

The importance of attachment

Danya Glaser

Great Ormond Street Hospital for
Children

Family Justice Council

International Society for the Prevention
of Child Abuse & Neglect (ISPCAN)

Attachment Theory

- Attachment = biological instinct
- Behavioural & affectional system
- → proximity to attachment figure
- Activated by internal / external stressors
- Resulting in de-activation / removing cause of, attachment behaviour
- Attachment behavioural systems evolved within 'environment of evolutionary adaptedness' (Bowlby)

Attachment **behaviour**

- Requires capacity to appreciate danger – fear/wariness
- Proximity seeking is coupled with exploration from secure base when feeling safe
- Universal phenomenon, recognised in
 - different cultures
 - pervasive developmental disorders

Affectional (not affectionate) bonds - relationships

Complementary behavioural systems

Infant → parent = attachment

Parent → infant = caregiving

= affectional bonds

These bonds are *part* of the
parent-child relationship

Optimal caregiver responses to attachment needs by

- Prompt (*emotional availability*)
- Specific to need (*sensitivity*)
- Sufficient but not overwhelming
- Benign (*warmth/affection*)
- Consistent in the above
- Caregiving task = balance between protection & facilitating autonomy
- *Affect regulation, capacity to reflect,*

Formation of attachments as developmental process

- Person-specific attachments develop in first 6-10 months of life
- Attachments specific to limited persons
- Hierarchy of attachment relationships
- Attachment pattern to specific to each person

- Sensitive period for development of selective attachments in 1st 3 yrs of life

- Attachments across life cycle – new atts

Representations of attachment - Internal Working Models

- Beliefs constructed on basis of attachment experiences
- Representations of self
- Predictions about others' responses

Strange Situation Test- classification of infant attachment security

- a deliberately stressful situation
- behaviours at reunion more significant than at separation
- marker of nature of caregiving experiences which infant has received
- adaptations / organised strategies for dealing with fear/threat

Strange Situation Test

- **secure (B)** - playing freely when caregiver present, greets positively on reunion seeking contact when distressed and resettles to explore
- **avoidant (A)** - minimally interested in caregiver, ignores / avoids caregiver at reunion
- **resistant/ambivalent (C)** - preoccupied with caregiver, seeks/resists contact at reunion, difficulty in resettling to play
- **disorganised/disoriented (D or A/C)** - contradictory approach/freeze to mother

Distribution of measures of attachment behaviour in normal populations of children

- Secure **organised** (60-70%)
- Insecure **organised** (20-30%)
 - Avoidant
 - Resistant

-
- Insecure **disorganised** (10-20%)

In 55-80% of seriously maltreated
children

Significance of attachment classification

- Attachment in/security is a probabilistic indicator of child & adult mental health / psychopathology
- Attachment in/security is foundation for later social relationships
- Secure attachment buffers biological stress response in young children
 - incl. temperamentally inhibited children
- Strong association between salivary cortisol & distress during SST- in infants classified as disorganised/disorientated

Significant correlations between *measured*

- **Secure** attachment & positive affect, interpersonal competence, capacity to reflect,
- **Avoidant** attachment & hostility, aggression, negative affect
- **Ambivalent** attachment & anxiety
- **Disorganised** attachment & aggression, compulsive controlling or caregiving, dissociation

Attachment stability

Relatively stable over time if no change in caregiver/giving – but can change

Attachment & Temperament

- Association between AAI ratings of mothers and SST ratings of infants
- Different patterns of attachment to e.g. two parents
- In twin study, genetic contribution to temperamental reactivity, but role of environmental factors in development of attachment security (Bokhorst et al 2003)

Does infant temperament affect mother's response to / interaction with infant?

- van den Boom (1994) low socio-economic, irritable infants securely attached when mothers instructed in sensitive parenting.
- However, without intervention, continuity between early irritability and later insecure attachment.

Attachment not synonymous with love

Parent-child interactions not within attachment system:

- Basic physical care
- Affectionate approaches
- Stimulation and play
- Praise and positive feedback
- Problem solving
- Permission & facilitation of exploration

MATERNAL RESPONSES

- Sensitive - attunement
- Controlling
- Unresponsive

Reflective functioning - mentalising

- Capacity to keep the baby in mind
- Make sense of / articulate the baby's feelings, thoughts, intentions
- Linking the baby's behaviour & mental state
- Awareness of own feelings
- → regulate baby's state of arousal and feeling experience
- Reciprocal interaction, curiosity





Representations in narrative stem completions by children

1. Crying outside
2. Little pig
3. Stamping elephant
4. School picture
5. Bicycles
6. Spilt juice
7. Mum's headache
8. 3 is a crowd
9. Burnt hand
10. Lost keys
11. Bathroom shelf
12. Burglar in the dark
13. Exclusion story

Rating

- Engagement v. avoidance* manoeuvres
- Disorganisation* within the narrative
 - *Catastrophic fantasies, bizarre responses
- Aggression*
- Representation of parents/adults
 - *Rejecting, aggressing, unaware
- Representation of child
 - (trend) Child injured/dead
- Positive adaptation

Hodges et al 2003

Changes in attachment representations
over the first year of adoptive
placement: Narratives of maltreated
children

Clinical Child Psychology & Psychiatry
Vol 8. Pp.351-367.

Adult attachment security

- Adult Attachment Interview (AAI)
- Security rated by *coherence* of accounts of significant childhood relationships & *resolution* of trauma and loss
- Security not reliant on *nature* of childhood experiences
- Parents' attachment rating pre-birth correlates with attachment security of subsequently born child, to that parent

Adult Attachment Interview

- **Secure (F)** - coherence & fluidity, thoughtful, easy access to childhood memories, irrespective of nature
- **Dismissive (D)** - inconsistent, brief, paucity of detail & recall, limited affect, idealisation
- **Preoccupied (E)** - long confused / incoherent accounts, emotional, preoccupation with past relationships
- **Un resolved (U)** in respect of trauma or loss - lapses in the monitoring of reasoning or discourse

Attachment & Temperament

- Pre-existing measures of temperament explain only small variance in subsequent measures of attachment security.
- No significant association between proneness to distress measured by salivary cortisol and attachment classification on SST

Disorganised Attachment

In 55-80% of seriously maltreated children

Activation of attachment system

- '*Disappearance*' of attachment person
- Attachment person: *abusive/attacking, threatening to abandon, frightening,*
- Attachment person: *frightened, bizarre.*

Failure by attachment person to deactivate attachment system

- Absence
- Rejection of attachment behaviour,

Towards a meaningful *clinical* construct of disturbed/disordered attachment

- Current measures of attachment rely on procedures, not clinical observations
- Clinical observation of attachment equivalents incl.
 - Seeking/accepting comfort and affection
 - Selectivity in social interaction
 - Exploration

Transmission ?gap

**Parental sensitive
responsiveness**

?

Parental
state of mind
with respect
to attachment

**Infant attachment
security**

Attachment-related sensitive responsiveness

- Secure base provision towards secure attachment
 - Not frightening
 - Not hostile
 - Not interfering with child's self soothing
 - Not interfering with child's exploration
 - Responding to attachment needs
- Awareness of effect of separations

Attachment disorders

Attachment disorders

DSM-IV-TR reactive attachment disorder

Disinhibited

Inhibited

ICD 10

- Disinhibited attachment disorder
- Reactive attachment disorder

?Two independent dimensions of attachment disorder

1. Maintaining proximity to attachment figure
 2. Specificity of figure
- Both forms shown to coexist
 - Possible to measure attachment security alongside disinhibition

Disinhibited Attachment

Disorder (ICD 10 & DSM IV)

- Severe early deprivation & absence of consistent caregiver (institutional care) *or* frequent changes of caregiver
- Social disinhibition
- Failure to show attachment behaviour
 - Indiscriminate approach in distress
 - Wander off in strange setting/ with stranger
 - Failure to go to/check back c. primary carer when in anxiety provoking situations or distress
- ? Sensitive period for development of

Current Status of Reactive Attachment Disorders

- Includes hypervigilance, 'disorganised' response, (aggression to self & others ICD 10)
- Disturbed social behaviours across social relationships, not only to *attachment* persons
- Required (DSM IV) / likely (ICD 10) evidence of 'grossly pathological' / 'grossly inadequate' 'parental' care
- ? Synonymous with outcome of child/abuse & neglect

Inhibited attachment disorder

- Disorder of Non-Attachment
- Absence of attachment behaviour

Intervention

Child needs-

- Caregivers who will promote secure attachment, especially if child has developed disorganised attachment or has not developed attachment (attachment disorder)
- Preferably within family to maintain continuity, preserve identity and culture
- Minimising separations and loss
- Change of caregiving or caregivers

Need for detailed description of child's functioning

- Changes over time
- Need to look for ADHD
- Need to look for autism spectrum disorders

Education – major source of concern

- Missed education
- Behaviour problems
- Inattention, arousal, impulsivity
- Cognitive difficulties ?due to stress effect on brain

- Importance of cognitive assessment to clarify areas of strength and weakness relative to ability

Work with the (new) caregivers

- ***Understanding*** this troubled child's difficulties / experiences
- Recognising ***sensitively*** child's ***signals***
- Awareness of child's ***fears (PTSD)***
- Regulating child's emotional ***arousal***
- Regulating child's ***sleep, eating***
- Managing child's ***behaviour***
- ***Nurturing*** child (including sensitive touch)
- Following child's ***lead***
- ***Awareness of own reactions***

Formation of attachments

- Attachment formation is a process, not an event
- Gradual process which can not be accelerated
- ***Nature*** of attachment will depend on the caregiver responses
- NO evidence for sessional 'attachment work' or 'attachment therapy'

Evidence base for intervention

- Disinhibited
 - ? Cognitive work
 - Parental monitoring of child
- Inhibited
 - NOT holding, attachment therapy, regression therapy
 - Increasing parental sensitiveness

Understanding attachment and Attachment Disorders

Vivien Prior & Danya Glaser

2006

Jessica Kingsley

Chaffin et al 2006

Report of the APSAC task force on attachment therapy, reactive attachment disorder and attachment problems.

Child Maltreatment, 11, 76-89