

CASCW Practice Notes

Issue #19, June 2007



The College of Education
& Human Development
UNIVERSITY OF MINNESOTA

Reinforcing the Importance of Attachment for Child Welfare Practice

Editor's Comments

The relevance of attachment theory for the case planning and prevention tasks in Child Welfare underlines the importance of this edition of *Practice Notes*. According to this theory, supported by evidence based research, a fundamental concept in understanding and detecting children at risk of poor growth and development is lodged in their attachment relationship with the caregiver. For the Child Welfare system this becomes a central point for screening, assessment and case planning.

Attachment theory enables us to grasp and trace the complex narrative of neglected and abused children.

This edition of "Practice Notes" intends to provide a pathway to grasping various dimensions of attachment: first, a bare-bones definition and then how this leads the practitioner to consider the impact of maltreatment and traumatic experiences; the role of foster parents; clues for referrals to a consultant; attachment considerations across cultures; and practice guidelines.

Findings from a review of the literature reveal some hope for repairing the damage of faulty attachment. Therapeutic nursery schools, foster care placement with specialty training, and interventions such as STEEP provide direction for development of community resources.

Some warning notes begin to emerge in the literature: not all behaviors can be attributed to faulty attachments. There is a process of ongoing adaptation and this, based on social learning theories, suggests that behavior can be modified. A few adoption studies note that several years of good parenting is a mediating factor against early adversity.

Moreover, a fairly new conceptual framework in exploring attachment is emerging in studies on the neurobiology of infant attachment. Findings from these studies may provide opportunities for shaping new approaches to practice.

In sum, some optimism emerges. There may be someone in the family network, possibly the father, who can contribute love, protection and responsiveness when the mother is unable to provide these necessary nutrients for a child's development. Another optimistic note can be struck when the Child Welfare and Children's Mental Health systems combine to support therapeutic interventions. -E.W.

Definition

Attachment is the really deep, intimate emotional two-way connection between parent and child which has its roots in sensitive, predictable care. It is an enduring emotional bond between the infant and the primary caregiver. A secure attachment provides the foundation for:

- *Confidence*: Children develop confidence in the availability of the caregiver as a source of comfort in times of distress.
- *Competence*: Children experience feeling competent when they cry and it brings someone to comfort them.
- *A desire to explore*: Once children feel safe and secure, they can feel the desire to explore their world, which is the basis for learning.

The Significance of Attachment

The child learns to trust that the caregiver will be there and will respond in a way that is attuned to the child's needs. The other side of that is that the child learns that he or she is powerful enough to get that response, so it is about trust...about trust in self.
-Marti Erickson, Ph.D., Director, Harris Programs, CEED

This relationship goes beyond the infancy period...When the child is a little older, starting in the toddler period, it involves basic socialization...behavioral and emotional self-regulation.
-Byron Egeland, Ph.D., Irving B. Harris Professor, Institute of Child Development

It sets up an internal working model of how you expect to be treated in the world and how you relate to people, to learning, to exploring new things in the world. It is the basis of future relationships.
- Carol Siegel, Field Faculty at the University of Minnesota and consultant to Early Childhood Special Education

Further: The Meaning of Attachment for Child Welfare

As the infant grows up, this internal working model influences one's expectations about self and others.

- The secure child has developed an internalized view of self as lovable and others as caring and trustworthy.
- The maltreated child has developed a view of self as unlovable and others as unreliable.

“The interactive process most protective against later violent behavior begins in the first year after birth...Here in one relationship lies the foundation of three key protective factors that mitigate against later aggression: the learning of empathy or emotional attachment to others; the opportunity to learn to control and balance feeling...; and the opportunity to develop capacities for higher levels of cognitive processing.”

“Severe histories of maltreatment and loss are associated with a range of maladaptive behaviors as well as distortions in representations of self and others in relationships.”

Attachment: An Evidence Based Concept

Dr. Mary Ainsworth developed a simple process to examine the nature of a child's attachment. This is called the Strange Situation procedure. Simply stated, the mother and infant are observed in a sequence of “situations:” parent-child alone in a playroom; stranger entering room; parent leaving while the stranger stays and tries to comfort the baby; parent returns and comforts infant; stranger leaves; mother leaves infant all alone; stranger enters to comfort infant; parent returns and tries to comfort and engage the infant. The behaviors during each of these situations are observed and “rated.”

The range of attachments can be organized generally into four categories: secure, insecure-resistant, insecure-avoidant, and insecure-disorganized/disoriented.

Source:

Cicchetti, D., Rogosch, F. A., & Toth, S. L. (2006). Fostering secure attachment in infants in maltreating families through preventive interventions. *Development and Psychopathology*, 18, 623-649.

Fraiberg, S., Adelson, E., & Shapiro, V. (1980). Ghosts in the nursery: A psychoanalytic approach to the problem of impaired infant-mother relationships. In *Clinical Studies in Infant Mental Health: The First Year of Life*, Fraiberg, S. (ed). Tavistock: London.

Perry, B. D. (2001). Bonding and attachment in maltreated children: Consequences of emotional neglect in childhood. The Child Trauma Academy. Retrieved from http://www.childtrauma.org/CTAMATERIALS/AttCar4_03_v2.pdf on May 15, 2007.

Attachment and Culture

“Despite the intuitive and universal component of attachment relationships, mothers and families interact with and respond to their children in different ways according to their beliefs and values and what is expected in their cultural environment.”-Attachment Across Cultures Toolkit

The attachment relationship is both important and universal across cultures. However, the attachment behaviors children use to convey what they need, including crying, grasping, clinging, reaching, crawling, smiling, and vocalizing, are reflective of what is culturally acceptable and appropriate in their environment. Also, caregivers from other cultures use similar and different attachment practices to encourage a secure attachment. Some examples of practices that vary across cultures include how caregivers feed, carry, teach, and show affection to their children, as well as where the children sleep. Knowledge of the ways children demonstrate attachment behavior in different cultural environments and what practices caregivers use to create an enduring connection with their children can help caseworkers better assess the attachment relationship.

Caseworkers can ask mothers and families from different cultures what their perspectives are of optimal parenting interaction and child development to both affirm their attachment practices and learn from them.

Source:

"Sharing Attachment Practices Across Cultures: Learning from Immigrants and Refugees," *Attachment Across Cultures, A Toolkit*, Retrieved from http://www.attachmentcrosscultures.org/about/toolkit_eng.pdf on April 26, 2007.

Maltreated Children

Attachment theory offers child protection a framework for understanding and treating the developmental effects of abuse and neglect.

- In the early years brain growth and development are the most active: structures that govern learning processes, coping with stress and emotions are established. Negative environmental conditions such as neglect and abuse, influence and may impair brain development.
- Disorganized attachment in infants, resulting from maltreating families, places them at very high risk for negative developmental trajectories.
- Maltreatment is a disruptive external factor in the infant's developing personality, understanding of self and trust in the ability of the attachment figure to protect from danger and fear.
- While the effects of maltreatment depend on the subtype, there are common experiences across subtypes. They often include distortions in the perception of others' emotional states; confusion regarding one's own interests in relationship to others; devaluation of oneself; an absence of emotion regulation; and lack of confidence in the expression of attachment behaviors.
- For a child abused by a primary attachment figure the serious attachment disturbance is compounded by the fact that the source of protection and the source of danger reside in one person.

Searching for a Mitigating Factor when Overcoming the Trauma of Abuse and Neglect

Having at least one adult who is devoted to and loves a child unconditionally, is prepared to accept and value that child...this is the key to helping a child overcome the stress and trauma of abuse and neglect.

Source:

American Academy of Pediatrics, Committee on Early Childhood, Adoption and Dependent Care. (2000). Developmental issues for young children in foster care. *Pediatrics*, 106(5), 1145-1149.

- Cicchetti, D., Rogosch, F. A., & Toth, S. L. (2006). Fostering secure attachment in infants in maltreating families through preventive interventions. *Development and Psychopathology*, 18, 623-649.
- James, B. (1994). *Handbook for treatment of attachment-trauma problems in childhood*. Lexington/Maxwell McMillan: USA.
- Lieberman, A. F. (2004). Traumatic stress and quality of attachment: Reality and internalization in disorders of infant mental health, *Infant Mental Health Journal*, 25(4), 336-351.
- Page, T. (1999). The attachment partnership as conceptual base for exploring the impact of child maltreatment, *Child and Adolescent Social Work Journal*, 16(6), 419-437.

Foster Care and Attachment: The Very Young Child in Foster Care

Toddlers placed in out-of-home care after experiencing abuse and neglect:

- If a child must be removed, then foster parents must be supported in providing an affectionate, predictable and responsive environment, such that children can develop their regulatory capabilities.
- Patterns of attachment behavior emerge within two months of placement.
- Out-of-home placement for a young child is typically associated with a disruption in the attachment relationship, leading to a disorder in which the infant and toddler may exhibit oppositional behavior, crying and clinging.
- Children who lose their primary caregiver may exhibit “profound detachment,” an act of disassociation from the unresolved loss.
- What is needed are foster parents capable of providing more understanding and responsive care than usual. Foster caregivers may require training to recognize and respond therapeutically to the signals and special needs of foster children.
- Foster parents may need guidance in how to provide a secure base for the child. Respite care should be available, in a brief and predictable order to minimize disruptions in care. It may be necessary for a play therapist to work directly with the child.
- Assuring responsive care in foster care, sensitive and responsive warmth to the infant’s emotional needs is essential to avoid placing young children at risk for subsequent emotional and interpersonal difficulties.
- The type of out-of-home placement most likely to interfere with the development of healthy attachment is placement in a group care setting.

Taking Notes on Visitation:

- After a child has been placed in foster care, the first visits from the mother may be very difficult. Children who lose their primary caregiver may exhibit profound detachment. The child is likely to be angry, resistant to overtures from the mother, and avoiding a response to her. Focus attention on the parent’s attempts to interact with the child rather than the child’s behavior. (Byron Egeland in a telephone exchange, May 2007)

Source:

- Erickson, M., Sroufe, A., & Egeland, B. (1985). The relationship between quality of attachment and behavior problems in preschool in a high-risk sample, *Monographs of the Society for Research in Child Development*, 50(1-2) 1985, 147-166.
- Putman, F. (1997). *Dissociation in Children and Adolescents, A Developmental Perspective*. Guilford: New York.
- Stovall, K. C. & Dozier, M. (2000). The development of attachment in new relationships: Single subject analyses for 10 foster infants, *Development and Psychopathology*, 12, 133-156.
- Troutman, B., Ryan, S., & Cardi, M. (2000). The effect of foster care placement on young children’s mental health. University of Iowa Hospital and Clinics. Retrieved from http://www.medicine.uiowa.edu/icmh/archives/reports/Foster_Care.pdf on May 1, 2007.

Cues for the Frontline Worker in the Child Welfare System: Q & A with Carol Siegel

Q: Can child protection workers be trained to be astute observers of attachment?

A: Yes, and supervision of the experience of observing attachment will deepen the capacity to interpret the observations. The child has the data about his or her relationship experiences, so we can read backward from the way the child relates in the world to understand the kind of experiences that child has had. For instance, when upset, does the child look to an adult for comfort? Does the child self-soothe? How does the child manage new or unsettling events? Does the child look to an adult in order to understand the event? Does that help the child regulate his or her feelings?

Q: Are there tests or formal/informal ways to gauge “sensitivity,” “responsiveness,” and “emotional availability”?

A: Yes there are formal assessment measurement scales.¹ They are useful for research and measuring quantifiable change, but clinically I am not sure that they yield more than a really good interview and observation. There are usual questions that we ask: “Why is the baby crying?” The caregiver may say, “I don’t know, he’s always crying.” Then we might say, “Well, what do you think he wants?” Then they may say, “I don’t know, he’s spoiled.” Then we may observe that the caregiver does not pick up or talk to the child. That tells us as much as a structured questionnaire.

Q: Are there distinct differences between observing attachment in the home or the office?

A: You see essential components in either place. In the office, the setting is unfamiliar to parent and child, so we have the opportunity to see how a parent manages his or her own discomfort and arousal as well as that of the child. In the home, we have more of an opportunity to see how the usual relationship dynamic unfolds. However, we are also aware that our presence in the home disturbs the usual pattern to some degree.

Q: The home environment may be very chaotic and distracting. Can you make fair observations on attachment under these circumstances?

A: Yes. It actually allows an accurate assessment of what the dyad is up against...it certainly gives you a real life sample of how that parent/child relationship does in very usual circumstances. Under these circumstances, how does the child relate to the parent, and how does the parent relate to the child? The child who has a pattern of on-going attachment disturbance is very different from a child who has suffered from one particular traumatic episode. It is like seeing a child who is uncomfortable versus a child who is “un-comfort-able,” i.e. unable to be comforted.

Q: Can we identify depression in a caregiver and distinguish this from the withdrawal associated with disinterest?

A: I would not use the word “disinterest”...a parent might be remote or unavailable because of his or her own upbringing or because current circumstances overwhelm his or her ability to be emotionally available. I have not met parents who are “disinterested” unless they are severely and chronically addicted to drugs or alcohol. Depressed parents feel bad; they usually know that their depression is affecting them and might worry about how

¹ Grienberger, J., Kelly, K., & Slade, A. (2005). Maternal reflective functioning, mother-infant affective communication, and infant attachment: Exploring the link between mental states and observed caregiving behavior in the intergenerational transmission of attachment. *Attachment & Human Development*, 7(3) 299-311.

it affects their children. They worry that they are not being a “good enough” parent, and they are sometimes open to talking about how they would do things differently if they weren’t so depressed.

Q: In reviewing compliance with a case plan, observations on the parent’s capacity to improve parenting are important. Is there some guidance for the caseworker?

A: Yes. If we think about the fundamental components of parenting – thinking about, feeling for, doing for (including providing safety), affectively connecting with - we can get a sense of the parent’s capacities and how the parent is progressing: Can the parent think about the needs of the child? What is the parent’s understanding of why the child is upset? How does the parent explain the child’s behavior or expressions? Can the parent feel for and about the child? Is the parent available, emotionally and practically, to respond to the child’s needs? Does the parent comfort a child in distress? Can the parent manage the child’s emotional arousal as well as his or her own? Can the parent do for the child in response to thinking and feeling about the child? Does the parent act appropriately to protect, help, guide, and care for the child? Does the parent defer his or her own needs in order to do for the child? And does the parent experience pleasure or satisfaction in taking care of the child? Does the parent feel something positive in his or her care-taking role? These are basics of parenting and they help us figure out whether a parent is gaining in his or her ability to make an attachment relationship.

An Exchange with Anne Gearity

Can an infant have more than one attachment figure?

Yes, we know children can have multiple attachments. If we go to the studies in neurobiology, however, the mother has a jump start in developing the attachment relationship. There is research indicating that an infant can recognize and respond to the mother’s voice very early.

What is the role of the father in attachment work?

The attachment figure who does the majority of care provides the dominant style of attachment. This is usually the mother. However, the second parent who may provide supplemental care can take on a role of “regulating” attachment by offering reassurance to the mother and infant. Infants and toddlers who do not have a secondary caregiver do not have the benefit of the alternative regulating presence for the mother-infant attachment relationship

Practice Issues

Constructing a History

- Note mother's characteristics and factors associated with higher vulnerability for insecure infant-mother attachment: Maltreatment in the mother's childhood and insecure representations of the mother's own mother. **Identify current family environment: Tranquill? Stressfull? Sources of or absence of social support?**
- Note the health and developmental history of each infant and toddler. If the child has been placed, note the length of time in care and age at first placement. If the child exhibits self-soothing behaviors such as scratching or cutting themselves, biting themselves, head banging, rocking or chanting, note these behaviors and circumstances.

Assessment

The following questions could be asked:

- How does a child use the parent, ie for comfort, reassurance?
- Does the child withdraw trying to console themselves with self-soothing behaviors?

Determining the Frequency of Visits

- Age of child
- Perceived risk in the home environment
- Availability of persons with protective capacity (multiple "sets of eyes")

Reflective Casework

- The mother's capacity to step back from her own emotional experiences in order to reflect upon her child's behavior during moments of stress or conflict is a core element in involving the parent in developing an intimate attachment relationship with her child.
- Providing the opportunity for the parent to reflect on her responses: self reflection enables an understanding of the responses of the child. "Parents must struggle to understand the minds of their children...parents are not equally prepared to meet the psychological burdens of parenthood."

Consider a consultation when the parent-child relationship discloses that the parent:

- is consistently cold, harsh, threatening, and using unnecessary force
- fails to protect the child in dangerous circumstances
- attributes malignant motives to a child's behavior
- demonstrates disinterest in the child's behavior or welfare
- exhibits a serious lack of understanding of child development, which results in unreasonable expectations that may be harmful or dangerous
- suffers from a serious mental disorder that impairs judgment and affects capacity to safely care for the child

Community Resources for Early Intervention

- Therapeutic nurseries
- Emergency child care
- Mental health consultantation
- STEEP—Steps Towards Effective, Enjoyable Parenting: Relationship-based Strategies for Working with Infants and Families in High-Risk Circumstances; among the strategies STEEP uses is videotaping and guided viewing to encourage parental understanding, sensitivity, and responsiveness.

Sources for Practice Issues:

- American Academy of Pediatrics, Committee on Early Childhood, Adoption and Dependent Care. (2000). Developmental issues for young children in foster care. *Pediatrics*, 106(5), 1145-1149.
- Cicchetti, D., Rogosch, F. A., & Toth, S. L. (2006). Fostering secure attachment in infants in maltreating families through preventive interventions. *Development and Psychopathology*, 18, 623-649.
- Egeland, B. & Erickson, M. F. (2003). Lessons from STEEP: Linking theory, research and practice for the well-being of infants and parents. In A. Sameroff, S. McDonough, & K. Rosenblum (Eds.), *Treating parent-infant relationship problems: Strategies for interventions* (pp. 213-242). New York, NY: Guilford Press
- Guidelines for Referrals: Red Flags, Authored by Carol Siegel, Published by the Center for Early Education and Development, University of Minnesota <http://education.umn.edu/ceed/publications/tipsheets/attach2.pdf>
- Grienenberger, J., Kelly, K., & Slade, A. (2005). Maternal reflective functioning, mother-infant affective communication, and infant attachment: Exploring the link between mental states and observed caregiving behavior in the intergenerational transmission of attachment. *Attachment & Human Development*, 7(3) 299-311.
- Perry, B. D. (2001). Bonding and attachment in maltreated children: Consequences of emotional neglect in childhood. The Child Trauma Academy. Retrieved from http://www.childtrauma.org/CTAMATERIALS/AttCar4_03_v2.pdf on April 10, 2007.

For Further Reading...

- Budd, K. S. (2001). Assessing parenting competence in child protection cases: A clinical practice model. *Clinical Child and Family Psychology Review*, 4(1), 1-18.
- Center for Advanced Studies in Child Welfare. (1998). *Considering Attachment Issues in Permanency Decisions: Professors Byron Egeland, Martha Farrell Erickson, and Esther Wattenberg*. Retrieved from http://ssw.che.umn.edu/img/assets/4467/Attachment_Issues.pdf on May 1, 2007.

Acknowledgements:

Attention to the significance of attachment has now produced a large and growing literature. In this edition of "Practice Notes," however, we have paid particular attention to the scholars associated with the University of Minnesota, all of whom are nationally recognized for their contributions. We thank Byron Egeland, Ph.D., Irving B. Harris Professor, Institute of Child Development; Martha Farrell Erickson, Ph.D., Senior Fellow, Director, Harris Programs for CEED, Co-Chair, President's Initiative on Children, Youth, and Families; Dante Cicchetti, McKnight Presidential Chair and Professor, Institute of Child Development and Department of Psychiatry; Carol Siegel, a Field Faculty member of the University of Minnesota and a consultant to Early Childhood Special Education programs; Anne Gearity, Ph.D., LICSW, Adjunct Professor, School of Social Work, Clinical Social Worker

Editors:

Esther Wattenberg, Professor, School of Social Work, Center for Advanced Studies in Child Welfare, Associate, Center for Urban and Regional Affairs, University of Minnesota.
with assistance from Kate Troy, MSW/MPP, University of Minnesota

Support Staff:

Mary Kaye LaPointe, CASCW, CURA
Design provided by Heidi Wagner, CASCW

This and other issues can also be found at:
<http://ssw.che.umn.edu/CASCW/publications.html>