Attachment Theory

- John Bowlby is the father of attachment theory which has many significant contributors. Only in the latter half of the 20th century did we begin to see any studies or research done to learn about attachment and the needs of infants/children from caregivers.
- Studies and research in attachment have led to many changes in our society. For example: hospital policies—newborns can remain in the room with the mother to promote bonding. Siblings and other close relatives can visit the mother and baby in the hospital. Laws and policies in child welfare have drastically changed because attachment, loss and separation are now understood.

What is attachment?

- A reciprocal, enduring, emotional and physical affiliation between a child and a caregiver. It is the psychological connection between people that permits them to have significance to each other.
How does attachment occur?

- It all starts with a need.
- The infant engages in an arousal expression (crying, yelling, etc.).
- In a positive attachment cycle, there is a response gratification as the parent meets the need. The child relaxes and trusts that the parent will meet their needs.
- In a negative attachment cycle, the need is unmet by the parent—either ignored or the parent is not able to meet the need. The child learns that the parent cannot or will not meet their needs and they begin to expect that the needs will not be met.

Circle of security and trust

- For a positive attachment to form, it is important that the parent or caregiver act as a safe haven and secure base for the child.
- Repair work is vital in the cycle of attachment. It refers to "repairing" damage that has been done in relationships either by the child or adult. Parents need to understand that they make mistakes, and they should own up to them and do their best to repair the damage.
- Consistency and structure are key elements in the cycles of attachment.
Parent/caregiver’s role in attachment
- Accessibility
- Responsiveness
- Attunement (a feeling of being “at one” with another being)
- Must span 3-5 years for attachment to mature and solidify

Traits of a securely attached child
- Well formed conscience with a sense of right and wrong
- Wants to please attachment figure
- Range of GENUINE emotion
- Shows fear and anger freely
- Relates with empathy to others
- Has the ability to self soothe
- Positive working model of self and the world
- Believes they are loveable, worthwhile, capable, responsible and safe
- Believes his caregivers are available, responsive and will meet his needs
- Has trust
- Can build relationships with others
- Wary of strangers and leaving caregiver

Reasons why positive attachment may not occur
- Mental illness of caregiver
- Substance abuse of caregiver
- Neglect by caregiver
- Physical abuse by caregiver
- Death or illness of caregiver
- Children with disabilities that make it difficult to respond to the caregiver
- Frequent moves and/or foster placements
- Multiple births
Types of insecure attachment

- Avoidant or inhibited
- Anxious or disinhibited
- Disorganized or combination of disinhibited or inhibited

Avoidant (Inhibited)

- A negative working model
- Does not respond when parent leaves and returns
- High level of motor activity
- Minimal physical contact
- Poor eye contact
- Unable to form emotional connections
- Lacks conscience
- Narcissism
- Lack of spontaneous emotional expression (affective blunting)
- Lack of insight
- Oblivious to others

Anxious (Disinhibited)

- Fearful or anxious
- Inconsolable when parent leaves
- Is not able to be consoled when parent returns
- Will approach strangers for affection
- Clingy
- Negative working model
- Moderately controlling
- Might avoid school or separation from a caregiver
- Obsessed about losing a parent
- Night fears
- Fears of being alone
- Worries about sickness, injury or death
- Ambivalent, love/hate feelings towards caregivers
Disorganized/Combo

- Unable to trust or be close
- Lacks remorse
- Aggressive in gaining control
- Both avoidant and anxious
- More extreme behaviors
- Child attempts to punish or humiliate parent
- Can be superficial and charming
- An active, shifting emotional state

Differences in attachment and traditional therapy

<table>
<thead>
<tr>
<th></th>
<th>Attachment therapy</th>
<th>Traditional therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Premise</td>
<td>Fix the foundation.</td>
<td>Build the house on a cracked foundation.</td>
</tr>
<tr>
<td>Family involvement</td>
<td>Family is the primary healing source. They are the agent of change. The client is the entire family.</td>
<td>Child is seen alone by a professional. Information is not always shared with the family.</td>
</tr>
<tr>
<td>Goals</td>
<td>Parents take control and set goals for the child.</td>
<td>Child assists in goal setting.</td>
</tr>
<tr>
<td>Parenting</td>
<td>Corrective, attachment parenting, regulating emotions, using structure and nurture effectively in the home.</td>
<td>Behavior modification and token economies.</td>
</tr>
</tbody>
</table>

Differences cont.

<table>
<thead>
<tr>
<th></th>
<th>Attachment therapy</th>
<th>Traditional therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapist's role</td>
<td>Lead the session. Do not wait for the child to take the lead. Give the child words to talk about the trauma.</td>
<td>Let the child take the lead as to what they want to talk about.</td>
</tr>
<tr>
<td>Interventions</td>
<td>Heal the trauma. Integrate the senses and do not only rely on words. Use the family as your tool to reach the child.</td>
<td>Diagnose, medicate and talk.</td>
</tr>
<tr>
<td>Other services</td>
<td>Too many providers is confusing and overwhelming for the child. They come in and out of the child's life too frequently.</td>
<td>The more providers, the better.</td>
</tr>
</tbody>
</table>
Characteristics of an effective attachment therapist

- Tolerance, patience, empathy, compassion
- Emotionally non-reactive, able to stay centered
- Accepting, nonjudgmental, and supportive
- Comfortable with anger and other strong emotions
- Free of personal abuse issues
- Confident and able to instill confidence
- Genuine sense of humor, devoid of sarcasm and ridicule
- Able to give and receive love

What can we do?

- Education
- Assess families for attachment issues
- Practice interventions for attachment
- Reduce the amount of placements/moves/changes in therapists when possible
- Believe that everyone wants to attach-they just might not know how. It is believed that if a child can form one attachment, they can transition these skills to other relationships

Interventions

- Family therapy
  - Treat the entire family-the whole family is the client. Regulating the “whole” not just the part of the family is one of the concepts that is essential to the treatment program.
  - The family is the change agent-this is empowering for all those concerned and will serve as a catalyst for growth within the family system.
  - Work with the family and around their schedule
  - Identify strengths
Interventions

- Emotional regulation
  - Stay in control of your emotions
  - Providers must teach skills that help the family regulate themselves daily, especially at times of high stress. Embracing the idea that the increased regulatory capacity on the part of the parent leads to the same in the child will in turn correlate to a decrease in negative behaviors that the family experiences.

Emotional regulation

- "Because the child is unable to regulate his internal state, leading to a constant state of fear, hyperaroused to a sense of threat in the environment, and sensory overload the child works to control whatever aspects of his environment that he can, only to ensure his survival. These behaviors at times seem abnormal to parents, however, from the lens of the child, these behaviors make perfect sense."

Julie Alvarado
www.coachingforlife.com

Interventions

- Control
  - One of the biggest mistakes parents make is letting go of control in the household when they have a child with special needs.
  - Kids with RAD need to have consistency, structure, and predictability to thrive.
  - They will fight for control, but will feel out of control if they have it.
  - Control does not equal rigidity, it means that parents have the authority in their home: they set rules, routine and children are expected to follow.
Control Cont.

<table>
<thead>
<tr>
<th>Things children control</th>
<th>Things adults control</th>
</tr>
</thead>
<tbody>
<tr>
<td>What foods they will or will not eat</td>
<td>What foods they will serve in their home</td>
</tr>
<tr>
<td>What comes out of their mouth verbally</td>
<td>How the adult responds emotionally and verbally</td>
</tr>
<tr>
<td>Who their friends are</td>
<td>Who enters their home</td>
</tr>
<tr>
<td>Their personal hygiene</td>
<td>Importance placed on hygiene</td>
</tr>
<tr>
<td>The effort they put into their schoolwork</td>
<td>Their signature allowing the child to repeat the grade</td>
</tr>
<tr>
<td>Their response to adult caregivers</td>
<td>Their response to the child</td>
</tr>
<tr>
<td>Stealing at a store</td>
<td>Their ability to report the child to the police</td>
</tr>
</tbody>
</table>

Interventions

- Avoid power struggles
  - Give the child limited choices whenever possible.
  - Limit the choices—would you rather _____ or _____?
  - Consequence behaviors.
  - Do not "trap" the child by asking them to lie. Example: Asking them if they brushed their teeth when you know they have not.
  - Do not allow yourself to be invited into a power struggle.
  - If you find yourself in the midst of a power struggle, excuse yourself and come back when you are calm.
  - Remember that you do not always have to answer "why?" Sometimes, "Because I am the parent," is good enough.

Interventions

TF-CBT

- 12-16 week intervention that focuses on 10 core components
  1. Psychoeducation
  2. Parenting Skills
  3. Relaxation / Stress Mgmt
  4. Affect Expression and Modulation
  5. Cognitive Coping and Processing 1; The Cognitive Triangle
TF-CBT cont.

6. Trauma Narrative
7. Cognitive Coping and Processing II; Processing the Traumatic Experience
8. In Vivo Mastery of Trauma Reminders
9. Conjoint Parent / Child Sessions
10. Enhancing Future Safety and Development

Interventions

- **Theraplay**
  - Relationship focused, attachment based play.
  - Modeled after natural, playful patterns of healthy relationships.
  - Uses play to communicate love and authority.
  - Uses play to develop self-esteem and trust.
  - Emotional regulation—appeals to senses, uses voice inflection and lowers stimulation in order to accomplish goals.

Theraplay cont.

- **Four dimensions of Theraplay**
  - Structure—to set limits and provide an appropriately ordered environment
  - Nurture—to meet the child’s needs for attention, soothing, and care
  - Engagement—to engage the child in interactions while being attuned to the child’s state and reactions
  - Challenge—to support and encourage the child’s efforts to achieve at a developmentally appropriate level
Other tools of the trade

- Claiming techniques - helps make the adoptive children truly feel like a part of the home and family.
- Transitional objects - items a child can carry with them when away from home to use as a reminder of home and family.
- Time-ins vs. time-outs - used the same way as a time-out except the child stays with the parent.
- Life books - helps children who are in foster care or have been adopted know their story and where they came from.

References

Hudson, Bryan, Ph.D., HSSP
“Normal Neurodevelopment and Deviations Related to Trauma, Maltreatment, and Abuse”

Cohen, Deblinger, and Mannarino, 2006 “Treating Trauma and Traumatic Grief in Children and Adolescents”

Creason, Kate, LCSW, The Childrens Bureau, 2007
“Take Chances for Kids”