# Attachment





As human beings, we all need to form attachments for our survival and our emotional and physical wellbeing. Attachment occurs throughout life for example with friendships, family and romantic relationships. Losing any relationship is painful. As an adult you are more able to understand what has happened but a child has no point of reference and no experience to draw on and so they cope the best that they can.

From the very start babies are born hardwired to attach to a primary caregiver, the main person who they can trust to look after them and meet their needs in order to survive. This is usually a parent but could also be another person e.g. a family member or a foster carer.

As you can see from the diagrams on the next page, secure attachments are formed when the baby cries, communicating a need, and their caregiver makes sure that the need is met. If the care is consistent then the baby becomes confident that their caregiver will give them what they need. This is the start of the attachment or bonding process. A trust develops and with it, a bond that becomes stronger over time.

It is the quality and continuity of nurturing that a child receives in the first 2-3 years of life that is the most important for the development of a secure attachment. For example, where there is a good attachment a child of about 8 months of age will start to look to their caregiver for reassurance in the presence of strangers.

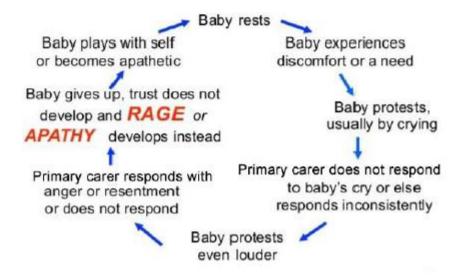
This is what happens when there is a secure attachment:

## Securely Attached Cycle



This is what happens when there is not a secure attachment:

# **Disturbed Attachment Cycle**



# What causes a loss of attachment?



There are many different causes for a bond either not developing when the child is a baby or for the loss of an established bond. It can be caused by any circumstance that separates a child from their parents for a period of time either physically or emotionally such as:

Abuse
Bereavement
Bullying
Domestic violence
Hospitalisation of either the parent/carer or child
Mental illness of parent/carer (e.g. depression or postnatal depression)
Physical illness of either the parent/carer or child especially if it is long-term
Stress
Substance misuse
Traumatic/premature birth

It's also important to understand that, although poor attachment can affect relationships with all of the children in a family, it is also common for only one child to be affected.

# What does it feel like for a child with an attachment disorder and how do they behave?



Children with attachment disorders will feel insecure, confused and very sad. This makes them anxious, angry and very likely to display negative behaviour. They will often be controlling and they will challenge their parents' authority. The child is trying to establish safety by controlling others. They try to make themselves safe by avoiding anything that is stressful and painful.

Their attacks on you (whether they are emotional, physical or verbal) and their resistance to you shows their fear for your motives for nurturing and boundary setting. In other words, they are suspicious of the relationship. This causes them to misunderstand and not trust you and, in turn, this leads to the child being unable to control their negative behaviour, which cannot be managed by normal parenting methods.

These children do not care if you confiscate their toys or ground them as nothing can be as bad as the loss of the relationship that they are already feeling. Punishing them reminds them of anger and revenge, two things with which they are already too familiar. Children with attachment difficulties thrive on anger. They are recreating the anger that they feel inside and feel that they have won if they can make their parents angry.

Often children with an attachment disorder struggle to learn and behave well at school.

# What does it feel like for the child's parent?



Parents often feel guilty when they are told that there are attachment difficulties with their child.

They notice that their child does not behave in the same way as their other children or their friends' children so they are often upset and feel blame as they are the adult and as such, they should be able to cope with their child's behaviour.

They will try to manage their child's tantrums and 'disobedience' in traditional ways and when this does not work, they may seek advice and attend parenting courses to try to improve what they and others see as 'naughty' behaviour. Understandably, parents are then disappointed and become frustrated when the methods that they have been taught do not work.

As a parent, it can be very difficult to recognise that both you and your child are doing the best that you can at the moment. At a deeper level, both you and your child want your relationship and family life to improve as life is often very difficult for you both.

It's also important to remember that this can happen to anyone and it's not too late. You can improve the relationship between you and your child.

# **Understanding Attachment Theory**

It is generally accepted that there are four types of attachment:

#### Secure

Ideally, from the time infants are six months to two years of age, they form an emotional attachment to an adult who is attuned to them, i.e. who is sensitive and responsive in their interactions with them. We call this person the primary caregiver.

It is vital that this attachment figure remains a contact caregiver throughout this period in a child's life. In order for a child to feel securely attached to their caregiver, the child must feel safe, seen and soothed.

During the second year, children begin to use the adult as a secure base from which to explore the world and become more independent.

A child in this type of relationship is securely attached.

### Ambivalent



Some adults are inconsistently attuned to their children. At times their responses are appropriate and nurturing but at other times they are intrusive and insensitive.

Children with this kind of parenting are confused and insecure, not knowing what type of treatment to expect. They often feel suspicious and distrustful of

their parent but at the same time they act clingy and desperate.

The child does not use the caregiver as a secure base for exploration, protesting before the caregiver leaves. The child is upset about the caregiver leaving and slow to warm to them on their return. The child expresses concern about the caregiver's location, seeking contact but resisting, angrily when it is achieved. The child is not easily calmed by strangers

These children have an ambivalent (or anxious) attachment with their unpredictable caregiver.

#### Avoidant



There are adults who are emotionally unavailable and, as a result, they are insensitive to, and unaware of, the needs of their children. They have little or no response when a child is hurting or distressed. These caregivers discourage crying and encourage independence.

Often their children quickly develop into "little adults"

who take care of themselves.

These children pull away from needing anything from anyone else and are selfcontained. The child demonstrates little emotional sharing in play and few signs of emotion when the caregiver leaves or returns.

The child does not respond when offered affection and treats strangers similarly to their caregiver. The child may express lack of attachment and low self-esteem by 'acting out'.

In this relationship the child always feels anxious because the caregiver's availability is never consistent.

# Disorganised



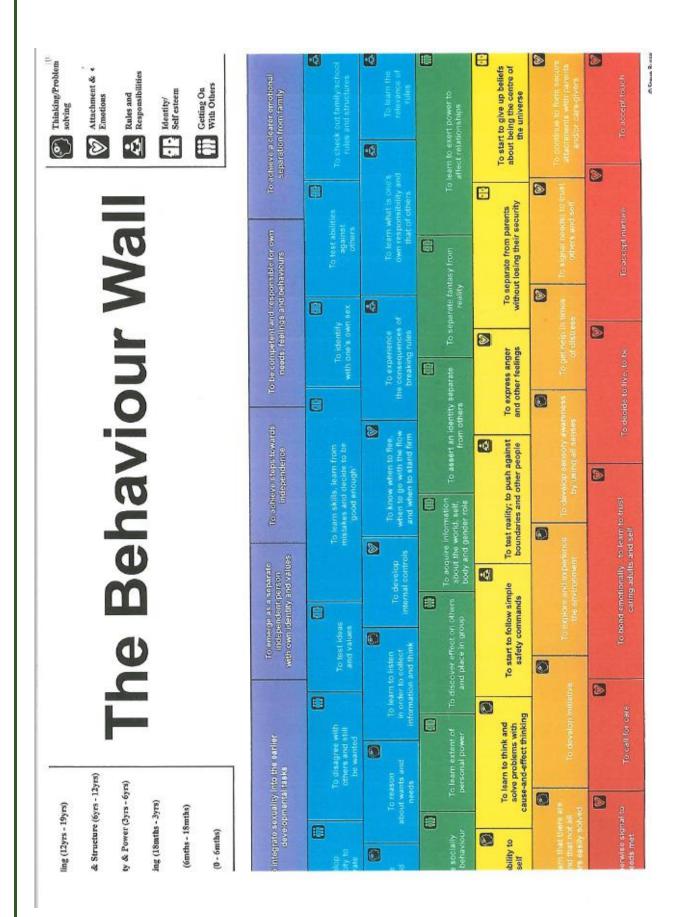
When a parent or caregiver is abusive to a child, the child experiences the physical and emotional cruelty and frightening behaviour as being life-threatening. This child is caught in a terrible dilemma

Their survival instincts are telling them to flee to safety but safety is the very person who is terrifying them. The attachment figure is the source of the child's distress.

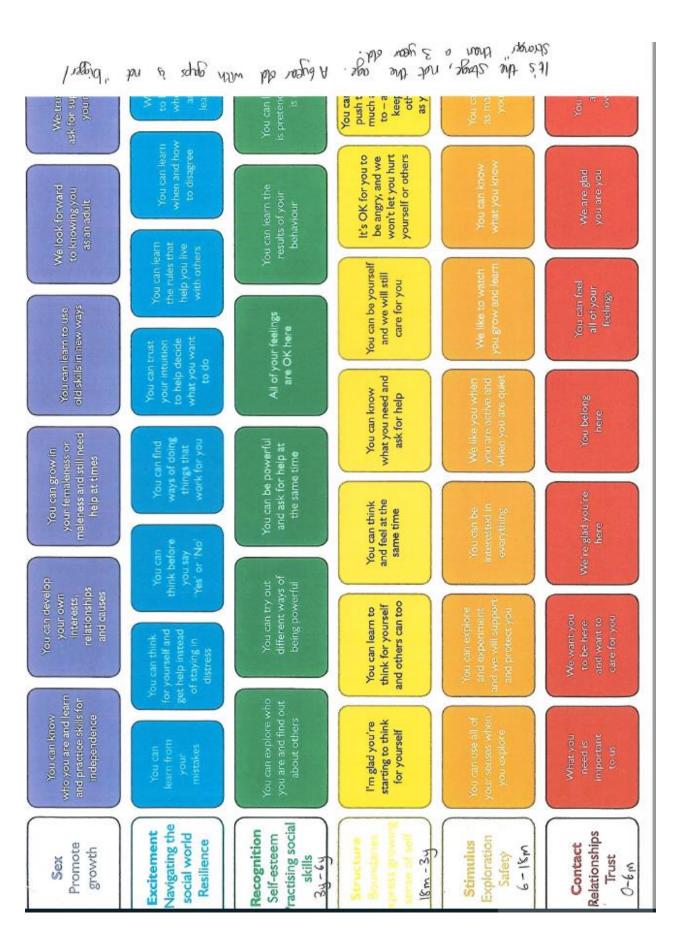
In these situations, children typically disassociate from their selves. They detach from what is happening to them and what they are experiencing is blocked from their consciousness. Children in this conflicted state have disorganised attachments with their fearsome caregivers

The child's lack of attachment can be expressed by disorganised emotional behaviour such as approaching the caregiver but with their back turned.

The Behaviour Wall research identifies that no child grows up with every building block in place. We need to fill the gaps before they are ready to move on. Children with several bricks missing lower down, mus have these filled for them to behave appropriately.



For each bock that is missing, the child must receive the linked positive affirmations. They can become scripts to use with children. Remember, it is the stage, not the age that counts. Just because the child is older, doesn't mean they are bigger / stronger to deal with issues.



If a child is "misbehaving", describe the behaviour, then look to the wall to see which positive affirmations they need to hear in order to change your behaviour towards them. If the adult makes the change, the child will make the change.

#### A child is avoiding doing their work.

Underlying need: Contact / connection / attention from teacher?

Affirmation needed: To let the child know we want them there

Strategies to put into place:

- daily meet and greet (have a very quick chat, e.g. "nice shoes")
- checking in with her go to her, another child, her, another child, her...
- hold the child in mind "I thought about you last night when I was watching a tv programme...." Or give them a special object that belongs to you so they know you will come back.
- Seating position ensure she is seated somewhere you can give easy eye contact to provide an instant connection.

#### A child is out of their seat / constantly fidgeting

Affirmation needed: "We like you when you are active and when you are quiet"

Strategies to put in place:

- Change activity frequently in a lesson
- Less teacher talk
- Hands-on resources
- Physical movement, e.g. treasure trails around school to find.....
- Monitoring roles in the classroom
- Sensory breaks

#### Angry outbursts

Underlying need: structural issues OR connection issues

Affirmation needed: "You can say no and push limits but we're here for you."

Strategies: you can use Relate - Regulate - Reason - Repair

Relate: "I can see how angry you are. I know you are angry because I can see ...." Describe what you can see in the child.

Regulate: "Sometimes I feel like that and this is what I do. Would you like to try that with me?" Walk / breathe?

Reason: ONLY WHEN CALM! What happened? Using a comic strip

Repair: How can the relationship be repaired? Link it to the outburst, e.g. tidy mess up, talk to the other child involved etc.