What is Attachment?

Between two people . . .
- An enduring psychological and spiritual relationship
- A reciprocal relationship
- A relationship that produces a longing for contact
- A relationship which is reinforced by interaction
- A relationship that is weakened and distressed by separation

Attachment involves . . .

1) Proximity seeking: children need to be physically close to their attachment figures – essentially involving an enduring emotional relationship with a specific caregiver

2) Safe haven: the relationship brings safety, comfort, soothing and pleasure – when upset, children turn to their caregivers for soothing

Attachment involves . . .

3) Secure base: after repeated experiences with attachment figures, children internalize these relationships for a sense of security that can be used when physically distant from caregivers – thus, a loss or threat of loss of the caregiver evokes intense distress

What affects attachment security

- Quality of caregiving: Mothers of securely attached infants are generally responsive and sensitive caregivers
  - Risk of being & becoming an insensitive caregiver?
    - Clinical depression
    - Caregivers who felt unloved, neglected, or abused as children
**What affects attachment security**

- Risk of being & becoming an insensitive caregiver?
  - Unplanned pregnancies
  - Unwanted children
  - Substance use & abuse
  - Domestic violence
  - Mental illness

**What affects attachment security**

- Ecological/systemic constraints on caregiving sensitivity
  - Health, legal, or financial problems
  - Discontented marriages/partnerships
- Therapeutic interventions can assist insensitive caregivers to become more sensitive to their children

**Attachment and Later Development**

- Infant characteristics?
  - Infant/child temperament does not explain attachment security

**Attachment and Later Development**

- Future for attachment disrupted children?
  - Children develop belief system
    - The world is unsafe & dangerous
    - Adults are unsafe & dangerous
    - Adults are not sources for assistance
    - I must take care of myself & try to control my own world
  - Attachment disruption does not, however, forecast destiny

**Effects of Infant Attachment Disruption**

- At 6-8 months old, infants no longer respond to environment or reciprocal social interaction
- Attachment disrupted infants experience developmental delay and/or arrest in most realms
- Increased risk of Reactive Attachment Disorder

**Effects of Infant Attachment Disruption**

- Attachment disruption is harmful, and potentially fatal
  - Infants require interactions with sensitive & responsive caregivers, which are consistent & prolonged, in order for normal physiological & psychological development
  - Like persons of any age, infants need to experience some level of control over relationships & the environment
### Effects of Infant Attachment Disruption

- Children can recover from early attachment disruption
- Crucial factor is placement with sensitive & responsive caregivers in a consistent environment
- The earlier the intervention, the better

### Attachment Disruption in Infancy and Early Childhood

- Shattering of developmental expectation of protection from the attachment figure
- The protector becomes the source of danger
- "Unresolvable fear": Nowhere to turn for help
- Contradictory feelings toward the parent

### Factors Affecting the Impact of Attachment Disruption

- Severity of the disruptive/traumatic event
- Developmental level of the child
  - Younger children are more vulnerable to damage
- Child’s genetic predisposition/resiliency
- The phenomenological experience (perception)
  - Each child’s experience is unique
- Premorbid functioning (trauma history?)
- Quality of family functioning
  - Including caregiver response/reaction
- Attachment history
  - Early adequate nurturance can lessen trauma impact
- Onset of intervention
  - Early intervention prevents strengthening of defenses and coping strategies

### Basic causes of attachment disruption

- Pathogenic care
- Trauma
- Parental factors
- Developmental issues
- Sociological factors
- Psychobiological factors

### Treatment principles

(Hanson & Spratt, 2000)

1. Identifying insecurely attached children at an early age
2. Taking steps to ensure that the child is in a nurturing and secure environment
3. Working directly with the child’s caretakers to learn appropriate parenting skills
4. Focusing on the child’s and family’s coping rather than inferred or vague pathologies
5. Maintaining the child in the least restrictive and least intrusive level of care
Sensory Nature of Attachment Disruption

- All attachment trauma is sensory in nature – or at least has a large sensory component.
- The diagnostic criteria [DSM-IV-TR] for both RAD and PTSD is sensory in nature.
- Perhaps – attachment disruption treatment should be sensory in nature [expressive therapies (play therapy)]?

Treatment of attachment-disrupted children should be multi-dimensional

- Holistic support (spiritual, particularly)
- Expressive therapy (play, art, sandtray)
- Psychopharmacology
- Psychoeducation about trauma/neglect
- Group therapy (Play? Peer skill building?)
- Parent training (Filial? Behavior mgmt.? Token economy?)
- Coordination of tx with school, medical professionals, etc.
- Plan for & monitoring of diet, exercise, sleep

Play Therapy with Attachment-Disrupted Children
(adapted from Schaefer, 1994)

- **symbolization** – children can use the media (e.g., a predatory animal puppet, sandtray miniature, etc.) to represent an abuser
- **“as if” quality** – children can use the pretend quality of expressive therapy (e.g., drama) play to act out events as if they are not real life
- **projection** – children can project intense emotions onto the media (clay, puppets, etc.), which/who can then safely act out these feelings
- **displacement** – children can displace negative feelings onto the media (sand, dolls, etc.) rather than expressing them toward family members

What Attachment-Disordered Children Learn in Play Therapy

- Learn that the world can be safe, consistent & predictable
- Learn that feelings (both positive & negative) are acceptable
- Develop the capacity to trust and attach with other persons.
- Learn to be creative & resourceful in confronting problems
- Develop a greater capacity to cope
- Experience behaviors and feelings of control/mastery
- Develop an internal source of evaluation
- Learn to be more self-directed, responsible & autonomous
- Develop an enhanced sense of self & become more self-accepting

Parent Training? Crucial!

- Caretakers must be trained
- Counseling children & sending them back into a disruptive and untrained caretaker setting is inappropriate
- Filial therapy — my preferred parent training intervention
- Based on helping parents build & enhance relationship with their children using play therapy skills

Parent Training? Crucial!

- Filial therapy
  - Parents are trained to be therapeutic change agents
- Two basic suppositions
  - Children communicate through play
  - Rules without relationship equals rebellion
1. The family is the single most important influence in the shaping of a healthy or dysfunctional person.

2. Young abused children heal optimally in a supportive treatment family context rather than in an institution.

3. For abused children, early family deficiencies can be rehabilitated under the right conditions, the younger the child the better.

4. At an early age, human beings develop a fundamental disposition to the world; positive & trusting toward responsive caregivers or anxious & fearful toward unresponsive caregivers.

5. A healthy environment breeds healthy interactions from healthy individuals.

6. Functioning fully is not a natural state of human beings; it must be taught and mastered.

7. The most fundamental requirement of the whole person is self-understanding.

"It is the ‘relationship’ which enables access to parts of the brain involved in social affiliation, attachment, arousal, affect, anxiety regulation and physiological hyper-reactivity. Therefore, the elements of therapy which induce positive changes will be the relationship and the ability of the child to re-experience traumatic events in the context of a safe and supportive relationship.”

(Perry & Pate)