems in LAC is not one dimensional, nor is it easy to make sense of. Behind these rule-breaking behaviours, it seems that there is a need to hide unbearable feelings. The destruction involved in

conduct problems should be taken seriously because it can be harmful to both the self and others. Overall, there seemed to a be serious gap in literature with regards to LAC, and individual characteristics such as: how long they have been under LAC, if they have been separated from their siblings, changes of placements and areas. Often in prior literature, partly because the adverse histories of these children make it highly challenging to fully keep in mind their complex experiences and stories, clinicians, professionals, and researchers resort to merely highlighting the fact that these children have been maltreated (Douglas et al., 2004). These children have very different experiences, that need to be referred to, and understand how they are impacting on CD in the future. Moreover, methodology respecting their vulnerabilities should be used in order to have a greater presence directly with them in research.

In this literature review it became evident that there is a genetic predisposition for LAC to have CD. However, it has been argued that this predisposition could function to their advantage, when they are exposed to new environment and different caregiving. The 'resilience' element of this predisposition could be underlined, and future studies should also examine this dimension. Neuroscience and physiology studies have indicated how anxiety becomes entrenched in the brains and bodies of LAC and leads them to be in a hyper-alert way. This is important to keep in mind when working with professionals around LAC and foster carers, as their aggressive behaviour might be impulsive and driven by anxiety. Future research in these two fields, should also explore the connection between underlying depression in this population, and its connection to manifestations of CD.

When it came to Attachment Theory, this theoretical framework seemed to be the most heavily referenced to, as well as used in policy making. Research has proven that LAC are more likely to fall within Insecure and Disorganised attachment patterns. From previous research, we know that CD is linked with Insecure and Disorganized attachment patterns. However, research has not yet been conducted in this area with LAC who have CD. Future studies should fill this gap, to provide more robust findings regarding CD amongst LAC, to explore whether they fall under insecure and disorganised attachment patterns. It is also important to understand to explore whether attachment patterns change across time.

The ideas of cumulative trauma and sense of time was a prevalent theme across the case studies that transpired in the search. The need to make coherent formulations by mental health professionals that will be shared amongst professionals is something that became evident in this literature review. The different traumatic experiences of these children, and how this impact them in the here and now, identifying risk and protective factors in their current placement and life could help these children to change their behaviour and develop a better understanding of their experiences. Future research should try to take account of subsequent traumatic experiences that this population experienced and their relevance to the presentation of these children. Also, future research should focus on identifying protective factors for this population.

Based upon this literature review, it can be suggested that a key factor to help change the way these children relate to others, and subsequently to change their challenging behaviour, is that they need to be allowed to mourn

their losses and find a way to deal with the mixed and disorganised experiences during their infancy or early years, which is further augmented by their discontinuity of care. Often, professionals see children changing foster care homes as a new and fresh start, and do not allow internal space for the children to process their experiences, good and bad, with previous caregivers. Unprocessed mourning of early complex experiences can lead to behaviours that fall under the symptomology of CD, which adds another layer of complication to thinking about this population that has been maltreated. This dimension of LAC should be further explored and understood in future research.

Lastly, studies from institutionalised children bring to the surface the fact that those who work with LAC in residential care might be more inclined to "punish" their behaviours and view them as bigger than they are. Therefore, this unconscious bias, as well as what the children project onto these workers, needs to be taken into consideration. Future research should explore the unconscious bias that is held against these children in professionals involved in their care.

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Part 2: Empirical Research Project

Conduct Problems in Latency Aged Foster Care Children

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Impact Statement

The current study employed a mixed methods design to take a closer look at Looked After Children (LAC) who are placed into foster care and have conduct problems. Conduct disorder in LAC is the most prevalent mental health presentation in LAC and is understudied in the literature. One of the high risks of this disorder is that it can lead to placement breakdown, as it is difficult for foster carers to manage and understand these behaviours. The LAC population with conduct disorder is clinically important: from a practical perspective, children in this group are at risk of not receiving adequate mental health interventions from relevant services, which can have grave consequences. The current study points to several directions for future research as well as clinical guidance and/or policymaking.

On a research level, more in-depth studies are needed. This research highlighted the need to employ developmentally appropriate methods that respect the vulnerabilities of this population to capture the voices and experiences of these young people. The dimension of loss that adds to the presentation of conduct disorder should also be incorporated in future research.

From a clinical and policymaking perspective, this research indicated that conduct disorders and internalising disorders are frequently challenging to tease apart and diagnose through questionnaires; instead, thorough assessments with interviews at the beginning of the placement of children into care are needed. Questionnaires (typically deployed by the Department of Education) should be further developed to identify the needs of this population

and capture the developmental disarray and trauma that these children have experienced. The diagnosis of these children and formulation of their difficulties needs to be specific to their experiences; early diagnosis allows for early intervention to prevent placement breakdowns in the long run, by providing support to both the children as well as their foster carer. This has also been highlighted in the paper of *Children in Care* by Department of Education (2014).

In terms of treatment, this research clearly identified that the vulnerability of these children is expressed as a response to stimuli in their environment, even when the children are removed from their unsafe conditions. Current National guidelines offer detailed guidance for LAC with conduct disorder on managing this challenging behaviour. However, a deeper understanding on the triggers and underlying vulnerabilities hidden behind these behaviours is fundamental. LAC who present with conduct problems early on should be treated as 'risky' populations by Child And Adolescent Mental Health Services, as their placement into foster might break down if foster carers and children are not helped to supported to keep these placements. This is aligned with the suggestions of The Children's Homes Regulations the wellbeing of these children has been underlined as well as the importance of the Stability of Placement which is also underlined in Children Act 1989.

Abstract

Conduct disorder (CD) is the most prevalent mental health disorder in looked-after children (LAC). It is commonly observed in children in foster care placements and has been linked to adverse long-term trajectories. Despite this, CD in LAC remains understudied. This mixed-methods study in this thesis explored the representations of self and others of LAC in middle childhood with conduct problems (CP) using the story stem method. The quantitative analysis showed no significant results. Instead, the qualitative analysis focused on a subsample of childhood with CP but low internalising problems (IP). This population is clinically important: from a practical perspective, children in this group are at risk of not receiving adequate mental health or emotional support from available services. A thematic analysis was conducted concerning two story stems, one containing aggression and one without any aggression. Results showed that, in responses to the story stem containing aggression, parents were portrayed more negatively, and narratives were less coherent. In the story stem that did not contain aggression, parents were portrayed more positively. Sense of loss and discontinuation among this population is also discussed. This study highlights the need to further understand underlying factors concerning CD and the complex needs of LAC. The findings can inform professionals working with this high-risk population and help shape future policies, regulations, and interventions.

2.1 Introduction

Background

The Children Act of 1989 referred to children and young people 'residing in court-ordered care' (Tarren-Sweeney, 2008b, p. 345) as 'looked-after' (McAuley & Davis, 2009). A national survey published in March 2020 showed that 80,080 children in England are considered looked-after children (LAC). The most frequent reasons for these children's care statuses include abuse and neglect (65%), family dysfunction (14%) and families suffering acute stress (8%) (Department of Education, 2020). LAC typically experience at least one change of caregiver while being looked after (Department of Education, 2000). There can be long-term impacts of these experiences that can affect how LAC form relationships with new caregiver(s) and manage their emotions and behaviours.

Looked After Children's Mental Health

There is increasing evidence showing a substantial disparity between LAC and normative samples regarding the development of psychopathology (Ford et al., 2007; McAuley & Davis, 2009; Tarren-Sweeney, 2008b;Oswald et. al., 2010) and social and behavioural problems (Clausen et al., 1998; Rutter & Sroufe, 2000; Minnis & del Priori, 2001). Meltzer et al. (2003) published the first national survey regarding the mental health problems of LAC which indicated that conduct disorder (CD) was the most frequent mental health presentation. A longitudinal study of LAC's outcomes further found that CD was the most prevalent presentation in this population (Biehal et al., 2010). A recent meta-analysis

estimated that children and adolescents in the welfare system are ten

times more likely to suffer from CD (Bronsard et al., 2016). The effects of CD

can be detrimental to foster care placement stability, which is critically

important for the long-term outcomes of LAC, as has been indicated both in

the UK and internationally by the United Nations (Smith, 2016). CD has been

demonstrated as a predictive factor for foster-care placement breakdown

(Oosterman et al., 2007), particularly for LAC who are placed into foster care

at older ages (Barber et al., 2001). These children can enter a never-ending

cycle of placement breakdowns, which is detrimental to their mental health

and integration into society (Harkin & Houston, 2016). However, very little

research has been conducted directly with this population (Fledderjohann et

al., 2021).

Conduct Disorder

Conduct disorder is classified as an externalising disorder in psychiatry

(Achenbach, 1978) whereby negative behaviours which fall into aggressive

and delinquent categories are directed towards the external environment (i.e.,

properties, people, animals) (Schofield et al., 2015). According to guidelines

from the National Institute of Health and Care Excellence (NICE), the

presentation of CD in middle childhood can include swearing, lying, stealing,

destroying property, persistent rule-breaking, bullying, cruelty to animals and

arson (NICE 2017a). In adolescence, this presentation may also include

vandalism, stealing cars, running away from home or assaulting or hurting

others (Scott, 2004; NICE, 2017a). Conduct problems are theorised to persist

across time (Lyons-Ruth, 1996), and evidence of these problems has been

found through longitudinal explorations (Murray et. al. 2010; David et al.,

2005). Ensuring that young children are diagnosed and appropriately helped by relevant services in middle childhood is crucial as one in four adult prisoners are reported to have spent time in foster care (Williams et al., 2012).

Internalising Problems and Conduct Disorder

Historically, in psychiatry, externalising and internalising disorders have been dichotomised (Achenbach, 1978). Internalising disorders include an umbrella of symptoms 'where the child is withdrawn, anxious, inhibited, and depressed, affecting the child's internal psychological environment rather than the external world' (Schofield et al., 2012, p. 52). However, more recent studies have found that these categories are not entirely distinct (Schfofield, 2012) and children with CD can experience a combination of externalising and internalising problems (IP) (Lee & Holmes, 2021). Polier et al. (2012) highlighted that the comorbidity of CD with IP in young people could lead to antisocial behaviour and psychopathology. However, other research has suggested the opposite: internalising difficulties were linked to greater rates of youth misbehaviour but reduced rates of later criminal conviction (Murray et al., 2010). McCrory and Viding (2005) with their theory on 'latent vulnerability' have underlined that anxiety and depression in maltreated children, might not be visible or manifested until adolescence or adulthood, but it does not mean that they could not be diagnosed with IP, but rather that problems can be hidden. More specifically, McCrory and Viding (2005) reframed this around neurocognitive theories and underlined that "the neurocognitive system appears to recalibrate or adapt in children and in adults following sustained exposure to environmental danger" (McCrory &Viding, 2005, p. 496). These effects are prevalent in the way that these children perceive threats, and they "can be thought of as hidden "stress weaknesses" in a building where the

foundations have been shaped to accommodate one set of needs early in construction" (McCrory &Viding, 2005, p. 502).

Aside from clinical importance, this debate has implications for service development and policymaking. Overall, young people with CD who do not present with IP are often rejected at initial screening assessments with the recommendation that non-health services would be best for them (Vostanis et al., 2003; Coghill, 2013) and this is also true for LAC (NICE, 2018). Moreover, treatment for LAC with CD has been centred around behavioural interventions (Department of Education, 2015).

Therefore, the presence or absence of comorbidities with CD with IP should be considered both a theoretical and a practical debate regarding developing treatment and policies for LAC.

Attachment Theory

Attachment Theory (AT) has been widely utilised in LAC literature, therapy and research as it provides a theoretical framework for operationalising complex variables of emotional development caused by environmental modification. This is the main theoretical framework used in NICE guidelines with LAC and by the British Association of Adoption and Fostering (BAAF) (Schofield & Beek, 2010). Bowlby (1988) developed AT by embracing an evolutionary approach, emphasising that infants are born in highly dependent, confused and helpless states and that, for their survival, they turn to their primary caregivers for emotional regulation and recognition (Schore, 2001a). Children's attachment styles depend on their caregivers'

responses during their times of distress and can be classified as secure or insecure (i.e., insecure-avoidant, insecure-resistant, disorganised) (Ainsworth & Wittig, 1969; Main & Solomon, 1990). Hillman et al. (2020) demonstrated that LAC often exhibit insecure attachment patterns. Considering that LAC often experience abuse in their early life, this has been confirmed by a series of meta-analyses of maltreated children (Cyr et al., 2000) and research on traumatised children (Schore, 2001).

Internal Working Models

AT proposes that interactions between primary caregivers and infants become hard-wired. Children develop an internal working model (IWM), referring to a cognitive framework that functions as the focal point through which people shape their core beliefs about themselves and others: representation of the self and representation of others (Bowlby, 1969). IWMs are stable across time (Goldberg, 2000; Henry, 1974; Tarren-Sweeney, 2013) and evidence has indicated a direct link between early attachment and the formation of adult relationships (Hamilton, 2000; Waters et al., 2000; Winfield et al., 2004). Steele et al. (2010) added two essential functions to the understanding of IWMs: affect regulation and behavioural responses to emotionally charged situations. LAC experience their new caregivers through the prism of the relationship that they had with previous attachment figures (Henry, 1974), making it difficult to change their attachment patterns.

The attachment patterns may result from frightening, unsafe, uncertain or unpredictable responses they have previously received during times of distress (Music, 2011; Stronach et al., 2011). An 'unresolved dilemma' (Main and Hesse, 1990) or unresolvable paradox (Lyons-Ruth, 2003) develops with

these children as their fears are not resolved (Hopkins, 2000) because the person they must turn to for their needs to be met is the same individual who frightens and hurts them (Music, 2016). Their representation of self tends to be more negative as they feel unworthy and unlovable (Bretherton, 1991, 1993; Music, 2017). Research has found that the representation of others of maltreated populations also tend to be negative as their caregivers have been unresponsive, passive or unemotional towards their distress and are, therefore, represented as inhibited, unloving and uncaring (Kaplan, 1987; Levy & Orlans, 1988; Lyons-Ruth & Jacobvitz, 2008; Music, 2017).

The prevalence of disorganised attachment styles in LAC seems to be aligned with research on CD and attachment styles. In a meta-analysis, Theule et al. (2016) demonstrated a clear relationship between attachment insecurity/disorganisation and CP. DeKlyen and Speltz (2001) providing an overview of theory which explained that insecure attachment patterns are precursors of CD, linking these children's behaviours to elicit the parents' attention, seeking proximity when they are unresponsive. Hesse (1990) suggests that because of the disorganised and inconsistent caregiving that they have received, disruptive behaviour is an attempt to gain control over the parent-child dyadic relationship when children are distressed (Hesse, 1990; cited in DeKlyen & Speltz, 2001). The effect and cognition of IWMs were underlined by Bretherton (1993) and expanded upon by Doge (1999) who explained that hostile attributional biases that induce aggression can be the result of insecure attachments. Finally, Cassidy (1994) argued that children who do not receive a style of parenting that allows them to feel safe during times of distress are dysregulated emotionally and their behaviour is more

erratic and disorganised. Parents' unresponsiveness leads to further dysregulation and these misalignments become internalised, leading to expressions of aggression and CP throughout their lives, as well as their thoughts and behaviours being severely impacted (Howe, 2005).

The Story Stem Technique

The study of vulnerable children, especially LAC, who might also have additional challenging behaviours such as CD, is fundamentally important given they often have difficulty both understanding and expressing their emotions. Moreover, for this population being asked direct questions about their experiences can be triggering as well as raising concerns about ethical issues (Lanyado, 2017; Prior & Glazer 2007). Narrative story stems have been used extensively with vulnerable children as an appropriate, non-invasive, semi-projective method (Prior & Glazer, 2007). Story stems provide an understanding of latency-aged children's internal worlds (Bretherton et al., 1990) and their representation of self and representation of others through symbolic play. Studies using the story-stem technique with maltreated populations have shown LAC to have a negative representations of self and others that belong to insecure attachment categories (Cichetti et al., 1995; Grych et al., 2002; Hodges & Steele, 2000) . Toth et al. (2000) found that themes of conflict were more prevalent in narratives by children who had experienced maltreatment than those who had not. LAC children demonstrated high levels of disorganisation, insecure constructs and defensive-avoidant characteristics not typically found in children with secure attachment strategies. Adults were portrayed as unaware, dismissive and aggressive; children were more likely to be portrayed as endangered, injured,

aggressive or excessively compliant compared to a community-based population (Hillman et al., 2020).

Story stems have also been used with populations with CD. A study by von Klitzing et al. (2000) found that aggression was prevalent in the narratives of girls with externalising problems. According to Hill et al. (2007), it is important to address the factors driving CD and identify the anxiety, helplessness and fear that may be concealed underneath destructive or unremorseful behaviour. When children who have experienced abuse do not exhibit IP, or this is not recognised by those around them, it should not be assumed that children are not suffering from anxiety or depression. LAC often experience difficulty in identifying and communicating their feelings (Lanyado, 2017) and it can be more difficult for their experiences to be understood by foster carers (Donachy, 2017). However, an absence of IP could exclude them from receiving help from mental health services (Vostanis et al., 2003; Coghill, 2013). For that reason, it is imporant to examine whether there are any differences between those young people with high CD and those who have high IP or low IP.

Studies have examined the use of specific story stems and other methods of gaining a deeper thematic understanding. For instance, in a study of boys with CD Hill et al. (2007) demonstrated the benefit of comparing and contrasting specific story stems containing different levels of emotional arousal instead of aggregating the responses across all stories. However, story stems have not been used specifically with LAC with CD. There has been much emphasis on children's experiences of maltreatment (Lee & Holmes, 2021), but studies focusing on the experiences of loss and disruption, and the feelings

attached to these issues, are currently limited (Lanyado, 2017; Ironside, 2009). Concerns have been raised regarding the need to further explore the story stem's thematic content for children with CP and the standard quantitative coding system for story stems has been criticised for embodying theoretical preconceptions. Themes not explicitly contained in the coding scheme may be overlooked if the stems are only analysed quantitatively (Wan & Green, 2010). It has been suggested that, for LAC with behavioural problems, complex and adverse histories, mixed-methods designs should be used that employ both quantitative and qualitative methods (Lee et al., 2021).

2.1.1 Current Study

The current study explores the IWMs of LAC in middle childhood who are at high risk of developing mental health issues. The children involved in this study had experienced abuse and significant loss. As past research indicates, failure to implement successful interventions at this age can lead to further difficulties in adolescence and adulthood (David et al., 2005). This study will examine the benefits of using specific story stems and qualitatively analysing the story-stem technique. This study's salient and unique aspect is the use of a mixed-methods design that uses story stems to explore how LAC in middle childhood with CD represent themselves and others, employing both quantitative and qualitative analyses. The qualitative portion of this research considers two specific story stems that contain different arousal levels of aggression. An examination of the subcategory of CP with low IP will be used to shed some light on this subgroup that is often neglected by services (Vostanis et al., 2003; Coghill, 2013).

Primary Research Question

The first cluster of hypotheses aimed to examine the relationship between CP and attachment representations assessed through story stems. Based on previous research CP and Attachment Theory (Theule et. al. 2016) as well as LAC and Attachment Theory (Hillman, et. al. 2020; Zaccagnino et al. 2015) the first hypothesis is that there will be a correlation between CP and insecure attachment representations of self and others. The frame of the hypothesis is that High CP will be related to low security constructs on story

stems and high on insecure, defensive-avoidant and disorganised constructs (which fall under insecure attachment representations).

A further exploration involved dividing the sample of LAC children with CP into those with high and low IP.

Even though in psychiatry there is a dichotomisation between externalising and internalising problems, when it comes to children who have experienced abuse, this dichotomisation is less useful, as some of their vulnerabilities might be 'latent' (McCrory & Viding, 2015) or disguised in their behaviour (Nathanson et. Al., 2021). For that reason, the aim was to examine whether there are differences in the way that representation of self and others are portrayed through story stem in High CP between those with High IP and those with Low IP. The hypothesis is more exploratory and states that there will be differences between the High CP/Low Ip and High CP/Low IP.

Secondary Research Question

As an extension of the previous hypotheses, the story stems were analysed qualitatively to understand how children with significant CP and low IP respond to both an emotionally arousing and a non-emotionally arousing story stem. This research aimed to understand how children in this subsample – which included a discrepancy between CP and IP – responded to the two story stems and whether any specific conclusions may be drawn about this subsample.

2.2 Methods

2.2.1 Design

This study is part of a larger project between Anna Freud National Centre for Children and Families (AFNCCF) and Five Rivers Child Care (FRCC), an independent social enterprise delivering residential, educational and foster placements for LAC of all ages in the UK. The carers at FRCC record the mental health of the children in their care using standard self-report measures at the beginning of children's placements with foster-care families which are summarised through a set of scores. The primary questionnaire used is the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997). This questionnaire captures LAC's mental-health difficulties and behavioural problems (details of the SDQ are discussed in section Measures). The current study identified a sample of children aged 4–11 years whose SDQ indicated a clinical concern at the beginning of their placement. Specifically, an SDQ total difficulties summary score of 17 or above indicated a clinical concern.

A mixed-methods design was employed utilising the SDQ and short form of the Story Stem Assessment Profile (SSAP7; Hillman, 2011). This is presented in two parts. The quantitative part (referred to as such throughout this paper) investigated the quantitative association of CP (as indicated by the SDQ), with attachment and internal representations explored through the SSAP. The qualitative part (referred to as such throughout this paper) presents a qualitative analysis of two of the story stems of the SSAP7, focusing on children who scored high for CP and low for IP on the SDQ. The qualitative section explores additional themes within this subsample that emerged within the two story stems.

2.2.2 Participants

The inclusion criteria for the participants for this study were LAC aged 4–11 years in the care of FRCC who scored above clinical cut-off points for SDQ total difficulties and who resided in foster care placements. Foster carers completed both measures at the beginning of the child's placement in their care. The SSAP was administered to those children who met the inclusion criteria after one year of placement. The quantitative part included 41 children who fit these criteria, while the qualitative part focused on a subsample of those who scored high for CP and within normal parameters for IP subscales on the SDQ.

Quantitative Part

The gender distribution of participants was 53.7% female and 46.3% male. Their average age on admission into care was 7 years (SD = 1.6), ranging from 3.4 to 10.1 years. At the initial assessment, the average age of participants was 7.6 years (SD = 1.8) and ages ranged from 4 to 11 years old. Most of the foster care children had been placed with at least one foster care family before (SD = 0.95), with a range of 0 to 4 previous placements. The majority (53.7%) of the children were placed with siblings, whereas the remainder were placed singly (46.3%). The reasons why children were removed from their biological families included neglect (39%), domestic violence (26.8%), physical abuse (19.5%) and sexual abuse (24.4%). Subgroups of the 41 children were created based on whether scores on the CP subscale were above or below the clinical cut-off point and scores on the internalising subscales were below the clinical cut-off points. This grouping aimed to identify children who scored high for CP and low for IP, which was

the focus for the second part of the study. Overall, 75% of children who scored clinically high for SDQ total difficulties scored clinically high for CP. Those who were scored as high in both CP and IP were for the majority of those with High CP accounting for 43% of the entire sample. Thirteen children scored high for CP and low for IP, accounting for 32% of the total sample (see Table 1).

Table 1

Participants Grouped by CP and IP Scores

Grouping Variables	Participants
High CP / Low IP (High/Low)	13
High CP / High IP (High/High)	18
Low CP / Low IP (Low/Low)	4
Low CP / High IP (Low/High)	6
Total	41

Qualitative Part

The qualitative part of the study examined a subgroup of the sample consisting of 13 children who received high SDQ CP scores and low SDQ IP scores. This subgroup contained more boys (61.5%) than girls (38.5%). The average age of children placed in care was 7 years ($SD = 1.24$), ranging from 4.10 to 8.6 years (please refer to Appendix I for more details on the sample).

2.2.3 Measures

Strengths and Difficulties Questionnaire

The SDQ (Goldberg, 1997) is a 25-item parent-and-teacher-report screening tool that investigates prevalent mental health problems in young people. The validity of the SDQ has been demonstrated against other screening tools (Goodman & Scott, 1999) and psychiatric diagnoses (Goodman et al., 2003). It is recommended by the UK government to assess the mental health needs of LAC (Department of Education, 2018). The questionnaire uses an ordinal scale. Initially, the total difficulties score was used to identify children who indicated a clinical concern at the beginning of their placement; these children became the study sample. Subsequently, children were categorised into groups based on CP and IP sub-scores. The reliability of the SDQ in indicating CP has been widely demonstrated (Muris et al., 2003). IP was measured by combining the Emotional Symptoms and Peer Relationship Problems subscales (Goodman et al., 2010). The SDQ contains five subscales: 1) emotional symptoms (5 items), 2) CP (5 items), 3) hyperactivity/inattention (5 items), 4) peer-relationship problems (5 items), and 5) prosocial behaviour (5 items). Subscales 1 through 4 are summarised to provide a total difficulties score (20 items). The limitations of this measure with this specific population are later discussed (please refer to page 95-96).

Story Stem Assessment Profile

The SSAP (Hodges & Hillman, 2007) and SSAP7 (Hillman, 2011) offer information about children's attachment patterns, representations of self and

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others, relationships and feelings. Children are presented with the beginnings (stems) of a sequence of story stems, spoken and enacted with dolls and animal figures. Children are invited to complete the story, being encouraged to 'show me and tell me what happens next'. The shortened version was employed for this study, using seven story stems (Hillman, 2011). The reliability set of cases was measured across the three samples and each coder rated them 'blind'. The Inter-Rater Reliability between the author and both researchers was satisfactory (k = 0.81; 0.66 < k < 1.00) (Hillman, 2011). The SSAP7 was coded by assigning a score (0, 1 or 2) to 39 different codes (themes) (Hillman et al., 2020, p. 382) across the seven story stems. The four global constructs (security, insecurity, defensive-avoidant and disorganisation) were derived from the 39 codes. In this study, references are made to both constructs and codes (Hodges & Hillman, 2007; Hillman 2011): *security* (nine codes, such as adults providing help; siblings/peers helping), *insecurity* (seven codes, such as adults actively rejecting; child endangered), 3) *defensive-avoidant* (eight codes, such as disengaging; premature foreclosure) and *disorganisation* (seven codes, such as extreme aggression; bizarre/atypical responses). Construct scores are formed by averaging the relevant codes that comprise each construct. Higher construct scores indicate the presence of more codes under the umbrella of the constructs (see Appendix II for the SSAP7 manual).

In the quantitative part of the study, quantitative associations are explored between SDQ scores and the 39 codes and four global constructs of the SSAP7. The qualitative part of the study explores two specific SSAP7 stories in greater depth: Picture from School (PFS) and Lost Keys (LK)

(Appendix III). In PFS, a child has created a drawing and returns home from school, where the rest of the family is. In LK, a disagreement occurs, and two parents blame each other for losing a key. These stories were selected by the primary researcher and the study supervisor for three reasons. First, as the study focuses on CP, two stories with contrasting levels of aggression were chosen: PFS is neutral concerning aggression, whereas LK includes elements of aggression therefore is more emotionally arousing. Secondly, both stories contained an item (i.e., a picture, a key) which was interesting on a symbolic level. Thirdly, both stories included both parents and the protagonist.

2.2.4 Procedure

Potential participants for this study were derived from the FRCC Assessment and Therapy (A&T) team. The questionnaires were delivered as part of an annual routine assessment process at FRCC. Social workers and professionals gathered assessment data, which FRCC researchers put together. The team identified children in middle childhood residing in foster care placements who had received high total scores in the SDQ. Informed consent was sought by sending a letter to the children's delegated authority figures: the local authority and FRCC supervising social workers. Following receipt of permission, thorough information about the SSAP7 was delivered to foster caregivers.

The SSAP7 was administered to the children by a clinician who worked for FRCC. Clinicians completed training on administering the SSAP7 that was offered by the supervisor of the study at the Anna Freud National Centre for Children Families (ANFNCC). SSAP7 administration took place in the foster

care homes. The SSAP assessments were audiotaped. The SSAP7 audio files were transcribed by the principal researcher, post-graduate researchers and students, assisted by the A&T team. The coding of the SSAP was completed by post-graduate students who were trained on SSAP7 and blind to the participants as audio records were anonymised and randomly allocated. The coding was validated by an accredited SSAP trainer and the supervisor of this paper (k = 0.82; 0.69 < k < 1.00).

2.2.5 Analysis

Quantitative Analysis

The first analysis explored the relationship between carer-reported CP and SSAP representations on *global constructs*. An exploration of the association between CP indicated by the SDQs and individual SSAP7 *codes* was also conducted. The SSAP scores of those who scored high for CP and IP were compared to those of children who scored high for CP and low for IP. The quantitative analysis reflected a limited summary of the sample based on pre-existing codes of SSAP7. We, therefore, followed the quantitative analysis with an in-depth qualitative study of the story stems. The second portion of the analysis focused on the transcripts of two divergent stories to examine underlying themes in the high CP/low IP subgroup. The decision to focus on this subgroup was based on the fact that children who have experienced maltreatment who have CD, might have "latent vulnerability" (McCroy &Viding, 2015) or their IP could be masked in their acting out behaviour (Nathanson et. Al., 2021). This subgroup is often neglected by services (Coghill, 2013), and it is important to explore how they respond in an aggressive story stem, and

whether there distress is in any way evident.

Steps of the Qualitative Analysis

Gravett (2019) argued that 'story completion can offer the flexibility for several analytical approaches to be employed depending on the researchers' theoretical framework and desired aims' (Gravett, 2019, p. 5). We conducted a thematic analysis to examine the SSAP7 data using different stages or phases of analysis, as indicated by Braun and Clarke (2006). Following the example of other story completion research, the data were analysed qualitatively. The exploration was based on how the story unfolded, which has been referred to as 'vertical patterning' (Clarke et al., 2019, p. 4).

Initially, the author familiarised themselves with the data by transcribing some of the SSAP7 interviews. Next, as the two specific story stems were explored (specifically, the high CP/low IP population), the 13 transcripts were read and re-read several times. The right-hand margins of the transcripts were utilised to identify interesting points or recurring themes. In the beginning, a free textual analysis was conducted on each transcript separately. During this process, the researcher wrote down initial thoughts, and observations on the way that the story unfolded to generate initial codes across both story stems. The codes were then explored separately in search of subordinate themes across the two stories in the 13 transcripts. These themes were explored vertically across the transcripts, which were then read twice more to ensure that these themes reflected the entirety of the transcripts. The researcher identified the key themes and subordinate themes, and those were cross-checked with supervisor, and AFNFCC doctoral research team to ensure

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credibility. These themes were then defined in conjunction with the research question and study aims, accounting both for minor details in the texts and for the stems in their totality. Finally, clear definitions of the key themes and subordinate were determined.

2.2.6 Reliability

The Credibility and Verification of Qualitative Analysis

The verification of the key themes and subordinate themes was discussed and agreed upon with the supervisor and AFNFCC doctoral research team and after examining the transcripts. Reliability "refers to the degree of consistency with which instances are assigned to the same category by different observers or by the same observer on different occasions" (Hammersley, 1992, p. 67). To ensure reliability in this study, the researcher asked the supervisor to read 25% of the allocated transcripts, cross-checking that all transcripts were scored coherently. Interrater reliability was calculated at 94%, demonstrating that the researcher's and supervisor's scorings of the categories were closely aligned. The chosen illustrations were also validated to determine how well they matched the key themes and subordinate themes.

Reflexivity

Patton (2002) emphasised the importance of reflexivity in qualitative research. Reflexivity adds to the credibility of findings (Darawsheh, 2014)

Therefore, it was important to be aware of my preconceptions while analysing the data qualitatively. In conjunction with the doctoral research team and my supervisor, I was able to separate my preconceptions that transpired and objectively look ana analyse the data.

2.2.7 Ethics

The British Psychological Society Code of Ethics of Conduct and UCL Ethics and Data Protection Guidelines were followed. Approval was granted for this research by the UCL Research Ethics Committee (project ID number: 0389 025) as part of a larger endeavour. Informed consent was obtained by foster carers and all delegated members involved in the care of children. The children's responses to story stems were audiotaped in adherence to the Data Protection Act (Department for Digital, Culture, Media & Sport, 2018). All data (including those received by questionnaires) were kept anonymous, stored securely and deleted after use. Participants were informed of their right to withdraw at any time (see Appendix IV for further details).

2.3 Results

The overarching aim of the forthcoming analyses was to characterise the patterns of children's attachment representations in a subsample of LAC children with CP. A set of quantitative analyses was conducted followed by an in-depth qualitative exploration of high CP/low IP concerning two contrasting stories.

2.3.1 Quantitative Results

Distributions

To determine whether parametric or non-parametric tests were most suitable, an exploratory analysis examined the distributions of the SSAP codes and constructs and SDQ scores. All sub-scales possessed skewed or non-standard distributions. Thus, non-parametric tests were employed.

Global Constructs of SSAP7 and CP

Initially, Spearman's correlations were run to quantify the relationship between CP derived by SDQ and SSAP global constructs (secure, insecure, defensive-avoidant, disorganised) (Table 2).

Table 2

Spearman's Correlations of Global Constructs of SSAP7 and CP

Global Constructs of SSAP	CP Spearman's Rho
Secure	.053
Insecure	−.072
Defensive Avoidant	.0.53
Disorganised	−.075

$n = 41$

The relationship between the four constructs of SSAP and the CP was non-significant in all cases. A further exploration of the association between CP indicated by SDQs and individual SSAP codes was performed to explore associations between individual SSAP codes and the level of CP. There were almost no significant correlations between CP and any of the 39 codes. The only significant correlation was between CP and the negative child representation of Child Injured/Dead $r = .364$, $p < 0.05$, $N = 41$ (please refer to Appendix VI where these are tabulated in more detail).

Latency-Aged LAC with High CP

As there were negligible associations between CP and SSAP codes/constructs, the researcher decided to focus the subsequent analysis on particular sub-groups to investigate any hidden patterns that the entire sample may have obscured.

Therefore, a closer examination was performed of the children who were scored clinically high for CP by their foster carers (31 children in total). A grouping variable was defined to categorise those who scored high for CP (within the clinical range on the SDQ) and IP (within the clinical range on the SDQ) on the emotional symptoms and peer relations sub-scales (High/High). This group was contrasted with those scoring high for CP and low/normal (not in the clinical range) for IP (High/Low).

The new subgroup comprised 31 children, 13 in the High/Low group and 18 in the High/High group. A Mann-Whitney U test was conducted to determine any differences in the story stem codes and constructs between the High/High and High/Low groups. The results indicated no significant differences between story stem codes and high or low IP (see Appendix VII). None of the SSAP codes or constructs appeared to differentiate the two subgroups, meaning that the presence or absence of IP alongside CP showed no clear difference in their internal representations or attachment patterns according to the SSAP of this sample.

2.3.2 Qualitative Results

The following section focuses on a subsample of children who scored high for CP and low for IP. This part draws upon two different stories with different arousal levels of aggression and explores the underlying thematic content and narrative structure. In this section, the three separate thematic categories are presented separately by first displaying a table showing how the frequencies of these themes differed between the two stories and then providing some illustrations from the specific narrative stems.

Key Theme 1: Item Outcome

This first key theme captures how the items in the two stories were represented (i.e., the 'picture' in PFS and the 'key' in LK). This theme consisted of four subordinate themes: *destroyed/lost, forgotten, preserved* and *absent.* These subordinate themes referred to how the child predominantly showed what happened to the item.

Table 5

Frequencies of Item outcome in Picture from School and Lost Keys

	Picture from School (PFS)	Lost Keys (LK)
Subordinate Themes	Frequency (Percentage)	Frequency (Percentage)
Destroyed	6 (46.1%)	0 (0.00%)
Preserved	6 (46.1%)	8 (61.54%)
Lost	1 (7.80%)	0 (0.0%)
Absent	0 (0.00%)	5 (38.46%)

Item Destroyed and Lost

This subordinate theme of destroyed accounts describes instances when the item was represented as destroyed in the story by either the children, the adults or an external event (e.g., a natural disaster or an accident), and the item is never retrieved or restored, or when the item was lost and not recovered. In PFS, the picture was 'destroyed' in half of the transcripts. Moreover, there is only one occurrence in which the picture was lost and never found, portrayed as a subordinate theme in PFS. On the contrary, the subordinate themes of 'destroyed' and 'lost' were never portrayed in the LK story where more aggression was present in the story prompt of.

But there was a glowing from the dark, glooming TV on […] and

the picture was burnt into smithereens – the picture was ruined!

(ID 23, PFS)

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Item Preserved

In this subordinate theme, the item was represented as recovered or restored or otherwise remained intact throughout the story. This subordinate theme was prevalent in PFS and it portrayed the picture 'preserved'. Similarly, to PFS this subordinate theme was the most prevalent for LK where the item was commonly recovered, having formerly been lost or missing. The keys were preserved for more than half the participants. This subordinate theme had high frequencies across both stems.

(the protagonist) doesn't have his picture

He forgot it. He'd left it at school.

He opens the door; he runs to school.

Then he runs back.

(…)

He found the picture

(ID 4, PFS)

(The protagonist) I just found them under Dad's bed.

(LK, 14)

Item Absent

In this subordinate theme, the item was portrayed as absent by the protagonist throughout the story and never retrieved. In LK, the item was 'absent' for half of the children, which means the keys were never found in the story. This is sharply different from PFS, in which the picture was never 'absent'; it was always weaved into the unfolding narrative. This subordinate theme was only prevalent in the story that contained aggression.

I: What happened to the lost keys? Do you remember Mum and Dad were arguing about the lost keys? What happened to them?
C: 'They just split up. They didn't really say, to be honest'.
(ID 39, LK)

Key Theme 2: Role of Parents

This key theme describes how the role of the parents was portrayed in the stories as they unfolded. The subordinate themes were positive, negative and passive/absent. The role of the parents was never portrayed as mixed for any either parent in any of the stories.

Table 7

Frequencies of Parent Representation in Picture from School and Lost Keys

	Picture from School (PFS)	Lost Keys (LK)
Subordinate Themes	Frequency (Percentage)	Frequency (Percentage)
Positive	7 (53.85%)	2 (15.38%)
Negative	2 (15.38%)	7 (53.85%)
Passive/Absent	4 (30.77%)	4 (30.77%)

Positive Role of Parents

In this subordinate theme, the role of the parents was represented as positive: for example, parents were portrayed as helpful, empathetic, affectionate or understanding. This was the most common representation in PFS but the least common in LK. Therefore, in the story that contained aggression in the prompt, the parents were rarely represented as positive.

- 'Dad! Guess what Charlotte made for us?'

- 'Wow! That is lovely!' 'Yeah, that's lovely!'

(ID 24, PFS)

YP: Erm, keys got stuck, and then Dad said, 'I did do it' (referring to the fact that he lost keys). And dad said, 'Sorry, I did do it, I didn't know' and then they bought new keys.

(ID 32, LK)

Negative Role of Parents

In this subordinate theme, parents were shown to be portrayed negatively in how they interacted with the child and managed the dilemma. This includes exhibiting rejecting, dismissive, aggressive or hostile behaviour. The parents in the story are negatively engaged both with the item in the unfolding of the story and in the way they interacted and with others. This subordinate theme accounted for more than half of the transcripts in LK but this theme was much less prevalent in PFS. Therefore, in the story containing aggression, the parents were most often portrayed as negative, and this was almost never the case for the story that did not contain aggression.

YP: But then, when he came downstairs, he hid. He saw Dad murder Mum.

(ID 23, LK)

Absent Role of Parents

This subordinate theme captures the parents being passive and/or absent in the way that the story unfolds, regarding their interaction with the child and their involvement with the dilemma. The parents' role is represented as 'absent' at similar levels (nearly a third) in both stories. The following two illustrations show indicate how parents were demonstrated as absent.

I: So, does he tell anyone about the picture?

YP: No.

(ID 2, PFS)

YP: Then Amalya went up to Mum, saying, 'I know where they are. Bill took them!' And then I told him to give them back to me, and he won't give them back to anyone.

I: So, Bill has the keys.

(ID 11, LK)

Key Theme 3: Organisation of Narrative Responses

This code refers to the organisation and flow of the narrative responses. It captures how a story vertically unfolds from the initial response to its conclusion.

Table 8

Frequency of Organisation and Incoherency in Picture from School and Lost Keys

Subordinate Themes	Picture from School (PFS)	Lost Keys (LK)
	Frequency *Percentages*	*Frequency* *Percentages*
Coherency	8 (61.54%)	3 (23.07%)
Incoherency	5 (38.46%)	10 (76.93%)

Coherence

A 'coherent' story is one where the segments clearly follow on clearly from one another and make sense logically and coherently. As Table 8 shows that 'coherency' was far more prevalent in for PFS than for LK, meaning that the story unfolded in an organised manner, and events were presented in a succession that was easy to follow and understand.

YP: Yeah. He does it and then goes like this after . . .

I: So, he – he's gave his mum and dad the picture, did you say?

YP: Yeah.

I: Right. And what do they say?

YP: 'That's good'.

I: And they said it was good? And then Link goes to bed?

YP: And then that's the end.

(ID 10, PFS)

Incoherence

An 'incoherent' story refers to one where there are often contextual shifts or events that do not fit together logically. Concerning the subordinate theme of incoherence, there was far greater presence of this theme in the more negative story (LK) than in PFS, the story stem with low levels of aggression.

C: 'Ah-ha! Now Charlotte, you come back on my, you come back, you come, come to my.' 'Woohoo! This is fun!' 'I know'. 'Woohoo! Better, better [laughs]. Best day ever! Wahhh!' 'OK, is that wolf alive?' 'Yeah'. 'Hi, guys. I'm a live wolf'. 'Oh, hi wolf!' 'Oh, I've met you before, haven't I, live wolf?' 'Yep! I remember you!' 'Woohoo! I remember you too.' 'I actually remember you.' 'Me too'. 'I remember you still'. 'Hello, mister! Come on. Stop being [inaudible word], mister wolf! MR WOLF!' 'OK, did you just do opera?' 'Amigos, amigos!' 'Amigos, amigos!' 'Dad!' 'Charlotte!' 'OK, I'm gonna die'. 'I'm gonna faint, uhh'.
(ID 24, LK**)**

2.4 Discussion

The results explored the attachment patterns of LAC with CD placed into foster care in order to understand their representations of self and others. This study used a mixed-method design and data were analysed both quantitatively and qualitatively. In this section the importance and interpretation of the analysis is discussed.

Conduct Problems Across the Sample

The sample of LAC in middle childhood was identified as being at risk of developing mental health issues. Of the total sample, 75% were identified as having CD after being screened by SDQ. This finding is consistent with research that has been conducted in LAC regarding the prevalence of CD (Biehal et al., 2010; NICE, 2018). Therefore, the presence of CD in LAC is worthy of further investigation given that placements often break down (Oosterman et al., 2007).

Quantitative Analysis

The first part of the research examined the relationship between CD and attachment representations assessed through the SSAP7. The relationship between the four constructs of SSAP (security, insecurity, defensive-avoidant and disorganisation) and the SDQ conduct subscale was non-significant in all cases. A further exploration of the association between CP indicated by SDQs and individual SSAP7 codes was conducted to determine whether there were any associations between individual story stem codes and CP. There was a lack of significance across

38 codes and four constructs. These findings suggest that children with high CP do not have dissimilar sets of internal representations compared to those with low CP. The only significant correlation was between CP and the negative child representation of Child Injured/Dead. This was assumed to be a type 1 error due to multiple testing and was therefore not analysed (Dekking et al., 2005). A further exploration involved categorising the sample of LAC children with CP into groups according to IP (high or low). There were no clear, statistically significant differences between the groups. The lack of significant correlations reaffirms the need to analyse the scripts qualitatively.

Qualitative Analysis

This part of the study focused on the subgroup of children with CD who had low IP. The reason for focusing on this subgroup was because this population may not exhibit IP, which could prevent them from accessing treatment from health services as they are categorised as suffering from externalising disorders that are best managed in the community (Coghill, 2013). The qualitative design allowed for a detailed exploration of key themes across the two stories. One story contained high aggression levels and one story did not contain aggression. The aim of the qualitative analysis was to explore whether these two divergent stories would evoke different responses. Findings will be discussed and presented centred around the three key themes which were extracted from this subsample across the two divergent stories.

Item Outcome:

The iterative process for the qualitative section allowed for the generation of a theme concerning the outcomes of the items in each story. In

PFS, the story with low aggression, the item created by the child which they initially took pride in was often depicted as being destroyed. This could be regarded as a symbolic representation of how LAC view themselves. The inability of the child in the story to keep something good that they had created indicates LAC's difficulty in maintaining positive internal beliefs about themselves (Lanyado, 2017) or hold on to something hopeful about themselves (Horne, 2019). The most common representation in LK was the item being preserved although, in some narratives, the object was absent. This could be because, in this aggression-containing story, the participants might feel emotionally aroused by the aggression portrayed between the parents causing them to become defensive and try to protect the item, in what seems to be a parentified way. It has been theorised that children who have experienced abuse, can become parentified at times of distress, in an attempt to have more control over situations (Hooper, 2007).

The subordinate theme of the item being absent throughout the narrative was the most prevalent in the story of LK. On the other hand, this subordinate theme never emerged for PFS. This could be explained because this story was emotionally arousing for these children which led the children to feel stressed and their thought processing was impacted. Even though this is the group where there is no IP, it can be implied that their anxiety and intense feelings is expressed in their CD (Hill et al. 2007). There is clearly a need to offer comprehensive mental health assessments for these children, as their anxiety and depression would be disguised in CD and more difficult to detect (Lanaydo, 2017).

Role of Parents

The next key theme extracted in the stories was the role of the parents. Positively portrayed parents was a dominant subordinate theme in the story without aggression, whereas in LK, parents were mostly represented negatively. This difference is important as, in LK, parents mostly remained aggressive throughout the story and levels of aggression increased between them and towards the protagonist. This proves that when LAC are presented with aggression, negative representations of others surface (Kaplan, 1987; Levy & Orlans, 1988; Lyons-Ruth & Jacobvitz, 2008). Thus, it can be understood that stressful situations and the presence of aggression, even when children are removed from harmful environments, trigger the representation of others as negative and expectation that the parents will be maltreating is easily aroused.

The sample of children, had all experienced abuse before they were placed into foster care. Moreover, children were placed into foster care at an older age, which is considered a higher risk for the placement to break down (Barber et al., 2001).The internal representations of self and others of children who are placed to a new family above the age of 4 years old, are less likely to change, as it has been suggested that they have become hardwired to their IWM (Steele et. al. 2018). According to Howe (2006), children with adverse early beginnings bring old coping strategies and expectations to their relationships with their new foster carers. Therefore, their expectation of foster carers in times of distress is that they will respond in similar ways, i.e., become aggressive and violent. It is important to understand how their representations of others are triggered when emotionally aroused and how these

representations are projected onto foster carers who can, in turn, identify with the maltreating caregivers, or become disorganised themselves which leads to disorganised caregiving (Donachy, 2017). However, in the story without aggression, parents were represented as positive; this indicates the need to consider what triggers LAC's anxiety and leads them to perceive foster carers as violent. This could help with understanding and preventing placement breakdowns (Oosterman et al., 2007).

The Organisation of Narrative Response

The final key theme was derived from the organisation and flow of the narrative responses. The vast majority of the narratives from the aggressive story prompt were incoherent, whereas those from the non-aggressive story prompt were coherent. This indicates how easily LAC's disorganisation is activated and how aggression and anxiety can be stimulated when they are presented with aggression. Adding to the idea of Music (2016) concerning 'cold' and 'hot' aggression, with hot aggression, the impulsivity and inability to tolerate frustration can be fuelled by early abuse and trauma and can lead to easily triggered threat systems alongside aggression, violence and a wish to hurt others; this has been linked to self-preservative aggression (Yakeley, 2009 as cited in: Music, 2016). Moreover, regarding aggression that is reactive to external stimuli, physiological arousal signalled by, for example, heart rate, shallow breathing or swearing, tends to be greater (Hubbard et al., 2010, as cited in: Music, 2016) and their amygdala fires more strongly than the average person in response to images containing violence or threatening situations (Quiao et al., 2012, as cited in: Music, 2016).

The Discrepancy Between CP and IP

LAC have very complicated and confusing feelings towards grief and sadness, which, due to their disruptive upbringing, they cannot understand, and they thus struggle to communicate their feelings and seek support (Lanyado, 2017). Therefore, LAC's sense of self develops in the context of loss (Ironside, 2009). For this reason, when there is an argument in the story, particularly between parents, the possibility of another disruption surfaces, making the text incoherent as their anxieties are heightened. Bowlby (1974) argued that complicated feelings regarding mourning lead to aggression, frustration and bad behaviour. IP symptoms may not be so prevalent in their presentation as their state of confusion, helplessness and hopelessness might be too intense. This does not mean that there are no other additional mental health concerns. This dimension should be considered regarding LAC children who have experienced severe loss.

2.4.1 Strengths

This study focused on CD in LAC, which is severely understudied in the UK, despite the trajectory of this presentation in middle childhood being adverse (Fledderjohann et al., 2021). The use of a mixed-methods design (Lee & Holmes, 2021) allowed us to understand the complex internal worlds of LAC; maltreatment should not be the sole focus regarding this population as it has been so far, consideration should also be given to their discontinuity of being and sense of loss. The use of two separate story stems revealed that this population is sensitive to conflict and aggression and their representations of self and others differ when they are presented with a more aggressive story prompt. Therefore, even when they are placed in foster homes where there is

sufficient caregiving, it remains difficult for this population to view their new caregivers through a different prism (Henry, 1974). LAC with CP, even those who do not exhibit IP, should be offered treatment by health services and this help should not only be focused on managing behaviour but also on understanding the triggers underneath and clinical interventions should be shaped accordingly. Policies should emphasise offering interventions in middle childhood and all professionals involved with this at-risk population should understand the complex needs of these children. Moreover, clinically, when this population is being assessed or treated, consideration should be given both to their maltreatment and their sense of loss to fully comprehend their trauma (i.e., loss of first caregivers, siblings, neighbourhood, area) and the disruptions they have experienced.

2.4.2 Limitations

Quantitative Part

There were few significant relationships identified in all analyses in the first part of the study. This may be attributed partly to the relatively small sample size. In the future, a larger sample size should be studied. The questionnaires completed by foster carers were completed within three months of the child's placement in the family. It could be argued that this is not enough time for foster carers to become sufficiently acquainted with the children to complete the questionnaires accurately. The carer report measures may lack reliability, particularly regarding questions relating to IP, as it is more challenging to observe these behaviours. The under diagnosis or lack of understanding and manifestation of the emotional distress experienced by LAC with CD (McCrory & Viding, 2015) make it important to underline that the

dichotomisation between high and low IP through the use of SDQ could be understood as artificial. Future research with LAC could explore CP without exploring this dichotomisation and more attention could be paid to LAC's trauma experience, rather than the behaviour they exhibit.

Moreover, the SSAP method should be also more closely aligned when the questionnaires that are administered. Future research could administer the questionnaires to foster carers after spending considerable time with them and also consider administering questionnaires that capture IP more robustly. Moreover, questionnaires such as SDQs could also be administered to schoolteachers to triangulate information as research has shown that the experience of foster carers can be affected by the internal world of the children (Donachy, 2017). Consequently, it is more difficult to reach a clear understanding of the discrepancy between high CP and low IP in this study. Finally, SSAP, as a projective measure, although it has robust psychometric properties, is still a different and relatively new type of measure and has not been used extensively with this population. With this population, it could be useful to add a story into the story stem which addresses loss or separation to understand how responses are shaped around this theme.

Qualitative Part

Studies of vulnerable populations are very challenging because of difficulties in collecting large datasets and ensuring information is collected in an ethical, consistent and reliable manner. Although the current study is one of the first of its kind, the limited sample size meant that quantitative analyses were not useful in identifying differences within the sample.

Focusing on a specific story stem to explore CP has been conducted before and it was proven to be clinically relevant (Hill et al., 2007). The two stories were carefully chosen to identify two stems with different arousal levels different levels of aggression, although they did also contain some similarities (i.e., an item, parents, a protagonist). Additionally, employing thematic analyses in story stems is a recent undertaking in literature. However, qualitative analyses of specific story stems have not been attempted before. A thematic analysis could be conducted across all stories to explore representations of self and others. This would be helpful as research that quantitively analyses qualitative data has been criticised (Boyatzis, 1998). Future research might navigate this differently, by not doing comparisons across two stories. Further research could also study larger sample sizes. In this research, key themes were identified across both stories and subordinate themes accounted for the similarities and differences under the umbrella of the key themes. Future research could identify separate key themes between the two stories and compare and contrast the findings.

Although the key themes of incoherency/organisation and item outcome were unique to this study, the key theme of the representation of parents is similar to the code that already existed in the SSAP coding the Quantitative Part. Future studies should address the issue of duplication from the coding manual of the key themes when using a mixed-methods design.

It should also be noted that there was a lack of precise information concerning many aspects of these children and their pre-placement experiences; future studies would benefit from collecting more comprehensive data to understand LAC's experiences (i.e., separation from siblings, change of location, contact

with birth parents). This paper did not consider neurodevelopmental difficulties, either diagnosed or undiagnosed. Future research should also incorporate neurodevelopmental difficulties (such as ADHD) into the study.

2.4.3 Conclusion

In middle childhood, CP is prevalent in LAC at risk of developing mental health problems and precede placement breakdowns. The quantitative analyses of SSAP and SDQs did not reveal any significant relationship. CP, like other behavioural problems, is easily detectable, however, IP is more difficult to detect. Therefore, special consideration was given to the subgroup with high CP and low IP as the absence of the latter could result in them not being accepted by child and adolescent mental health services. The qualitative analysis across the two story stems indicates that each story suggests slightly different patterns in representations of self and others. The aggressive story prompted more negative portrayals of parents and more incoherency compared to the non-aggressive story. This indicates that LAC attachment patterns formed during their early adverse histories are stimulated when they are under stress. This leads us to understand that CP can be considered as 'hot aggression' (Music, 2016) which is reactionary and dependent on the environment. Representations of self should be understood considering not only children's experiences of maltreatment but also their experiences of loss. CP should be taken seriously by services and policies and interventions should be offered as early as possible to prevent adverse trajectories. It is important to understand the triggers that might lead to conduct disorder that makes anxious this population.

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Appendix I

Characteristics of subsample with High Conduct Problems and Low Internalising Problems

At the time of the assessment, the average age was 7.10 years (SD=1.58), and it ranged from 5 to 10 years. Most (62%) of the children in this group were placed independently, and less than half were placed with a sibling (38.5%). Most of the children had at least one previous placement before their current placement, with a range of 0 to 3 placements (SD = 0.853). The most prominent reason these children were placed into care was physical abuse (38.5%), followed by neglect (30.8%), sexual abuse (23%) and domestic violence (23%).

Appendix II

The Story Stem Assesmnet Profile Coding Manual & The Stories from Story Stem

STORY STEM ASSESSMNET PROFILE (SSAP)

ABRIDGED CODING MANUAL

[Type the document subtitle]

ANNA FREUD CENTRE/ GREAT ORMMOND STREET HOSPITAL

June 2015

(This supersedes earlier revisions from 1993 – April 2014)

Jill Hodges, Saul Hillman, Marjolein Stufkens and Miriam Steele

(In collaboration with Kay Henderson, Peggy Flack and Linda Hammond)

ENGAGEMENT CODES

1   NO ENGAGEMENT (WITH STORY TASK)

The child avoids becoming engaged in a story from the start. This may be either an explicit refusal or achieved by covert or indirect means. The essential point is that the child does not become engaged with the story even initially. There is no attempt on the child's part to continue or develop the interviewer's story stem.

This code should only receive a 2 or a 0. Where it is present, all remaining codes must be coded/entered as 9s (not applicable) on the database.

2   DISENGAGEMENTS

The child at first complies and shows some engagement with the story task, by beginning to develop a narrative; but then explicitly or covertly refusing to continue with it and disengaging from the narrative by stepping outside the story line irrespective of whether their story reaches an end or not.

However, it is essential that the child has at least begun a narrative or else it should be coded under 'Initial Aversion'. In some cases, the child may disengage before re-engaging with the narrative with the help of the interviewer.

3   INITIAL AVERSION

This code focuses on how the child responds to the initial conflict presented in the narrative story stem, where there may be pertinent conflicts and dilemmas.

The child is reluctant and unwilling to provide the story and may say 'don't know' or attempt to get the interviewer to do the story instead.

It is essential that this occurs at the beginning as soon as the story stem has been presented

It is essential that they produce some response or tell a narrative eventually, often following considerable probing, coaxing and assistance from the interviewer.

This code should only be used if a child does produce a story, otherwise, it would be coded under 'No Engagement with Story Task'.

4   NO CLOSURE

The child engages with the story but gets caught in an apparently endless elaboration or a repetitive sequence. He/she seems unable to extricate him/herself by some resolution either within the given story line or by bringing in other elements.

5   PREMATURE FORECLOSURES

The child engages with the story, but gives the interviewer the impression of wishing to get the story over as quickly as possible, avoiding elaboration.

The defining feature of Premature Foreclosure is that the child appears to be providing an ending without necessarily a resolution so as to forestall any elaboration or development of the story.

6   CHANGING NARRATIVE CONSTRAINTS

The child actively alters the motivational constraints given by the narrative stem while continuing to address the main issue of the story. This category includes elements of denial in the narrative including instances where there is explicit denial/reversal of distress or anxiety.

For this rating, the child explicitly introduces a change in what is "given", challenging or changing an element of the interviewer's narrative story stem

(e.g. child says to the interviewer "*No, he doesn't want to play*" when the interviewer has just said that the sibling wants to play)

7   AVOIDANCE WITHIN NARRATIVE FRAME

This code rates whether the child acknowledges the issue or conflict presented or chooses to avoid it in a particular way. Unlike the previous code, there is not an active denial or change of narrative constraint, but rather an avoidance of the conflict. For this code, the change is more subtle and children never verbalise the avoidance..

8   DENIAL / DISTORTION OF AFFECT

The child either denies or distorts a negative affect given in the stem. S/he may do this by reversing the perception of distress or anxiety within the story.

This code *is not* the failure to acknowledge distress. It should be scored where the child explicitly denies or refuses to acknowledge an <u>emotional state</u> of distress or anxiety. It does not just refer to denial or refusal of the <u>situation which would be expected to produce such a state.</u> Nor does a response fall under this category if the child simply makes no mention of such a state. Where appropriate, also rate under 'Changes Narrative Constraints'

9   NEUTRALISATION / DIVERSION ANXIETY

Neutralisation is rated where there is a sudden, often unexplained event in the narrative where a negative element in the child's narrative suddenly ends and is replaced by a neutral or positive one, giving the sense that the child has used the positive or neutral element as a way of escaping from anxiety provoked by the negative one.   There is a shift in the emotion/content theme during (often at the end of) a story.

B   CHILD REPRESENTATION CODES

10   CHILD SEEKS HELP, COMFORT

This category covers all examples where a child requests a protective, comforting, or helpful response from an adult.

11   SIBLING/PEERS HELP, COMFORT

The child's narrative shows a child (or young animal) figure providing help, comfort, or protection for another. For stories such as Bathroom Shelf and Bikes, this should be coded if a child responds positively to the sibling/peer injury.

12   REALISTIC ACTIVE MASTERY

Any child in the narrative (protagonist, sibling or friend) attempts to cope with story situation by realistic (i.e. not magical/omnipotent) active mastery, maintaining organized functioning in the face of stress with the aim of resolving the difficulty.. In most cases, the child will find a solution on his own (e.g. put cold water on his burnt hand). In some cases, this may involve enlisting the help of others. Where the story situation involves conflict between the wishes of different individuals, 'Realistic Active Mastery' can involve efforts to negotiate between these, whether or not these efforts succeed.

13   ACKNOWLEDGE CHILD'S DISTRESS

The child indicates explicit acknowledgement and recognition of the emotional state of distress or anxiety of the protagonist or another child character, as presented in the stem or developed in the narrative. It does not matter what response is shown in the narrative (sad, scared, etc) so long as the child indicates his or her own recognition of the distress or anxiety. For this code to be rated, the child needs to have verbally labelled the affect.

14   CHILD ENDANGERED

The narrative shows risk, threat, or danger to a child figure.

include small animals as children

include child figures being threatened by adults or others.

This also includes incidents where children appear to put themselves in danger and/or risk hurting themselves.

15   CHILD INJURED/DEAD

The child makes it explicit in the narrative that a child figure is dead or injured. Include in this category accidents where children fall and are hurt. This rating should be given regardless of whether a "dead" figure returns to life in the narrative. The crocodile should not be included, but otherwise big animals should be counted as adults and small animals as children.

16   EXCESSIVE COMPLIANCE

The child is overly compliant and attempts to please/placate others at the expense of acknowledging the child's own needs or wishes. This may occur because the child anticipates that the response of the other is likely to be punitive and/or hostile either towards the child or the other characters within the narrative. It may also include elements of "parenting" the parent figures by looking after their needs inappropriately. This code may overlap with 'Self Blame'.

17   CHILD 'PARENTS' OR 'CONTROLS'

The child may 'parent' or 'control' the parent figures behaving like an adult. In some cases, the child figure looks after adult figures' needs inappropriately. There may be a sense of 'role reversal' with the child taking on parent characteristics. The child may attempt to resolve situation by 'bossing' parent, taking charge and being controlling or limit-setting towards the parent. Does not have the feeling of 'negotiation' which is associated with 'Realistic Active Mastery'.

18 SELF BLAME

A child character in the story responds by 'turning in on him or herself'. This may take a number of different forms – e.g. blames self for a particular act, rips up or throws away his/her own picture, justifies severe punishment which may have been carried out. The child may verbalise self-blame with statements such as cause he is horrible', or 'bad'.

C ADULT REPRESENTATION CODES

19 ADULT PROVIDES COMFORT

Adult provides comfort, empathy, sympathy to the child when the child is distressed, whether in response to the child's request or not. (e.g. cuddling a crying child, telling a child not to worry)

20 ADULT PROVIDES HELP PROTECTION

The adult provides <u>practical </u>help, support, and protection to the child, whether in response to the child's request or not. (e.g. putting a plaster on, taking a child to the doctors)

21 ADULT SHOWS AFFECTION

Adult in the narrative is shown to provide affection to the child – e.g. holds, cuddles, kisses, admires, appreciates, etc. An adult shown providing comfort <u>in a clearly affectionate way</u> to a child who is hurt should be rated here and also under 'Adult Provides Comfort'.

For this category, both verbal and non-verbal affection/appreciation should be included.

Verbal (e.*g. I love you, well done, you are a good girl, here is a present for you)*

Non-Verbal (e.g. *hugging, cuddling, kissing, sitting on lap)*

22   ACKNOWLEDGE ADULT DISTRESS

The child indicates acknowledgement and recognition of the emotional state of distress or anxiety of the adult character, as presented in the stem or developed in the narrative. It does not matter what response is shown in the narrative (sad, scared, etc) so long as the child indicates his or her own recognition of the distress or anxiety. For this code to be rated, the child needs to have verbally labelled the affect.

23   LIMIT SETTING

This code is used if a parent or adult character sets limits, or in some way sanctions or controls a child's behavior. This is often in response to a transgression and includes acts of mild verbal punishment or discipline. Where the child shows the parent setting an appropriate limit which is in proportion to the misdemeanour, it is coded here.   Limit setting should not be coded under aggression.

24   ADULTS UNAWARE

The adult is unaware of the child figure's distress or difficulty or may ignore the child when they could be expected to respond.

The narrative stems below set up scenarios (listed) which clearly call for adults to be aware and responsive to the child. In all the story stems, the child's story completion may set up situations where adults are unaware. In such cases, 'Adult Unaware' should be coded if it is present at any time within the child's narrative, even if adults are shown to be 'aware' at another point in the same story.

25   ADULTS ACTIVELY REJECTS

The adult may actively reject the child by failing to respond to an explicit approach, or appeal for help from the child. (as under 'Child Seeks Help')   It

is particularly relevant in transgression and injury stories (Burnt Hand, Bikes, Bathroom Shelf)

- When a child actively seeks help/comfort and there is rejection, **rate 2.**

- When it is not explicit but only assumed that help/comfort is required and it is not given, **rate 1**

26   ADULT INJURED/DEAD

The child makes it explicit in the narrative that an adult figure is dead or injured. Include in this category accidents where people fall and are hurt. This rating should be given regardless of whether a "dead" figure returns to life later in the narrative. The crocodile should not be included, but otherwise big animals should be counted as adults and small animals as children.

D   CHILD AND ADULT REPRESENTATIONS

27   CHILD SHOWS AGGRESSION

   and

28   ADULT SHOWS AGGRESSION

Both 'Coherent' and 'Extreme Aggression', if present, need to be categorised to indicate whether the protagonist is a child or adult. The categories 'Child Shows Aggression' and 'Adult Shows Aggression' simply record whether this aggression is shown by a child figure, an adult figure, or both.

'Child Shows Aggression' – older sibling, younger sibling, friend, any small animal.

'Adult Shows Aggression' – mother, father, neighbour, any other adult, elephant, any big animal other than the crocodile.

29   COHERENT AGGRESSIONS

This code includes physical or verbal aggression, which seems appropriate and forms a coherent part of the narrative. These aggressive manifestations do not appear extreme or out of proportion, allowing for a certain poetic licence in the story completions especially in the stories involving animals (*Little Pig* and *Stamping Elephant*), where aggression levels, in particular from the crocodile and elephant, are expected to be higher. Nevertheless, aggression does not take over the narrative.

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30   EXTREME AGGRESSION

These aggressive manifestations appear excessive and extreme; and/or unexpected and/or indicative of a violent and disorganised overall response to the story stem. They may be unrelated to the story stem, or the child's narrative so far. If related to the narrative, for instance occurring as a punishment, the aggression is so exaggerated that the link to the stem becomes tenuous. Aggression takes over the narrative to the exclusion of other issues. 'Extreme Aggression' includes examples which lead to any characters dying, being killed or hurt/injured, not as a result of an accident.

If any significant characters (parents, children) are killed as a result of extreme aggression, you must rate also under 'Catastrophic Fantasy' (see description). This does not apply for the burglar, monster, the crocodile and the elephant.

This category includes examples of extremely violent fighting between the doll characters, use of objects as weapons, and escalations of levels of aggression, either verbal or behavioural, to the point where aggression appears out of control. The child may exhibit signs of pleasure, triumph or anxiety reduction through his/her use of violence.

31   PHYSICAL PUNISHMENT

This code applies only to parents or other adults punishing children. "Routine" and relatively minor acts of punishment or discipline (e.g., a smack) are rated **2**. Also, code under Coherent Aggression.

If the punishment is more severe (e.g. beatings) and may be enacted with marked affect, code only as 'Extreme Aggression' and not 'Physical Punishment'.

32   THROWING AWAY/OUT

The child throws doll figures or props or shows one character throwing another (e.g., over the edge of the table) or characters throwing animals, furniture and other props (e.g. picture thrown in the bin). This includes instances which occur as part of a narrative but also includes cases which are not necessarily integrated into the narrative. Children may give verbal indications, (e.g. "he throws him in the bushes" - "put them in the bin") but this occurs relatively rarely and nonverbal instances are the rule.

33   **SEXUAL MATERIALS**

This should include any reference to sexual behaviour. It does not include kisses or cuddles which are intended as comfort, are conventional greetings or goodbyes, or are unambiguously representing ordinary parent/child affection. . References (verbal or in play material) to genitals, bottoms or breasts rate 1.

34   PLEASURABLE DOMESTIC LIFE

These are representations of domestic routines and interactions, where the child's affective tone in showing these representations is positive or neutral.

E   DISORGANISATION REPRESENTATIONS

35   CATASTROPHIC FANTASY

The child shows a catastrophic or disastrous event in the story. Such an event is out of keeping with the story stem . It can be a sudden calamity (eg "then their house burnt down and they all fell in the sea") or the result of "extreme aggression" which kills one or more of the main story characters (nb not including the elephant, crocodile, and monster or burglar.)Catastrophic fantasy can be "cold" in emotional tone, or accompanied by bloodthirsty description.

36   BIZARRE/ATYPICAL RESPONSES

The child develops a narrative containing one or more incongruous features which do not make sense within the story. The features are improbable and may be unrelated to the story and the interviewer tends to feel a sense of bewilderment and disorganisation. The response seems to have come out of nowhere.

37   BAD <-> GOOD SHIFT

A character portrayed by the child as "good" changes to "bad" within the same narrative, or vice versa, with no reason or explanation for the change. This does not apply to a token happy ending - e.g. "so they were all friends and lived happily ever after". If a character is presented in the stem as 'bad' but the child treats it as 'good' from the beginning of their story completions, code also under 'Changing Narrative Constraints'.

38   MAGIC/OMNIPOTENCE

Responses which involve a quick magical story resolution by a wishful modification of reality; or omnipotent or superhuman powers or behaviour, whether required as part of the story resolution or appearing as a characteristic of the narrator or the child protagonist during the elaboration of the story. Include responses in which the child him or herself explicitly plays a deus ex machina role in the narrative – in which the child themselves intervenes in the narrative (e.g. *'I fixed the boy's hand, I went to get the plaster'* – *child insists that it was him, and not a character in the story*). Also include responses where the child constructs an implausible story (e.g. child drives a car).

Abridged Protocol for

Story Stem Assessment Profile

(SSAP7)

The Anna Freud Centre/
Great Ormond Street Hospital
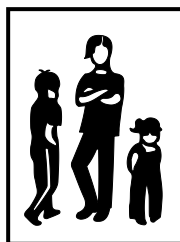
GENERAL NOTES ON ADMINISTRATION

1   In the protocol, every time Child 1, Child 2 or Child 3 is referred to, this
<u>must</u> be replaced with the name(s) that the child wants to use (or in some
cases you decide to use at the beginning).

Child 1 = older brother/sister, protagonist
Child 2 = younger brother/sister
Child 3 = same sex friend

2   In terms of setting stories up, the examiner should feel free to get the
child to cooperate, especially in the stories involving more props (e.g.
Bathroom shelf, spilled juice). The child should also be involved in the clearing
away of props between stories.

3   The examiner must use his/her discretion for closing a child's
narratives. Where appropriate, an examiner should ask 'is that the end of the
story?' or 'does anything else happen?', but only once a story seems to have
been resolved, or if the child is very stuck or distressed.

4   Non-directive prompts should be used at the examiner's discretion for
clarification. If anything seems unclear or a child is predominantly relating the
story non-verbally using actions rather than words, the examiner should ask
'what is happening here?'.

5   For transcription purposes, the examiner should try to repeat a child's
narrative as s/he tells the story, especially if the child's diction is poor. Try to
repeat sentences/segments rather than short phrases or else it will interrupt
the flow.

6   The prompts for each narrative should be adhered to. In some stories
(Headache, 3s a crowd), the prompts are more of an intervention in the
subject's narrative, and need to come as soon as the subject seems to have
ignored the stem constraint. The other prompts can come at the end.

7   If a child's story does not address the main issue, ask about this –
e.g. story 1: 'Child 1 was crying, what happened?' story 2: 'The little pig was
lost, he couldn't see how to get back, what happened?', etc.

STORY 1 - Crying Outside

Characters: Child 1, Child 2, mum, dad
Props: Sofa, Side of house, TV
Layout: All 4 characters sitting on sofa

So, here is (Child 1) and s/he lived in a house with his/her mum and his/her dad, brother/sister. One day they were all sitting in their house and this little boy/girl (Child 1) went out and she went right round the back of the house - we cannot see him/her anymore but now listen (MAKE CRYING SOUNDS).

Now, show and tell me what happens next?

STORY 2 - Stamping Elephant

Characters: Elephant, all the animals, Child 1, Child 2, mum, dad
Props: Side of house
Layout: Same as for last story with family sitting on the ground (backs to the side of the house)

The people are having a picnic in the garden and all the animals are there too. And there's a big elephant (bring elephant onto table). The elephant sometimes gets fierce and it goes stamp, stamp, stamp (showing elephant stamping). The children and the animals get a bit scared of the elephant when it is going stamp, stamp, stamp (repeat the action). Show me and tell me what happens now in the story?

STORY 3 - Picture from School

Characters: Child 1, Child 2, mum, dad
Props: Sofa, Side of House, paper
Layout: Mum, dad and Child 2 sitting on sofa at home.
                  Child 1 is separate (at school)

So, here's Mum and dad and Child 2 are at home and Child 1 is at school (show Child 1 separate).
And he/she was at school and s/he has made a really good drawing.
And s/he thought – 'this is a really good drawing I've made. I'm going to take this home when I get home from school'.
So, then school ended and s/he took her/his picture and went home, it was just round the corner - and s/he knocked at the door.

Show me and tell me what happens now?

STORY 4 - Spilled Juice

Characters: Mum, Dad, Child 1, Child 2
Props: Table, chairs, cups, jug
Layout: Four characters sitting on chairs around the table, each with a cup on the table

For this story, the family is thirsty and they are going to have some juice. They are all sitting around the table drinking their juice when Child 1 gets up and reaches across the table (demonstrate Child 1 doing this) and 'Uh, oh, s/he spilled the juice all over the floor' (make Child 1 knock jug off table so it can be seen by the subject).

Now, can you show me and tell what happens now?

STORY 5 - Mum's Headache

Characters: Mum, Child 1, Child 3 (same-sex friend)
Props: Couch/sofa, smaller sofa chair, television, side of house
Layout: Mum and Child 1 on sofa watching TV. Smaller chair next to sofa. (Examiner has Child 3 ready in hand)

For this story, mum and Child 1 are sitting on the couch watching TV

(Mum turns to Child 1.)
MUM: 'Oh, Child 1, I have such a headache! I just have to turn this TV off and go and lie down.'

So, mum gets up and turn the TV off (make a clicking noise to indicate it is off).

MUM: 'Child 1, can you find something quiet to do for a while?'

CHILD 1: 'OK, mum, I'll read a book.'

So, mum is lying down on the couch (put her there) whilst Child 1 is sitting in his/her chair (put Child 1 on chair) reading his/her book.

Then, there's a ring at the door (make a doorbell noise) and Child 1 goes to answer it (move Child 1 towards side of house) where Child 3 (friend) has appeared.

Look, it's Child 1's friend Child 3.

CHILD 3: 'Hey, Child 1, there's this really good TV show on, can I come in and watch it with you?'

Show me and tell me what happens now?

STORY 6 - Burnt Hand

Characters: Mum, Dad, Child 1, Child 2
Props: Stove, table, chairs, pan
Layout: Daddy and Child 2 at table on chairs; Mummy and Child 1 at stove/cooker (with Child 2 on left in front of cooker)

For this story, the family are in the kitchen. Now, mummy and Child 1 are at the stove (pointing at them). Mummy is making dinner for everyone. Daddy and Child 2 (pointing at them) are sitting at the table.

MUM: 'We're going to have a really good supper but it's not quite ready yet. Don't get too close to the stove.'

CHILD 1: 'Mmmmmmm, that looks good. I don't want to wait. I want some now.'

(Show Child 1 leaning over and knocking the pan off the stove onto the floor.)

CHILD 1: 'Ow! I've burnt my hand! It hurts!'

Now, can you show and tell me what happens now?

STORY 7 - Lost Keys

Characters: Mum, Dad, Child 1
Props: None
Layout: Mum and dad facing each other. Child 1 approaching them (equidistant from both).

Child 1 comes into the room and sees Mum and Dad looking at each other like this. Look at my face (examiner does an angry scowl).

MUM (angrily): 'You lost my keys!'
DAD (angrily): 'I did not!'
MUM: 'Yes, you did, you always lose my keys!'
DAD: 'Well, I did not lose them this time.'

Can you show and tell me what happens now?

Full set of materials for Story Stems

Note: The characters that we use are Playmobil figures and other props should be in scale.

Characters: 1 x Mother
1 x Father
1 x male (neighbour)
3 x female child
3 x male child

Animals: Pigs (ie. including 3-4 adults and 2-3 piglets)
Lions/Tigers (3-4 adults and 2 plus cubs)
Camels (2 large camels, 1 small)
Cows (3-4 large cows, 1-2 calves)
1 x crocodile
1 x large elephant with tusks (trunk down)

Props: 1 x wooden brick (approx. 10 cm long, 5 cm wide and 2.5 cm deep) to use as side of house, garden fence or bed.

1 x sofa
1 x armchair
1 x television
1 x dining room table
4 x chairs/stool (for use with table)
1 x cooker
1 x jug *
4 x cups/beakers *
1 x frying pan
1 x football (we use a ball of blue tack)

1 x bathroom shelves/cabinet
1 x wash hand basin
1 x small piece of paper (square)

*   These can be made from play dough, fimo or plasticene

Appendix III

The two divergent stories chosen for the Qualitative Analysis

The non-arousing emotionally story which does not contain aggression

Picture from School

<u>Characters</u>: Child 1, Child 2, mum, dad

<u>Props</u>:   Sofa, Side of House, paper

<u>Layout</u>:   Mum, dad and Child 2 sitting on sofa at home.

Child 1 is separate (at school)

So, here's Mum and dad and Child 2 are at home and Child 1 is at school (show Child 1 separate).

And he/she was at school and s/he has made a really good drawing.

And s/he thought – 'this is a really good drawing I've made. I'm going to take this home when I get home from school'.

So, then school ended and s/he took her/his picture and went home, it was just round the corner - and s/he knocked at the door.

Show me and tell me what happens now?

The arousing emotionally story which contains aggression between the parents

Lost Keys

Characters: Mum, Dad, Child 1

Props: None

Layout: Mum and dad facing each other. Child 1 approaching them (equidistant from both).

Child 1 comes into the room and sees Mum and Dad looking at each other like this. Look at my face (examiner does an angry scowl).

MUM (angrily): 'You lost my keys!'

DAD (angrily): 'I did not!'

MUM: 'Yes, you did, you always lose my keys!'

DAD: 'Well, I did not lose them this time.'

Can you show and tell me what happens now?

Appendix IV

Ethics Additional Information

As this is a vulnerable population, all participants and foster carers were informed that if any difficult feelings arose after the study, they were able to contact the research team, and the contact details were given through the forms of telephone numbers and e-mail addresses. Therefore, foster carers or children could discuss any issues that arose with the research team. There was no recorded need for any participants to raise any issues

Appendix V

Tabulated Spearman's Rho Correlations between CP and any of the 39 codes of SSAP

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Disengagement assessed by SSAP. There was no significant correlation between the two.

$r = .028$, $p = .860$, $N = 41$

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Initial Aversion assessed by SSAP. There was no significant correlation between the two.

$r = .167$, $p = .298$, $N = 41$

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and No Closure assessed by SSAP. There was no significant correlation between the two.

$r = .015$, $p = .927$, $N = 41$

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Premature Closure assessed by SSAP. There was no significant correlation between the two.

$r = .133$, $p = .133$, $N = 41$

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Changes Narratives Constraints assessed by SSAP. There was no significant correlation between the two.

$r = .178$, $p = .178$, $N = 41$

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Denied Distressed assessed by SSAP. There was no significant correlation between the two.

$r = .303$, $p = 0.54$, $N = 41$

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Neutralisation assessed by SSAP. There was no significant correlation between the two.

$r = .046$, $p=.775$, $N = 41$

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Child Seeks Support assessed by SSAP. There was no significant correlation between the two.

$r = .035$, $p = .035$, $N = 41$

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Siblings Peers Help assessed by SSAP. There was no significant correlation between the two.
$r = -.098$, $p = .543$, $N = 41$

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Realistic Mastery assessed by SSAP. There was no significant correlation between the two.
$r = -.074$, $p = .644$, $N = 41$

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Acknowledge Distress assessed by SSAP. There was no significant correlation between the two.
$r = .212$, $p = .184$, $N = 41$

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Child Endangered assessed by SSAP. There was no significant correlation between the two.
$r = .245$, $p = .123$, $N = 41$

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Child injured/dead assessed by SSAP. There was a significant correlation between the two.
$r = .364$, $p = .019$, $N = 41$

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Excessive Compliance assessed by SSAP. There was no significant correlation between the two.
$r = -.151$, $p=.347$, $N = 41$

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Child Parent Controls assessed by SSAP. There was no significant correlation between the two. *r* = -.194, *p* =.223, *N* = 41

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Self Blame assessed by SSAP. There was no significant correlation between the two. *r* = -.145, *p* =.364, *N* = 41

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Adult Comforts assessed by SSAP. There was no significant correlation between the two. *r* = -.111, *p* =.488, *N* = 41

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Adult Helps assessed by SSAP. There was no significant correlation between the two. *r* = .106, *p* =.509, *N* = 41

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Adult Affectionate assessed by SSAP. There was no significant correlation between the two. *r* = -.085, *p* =.596, *N* = 41

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Adult Acknowledges Distress assessed by SSAP. There was no significant correlation between the two. *r* = .009, *p* =.958, *N* = 41

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Limit Setting assessed by SSAP. There was no significant correlation between the two. *r* = .068, *p* =.672, *N* = 41

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Adult Unaware by SSAP. There was no significant correlation between the two. *r* = .136, *p* =.396, *N* = 41

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Adult Rejects by SSAP. There was no significant correlation between the two.
r = .003, *p* =.987, *N* = 41

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Adult Injured by SSAP. There was no significant correlation between the two.
r = .131, *p* =.414, *N* = 41

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Child Aggresses by SSAP. There was no significant correlation between the two.
r = .124, *p* =.440, *N* = 41

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Adult Aggresses by SSAP. There was no significant correlation between the two.
r = .032, *p* =.844, *N* = 41

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Coherent Aggression by SSAP. There was no significant correlation between the two.
r = .071, *p* =.661, *N* = 41

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Extreme Aggression by SSAP. There was no significant correlation between the two.
r = .167, *p* =.298, *N* = 41

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Physical Punishment by SSAP. There was no significant correlation between the two.
r =- .066, *p* =.680, *N* = 41

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Throwing Away by SSAP. There was no significant correlation between the two.
r =.100, *p* =.100, *N* = 41

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Sexual Abuse Away by SSAP. There was no significant correlation between the two.
r =.129, *p* =.423, *N* = 41

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Domestic Life assessed by SSAP. There was no significant correlation between the two.
$r = -.138$, $p = .391$, $N = 41$

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Catastrophic Fantasy assessed by SSAP. There was no significant correlation between the two.
$r = .121$, $p = .452$, $N = 41$

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Bizarre Atypical assessed by SSAP. There was no significant correlation between the two.
$r = .099$, $p = .538$, $N = 41$

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Bas to Good Shift assessed by SSAP. There was no significant correlation between the two.
$r = -.020$, $p = .900$, $N = 41$

A Spearman's rho correlation coefficient was used to assess the relationship between conduct problems indicated by SDQ and Magic Omnipotence assessed by SSAP. There was no significant correlation between the two.
$r = 0.180$, $p = .259$, $N = 41$

Appendix VI

A Mann-Whitney test was conducted to determine any differences in the story stem codes and constructs between the High/High and High/Low groups.

A Mann-Whitney test indicated that there were no significant differences in Disengagement scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U=93.5, p =. 31$.

A Mann-Whitney test indicated that there were no significant differences in Initial Aversion scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U=104.0, p =. 57$

A Mann-Whitney test indicated that there were no significant differences in No Closure scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U=101.0, p =. 51$

A Mann-Whitney test indicated that there were no significant differences in Premature Foreclosure scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U=103.0, p =. 57$

A Mann-Whitney test indicated that there were no significant differences in Change narrative constraints scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U=84.5, p =.182$

A Mann-Whitney test indicated that there were no significant differences in Change narrative constraints scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U=84.5, p =.182$

A Mann-Whitney test indicated that there were no significant differences in Avoidance narrative conflict scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U= 78.5, p =.12$

A Mann-Whitney test indicated that there were no significant differences in Denies Distress scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U= 78.5, p =.12$

A Mann-Whitney test indicated that there were no significant differences in denies distress scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems U= 78.5, p =.12

A Mann-Whitney test indicated that there were no significant differences in Neutralisation scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems U= 102.0, p =.55

A Mann-Whitney test indicated that there were no significant differences in Child seeks help scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems U= 112.5 , p =.89

A Mann-Whitney test indicated that there were no significant differences in Siblings/Peers Help scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems U= 106, p =.0.63

A Mann-Whitney test indicated that there were no significant differences in Realistic Mastery scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems U= 90.500, p =.0.27

A Mann-Whitney test indicated that there were no significant differences in Acknowledged Distress Child scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems U= 87.5, p =.0.23

A Mann-Whitney test indicated that there were no significant differences in Child Endangered scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems U= 106, p =.0.66

A Mann-Whitney test indicated that there were no significant differences in Child injured/dead scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems U= 96.0, p =.40

A Mann-Whitney test indicated that there were no significant differences in Excessive Compliance scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems U= 106.5, p =.0.66

A Mann-Whitney test indicated that there were no significant differences in Child Parent Controls scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U= 106.5$, $p =.0.64$

A Mann-Whitney test indicated that there were no significant differences in Self-Blame scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U= 95.5$, $p =.314$

A Mann-Whitney test indicated that there were no significant differences in Adult Comforts scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U= 81.5$, $p =.12$

A Mann-Whitney test indicated that there were no significant differences in Adult Helps scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U= 102.5$, $p =.56$

A Mann-Whitney test indicated that there were no significant differences in Adult Affectionate scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U= 87.0$, $p =.221$

A Mann-Whitney test indicated that there were no significant differences in Acknowledged Distress by Adult scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U= 113.5$, $p =.87$

A Mann-Whitney test indicated that there were no significant differences in Limit Setting by Adult scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U= 108.5$, $p =.73$

A Mann-Whitney test indicated that there were no significant differences in Adult Unaware scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U= 70.5$, $p =.06$

A Mann-Whitney test indicated that there were no significant differences in Adult Rejects scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U= 84.5$, $p =.17$

A Mann-Whitney test indicated that there were no significant differences in

Child Aggresses scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U=89.5$, $p=.26$

A Mann-Whitney test indicated that there were no significant differences in Adult Aggresses scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U=97.0$, $p=.42$

A Mann-Whitney test indicated that there were no significant differences in Coherent Aggression scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U=101.0$, $p=.52$

A Mann-Whitney test indicated that there were no significant differences in Extreme Aggression scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U=105.5$, $p=.64$

A Mann-Whitney test indicated that there were no significant differences in Physical Punishment scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U=114.0$, $p=.84$

A Mann-Whitney test indicated that there were no significant differences in Throwing Away scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U=103.5$, $p=.54$

A Mann-Whitney test indicated that there were no significant differences in Sexual Abuse scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U=104.0$, $p=.22$

A Mann-Whitney test indicated that there were no significant differences in Domestic Life scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U=100.0$, $p=.48$

A Mann-Whitney test indicated that there were no significant differences in Catastrophic Fantasy scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U=96.0$, $p=.39$

A Mann-Whitney test indicated that there were no significant differences in

Bizarre Atypical scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U= 98.5$, $p =.46$

A Mann-Whitney test indicated that there were no significant differences in Bad to Good Shift I scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U= 108$, $p =.70$

A Mann-Whitney test indicated that there were no significant differences in Magic Omnipotence scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U= 105.0$, $p =.62$

A Mann-Whitney test indicated that there were no significant differences in Security scores assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U= 114.5$, $p =.92$
A Mann-Whitney test indicated that there were no significant differences in Security Construct assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U= 114.5$, $p =.92$

A Mann-Whitney test indicated that there were no significant differences in Insecurity Construct assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U= 99.5$, $p =.48$

A Mann-Whitney test indicated that there were no significant differences in Defensive Avoidant Construct assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U= 114.0$, $p =.90$

A Mann-Whitney test indicated that there were no significant differences in Disorganisation Construct assessed by SSAP in those with High Conduct Problems/Low Internalising Problems and those with High Conduct Problems/High Internalising Problems $U= 108,5$ $p =.73$