

# Issues of Attachment for Young Traumatized Children and their Caregivers

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## Overview

- Brief review of attachment
- Attachment issues specific to foster/adoptive children
- Establishing and repairing attachments
- Transition challenges
- Attachment disorders



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## Critical Points for Webinar 3

- Young traumatized children are best understood in the context of relationship.
- Foster care is an active intervention with the goal of helping the young child to recover from their traumatic experience, not just a “place to stay.”
- The foster/resource parent is an essential partner in the recovery of the young child.
- Transitions for young children should be carefully planned and take into account that young children cannot “keep caregivers in mind” like older children.



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## Bonding/Attachment

- Parent's bond with child
  - Can begin before baby is born
  - Usually occurs by time child is 2 mos.
- Child has preference for parent smell/voice
  - In newborn period
  - Can be cared for by competent adult (0-6 mos)
- Child's focused attachment to parent (6-12 mos)
  - Separation anxiety (peak = 18 mos)
  - Stranger wariness
- After 3 yrs of age can still learn to attach
  - More difficult
  - May need support and assistance

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## Attachment Defined

- Go out and explore the environment under watchful eye of parent (play, learn)
- Seek comfort in times of fear or upset
- Characteristics of both caregiver and child impact nature of relationship

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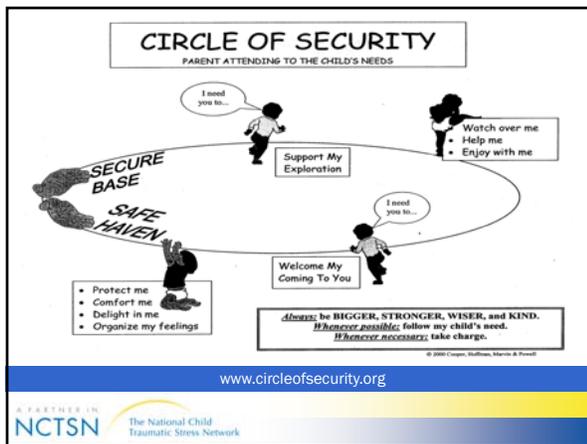
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## What Does Attachment Look Like?

- Observations of the child's attachment relationship with primary caregivers
  - Help us to understand the strength of the child's connection to important people
  - Reflects quality of interaction with caregivers
- Relationship specificity
  - Children develop different relationships with different people - depending on history of interactions

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## Attachment Classifications

- Secure – child's feelings accepted and valued by caregiver
- Insecure/Avoidant – child's feelings not accepted; caregiver values "independence"/exploration
- Insecure/Resistant – child over-focused on caregiver
  - caregiver needs child to display "how much he needs her"
- Disorganized – Caregiver should be a source of comfort but..... Is a source of fear. Puts child in bind.

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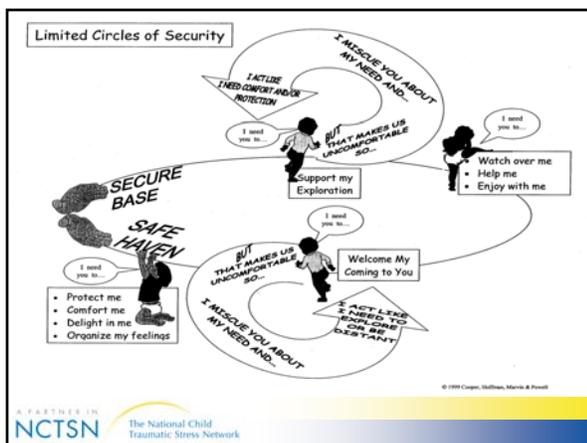
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## Caregiver Attachment Behaviors

- Sensitivity to signals
  - Detecting the infant's signal correctly, interpreting the signal, appropriately responding, and timely response
- Cooperation vs. interference with on-going behavior
- Physical and psychological availability
- Acceptance vs. rejection of the infant's needs (Waters & Ainsworth)

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## Why is Attachment Important?

- Attachment is the context in which all development occurs
- Children develop ways of thinking from their experiences with others
  - About themselves
  - About themselves in relation to others
  - About the reliability of their caregivers
- Am I lovable? Am I stupid? Am I not worthy of loving care? Is something wrong with me?

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## Attachment

- Keeps humans alive
- Supports affect regulation
- Self as worthy and competent
- World as safe
- *Buffers impact of trauma*

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## Attachment in the Face of Adversity

- Children form attachments with even the most impaired and harsh parents
  - Abusive
  - Neglectful
  - Depressed
  - Substance abusing

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## Factors Contributing to Disorganized Attachment

- Maltreatment
- Partner violence
- Parental dissociation (withdrawal)
- Maternal depression/ bipolar disorder and schizophrenia (contradictory cues)
- Parental substance abuse
- Parental antagonism
- Parental role confusion

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## Disorganized Attachment

- In low-risk, non-clinical populations, ~14% of infants have a disorganized attachment **underlying** their insecure attachment  
(Van IJzendoorn, Schuengel, and Bakermans-Kranenburg, 1999)
- In maltreated and institutionalized samples, ~75-80% of infants have a disorganized attachment  
(Carlson et al., 1989, Vorria et al., 2003, Zeanah, Smyke, Koga and Carlson, 2005)

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## Possible Outcomes of Disorganized Attachment

- Problems with affect regulation and dissociation
- Lack of impulse control and attentional problems
- Controlling stance used in peer and caregiving relationships (role inappropriate parent child interactive behavior)
- Cognitive impairments
- High Risk for psychopathology, particularly for Oppositional Defiant Disorder and aggression in middle childhood and low self esteem and dissociation in adolescence
- Tend to become unresolved/disoriented adults who are frightening to their children and repeat cycle



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## How to Become a Secure Base

- Work to become the child's "Go-To" person
- Try hard to see and understand the world through the child's eyes
- Provide both physical and psychological protection
- Act to provide what a young child needs to feel secure
  - Support exploration
  - Provide comfort and protection (even when the child misuses)



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## How to Become a Secure Base

- Do not withdraw support even if the child acts as if she does not need it
- Teach child by labeling feelings (anger, sadness, pain, happiness, excitement, anxiety)
- Respond appropriately to your best guess as to the child's feelings
- You won't always know exactly what child needs but it is important to try



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## How to Avoid Becoming a Secure Base

- Meet only the instrumental needs of the child
- Keep the child at arm's length
- Have impossibly high expectations
- Remind the young child not to call you "Mommy"
- Put the child in respite care

*When the child is just developing an attachment, particularly after disruption, setbacks can occur rapidly and have serious consequences*



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## Obstacles to Attachment Formation - Adult

- Foster Parents
  - May grieve loss of former foster children
  - May distance themselves psychologically from new foster children
- Kinship Caregivers
  - Divided loyalty between their adult children and the young foster child
  - Ambivalence about unexpectedly needing to care for young children
- Adoptive Parents
  - May have had multiple losses themselves
  - Disappointments in pregnancy, previous efforts to adopt



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## Inherent Contradiction of Foster Parenting

- Psychological Ownership
  - Love the child as their own
  - Advocate for child
  - Become the child's "Go - To" person
- Uncertainty
  - Child can be removed at any time
  - Progress of biological parents
  - Appearance of relatives at the last minute



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### Obstacles to Attachment Formation - Child

- Child moved from caregiver to caregiver
  - No opportunity to develop a focused attachment
  - May be a particular issue for children of substance abusing parents
  - Loyalty to parents
  - Precipitous and repeated change of caregivers
  - Failure to consider child's perspective in agency decisions



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### Foster Child

- Might confuse the foster parent
- Might act as if she does not need the foster parent
  - From years of not being able to rely on anyone
- Might miscue need for comfort and/or need to move out and explore
- Might think that he has to take care of everything himself because he cannot count on adults



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### Attachment Disruption Impacts Children

Carefully consider risk to child of disruption

- Child is removed from the home of abusive parent
- Child is moved from foster home to foster home
- Child is moved from foster home to relative's home
- Child is reunified with biological parents
- Child is moved from foster home to adoptive home
- The impact of attachment disruption can be decreased by carefully planning the transition



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## How Does the Young Child Understand the Disruption?

- Where is the person I love most in the world?
  - They have fallen off the face of the earth
- A little kid cannot trust that an adult will be there for them
- Practical meaning
  - I have to get used to someone else's rules
- Life is confusing!

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## Impact of Attachment Disruption

- Children can be profoundly affected by attachment disruption
  - They will show it in varying ways
  - "His behavior is terrible"
  - "She never mentions her mom"
- They will talk about it or process it
  - If there is an adult to help them do this
- They will not talk about it or process it
  - If the adult in their life is not open to it

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## Trauma....

- Threatens the life or physical integrity of a child or of someone important to that child (parent, grandparent, sibling)
- Causes an overwhelming sense of terror, helplessness, and horror
- Produces intense physical effects such as pounding heart, rapid breathing, trembling, dizziness, or loss of bladder or bowel control

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## Trauma Derails Development

Exposure to trauma causes the brain to develop in a way that will help the child survive in a dangerous world:

- On constant alert for danger
- Quick to react to threats (fight, flight, freeze)

Source: Teicher, M. H. (2002). Scars that won't heal: The neurobiology of child abuse. *Scientific American*, 286 (3), 68-75.



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## Development Impacted of Trauma

Infant's job is to gain trust in the world as a safe, predictable place.

- > Attachment and separation complicated by abuse/neglect

Preschoolers are learning to manage their emotions and other challenges

- > Love, anger, sadness, fear
- > Separation

Traumatized child may express sadness, frustration, or confusion as anger

- > Child's parents may show dysregulated emotions
- > Child may feel unloved or to blame for separations or family problems



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## Attachment Disorders



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### Types of Attachment Disorders

- Reactive Attachment Disorder Emotionally withdrawn/Depressed
- Indiscriminately Social/Disinhibited Reactive Attachment Disorder
- These can occur together



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### RAD Withdrawn/Inhibited Type

- Child does not seek comfort when distressed and is not soothed when comforted
- Child does not initiate social contact
- Child does not respond to social interactions with caregivers
- Child exhibits various odd social behaviors, including inhibited, hyper vigilant or highly ambivalent reactions
- Severe emotional regulation problems
- VERY minimal positive affect
- Bouts of fear/irritability that are disproportionate or unprovoked



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### Attachment Emergency: Becoming Attached

- Primary goal of those working with young foster children
  - Find a parent that is willing and able to become the child's "go-to" person
- Give the child time (but not too much time)
- Observe the development of the child's attachment relationship with foster/resource parent
- Ask the caregiver about her own attachment to the child and feelings about child



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### **RAD Indiscriminately Social/ Disinhibited Type**

- Lack of expected selectivity in caregiver choice when seeking comfort
- Lack of stranger anxiety/wariness, inappropriate approach of strangers, willingness to leave with a stranger
- Failure to check back with primary caregiver when exploring unfamiliar environments
- Lack of appropriate physical boundaries/ intrusiveness - particularly with strangers



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### **Approaching Strangers**

- Does the child tend to approach or walk right up to stranger?
  - Touch strangers?
  - Ask to be picked up?
- Does the child seem likely to go off with a stranger?
  - Has she gone off with someone?
  - Do you think that she might?



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### **Indiscriminate Behavior and the Child Welfare System**

- How do individuals in the child welfare system contribute to indiscriminate behavior?
- How can we promote less indiscriminate behavior in young foster children?



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## Attachment Disturbances

- Extreme attachment problems are relatively rare in abused/neglected children but are serious and should be assessed by a mental health professional
- Behavior problems are **different** from attachment problems

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## Interventions?

- Does the foster child have problems that may warrant intervention
- Does foster parent have a realistic, negative, overly positive, or distorted view of child?
- Has foster parent/relative cooperated with recommendations re: evaluations and or treatment
- Does the child or caregiver need psychotherapy/intervention?
  - Dyadic, individual, parent guidance

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## Summary

- Young children are biologically programmed to attach to their caregivers
- Maltreatment, trauma, loss, and disruption impact children's attachments and must be addressed
- Caregivers must work actively to become a secure base
- Repairing attachment relationships is an important aspect of this work
- Transitions should be carefully planned with child's best interest in mind
- Disruptions should occur only if absolutely necessary
- Attachment disorders among foster children should be recognized and addressed

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