

# Decision-making affecting children's attachments

Attachment is a central concept in child welfare practice and needs to be considered by workers in a range of crucial child welfare decisions. These decisions include determining when parenting is 'good enough' to leave children in their parent's care, how much contact is needed to maintain attachment in restoration placements, or how to understand the behaviour of children who may have had poor attachment experiences. Attachment theory is now being used in conjunction with emerging understanding of the impact of neglect and abuse on growing brains. These new developments have implications for the timing and speed of decisions important for children (Brown and Ward 2012 p.43). However, attachment theory is not yet well developed for child welfare practice.

Attachment theory and emerging understanding of brain development clearly indicate parental behaviour is significant for the child's development. However, attachment theory should be considered alongside professional wisdom, taking on board expert opinion and the experience and responses of the child.

Attachment theory can assist us to 'think through' the experience of children, but it will rarely give us specific answers about individual children or provide the detail required in complex welfare situations. Understandings of attachment are not clear about the length of time attachments take to develop, how many attachment figures are possible, the impact of multiple caregivers, and the process of attachment beyond toddlerhood. Furthermore, attachment theory is not helpful in predicting future behaviour and does not specify the type of help that could 'fix' poor attachments (Chaffin *et al*, 2006 in Barth, Crea *et al*. 2005; McLean, Riggs *et al*. 2012). We do not know if children can recover from poor attachment, especially given emerging science on brain plasticity. The use of attachment theory has been specifically questioned when applied to foster children or those who have been adopted. Attachment theorists have often worked on the most extreme situations (such as children brought up with no contact with adults and other significant deprivations) and do not necessarily understand the implications for the range of children that welfare workers will meet. In addition, research shows that attachment theory can be easily misinterpreted in welfare practice settings - see the box below (McLean, Riggs *et al*. 2012).

## What is attachment?

Attachment was originally defined by Bowlby to be a predisposition to seek proximity to, and contact with, a preferred care giver. It is seen as a 'normal' survival mechanism by which babies and toddlers

seek response from caregivers to meet their needs. There is now greater understanding that *early care giving experience becomes internalised, organised and elaborated into emotional, affective, behavioural and cognitive schema that ultimately influence cognition, self-organisation, emotional regulation and expression* (McLean, Riggs *et al*. 2012 p.1).

## How does attachment develop?

The process of attachment begins, at least, at birth, when a newborn infant seeks care and protection from their attachment figures. From about the age of three months, a baby is increasingly selective and begins to smile less readily for strangers, tending to target their attachment behaviours towards their significant carers. By the age of six to seven months, an infant generally shows a clear-cut attachment to their primary caregiver(s) and will show distress and anxiety about being separated from them. From this point, a securely attached infant is able to use their caregiver as a safe base for exploration. Research shows that the quality and sensitivity of the mother-child interaction at 6-15 weeks correlates with attachment at 18 months, and that frightened or frightening parental behaviour is associated with disorganised attachment by 12-18 months. Of interest to out of home care workers is a study which noted that the 'occurrence of a mother-child separation of a week or longer within the first two years of life was related to higher levels of negativity (at age three) and aggression (at ages three and five) (Howard, Martin *et al*. 2011). A further study has shown that extended separations of a month or more prior to age five have been linked with increased symptoms of borderline personality disorder in adolescence and adulthood (Howard, Martin *et al*. 2011).

The way attachment behaviour subsequently develops and its implications as a child grows older are not well understood. During toddler and pre-school years, children learn to define themselves and others in increasingly sophisticated ways and

how this affects attachment is not well understood (Brown and Ward 2012). It is unclear how ...attachment [is] organised in school-aged children. We do not know whether there can be a number of attachment figures and whether some of these attachments are more important than others (McLean, Riggs et al. 2012) or the implication of disruption of attachments during later years.

## What are the impacts of poor attachment for children?

What can be said about poor attachment is that, in the general population, attachment in early childhood is frequently related to adjustment in later childhood (Barth, Crea et al. 2005). Four basic attachment styles are identified by psychologists, each relating to the type of care giving the young child received. These attachment styles are: *secure, insecure ambivalent, insecure avoidant and disorganised*. In real life, they are not entirely discrete; whilst some children will fall exclusively into one category, many children will show a mixed pattern of attachment behaviours, with elements of several styles present (Brown and Ward 2012).

- Children who are securely attached to their caregiver(s) have a relationship that is characterised by sensitive, loving, responsive, attuned, consistent, available and accepting care. Securely attached children have the ability to regulate their distress, either by themselves or in the knowledge that they can get help from their attachment figure should they need it. These children develop internal working models in which they see other people as positively available and themselves as loved and likeable, valued and socially effective.
- Children who develop an insecure, ambivalent pattern of attachment experience inconsistent care-giving. Their caregiver(s) tend to be preoccupied with their own emotional needs and uncertainties, and can be unreliable and emotionally neglectful. These children will exaggerate their attachment behaviour in an attempt to be noticed; in this they are not always successful, and their ambivalence reflects their simultaneous need for and anger with their attachment figures. About 8% of children in a non-clinical population display insecure ambivalent attachments.
- Insecure, avoidant attachment patterns are said to apply to 23% of children. These children tend to experience parenting that is hostile, rejecting and controlling. They come to see themselves as neither loved nor loveable. They adapt to their caregivers' rejection by over-regulating their emotions, and are anxious that any display of need, longing, vulnerability or emotion might drive their caregiver(s) away.

- Some caregivers cannot regulate their child's responses to stressful circumstances; as a result, their children experience feelings of danger and psychological abandonment. Children who are cared for by people who are frightening, dangerous and/or frightened develop disorganised attachments. These children may be fearful of approaching their caregivers because they cannot predict the response: sometimes they may be picked up and cuddled but, at other times, they may be shouted at or smacked. As a result, these children are not able to 'organise' their own behaviour and have difficulty regulating their emotions. Like their parents, they may behave unpredictably. They develop highly negative and inconsistent internal working models in which they see other people as not to be trusted. Disorganised attachment is strongly associated with later psychopathology. (Brown and Ward 2012 Sections 2.22-2.24)

## What are the implications of attachment theory in child welfare practice?

Many children who come to the attention of child welfare agencies are highly likely to experience problems with attachment. The growing understanding of the impact of stress on babies and children in their first three years indicates that neglectful and abusive parenting can have a direct impact on brain development and welfare workers need to think in a timely way about the quality of attachment. Prevention programs need to look at ways to encourage parental behaviour that develops secure attachment. Programs working with abused and neglected children need to interpret the behaviour of older children with an understanding of the importance of attachment.

## Decisions about young children's exposure to neglectful or abusive parenting leading to poor attachment

The timeframe in which young children can be damaged by poor attachment is relatively short and child welfare workers need to act quickly in severe situations. The human brain grows most rapidly in the first year of life, with neurones forming connections. This is mainly completed by the second year of life when *the conditions for higher cognitive abilities, such as language comprehension, reasoning and impulse control, have been developed* (Brown and Ward 2012 p.45)). After age two, these brain connections may be either strengthened or discarded. This process of brain development happens sequentially but with 'sensitive periods' when the brain is strongly affected by experiences. It is thought that the impact of stress

affects this development of the brain. This comes about via the production of cortisol in the brain. Neurobiologists believe that *persistent and unrelieved chronic stress in infancy results in babies' brains being flooded by cortisol and this can have a toxic effect on the developing brain* (Brown and Ward 2012 p.43). Some babies may also develop low levels of cortisol, which appears to lead to abnormal development, however, the reason that children have high or low cortisol levels is not understood (Gerhardt 2004 p.77). The implication of these findings for decisions involving neglect and abuse of children is summarised by Brown and Ward: Severe global neglect during the first three years of life stunts brain growth.

This understanding has been corroborated by empirical studies. Research on Romanian children who, as babies and toddlers, lived in institutions and had limited contact with adults, showed they had irreversible brain changes. These children had had their physical needs met but had been isolation in their cots 20 hours per day. This experience led to children having significant brain dysfunction and experiencing ongoing cognitive and behavioural difficulties in later life, despite having their physical care needs met. A second important study was undertaken by Bruce Perry (Perry and Marcellus 1997). Neuroimages of the brains of 122 severely neglected children (such as a child growing up in a cage in a darkened room) showed that brain growth was severely stunted.

Whilst the impact of poor attachment on young children can be significant, we also have evidence that, if help is given early enough, then the impact can be reversed. In a meta-analysis of research on attachment in adopted children, it has been shown that adoption before 12 months can lead to children developing secure attachments to their new families. ... [A]dopted children can overcome early adversity and risks and form secure attachments [but] ... children adopted after their first birthday are less capable of developing secure attachments (Dries, Juffer et al. 2009 p.419). Studies on Romanian orphans, described above, also showed that children adopted after four months of age continued to have high cortisol levels, but those adopted before the age of 4 months seemed to be able to regain a normal stress response (Gerhardt 2004 p.77).

When assessing situations in which there is concern about attachment in very young children, workers need to draw on a wide range of knowledge of child development and to observe behaviour directly, in normalised settings, and not act on hearsay. Workers should call on expert assessment through supervision and, if appropriate, from paediatricians or psychologists. Welfare workers need to look separately at each child in the family and not necessarily assume that each sibling has had the same experience of attachment.

## Intervening to develop secure attachment

Early intervention programs may provide the opportunity to assist attachment figures (most usually parents) to develop secure attachment. These programs need to focus on developing sensitive parent-child relationships, which involves working with the primary carers to develop their understanding of the child's physical needs and state of mind. *Attuned parents help children to feel understood and competent in making sense and managing their sense of affect and arousal* (Howe 2005 p.31). Targeting of assistance should be towards children growing up with parents who may have difficulties in attachment, such as parents experiencing mental illness, a learning disability, substance abuse and domestic violence. Services should focus on how to develop protective factors, such as strengthening the impact of a non-abusive partner or extended family, and developing a parent's ability to understand the problem and seek assistance.

## Decisions about children who have already experienced poor attachment

Knowledge about the reversibility and impact of neurobiological changes in children's brains is not well developed. Writing in the 1950s, Bowlby hypothesised that changed experiences, in particular during the first five years of life, and corrective attachment experiences may compensate for early negative experiences. However, what these are and what experiences can be ameliorated are not yet clear. As a consequence, ways of assisting children who have experienced poor attachment are not well developed and child welfare workers and psychologists do not have a firm scientific basis on which to help children. *The terms attachment disorder, attachment problems and attachment therapy, although increasingly used, have no clear, specific, or consensus definitions* (Chaffin et al, 2006 in McLean, Riggs et al. 2012). ... [T]here is still no consensus definition or assessment strategy; nor are there established guidelines for treatment or management (Barth, Crea et al. 2005 p. 258)

Poor attachment is often associated with behavioural difficulties in foster care and adoption where children may have experienced a number of primary relationships in their early years. However, critics point to an overreliance on attachment theory and point out that behaviour is influenced by a wide range of factors (Barth, Crea et al. 2005). Accounts of disordered attachment began with observations about children who grew up in institutions in 1930s; however, recent studies have found that this relationship is not necessarily straightforward. For example, in a study following a group of high risk and maltreated children to adulthood, there were substantial discrepancies between predictions based on early childhood assessments of attachment and

adult relationship outcomes. [E]xcept in very extreme cases, early anxious attachment is not a direct cause of psychopathology but is an initiator of pathways probabilistically associated with pathology (Barth, Crea et al. 2005 p. 258). In addition, there is little or no evidence of a link between psychological problems in older adopted children and insecure attachment relationships in infancy. Barth et al. argue that diagnosis of Reactive Adjustment Disorder may be over-diagnosed.

### **Common misunderstandings about attachment in child welfare practice can lead to poor decisions**

Research exploring the use of attachment theory amongst Australian child welfare workers shows that their understanding can be at odds with the theory and may lead to poor decisions (McLean, Riggs et al. 2012 p.7). Common misapprehensions include the beliefs that:

Attachment is not desired by some children or they are unable to form attachments: This view can lead to children with significant emotional difficulties being placed in situations where attachments will be very difficult to form, such as residential settings.

Attachment difficulty can be 'fixed' through a close, trusting relationship: Evidence shows that improved maternal sensitivity and responsiveness does improve attachment in low risk infants or toddlers referred to specialist clinics, however, more intervention than a 'relationship' may be needed with older children. In some situations, workers were seen to over-rely on the development of trusting relationships without other 'therapeutic intervention'.

Attachment capacity is limited in the number and nature of possible attachments: This view can lead to decisions being made to stop children getting too attached to another person who could be important to them. Poor decisions may be made to limit the 'shared care' because the attachment with the primary carer is threatened, thus depriving the child of an otherwise important relationship. Alternately, significant adults may be removed from the child's life on the basis that it may stop attachment confusion.

Attachment is transferable and is seen as a skill that can be learned, practised or acquired and can move between one relationship and another: This misunderstanding may lead to decisions which cut across the child's need for an enduring, specific and ongoing relationship with a caregiver. However, a true attachment bond is enduring and cannot be substituted or transferred to another relationship; although it may form a cognitive and affective template from which subsequent attachment relationships are built or modified.

## **Moving forward**

This Practice Paper has pointed to the importance of attachment theory in considering a range of significant decisions in children's welfare. Neglectful and abusive parenting can lead to poor attachment, with resulting impacts on the child's long-term development and, therefore, decision-making about young children experiencing neglect and abuse must be made in a timely way. Positive steps can be taken to help parents respond sensitively to their children. Damage arising from poor attachment needs to be handled sensitively. Applying attachment theory is not straightforward: workers need to be clear about the limitations of current theory; they need to avoid misinterpreting attachment and making poor decisions. Where necessary, external assistance with assessment and care planning may be sought.

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