

Chapter 3:

The LEARN Model for Promoting Narrative Integration

'Now that I'm older, I understand that many things can only be seen with the mind. If I can see it, I can think about it, and if I can think about it, I can talk about it, and if I can talk about it, I can change it.'

Participant in a community treatment programme for offenders, in his treatment journal

This chapter will help you understand:

- » the importance of our personal stories in shaping our sense of who we are and the meaning and purpose of our lives
- » the principles of establishing a firm foundation for speaking with your client about their life and their history of close relationships
- » the five steps of the LEARN Model and how to use them.

Introduction

The LEARN Model of attachment-based interviewing is both a theoretical framework and a practical tool for workers from any theoretical orientation. In this sense, it serves as a *trans-theoretical* model of attachment-based interviewing. The five steps of the Model are: *Listen, Explore, Access, Revise* and *Name*. Each step is explained in detail later in this chapter.

The LEARN Model is intended to help clients recover, review, and potentially revise the stories by which they live their lives. It is designed to work within any assessment, treatment and supervision context

where a person is being helped to reflect on their life experiences and draw meaning from them. This may include a single appointment, an extended assessment over a number of sessions that explore attachment themes, and may also include counselling

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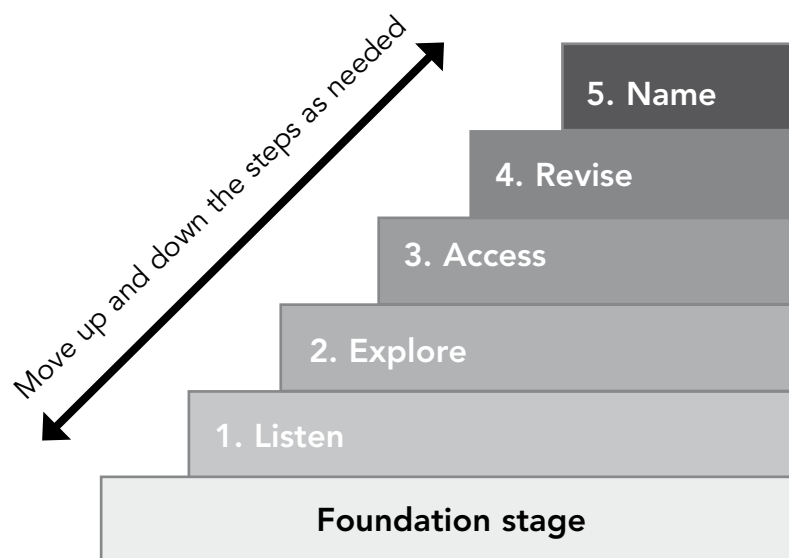
and psychotherapy contexts. The model is highly flexible, and can be used, with varying degrees of depth, regardless of the number of sessions one has with a client.

The LEARN Model was devised in response to three key questions from practitioners across a range of disciplines:

1. *How can attachment theory help us to form a clearer picture of the difficulties faced by the people we are assessing and trying to help?*
2. *How can we use this clearer picture to help people better understand themselves, to help them find greater personal freedom, and to help them find their way to more satisfying relationships at home, at work and in the community?*
3. *How can we use the same concepts within supervision to help support and develop practitioners?*

A key benefit of the LEARN Model is that it offers a framework for determining what level of intervention is needed, based on the level of reflective capacity demonstrated by the client/interviewee moment by moment during an interview (see Figure 3.1).

Figure 3.1 The LEARN Model for promoting narrative integration



We developed the LEARN Model in 2002 and have fine-tuned it based on our own clinical and supervision work and action research with practitioners. We have also added refinements drawn from work by Crittenden (2008) and Crittenden and Landini (2011) on attachment theory and Dallos (2006) and Dallos and Vetere (2009) on systemic therapy and attachment narrative therapy. The model is based on certain underlying assumptions:

1. Psychological integration is important to well-being.
2. Integration involves having a coherent story or narrative about the self which contains core elements but is also capable of revision.

3. Thinking, feeling and behaviour are related.
4. There are important distinctions to be made between outward behaviour and the function of that behaviour.
5. All behaviour has a psychological purpose or function.
6. The ability to reflect on and revise one's story is significantly assisted by the presence of a containing other person who helps one to reflect.
7. However, individuals can also reflect on their story without such a containing other person, as long as they are in a safe environment.

The importance of our personal stories

To develop the model, we used as a starting point the idea that each of us – every human being – has a personal life history, unique to us, with all of our experiences, relationships, thoughts, feelings, actions and patterns of response bound into an ongoing chain of moments from birth to the present day. Our history also extends back in time to before our birth, and into the future, as part of the continuous story of our lives in relation to our culture, our ancestors and our descendents.

Human beings are creatures of narrative, and stories are the way by which we attach meaning to our lives. Indeed, socio-linguistic research suggests that the impulse to share stories has sufficient importance to have been a driving force in the development of human language many thousands of years ago. The ability to use language and share stories has given us a significant survival advantage as a species.

From an early age, children can start to become authors of their stories; they can begin to take different perspectives and consider different versions of their experiences (Rose & Philpot, 2005). The stories we select as 'valid' help us to interpret the world, and guide us to pay attention to certain things whilst ignoring others. They help us to understand how we came to be the person we are, and to understand why we think, feel and behave the way we do. Thus a key indicator of psychological health is the coherence and integration of our own personal life story, for this is the basis for our sense of self.

Importantly, the stories we tell ourselves about our lives are subject to continual revision. The very act of remembering provides an opportunity for reassessing our memories, connecting and comparing them, and creating new understanding about ourselves. Furthermore, the act of recalling our life stories often takes place with other people, and so our story will be influenced by our relationship to them and their responses and questions.

Revising our personal stories impacts directly on personal change, because the stories we create about our lives have a powerful effect on how we live. The stories we tell ourselves can also influence the development of psychological or interpersonal problems. Putting this another way, a key indicator of psychological health is when we can construct a psychologically coherent account of our life story, including how we came to be the person that we are and why we think, feel and behave the way

we do – particularly when under stress, which tends to evoke our self-protective (ie. our attachment) strategies. If we can give an account of our lives that contains no significant omissions, errors, distortions or deceptions, we are more likely to be able to function in a well-balanced way, free to experience relationships without being stuck in self-destructive patterns.

This may sound straightforward, yet for many people, particularly those seen by social care, criminal justice or mental health professionals, this is a task fraught with obstacles and potential threats. For many people, clearly seeing their life story and their patterns of behaviour may be a frightening prospect, so terrifying that they expend a huge amount of effort to *not* see things clearly, and so to avoid feeling difficult and painful feelings. Drug and alcohol use, becoming a 'workaholic', risky and self-destructive behaviour and antisocial behaviour are just some of the ways people find to avoid seeing their own lives clearly. In extreme cases, dissociation, delusion and psychosis may be the last-ditch escape route from an intolerable past or present. And if this distorted way of perceiving the world keeps the client locked in old, destructive patterns, they will continue to use this strategy until they develop a new understanding of their life story and how they are living it.

To summarise, the LEARN Model is concerned with the revealing and healing of injured stories – the personal life stories of clients – so that a new story can be created. Stephanie Kewley, a colleague who uses attachment-based thinking in her Probation work, has a concise way of describing the Model: she calls it 're-visiting the narrative'.

How the Model works

We developed the LEARN Model as a way of assisting the client to become more coherent and integrated in their understanding of their life history and the strategies they use to protect themselves, ie. their attachment strategies. The Model works progressively in that, in general, the worker progresses to the next step of the Model *only if the client needs it*. If the client is doing well at a given step of the model, there is usually no need to progress to further steps. For example, some clients may only need steps one, two and three, because they are adept at spotting discrepancies and are willing to modify the story when new information indicates that a modification is called for. This is known as 'reflective functioning', which emerges from working/integrative memory. Other clients – for example those who are stuck in old patterns of destructive or self-defeating thinking, feeling and behaviour, or those who have unresolved loss or trauma – may need intervention at stages four and/or five in order to help them feel sufficiently safe and supported to undertake what is, for many, a frightening journey of discovery. Based on the worker's attuned collaboration with the client, and their assessment of the client's psychological readiness, they may move back and forth between the steps of the model as needed.

The LEARN Model is intended to be used in the spirit of listening to, and attempting to understand, the client, their painful and threatening life experiences, the lack of comfort and attunement they may have experienced from their attachment figures, and their attempts to meet their needs and make meaning of their experience.

This work is not about necessarily reaching a 'happy' resolution, safety, comfort, or even necessarily a wholly integrated self. Intervention may help to 'nudge' the speaker along a reorganising developmental path (ie. towards 'B'). We may help them to reorganise by helping them to add to their repertoire of reflective skills, and also helping them to understand that certain strategies are appropriate for certain contexts. The intervention should never be done with the aim of 'getting rid of' a certain strategy, because that strategy may be necessary for their self-protection in certain life circumstances they face. The aim should be to add, rather than to eliminate or replace, strategies, thereby giving the speaker a wider range of strategies to use, and greater ability to choose strategically between them.

As a general guide, there are ten kinds of discrepancy that we can help the client to identify and revise, as appropriate:

1. How they integrate the past, present and future.
2. How they balance their own perspective with that of other people.
3. How they integrate thoughts (including factual information) and feelings.
4. How they acknowledge, deny or exaggerate problems.
5. What the match is between verbal summaries of episodes, the episodes themselves, and the learning taken from such experiences.
6. Their manner with the interviewer: Are they collaborative? Deferential? Combative/enmeshed?
7. How they express emotions of fear, sadness and anger. Do they express these emotions authentically, or do they dismiss or exaggerate the emotion?
8. How accurately do they distribute responsibility for episodes? Do they distribute responsibility realistically, or do they exaggerate or deny their responsibility?
9. How they order time, place, sequence and person. Are they coherent about this, or do they focus too much or too little on these aspects of their story?
10. How much is there a sense of continuity of self? Is there a sense of a stable self or a shifting/unstable self (Who am I today?)/absence of self (Who am I)?

To sum up, the aim of the LEARN Model is designed to help the client to develop a more psychologically coherent narrative of their own life story, ie. how they came to be the person they are, with no significant errors, omissions, distortions or self-deceptions. In telling their story, the client's thinking and feeling should, ultimately, be more appropriately balanced and integrated, as should the perspective of self and others. In the end, when they recount the story of 'How I came to be the person I am', they will have a more adequate and accurate version of their developmental history.

Safety first: the foundation stage

Foundation stage

Before embarking upon the five steps of the LEARN Model, there is a foundation stage. This is when we work with the client to establish a secure and containing context in which this work can take place. Attachment-based approaches to both assessment and intervention depend upon the worker's capacity to be attuned to the client's feelings, and to use their relationship as a means by which the client can be assisted to reflect upon and revise their own stories.

Yet revisiting and revising our stories and the circumstances in which they were created can be emotionally demanding, and in some cases very anxiety-provoking, particularly when the stories contain elements of unresolved trauma or loss. In order for the client to reflect on their own thoughts and feelings, it is essential that careful attention is paid both to the context and manner of the interview.

This is of particular importance in working with individuals who have grown up in unpredictable or dangerous circumstances, often characterised as being high criticism, low warmth environments. One self-protective strategy that individuals develop in such contexts is to become highly adept at monitoring the intentions, sensitivity, trustworthiness and behaviour of adults on whom their safety or care might depend. This includes professionals on whom they depend, or who may make decisions and write reports about them. In addition, people with troubled and troubling histories are more likely to be involuntary clients of the service, as a result of high levels of concern about their behaviour. For all these reasons, it is essential that a sufficiently safe and containing context for using the LEARN Model is established. This can be assisted by:

1. Ensuring that the client is fully aware of the purpose and potential outcomes of engaging in discussions about their life history and their relationships, in terms of the information that is shared and how this may be used. Particular attention needs to be paid to how this information may be used during assessment processes, especially if this is part of court proceedings.
2. Ensuring that the client gives their consent to the process. This will include explaining the topics you may talk about together. Consent may need to be re-sought at different stages of the process.
3. Ensuring that the manner and style of the interviewer is prepared, respectful, collaborative and containing. This means, for instance, that the venue for the interview should be appropriate and that there should not be interruptions. This is particularly important when working in someone's home, where other family members may be present, or in settings such as prisons. The interviewer also needs to be sensitive to other issues that may

be occurring for the individual that may impact on their capacity to engage in this work, such as family conflicts or impending court hearings.

4. Ensuring that the practitioner has access to and makes use of supervision and co-working to prepare for, reflect on and develop their skills in attachment-informed approaches. It might be helpful, for instance, to have a co-worker observe the worker, or to audio-tape sessions so the worker can hear their own style.
5. Ensuring that the practitioner is mindful and reflects upon their own attachment experiences and how these might influence their responses to clients (McCluskey, 2005). This also includes consideration of what assumptions the practitioner might make about what constitutes 'healthy' attachments and how these are shaped by social and cultural factors. Some useful questions might include:
 - a. What do I do when I/others get angry, sad, scared?
 - b. Do I know what hooks my 'A' or 'C' responses?
 - c. Who can give me accurate feedback on my interviewing?

Once a solid foundation for working together has been built, we are ready to use the LEARN Model.

The five steps of the L E A R N Model explained

Step One: Listen to the story and identify the discourse markers



At this step of the model, the worker listens carefully to the client (who we will now call the *speaker*) and asks questions that help the speaker to tell their life story, particularly in relation to key attachment figures and experiences that evoke attachment (ie. self-protective) strategies. *Family trees* and *Life timelines* are examples of useful tools for eliciting personal histories (see Chapter 9 for a number of exercises useful for this purpose). In order to encourage the speaker to use reflective functioning by comparing information from different memory systems, the worker asks questions that address semantic memory, episodic memory, imaged memory and working memory. For example, the worker asks the speaker for:

- words and phrases used to describe key attachment relationships in childhood (semantic memory)
- key childhood episodes that support the words and phrases offered (episodic memory)

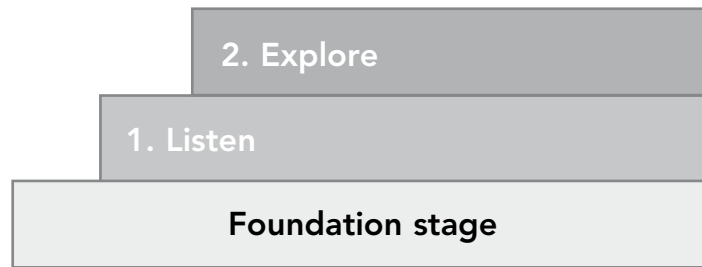
- earliest memory (likely to contain imaged/sensory memory)
- memories of childhood illness; separation; loss; being angry; needing comfort (imaged/sensory, and episodic)
- what they have learned from their early life that helped them prepare for adulthood (working memory)
- what they understand to have been setbacks along the road (working memory)
- how they do things differently from their parent(s); this includes reflecting on their parenting style and their own child(ren), if relevant (working memory)
- what connections they make between their life history and the reason they are being interviewed/assessed/seeking help, etc. (working memory).

Note: These topics are drawn from the Adult Attachment Interview (George *et al*, 1985/1996; Crittenden and Landini, 2011; Barrett, 2006). The AAI in its full and proper form should only be delivered by clinicians specifically trained in its use. If you work in a context where your client may be able to undertake an AAI assessment, we strongly suggest that you do not use any questions from the AAI until *after* your client has completed the AAI. This will preserve the accuracy of the AAI as a formal assessment, because the questions in the AAI are meant to 'surprise the mind' of the speaker.

The worker also maintains an awareness of what is happening *procedurally*. This includes speech patterns, how the speaker regulates their emotions, how the speaker behaves towards the interviewer, and how the speaker addresses or distances themselves from difficult or painful topics in their life story.

During step one of the model, the worker listens carefully and considers whether a pattern is emerging, and if there is any key information that is missing. This may include omitted or distorted information about time, place, sequence, who did what, who was responsible for what, or what the speaker's thoughts or feelings were at the time. Or the details in the story may appear to be confusing or misinterpreted. Or, in some cases, the speaker may be trying to deceive the worker about their role or someone else's role in the story (this may be conscious or pre-conscious deception, 'pre-conscious' meaning that it is a strategy so deeply embedded in procedural memory that it happens 'automatically' and without deliberate thought). In any of these instances, the worker may need to move to step two in order to help the person to more fully explore their story.

Step Two: Explore the story to help the person see it and tell it more clearly.



Most speakers will benefit from step two questions, which encourage them to give more detail and variety to their life story, ie. what makes the story unique to them. Step two questions are usually in the form of *who*, *what*, *where*, *when* and *how* questions. (*Why* questions tend to come at step four, as they tend to prompt the speaker to make meaning of the story rather than telling the story.)

At the *Explore* step of the Model, the worker encourages the speaker to give more detail about an episode, image, statement, behaviour, feeling or thought. When going into more details, some speakers will spontaneously identify a discrepancy in their story (eg. omitted information, a cause/effect error, a distortion, no evidence/support for a semantic statement) and make the correction.

It is important that the worker *allows the person's story to run*, inserting occasional embedded prompts along the way such as,

'What else did they do to you?' or, 'What did you do before that happened?'

Let's look at these two examples a little more closely:

- In the first example, the interviewer identifies that there is a 'me/them' opposition in the story, and asks a question that emphasises this distinction. This can help the speaker to more realistically distribute responsibility for events between themselves and other people.
- In the second example, the interviewer has encouraged the speaker to talk more about their own role in a sequence of events. This can be helpful when the speaker has a pattern of blaming others and leaving out their own role and responsibility for events.

By highlighting these themes, the worker is helping the speaker to spot the discrepancy by subtly suggesting that behind the first version of the story there may be further details that have greater significance than the client is currently aware of.

Step two of the LEARN Model has been likened to *critical incident de-briefing*, a process devised for helping people after life-threatening or potentially traumatic events. This can be summarised with the following four steps:

1. Focus on pure facts and the sequence of events.

Examples: 'Please take me through step by step to help me understand just the basic facts first: What was first thing that happened? Who was there? Who did what? Who else was aware of that incident? What words did he use?'

2. Re-tell the story, bringing in subjective thoughts and feelings.

Examples: 'What thoughts do you remember having at the time? How did you feel/respond at the time?'

3. Re-tell the story, where the interviewer is naively curious about the details left out/unclear parts of the story.

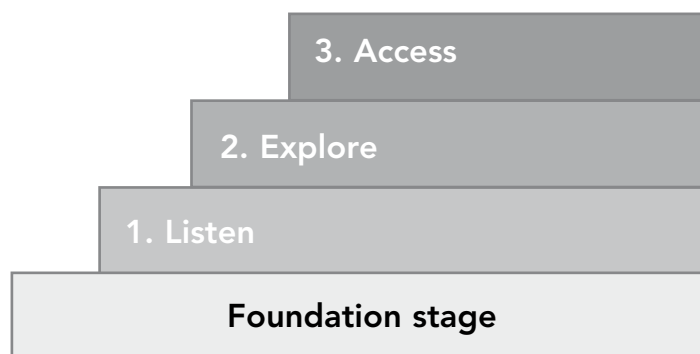
Examples: Questions that start with *where, what, when, who, how.*

4. Where there is no clear ending to the story/episode, help the speaker to conclude the episode, eg. 'And then I went to bed,' or, 'I calmed down afterwards when I was at my Gran's.'

Example: 'How did it end?'

(Thanks to Dr Kate Kirk for noting the connection to critical incident de-briefing.)

Step Three: Access 'censored' parts of the story and promote the pathway to integration



If the speaker is still unable to 'think about their thinking' or otherwise integrate and balance thoughts and feelings and work toward revising the narrative at step two, it may be useful to move to step three of the Model for a time and help the speaker to access 'censored' or blocked parts of their story. Step three is a bit like being a detective, and often works best when the worker and the client join together as co-detectives, trying to find missing pieces of information and join them together in order to solve a mystery. If you operate jointly with the client in this way, one of the most beneficial things you can do for your client is to help them look in the right place for the missing pieces of the puzzle, especially when you become aware that they are likely to be looking in the wrong place. At some level, the client already knows the information. The problem is that their mind has scattered the information in order to keep it out of view and protect the self from painful and difficult emotions. At step three, you are helping the client to piece together these pieces of information.

Step three of the Model also recognises that some speakers, particularly those who have experienced highly endangering childhoods, early loss of a close attachment figure or unresolved trauma, may need special preparatory work before they can feel safe and supported enough to reflect on difficult and painful parts of their story and how these events have affected them. For this reason, where you have advance knowledge that the speaker has had such experiences and they are likely to need special support before proceeding, *it may be useful to start at step three*. Similarly, you may discover fairly soon in an interview that the speaker needs to 'jump ahead' in the Model and do work at step three before they return to the earlier steps.

At step three, the interviewer is more active than in the previous two steps. As the interviewer, in this step of the Model you are helping the speaker to identify and build strengths, find safe witnesses to their story, notice their internal process, identify blocks or internal 'censors' and notice somatic clues, ie. what their body is telling them. One way of thinking about this is that, at step three, the interviewer is actively constructing 'scaffolding' to help the speaker tell their story. We will expand on these options one by one.

Finding or developing strengths: there is a general rule when dealing with trauma and difficult life stories, which is to *start from strength*. This is to ensure that the speaker has strengths to support them if they become distressed while telling their story; with strengths clearly identified and marked, there is a safe place to return to. Encourage the speaker to identify internal, *interpersonal and transpersonal strengths, and also achievements* that will help them to feel strong enough to be able to tell their story.

- **Internal strengths** are those personal qualities and values that give the person strength.
- **Interpersonal strengths** are other people who help the speaker (or have helped them in the past) to feel strong and confident.
- **Transpersonal strengths** may be religious beliefs or other beliefs that draw on concepts 'bigger than humanity', such as a belief in universal justice or the power of music, art or the natural world. It may also be strength drawn from a particular place, or from the elements (fire, earth, air or water). Such 'spiritual' strengths can be a great help to people, and can help them to feel strong enough to face their painful or difficult stories.
- **Achievements** can also be important sources of strength. Recognising past achievements may help the speaker to feel a sense of worth and have the confidence to tell their story. These achievements may include academic or vocational achievements, athletic achievements, or simply the achievement of staying alive after all they have faced.

Where the speaker cannot identify strengths, the interviewer may need to spend time helping the speaker to recognise unacknowledged strengths, or develop new ones.

Find an ideal witness to their story: encourage the speaker to identify the circumstances under which they could tell their story. For instance, they might identify a confidant, a real

person from their present or past, or an imaginary friend with whom, or in the presence of whom, they feel able to be totally honest. Similarly, there might be a special time or place that feels safe to tell the story. Explore what makes that person or situation feel safe and supportive, and how those qualities can be brought 'into the room'.

Examples: *'Who in your life, past or present, would be a safe person to tell this to? How much would this person agree with what you are saying? If they were being compassionate towards you, what would they be saying and doing to help you to talk about this experience?'*

Draw the speaker's attention to their attachment strategy as it is unfolding: observe the circumstances under which the speaker is integrated or otherwise.

Examples:

'I notice that when you are speaking about times with your father rather than your mother, you seem to speak very clearly.'

'I notice that you are speaking very loudly to your father, as if your father were in the room with us. What can you do to be able to say what you need to say?'

'I notice that whenever you speak about your mother or father, you change the topic and speak about your problems at work. In fact, three times in this session you have stood up and crossed the room to get things from your briefcase to show me what is happening at work. What is your sense of why you do this?'

'I notice when you are speaking about your dad, your tone is very different than when you talk about mum (or vice versa). What do you notice?'

Consider possible blocks: help the speaker to identify whether there may be internal 'road blocks' that keep parts of their story off limits. For example, they may be afraid of uncovering buried feelings which are painful or difficult. Or, this level of personal disclosure may simply seem to them to be a very bizarre or hazardous thing to do. In these situations, it may be useful to explore with the speaker the pros and cons of exploring their life story, both in the short and long term, for themselves and the people around them. Then help them to make a decision about what to do with this block or restraining belief (eg. 'I can afford to stop and think here. It is safe'). The speaker needs to feel that he or she is in a safe place, and that their story will be heard and respected, regardless of the context in which it is being told (eg. social work, criminal justice, mental health, adoption and fostering, counselling or psychotherapy, or another context). Furthermore, the interviewer must give the speaker confidence that they will be able to hear the story without judgment, and that they will be able to help the speaker to tell their story and to contain the feelings that recounting the story may engender.

Examples:

'Who would be most pleased/upset with what you have to say about this episode?'

'Where or when, if ever, were you told to keep this secret? Or: When did you come to believe it mustn't be talked about?'

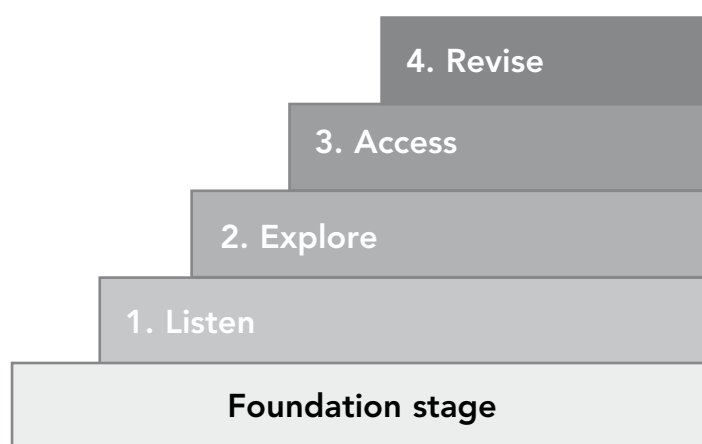
'What would be the most difficult feelings that you might feel if you tell your story? Let's explore the pros and cons of telling your story.'

'What has happened before when you have talked about your past with professionals?'

Encourage sensitivity to somatic (ie. bodily) clues: help the speaker to register and become aware of the somatic or physical clues their body is giving them. Pay particular attention to the extremities. For example, what might their balled fist be telling them? Or the fact that their hands have suddenly tightened around their own throat? Or that they stuck out their tongue when mentioning their father? What clues are they picking up when they suddenly begin to shuffle their feet, or hold their head in their hands, or sigh, or become breathless, or cough or smile when telling a story of personal pain? All of these are examples of somatic clues, and the speaker may not be consciously unaware of the clue until the interviewer draws their attention to the clue and helps them to give it meaning.

Example: *'I notice that when you began to speak about what happened at age 13, you began to slump down in your chair and hide your face in your jacket. Let's take a moment and see what might be going on inside for you, before we go further.'*

Step Four: Revise the story to develop reflective functioning and integration



After working at step three, if the speaker is omitting important information, making errors about cause and effect, responsibility or roles, or distorting the meaning of events in unrealistic ways – in effect, if the speaker's account is not psychologically sound – then step four questions may be called for in order to help the speaker to revise their story. At step four, the interviewer asks questions that strategically help the speaker to revise missing, incoherent or unsound aspects of the story. This may include drawing the speaker's attention to discrepancies within the story. This stage is called 'revising the story' because successful work at step four usually means that the speaker revises their understanding of their story and may draw starkly new meanings from past events and

relationships. The essential idea behind step four is that, at any moment in our lives, we have the ability – should we wish to acknowledge this – to ‘step outside the story line’ of our lives and to consider the story of our lives more objectively.

The crucial issue at step four is achieving greater *integration*. This includes integration in a number of areas (you may also want to review pages (68 to 72) which outline six domains of integration):

- Integrating my responsibility and the responsibility of other people. (This includes recognising that many problems are shared together with other people.)
- Integrating my thoughts and my feelings, giving them equal consideration.
- Integrating my needs, tasks, roles and ambitions with those of other people (ie. mentalising).
- Integrating my perspective from the present day with my perspective at the time of the event I am recalling. This includes my thoughts, feelings and responses then and now (ie. the meaning I gave events then, as opposed to the meaning I give them now).
- Integrating the information that was unique to an event in the past (and therefore can be left in the past) with information about an event that can be useful to protect myself in the future.
- Integrating my understanding of what is realistically in my control with what is out of my control, and maintaining optimism that I have some control over myself and my life decisions.
- Integrating my impulsive/‘automatic’ responses, thoughts, feelings and physiological symptoms when under stress with a more mature and thoughtful approach (eg. managing my fear response when under threat).
- Integrating how I think the world ought to be with my growing understanding of how the world is.
- Integrating my story with the wider story that includes the social and cultural forces that have influenced me in the past and that may still influence me.
- Bringing in witnesses: integrating my version of events with the version that may be offered by other people, particularly people who may have been witnesses to or involved in my story.
- Integrating what I know about my history with what is ambiguous, uncertain or incomplete.
- Finally, integrating and resolving those parts of my story that have been painful and difficult for me to face. Integrating these experiences into my story, and valuing the lessons I have learned from setbacks and troubling events. This may lead me to develop empathy for my parents/family members and forgive their misdeeds, while retaining the truth about my history and its effects on me.

This emphasis on integration makes it more likely that the speaker will be able to use or begin to develop their *reflective functioning* and *mentalisation* – so crucial to psychological well-being and success in interpersonal relationships. It is worth pointing out that we have chosen to emphasise *integration* as the crucial concept, rather than seeing the problem as a deficit, where old strategies and ideas need to be replaced. By focusing on integration, we are *adding* to the range of strategies, roles, and responses the speaker can use, while also acknowledging that the old strategy may have been useful in the past and indeed may still be useful in some situations.

Examples

Step four interventions when the speaker is using an 'A' strategy. If the speaker is using an A strategy and, for example, minimises the effects of chronic violence in the home when they were young, the interviewer may encourage them to talk about their own true feelings at the time, especially difficult or painful feelings. Or if the speaker is blaming themselves for their parent's violence (again typical of the 'A' strategy), the interviewer can encourage them to distribute responsibility more realistically.

Examples:

'What other feelings might you have had that might not have immediately occurred to you?'

'What stopped you asking for comfort/saying how you felt/saying how angry you were at the time?'

'In that situation, who was the child and who was the adult? Looking back on this now, how much responsibility do you think your parents should take for their actions? Why?'

'How is your perspective on that now different from your perspective then? Why?'

'Who else, other than your [attachment figure], might have seen or been aware of what happened to you? What might they have to say about what was done to you?'

'How can you balance [X] and [Y]?' (See list above, with types of integration.)'

Step four interventions when the speaker uses a 'C' strategy. Step four questions for people using a 'C' strategy might encourage a deeper reflection on the different roles and responsibilities that they and other people had in a sequence of events. Or they might encourage the speaker to consider the perspective of other people. In some cases, it may be useful to help the speaker to express genuinely held emotion. However, this emotional expression should be focused on specific events and people rather than being generalized to many situations and people.

Examples

'How do you think your actions might have impacted on your parents' response to you?'

'What was your role in the situation?'

'What might your mother/father have been thinking at that moment?'

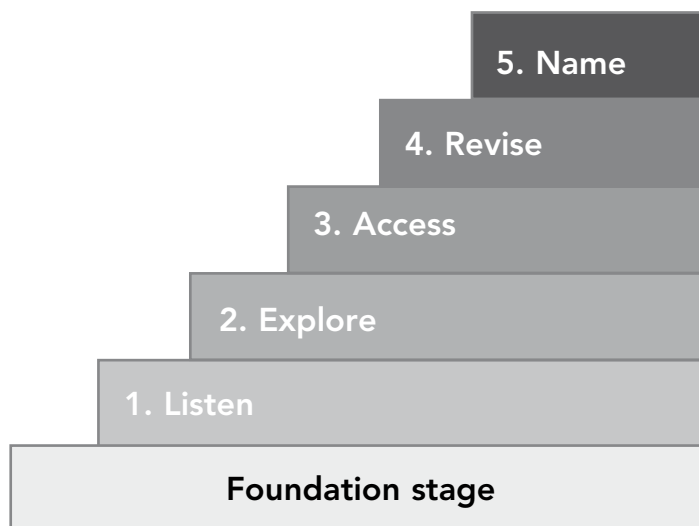
'What other points of view might it be useful to consider?'

'How do you think your grandmother might have seen what happened to you as a child? What would she have thought about what happened to you if she was aware of it? Why would she think that?'

(After clarifying a specific episode) 'How do you feel about that now? How did you feel about it then? Is there a difference between your feelings now and then? What sense do you make of how your feelings have changed over the years?'

'How can you balance [X] and [Y]?' (See list above, with six types of integration.)

Step Five: Name the process between you



Step five of the Model may be useful if the speaker is unable to make use of steps one to four, and at other times also. At step five, the interviewer names the process happening 'in the here and now' between interviewer and speaker, and also what might be external blocks for the speaker. There may be a number of things happening:

- There may be a breakdown in rapport, such that the speaker does not trust the interviewer.
- There may be external circumstances impinging on the speaker, such as social services, criminal justice or mental health ramifications. These external threats may make it impossible for the speaker to genuinely share and reflect upon their story, because they fear the consequences of revealing too much.
- There may be other external factors predominant in the speaker's mind, such as immediate threats or circumstances in their current life.

- The speaker may be re-enacting earlier self-protective strategies in the session itself, and in relation to the interviewer. For example, the interviewer may find him- or herself to have been cast unwittingly in the role of 'persecutor', 'rescuer' or 'victim'. (This is not necessarily a conscious move on the speaker's part, but instead may be a procedural strategy and largely pre-conscious.)
- The interviewer may experience a powerful feeling in response to what the speaker is communicating. At certain times, it can be useful to share this with the speaker as it may help them to clarify what their own feelings are.
- There may be some other 'elephant in the room' that is not yet acknowledged, and needs introducing.

Just as with step four, in some circumstances, for example where you are aware that the speaker is likely to be highly guarded about what they say because of external ramifications, it may be best to start at step five and address their concerns at the outset of the interview.

Examples:

'How are you finding the pace of the session? Are we going too fast or too slow, or at about the right pace?'

'It seems that I have been making a number of suggestions, and you have been "batting them away". I wonder what you think of this. I wonder what we could do to break out of this pattern and find a more useful way to discuss this important issue.'

'It feels like I am being invited to criticise you, and that you are on guard and fear that I will criticise you or deceive you like your father did. What might help us to address that concern so you can do the work you feel you need to do?'

'I noticed that I felt quite shocked a moment ago when you said that your parents never told you that you were adopted until you were 17. What were your feelings when you first learned about this? What are your feelings about this now?'

'I notice that you just said that you think I might be "just like the others"? I wonder what you mean by that, and if we need to clear the air about something before it feels safe enough for you to proceed?'

'What do you understand to be the purpose of this interview and the limits of confidentiality? Would it help you if I explained again?'

'I noticed you say that you can't remember anything about your life, and that you are just here to talk about (X). I wonder if there is something happening here that might be getting in the way or cutting you off. What are your concerns?'

Consolidating your learning about the Model

The LEARN Model can be applied in one-to-one work, groupwork, family work, coaching, co-working and supervision, and as a self-reflection tool. As a way of consolidating your understanding of the Model, you can try the following: with colleagues, talk through an emotionally charged episode from your personal experience (for example, a work-based episode) and process this using the LEARN Model. Take it in turns to be the interviewer and the speaker.

You can discuss, for example:

- a. a troubling or puzzling occurrence
- b. a challenging situation from the last week
- c. a process that happened in the group/other context, and what your role in it was
- d. personal episodes from within or outside work, as appropriate.

Questions for review

Can you describe...

- » The importance of our personal stories in shaping our sense of who we are and the meaning and purpose of our lives?
- » The principles of establishing a firm foundation for speaking with your client about their life and their history of close relationships?
- » The five steps of the LEARN Model and how to use them?

PART TWO

Putting Attachment Theory to Work: five case studies, with guided practice examples

'There is no greater agony than bearing an untold story inside you.'

Maya Angelou

Introduction

Chapters 4 to 8 provide an in-depth look at five fictional adults, their attachment strategies and the developmental roots of those strategies. The chapters also provide an introduction to the process of attachment-based interviewing and discourse analysis. This comes in the form of audio interviews, with written transcripts that you can read as you listen. There is also detailed commentary to help guide you through the process of analysing the discourse.

Note: Within the transcripts, you will notice 'full stops' amongst the speech. The number of full stops represents different lengths of pauses.

The five characters (portrayed by actors) are being interviewed about their life history by staff within different contexts:

- Chapter 4: Beth ('B') – adoption and fostering
- Chapter 5: Anne ('A' – concerning) – adult mental health
- Chapter 6: Adam ('A' – endangering) – adult criminal justice/forensic psychology
- Chapter 7: Calum ('C' – concerning) – leaving care/youth services/youth offending/health visitor
- Chapter 8: Christy ('C' – endangering) – child and adolescent mental health services (CAMHS), social services, family support, health visitor, family nursing.

We recommend you start with Chapter 4, because 'Beth' offers an example of an integrated (sometimes called 'balanced' or 'secure') speaker. Understanding Beth's discourse will help you to better understand the discourse of the other characters.

Background information about the five characters

Chapters 4 to 8 each start with background information about the character in focus. This information gives you an insight into the life history of the person and also some of the key episodes in their development. At each of the significant milestones, a 'function box' helps you understand why the person responds as they do at that particular age. This allows you the opportunity to compare and contrast how and why they responded at the time, with how they describe the event during their interviews (ie. from the present, looking back in time). This is an all-important distinction; a common pitfall is to confuse the client's history with the discourse they use to describe that history. The background information also reinforces the importance of understanding the client's history in order to understand their current functioning.

Note about integrating this material with the Adult Attachment Interview

The interviews in Chapters 4 to 8 contain several questions that are drawn from the Adult Attachment Interview (George *et al*, 1985/1996). These are the questions asking for descriptive words and phrases about attachment figures (semantic memory probes) and questions asking about episodes to support the words and phrases given (episodic memory probes). The AAI in its full and proper form should only be delivered by clinicians specifically trained in its use. If you work in a context where your client will take part in an AAI as part of their assessment, we strongly suggest that you do not use any questions from the AAI (such as the semantic and episodic probes in Chapters 4 to 8) until *after* your client has completed the AAI. This will preserve the accuracy of the AAI as a formal assessment, because the questions in the AAI are meant to 'surprise the mind' of the speaker and must therefore not be known in advance.