

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



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.

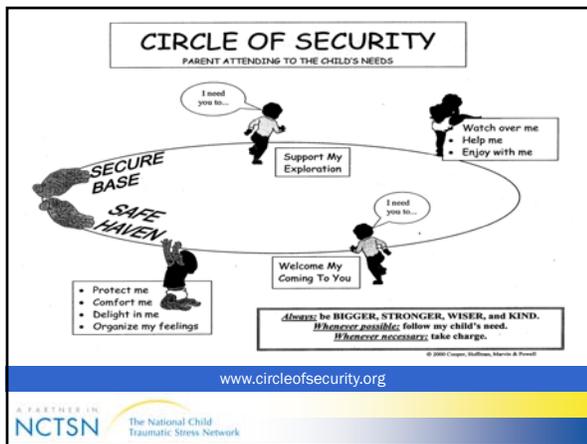


Bonding/Attachment

- 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

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

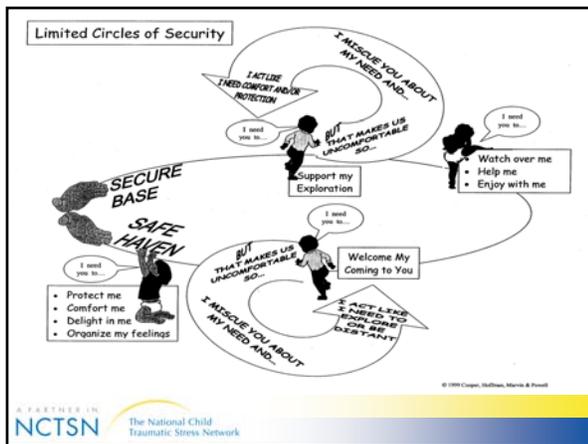


What Does Attachment Look Like?

- 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

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.



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

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

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)

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

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)

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

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



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



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



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



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



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



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!

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

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

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.



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



Attachment Disorders



Types of Attachment Disorders

- Reactive Attachment Disorder Emotionally withdrawn/Depressed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

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

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

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

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

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
