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Supporting healthy attachment: An overview for child welfare practitioners[1]

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What is healthy attachment and why is it important?

Healthy attachment is an enduring emotional connection between an infant and a specific person, often the primary caregiver or mother,[2] developed by a caregiver's consistent and satisfactory responses to the child's emotional and physical needs. Healthy attachment in infancy helps to ensure that the neural pathways within a child's brain are well prepared to handle stress, reduce anxiety and easily absorb new information and experiences. A secure attachment builds a child's confidence that his or her needs will be met consistently, sensitively and lovingly, especially during times of stress.

Healthy attachment is associated with a number of positive attributes, including:

- higher self esteem and confidence;
- greater willingness to explore;
- better control over emotions;
- fewer behavioural problems in school;
- greater problem solving abilities and coping skills;
- better communication skills and higher literacy levels;
- better social skills and more positive relationships with other children.

Several attachment styles have been identified and occur along a continuum from healthy (secure) attachment to insecure, ambivalent and disorganized attachment.[3]

What does healthy attachment look like?

An infant or young child who has developed a healthy attachment to the caregiver will:

- greet the caregiver;
- seek proximity to the caregiver;
- maintain contact with the caregiver;
- engage the caregiver from a distance;
- be soothed by the presence of the caregiver;
- settle easily upon reunion with the caregiver.

Impact of loss and disruptions to attachment

Disruptions in attachment can lead to a number of problems in child development, and can affect a child's capacity to build future attachments. The loss of a person to whom the child is attached can trigger deep grief. The child's ability to develop future attachments after a loss may be affected, depending on factors such as the child's stage of development and whether the child has developed a secure attachment in the past. With each additional disruption, the ability to build attachment diminishes. Behavioural problems are sometimes evident in children with disrupted attachment. The more times a young child experiences a change in primary caregivers, the more likely he or she is to exhibit oppositional behaviour, crying and clinging.[4,5]

Signs of attachment disorder

Each child is unique, and signs of attachment problems can vary from one child to another. They can be impacted by environment, psychological traits, and the child's current and former attachment relationships. Some common signs of attachment problems are:

Developmental delays: lack of consistent and enriched experiences in early childhood can result in delays in motor, language, social and cognitive development. Some signs of developmental delays include social skills deficits, learning difficulties and/or attention deficits.

Eating: odd eating behaviours are especially common in children with severe neglect and attachment problems. Some examples are hoarding or gorging on food, and eating non-food items.

Soothing behaviour: these children may use self-harm to soothe themselves, especially if distressed or threatened. They may bite themselves, bang their heads, rock, chant, scratch or cut themselves. They may not seek out comfort when they are frightened, hurt or ill; or, they may seek comfort in an odd or ambivalent way.

Emotional functioning: a range of emotional problems is common, including depression and anxiety. Abused and neglected children may show "indiscriminate" attachment, showing affection with virtual strangers as a form of safety seeking. They may not show affection toward their caregiver, avoiding touch and eye contact.

Inappropriate modeling: abused children may imitate the abusive forms of behaviour they have learned from adults.

Aggression/Rage: aggression and cruelty, major problems in neglected children, are related to lack of empathy and poor impulse control. The ability to emotionally "understand" the impact of behaviour on others is impaired in these children. They may cause harm to others, themselves, animals or material things; they may appear to be accident prone; and/or they may be preoccupied with fire or gore.

Sleep disturbances: children with attachment disorders frequently have nightmares, night terrors, wakefulness and bedwetting.

Control: children who have not been able to rely on their caregiver often develop the need to be in control. They may be inappropriately demanding or clingy when it serves their needs, or engage in persistent chatter or nonsense questions to be in control of the conversation.

It is important to recognize that these signs may have a variety of causes, but when several of these occur together they may be indicative of attachment problems. Children with attachment disorder can also have many 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 skills.

Strategies for caseworkers

- Identify and seek out resources to help with attachment (e.g. a doctor or counselor).
- If the child is in care, encourage the child's relationship with members of his/her family of origin to support future connections; maintain or establish safe connections with the birth family. Attend visits with them for support if necessary.
- When the child cannot be returned to his or her parents, support the child in forming new attachments to foster parents or adoptive parents.
- Avoid multiple placements.
- Consider the most appropriate type of placement (e.g., a close-knit foster family may be too overwhelming for a child with severe attachment issues).
- Build relationships.
- Engage and collaborate with caregiver and child.
- Consider attachment in assessment and planning.
- Observe the child in his or her environment.
- Spend time with the child doing something the child enjoys.
- Model healthy goodbyes.
- Support positive parenting skills with consistent responses to the child's needs.
- Be a role model.
- Connect the child with healthy individuals and community groups (e.g., churches, teams, cultural events).
- Maintain stability with school placements and connections with doctors, clinicians, etc.
- Explain the importance of maintaining connections with foster families.

- Concurrent planning has the potential to limit the attachment disruptions faced by children placed in substitute care.
- Support caregivers.

Strategies for caregivers

The following information can be provided to caregivers to help them foster healthy attachments:

Nurture these children. Be physical, caring and loving to children with attachment problems. Take your lead from the child regarding interaction. Be sensitive to his or her responses and act accordingly.

Remember that it's not the child, it's the behaviour. Try to understand the roots of the behaviour before providing consequences. Try not to take difficult behaviour personally or you may be contributing to the difficulties.

Parent these children based on emotional age. Abused and neglected children will often be emotionally and socially delayed. Whenever they are frustrated or fearful, they will regress.

Model and teach appropriate social behaviours. Model how to interact and then narrate for the child what you are doing and why. Become a play-by-play announcer: "I am going to the sink to wash my hands before dinner because…"

"Coach" maltreated children as they play with other children. Use a similar play-by-play approach: "Well, when you take that from someone they probably feel pretty upset so if you want them to have fun when you play this game…"

Help the child select clothing. If the child has been teased because of his or her clothes or grooming, it would be helpful to have "cool" clothes and improved hygiene.

Gently redirect inappropriate affectionate behaviour.

Listen and talk. Stop, sit, listen and play. Remember the following principles:

- all feelings are ok to feel– sad, glad and mad (more emotions for older children);
- when you sense that the child is clearly happy, sad or mad, reflect these emotions back to the child;
- help the child put words and labels to these feelings;
- under the direction of a therapist, you may begin to explore how other people may feel and how they show their feelings: "How do you think Bobby feels when you push him?"

Have realistic expectations. A comprehensive evaluation by a skilled clinician can be very helpful in beginning to define the skill areas of a child and the areas where progress will be slower.

Use the concurrent planning process to set reasonable and appropriate goals.

Be patient with the child's progress and with yourself. Progress will be slow. Don't be hard on yourself. Take care of yourself. Make sure you get rest and support. Respite care can be crucial.

Use friends, family and community resources. Take advantage of other resources. Many communities have support groups for adoptive or foster families. Professionals with experience in attachment problems or maltreated children can be very helpful.

The earlier and more intensive the interventions, the better.

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1 This information sheet is based on a collaboration between Alberta Children's Services Workforce Development and the Centre of Excellence for Child Welfare, which produced the publication: Alberta Children's Services Workforce Development. (2007). *Supporting healthy attachments: An overview.* Edmonton, Alberta Children's Services Workforce Development: Author.

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