



Attachment disorder¹

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What is attachment and why is it important?

From infancy, children attach themselves emotionally and psychologically to a primary care provider. This attachment is a basic human need. A positive attachment—one of trust and security—results from the primary care provider's consistent and satisfactory responses to the child's physical and emotional needs. A harmonious sequence of responses between the child and the care provider establishes the basis of an individual's internal working models for forming and sustaining relationships with other people.

A positive and secure attachment is also crucial for the development of a healthy sense of self-identity and internal regulators of mood and impulse control. These, in turn, help the child develop good emotional balance and resilience to stress.^{2,3}

A child who has formed a secure attachment will develop the confidence to engage readily in exploratory behaviour and, through exploration, will learn about the surrounding environment and his or her own self. The confidence with which the child undertakes these initial forays, and masters the skills needed for them, is greatly affected by the on-going support and availability of the primary attachment figure.

With such support, the child is likely to develop a sense of self as competent and effective, bolstering confidence for future explorations and assisting in the development of physical and social skills, which further reinforce a positive sense of efficacy and lead to independence and autonomy.⁴

Research has demonstrated that secure and selective attachment is associated with good outcomes in child development. Conversely, depriving the child of opportunities to

What is attachment?

Attachment is an enduring emotional bond, uniting one person with another, manifested by various efforts to seek proximity and contact to the attachment figure, particularly when under stress (emotional or physical distress or illness).

develop a secure and selective attachment is associated with adverse effects in cognitive, social, emotional, and moral development. Several attachment styles have been identified along a continuum from secure attachment, through insecure and ambivalent attachment, to disorganized attachment.⁵ More details on attachment styles are provided on page 2.

What happens when there is interference with attachment?

The loss of a primary attachment figure, such as a parent, is traumatic to a child and is likely to result in irreversible emotional scarring. A child who has been securely attached in the past is more likely to be able to form new attachments, and if the newly formed relationships with care providers are permanent and are not breached, some recovery in most areas of development is possible. However, with each additional experience of loss of the primary attachment figure, the child's capacity to trust care providers and to develop attachment to them diminishes.

What kinds of behaviour occur as a result of attachment disorders?

The behavioural problems associated with attachment disorders include eating and sleeping problems, social skill deficits, learning difficulties, attention deficits,

aggressive outbursts, mood disorders, adjustment disorders, difficulties with transitions, and relationship problems. In some situations, these effects last into adulthood. People with a history of attachment problems can also have a multitude of mental health problems and maladaptive forms of behaviour, including difficulties in mood and impulse control, substance abuse, engagement in risky or antisocial activities, failure to maintain relationships, and poor parenting (see Figure 1).

What are the implications for the child welfare system?

Many children involved with the child welfare system have problems in attachment arising from experience with neglect and abuse. Some children in the care of child and family service agencies have post-traumatic stress disorder as well as attachment disorders, and they may have many other neurological and developmental disabilities as well. The co-occurrence of these conditions can lead to severe emotional and behavioural difficulties. Child welfare workers are faced with many significant challenges, such as:

- providing children who have attachment problems with safe and nurturing environments,

For the neglected and abused child, attachment is associated with loss and hurt. To defend against the hurt, the child will develop strategies to resist attachment. Resisting attachment comes at a great cost.

- for children in foster care, managing the children's relationships with members of their family of origin to support future resolutions with their parents,
- at times, when returning the child to his or her parents is not possible, supporting the child in forming new attachments to foster parents or other care providers.

It is essential that child and family service agencies have highly skilled case workers and foster care

providers who are sensitive to the needs of these children and have the appropriate resources to meet them.

Placing a child in care away from home is fraught with complications. Multiple placements are all too often a

reality in the child welfare system. Frequently, there is little opportunity to prepare for the placement by looking for the best fit between the child and his or her new care providers, which increases the chances of the placement breaking down. With each breakdown of placement, the child experiences rejection, his or her distrust in care providers is reinforced, and his or her adaptive and coping abilities are further eroded. Even in the best of circumstances, in which there is

What are the major styles of attachment?

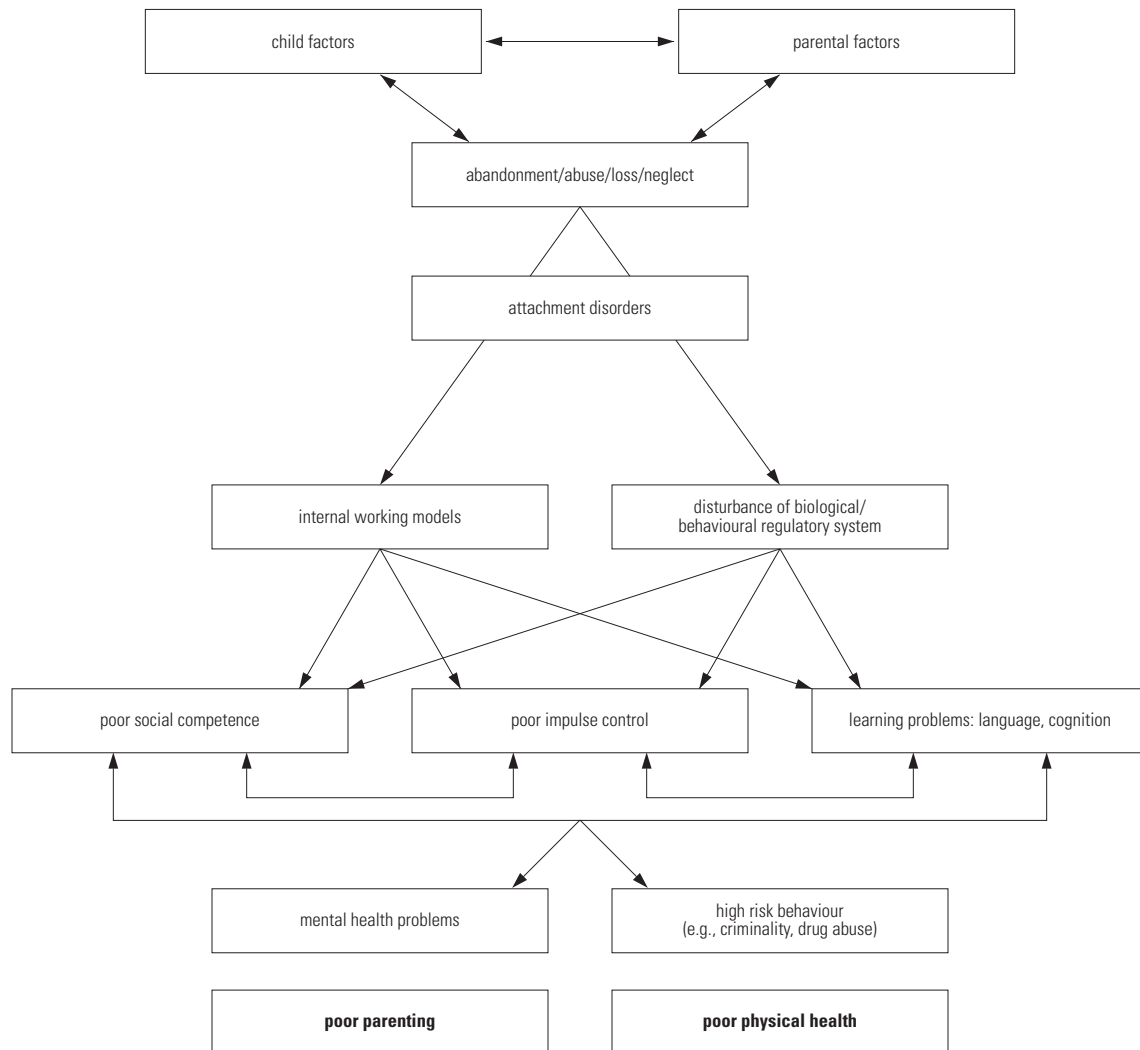
The major styles of attachment were first described over 30 years ago in very young children who were separated from their mothers for short periods of time, then reunited:⁶

- A **securely attached child** uses the parent as a secure base from which to explore, at the same time checking occasionally for the parent's presence. The child may separate with minimal to moderate distress, but greets the parent positively upon the parent's return and soon resumes play. The child looks for proximity with the parent and seeks contact with the parent, either directly or indirectly.
- An **insecure-ambivalently attached child** is clingy and preoccupied with the parent, and explores only minimally. Separation from the parent leaves the child distressed and anxious and when the parent

returns, contact will be both sought and resisted. The child may be both angry and rejecting, or else passive in relating to the parent.

- An **insecure/avoidantly attached child** is minimally interested in the parent, and gives the impression of independence. The child explores busily, but does not use the parent as a secure base. The child appears unaffected by the parent's departure, and ignores or avoids the parent upon his or her return.
- A **child with disorganized/disoriented attachment** has no clear strategy for responding to the caregiver.^{7,8} The child may seem confused and avoid or resist the parent's approach, freeze movement, or look dazed. Disorganized attachment is associated with maltreatment⁹ and may arise because the child views the attachment figure as frightening.

Figure 1: Developmental effects of trauma and abandonment



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continuity with a foster family, children attach to their new care providers only to realize that in late adolescence they will be discharged from care and the nature of their relationship with their care providers will change dramatically—on occasion, it may even end entirely. This realization can result in a significant crisis. It may reverse some of the gains achieved while in care. The need to belong is overwhelming, and children and youth whose attachment capacities have been compromised face the transition to adulthood, confused and alone.

The situation is even more complicated for children in care with the most severe forms of attachment disorder. These children become overwhelmed by

close personal relationships and cannot tolerate family-like environments. For them, a staff-operated environment, rather than a foster home, may be the best placement.

The child welfare system is trying to find solutions to the challenges of providing care for children with attachment disorders. It is constrained by limited budgets and the need for further research. Best practices are not yet clearly defined or empirically tested. It is imperative that child welfare workers are aware of the significance of attachment disorders, and are informed of new research findings. Above all, it is important that children are safeguarded with placements that are safe, nurturing, and long term.

- 1 This information sheet has been reviewed by experts in the field of child welfare.
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- 4 Steinhauer, P. (1991). *The least detrimental alternative: A systematic guide to case planning and decision making for children in care*. Toronto, ON: University of Toronto Press.
- 5 Ainsworth, M.D.S., Blehar, M.C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Erlbaum.
- 6 Ibid.
- 7 Main, M., & Solomon, J. (1986). Discovery of new, insecure-disorganized/disoriented attachment pattern. In M. Yogman & T.B. Brazelton (Eds.), *Affective development in infancy*. Norwood, NJ: Ablex.
- 8 Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth Strange Situation. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the preschool years* (pp. 121–160). Chicago: University of Chicago Press.
- 9 Crittenden, P.M. (1981). Abusing, neglecting, problematic, and adequate dyads: Differentiating by patterns of interaction. *Merrill-Palmer Quart.* 27: 201–8.

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