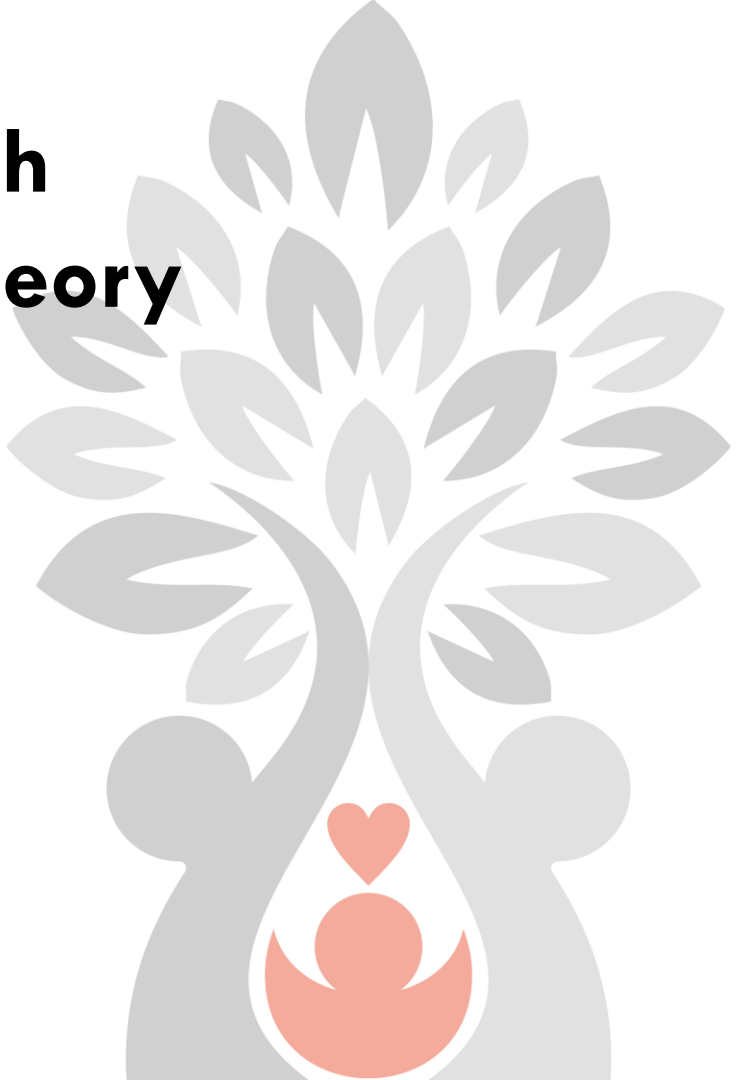
Out-of-home care through the lens of attachment theory

NSW Committee on Adoption & Permanent Care

Associate Professor Amy Conley Wright
Pei Kong, Clinical Psychologist, PhD candidate

The Research Centre for Children and Families

THE UNIVERSITY OF SYDNEY



Acknowledgement of Country

Tree of Knowledge

pokerwork on kangaroo skin
Lynette Riley, 2010

http://Sydney.edu.au/kinship-module

Overview

- Review of attachment theory– Key concepts
- Implications for out-of-home care and permanency planning
- Considerations for report writing
- Discussion questions & open discussion

Review of attachment theory– history & main concepts

What are some of the words or language you use to frame attachment?

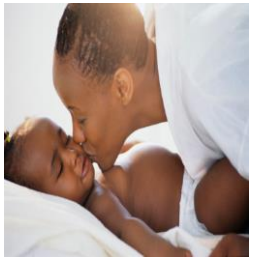
Please share comments in the chat box

What is attachment and why is it important?

- The capacity to form and maintain emotional relationships
- An affectional tie that binds a person to an intimate companion, an attachment “figure.”
- Safety and security within context of this relationship
- Loss or threat of loss of special person results in distress

Attachment is vital for human development

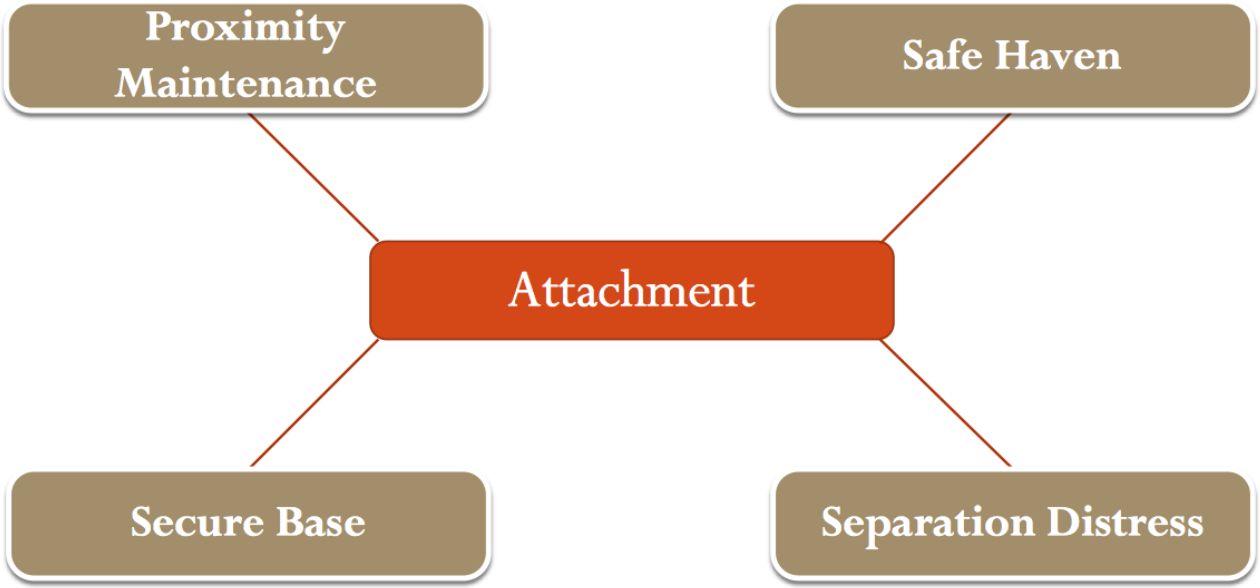
- We develop a ‘sense of self’ through our relationships with other people



- Attachment is central to emotional development and self-regulation

- Attachment is the foundation for socialisation

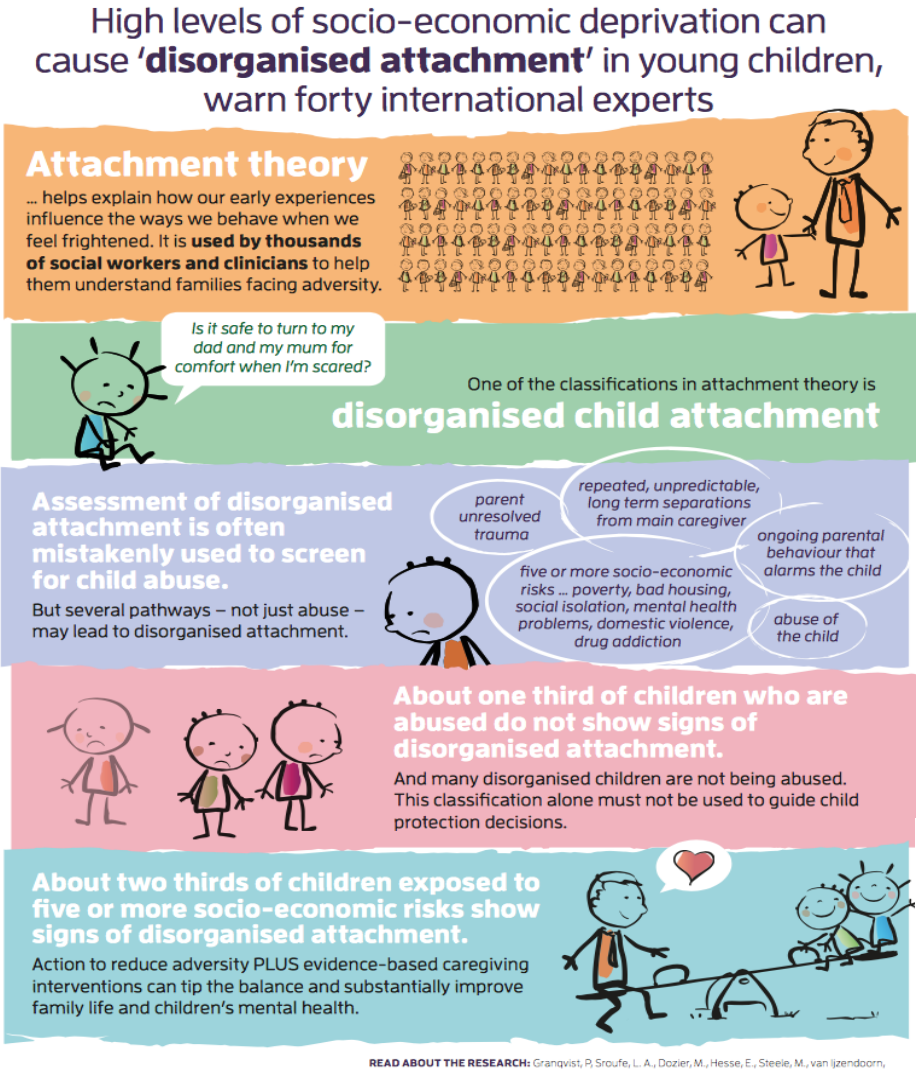
Core characteristics of attachment



Attachment types and behaviours in the Strange Situation

Type	Child behaviours	Caregiver behaviours
Secure	Distressed when caregiver leaves. Happy when caregiver returns. Explores when caregiver is around and uses caregiver as a secure base, seeking comfort from caregiver when scared or sad.	Responds sensitively, positively and promptly to child's needs. Continually adjusts behaviours to infant.
Insecure-avoidant	Does not show distress (cry) when caregiver leaves. Avoids or slow to greet caregiver upon return.	Unavailable, rejecting or unresponsive to child's needs. Intrusive rather than sensitive in dyadic interaction.
Insecure-ambivalent	Distress when caregiver leaves. Does not explore much. Seeks but resists comfort at the return of caregiver, often showing anger.	Inconsistently available to child's needs. Unresponsive or uninvolved in dyadic interaction.
Insecure-disorganized	Disoriented, dazed or repetitive behaviors in responsive to caregiver, suggests confusion and anxiety.	Responds to child in frightening or frightened ways (associated with trauma or abuse and neglect)

Please put in the chat box – what do you see in practice?



- Disorganized attachment is more common among maltreated infants but does not necessarily indicate maltreatment
- Other pathways to disorganized attachment may feature a parent's unresolved trauma or loss or major or repeated separations
- Disorganized infant attachment is *not* a validated individual-level clinical diagnosis, unlike the two attachment-related disorders included in the DSM/ICD diagnostic systems, developed for the clinical categorization of young children reared in conditions of severe neglect.

Granqvist, P., Sroufe, L. A., Dozier, M., Hesse, E., Steele, M., van Ijzendoorn, M., ... & Duschinsky, R. (2017). Disorganized attachment in infancy: a review of the phenomenon and its implications for clinicians and policy-makers. *Attachment & human development*, *19*(6), 534-558. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5600694/

Attachment types and behaviours - OOHC

Type	Child behaviours	Caregiver behaviours
Reactive attachment (inhibited)	Detached, unresponsive to caregiver and conversely, highly irritable. Rarely seeks or responds to comfort when distressed, limited positive affect.	Changes in primary caregivers that limit the child's opportunity to form stability or security/ persistent lack of emotional warmth from caregivers.
Reactive (disinhibited), now known as disinhibited social engagement disorder (DSM-v)	Overly familiar with any adult or strangers, may seek physical proximity or attention from any adult or strangers.	Changes in primary caregivers that limit the child's opportunity to form stability or security/ persistent lack of emotional warmth from caregivers.
Parentification (behaviours)	Overly concerned or distressed about caregiver. Tries to soothe, comfort or protect caregiver. May take on the role of caregiver for their siblings.	Unavailable or unresponsive to child's needs. Focussed on own distress and relies on child to comfort them.
Power imbalance (behaviours)	Child dominates or controls interactions with parents. May present as aggressive or coercive towards parent.	Inconsistently available to child's needs. Unresponsive or uninvolved in dyadic interaction.

Internal Working Models

Attachment strategies reflect ways of processing and dealing with emotion. These models of self and others come from thousands of interactions, and become expectations and biases that are carried forward into new relationships.

	Positive internal working model	Negative internal working model
View of self	I am lovable	I am unlovable
	I am worthy	I am unworthy
View of the world and relationships	Others are responsive	Others are unavailable
	Others are loving	Others are neglectful
	Others are interested in me	Others are rejecting
	Others are available to me	Others are unresponsive
	The world is relatively safe	The world is unsafe

Am I worthy of love? Is the other worthy of trust?

Attachment and Social Competence: Do early attachment experiences make a difference later in life?

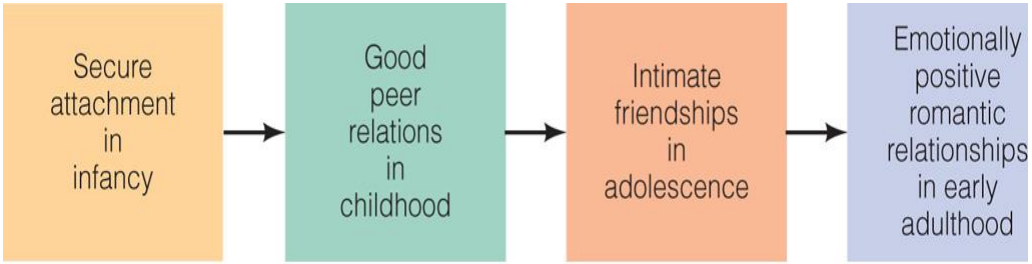
- Insecurely attached children are less independent

- Secure attachment is linked to positive emotional development, capacity to cope with stress and regulate emotions in childhood

- Internal Working Model proposed as underlying mechanism mediating how a person interprets the emotion of others and view of themselves

Stability and Change

The way in which children are treated by their caregivers leads them to expect to be treated the same way by other people in other relationships (Hazen and Shaver, 1987)



From longitudinal study reported by Simpson and colleagues, 2007

But it's important to recognize that internal working models can change based on experience and people can learn new social skills and different attitudes towards relationships

What is the key to changing the Internal Working Model?

Developing a secure attachment, based on trust and sensitivity

Please put in the chat box: How do you communicate about building attachment to carers?

Application to out-of-home care

Attachment theory in OOHC

Unhelpful	Helpful
Conceptual blurring: Past research do not discern between attachment disruptions and trauma (Kerns, 2008)	Identifying factors that enhances the child's placement stability ie age at placement, length of placement, number of children in foster home, caregiver's characteristics, support services (Quiroga & Hamilton-Giachritsis, 2016)
Poor research evidence on attachment (Tucker & Mackenzie, 2012)	Mitigating future attachment disruptions or placement breakdowns (stability/ permanency)
Utility of attachment theory (in isolation) for guiding decision making in assessment and casework practice has been challenged (Zeanah et al., 2011)	The application of attachment theory in OOHC should also consider other factors such as safety, welfare, child's views, child's best interests as well as additional frameworks, ie trauma, family systems (McLean et al., 2013)

Misconceptions of attachment (Kong, in progress; McLean et al., 2013)

- Over-emphasis or dominance of attachment theory
- Misconceptions of secure attachment
- Insecure attachment = inadequate/ 'bad' parenting and psychopathology
- Attachment as fixed/ permanent
- Attachment as transferrable

Take-away message: Attachment theory should not be used as the sole determinant of future care arrangement. It does not trump safety, welfare, cultural identity etc.

Cultural awareness within attachment

- Culturally sensitive assessments/ observations
- Lack of culturally appropriate assessments of Aboriginal children and attachment styles (Vicary & Andrews, 2000; Yeo, 2003)
- Spiritual connectedness, multiple caregivers, parenting styles (Yeo, 2003)
- 'Hypersensitive parenting' in Asian cultures
- Expressions of love and connection (ie food in Asian cultures)

Please put in the chat box: What's worked for you to be culturally aware in parenting assessments?

Decision making using attachment theory (Case Study 1)

Case study- Das family*

- Family of South Asian origin, 3 children (<5yrs at time of removal), non-accidental injuries to eldest child
- Parents filed s90 application (seeking restoration)
- **Question to audience (please put comment in chat box):** What care arrangements would you recommend? What factors would you consider?

* Pseudonym

Excerpt from judgment

- I have made findings in these proceedings that there is **no unacceptable risk** in relation to physical harm to the children .
- The children have attachments to their current carers on the basis of evidence of Dr [X], **those attachments are not without issues. There is no attachment to the parents.** It will be a very significant breach to remove these children from the only home they have ever really known . A home where the majority of their needs are adequately met . However there are **significant issues with the current placement .**
- Those issues lead me to conclude that the children's **cultural and linguistic needs** will not be met in their current placement.
- The **lack of attention to attachment issues, lack of Life Story work and the carers' insight into the emotional needs of the children…** There is **always a risk of placement breakdown** and this has to be factored into my assessment. The parents have proven their **commitment** to these children . I do not have confidence in the level of **commitment of the foster carers** or **their willingness to put their children's interest before their own interests .**

Decision making using attachment theory (Case Study 2)

Case study -Maddie *

- 12yrs of age, moderate ID, has been in OOHC (NGO) with the same carer since she was 4yrs of age.
- ROSH concerns : inadequate supervision, severe behavioural issues and physically aggressive. Carer unable to implement strategies from behavioural support plan.
- **Question to audience (please put comment in chat box):** What factors would you consider for future planning? (Safety, attachment, wellbeing, supports)

*Pseudonym

Outcome re: Maddie

- NGO considered Maddie's attachment to her carer as most important and in her best interests, believed that she would not be able to form new attachments
- **Outcome:** Placement breakdown, further risk of harm reports
- **Take home message**: Being aware of protective lens and considering attachment theory in relation to safety, wellbeing, child's best interests

Considerations for report writing

Assessing and describing attachment

- Expectations as assessors/ report writers/ case planners
- How are you assessing/ interpreting attachment?
- Language used in reports/ case plans
  - Parents' responsiveness and sensitivity to the child's needs
  - Parents' ability to adapt their parenting styles to meet child's/ multiple children's needs
  - Child's behaviours and responsiveness to parents' efforts to engage with them

Take-away message: Being aware of your expectations, language used in reports or case plans

Observations	Suggestions
Affect at arrival	Children arrived with carer/contact worker ….. Observed as being relaxed/ hesitant/ hypervigilant
Child's reunion with parent	Reciprocal affection? Child's demeanor (excited / elated/ cautious), did the parent bend down to hug child?
Child in the observation space	Explored the room freely and returned to parent… remained seated in a corner of the room…animated/ uncomfortable?
Parental emotional attunement	Was the parent emotionally sensitive or attuned to the child? Were they mindful and responsive to child's needs (hunger/thirst/safety)
Nature of interactions	Does parent or child initiate play/ proximity, verbal communication or physical closeness?
Child's emotional needs	Was parent able to soothe child/ place appropriate boundaries on child/ manage all children's needs simultaneously
Parent -child separation	How did child respond when parent left the room/ said farewell? Distressed/indifferent/ ambivalent?

How would you interpret parent and child behaviours in a family visit?




Please put in the chat box: How would you describe these dynamics?

Sample paragraph –Combining attachment theory with observations (context: child's attachment disorders and mother's ability to meet her emotional needs)

- Little Miss 7 demonstrated features of disorganised attachment to her mother, whereby she would vacillate between seeking her mother's attention and other times pushed her away.
- Little Miss 7 was observed as being indiscriminately social and disinhibited in her interactions with the clinician and the caseworker. She exhibited intrusive and overly familiar or personal behaviours with the clinician, hugging her upon the first five minutes of meeting her. She exhibited a lack of social reticence with unfamiliar adults and failure to seek assistance from her mother, the adult that she would have been most familiar with.

Sample paragraph –Combining attachment theory with observations (context: allegations that father is aggressive during contact and child has separation anxiety from mother)

- Joe's interactions with his father did not appear forced or contrived, nor was frustration or impatience evidenced from his father.
- Joe did not appear to experience separation anxiety from his mother, nor was there any sign of him wanting to exit the process or even seek an indication from the clinician as to when the session was to end.
- At the conclusion of the assessment, Joe was observed to farewell and hug his father without prompting and with observable affection

Referrals for families - Programs for parents

- Emotionally attuned parenting courses
- NEWPIN
- Parent Child Interaction Therapy (UNSW) –relational therapy
- Child Behaviour Research Clinic (USYD)- parenting skills for children with ODD/ anger/ aggression
- Functional Family Therapy-Child Welfare (FFTCW), multisystemic Therapy for Child Abuse and Neglect (MST-CAN)
- Clinicians who work with parents in OOHC/adoptions to develop parent-child relationships ie Dr Dianne Starkey, Dr Liz Tong, Penny Haskins
- Mother- child focused rehabilitation services ie Kamira Farm

Please put in the chat box: Where else do you refer families?

Questions & Discussion

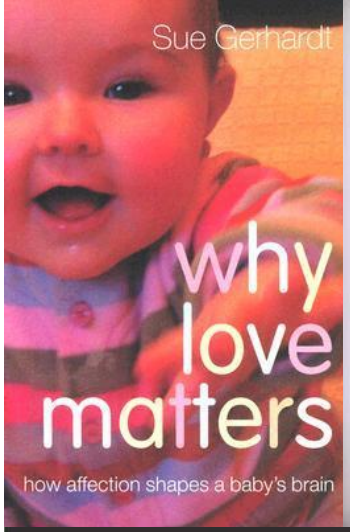
- What are your biggest challenges to using attachment theory in practice?
- What other theories do you use to guide practice? How do these relate to attachment theory?
- How do you communicate about attachment to families?
- What might you take away today for your practice?

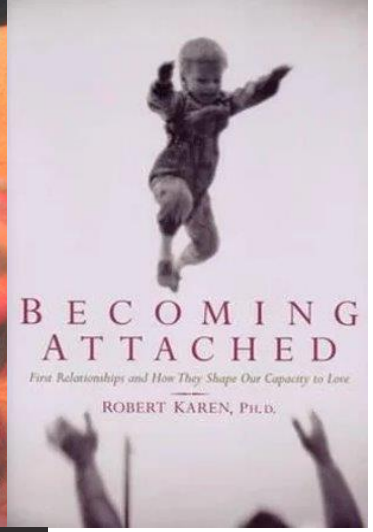
Recommended Reading:

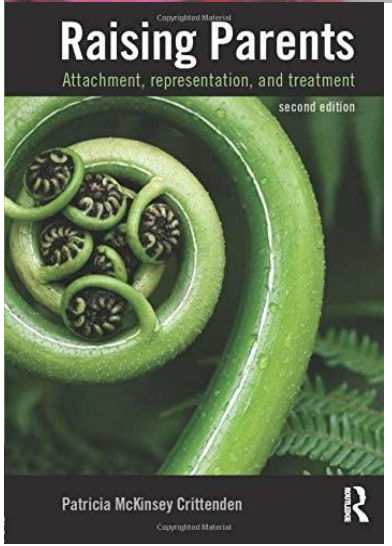
Why Love Matters, Sue Gerhardt

Becoming Attached: First Relationships and How They Shape Our Capacity to Love, Robert Karen

Raising Parents: Attachment, parenting and child safety, Patricia Crittenden







References

Granqvist, P., Sroufe, L. A., Dozier, M., Hesse, E., Steele, M., van Ijzendoorn, M., ... & Duschinsky, R. (2017). Disorganized attachment in infancy: a review of the phenomenon and its implications for clinicians and policy-makers. *Attachment & human development*, *19*(6), 534-558.

Hazen, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of personality and social psychology*, *52*(3), 511-524.

Kerns, K.A. (2008) Attachment in middle childhood. In: Handbook of Attachment: Theory, Research and Clinical Applications (eds J. Cassidy & P. Shaver), pp. 366–387. Guildford, New York.

McLean, S., Riggs, D., Kettler, L., & Delfabbro, P. (2013). Challenging behaviour in out-of-home care: use of attachment ideas in practice. *Child & Family Social Work*, *18*(3), 243-252.

Quiroga, M. G., & Hamilton-Giachritsis, C. (2016, August). Attachment styles in children living in alternative care: A systematic review of the literature. In *Child & youth care forum* (Vol. 45, No. 4, pp. 625-653). Springer US.

Simpson, J. A., Collins, W. A., Tran, S., & Haydon, K. C. (2007). Attachment and the experience and expression of emotions in romantic relationships: A develo pmental perspective. *Journal of personality and social psychology*, *92*(2), 355.

Tucker, D. J., & MacKenzie, M. J. (2012). Attachment theory and change processes in foster care. *Children and Youth Services Review*, *34*(11), 2208-2219.

Vicary, D., & Andrews, H. (2000). Developing a culturally appropriate psychotherapeutic approach with Indigenous Australians. *Australian Psychologist*, *35*(3), 181-185.

Yeo, S. S. (2003). Bonding and attachment of Australian Aboriginal children. *Child Abuse Review: Journal of the British Association for the Study and Prevention of Child Abuse and Neglect*, *12*(5), 292-304.

Zeanah, C. H., Berlin, L. J., & Boris, N. W. (2011). Practitioner review: Clinical applications of attachment theory and research for infants and young children. *Journal of Child Psychology and Psychiatry*, *52*(8), 819-833.

Research Centre for Children and Families
Sydney School of Education and Social Work
Faculty of Arts and Social Sciences

Website:
https://www.sydney.edu.au/arts/our-research/centres-institutes-and-groups/research-centre-for-children-and-families.html

Email: rccf.research@sydney.edu.au

Email to register for our mailing list.