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Attachment

A theory of relationships



Agenda

- Attachment theory
- Evolution of attachment theory in relation to biological and developmental.
- Understanding of attachment theory as it relates to a parent-child interactional
- Attachment theory across the lifespan
- Attachment therapies
- Questions from the legal perspective



What is Attachment?

- The capacity to form and maintain healthy emotional relationships, which generally begins to develop in early childhood.
- The development of a healthy emotional bond, typically through early caregiver-infant interaction.
- An enduring bond with a “special” person.
- Security and safety within the context of this relationship:
 - A safe haven in distress
 - A secure base for exploration



Background

- Humans, especially infants, rely on “attachment figures” for protection, comfort, and emotional regulation.
- The “attachment behavioral system” is an evolved, innate proximity regulator.
- When the threat abates, behavioral systems other than attachment (e.g., exploration, affiliation, care giving) can be activated.
- There are systematic individual differences in attachment orientation: secure, anxious, avoidant
- The theory applies “from the cradle to the grave.” - Bowlby



John Bowlby

- Attachment is the result of innate, interrelated human predispositions for infants to seek the attention of adults.
- The primary caregiver –part of the biological basis of survival.
- Attachment is an “anchor” that allows the child to explore their world.
- Disturbance/disruption of initial attachment bond between child and caregiver renders a person with insecure attachment as an adult



Harry Harlow

- Raised monkeys with cloth-covered or wire “mothers”.
- Wire mother also provided milk to infants, but not cloth mother.
- Infant monkeys spent more time clinging to cloth mothers, who provided more “contact comfort” compared to wire mothers.



Mary Ainsworth

Stranger situation experiment

Based on her observations and research, Ainsworth concluded that there were three main styles of attachment:

- **Secure attachment:** Securely attached children seek comfort when frightened and prefer parents to strangers.
- **Anxious-avoidant attachment:** Avoidantly attached children show little preference for parents over strangers and seek little comfort from their caregivers.
- **Anxious-resistant attachment:** Anxiously attached children are wary of strangers, exhibit great distress when a parent leaves, but are not comforted by a parent's return.



Affect Regulation Theory

- Right Brain Processes in Development: The Interpersonal Neurobiology of Secure Attachment
- First year of human life: secure attachment bond between the infant and his/her primary caregiver.
- Secure attachment depends upon the psychobiological attunement to the infant's dynamically shifting internal states of arousal. Through visual-facial, gestural, and auditory-prosodic communication, caregiver and infant learn the rhythmic structure of the other and modify their behavior to fit that structure, thereby co-creating a "specifically fitted interaction."

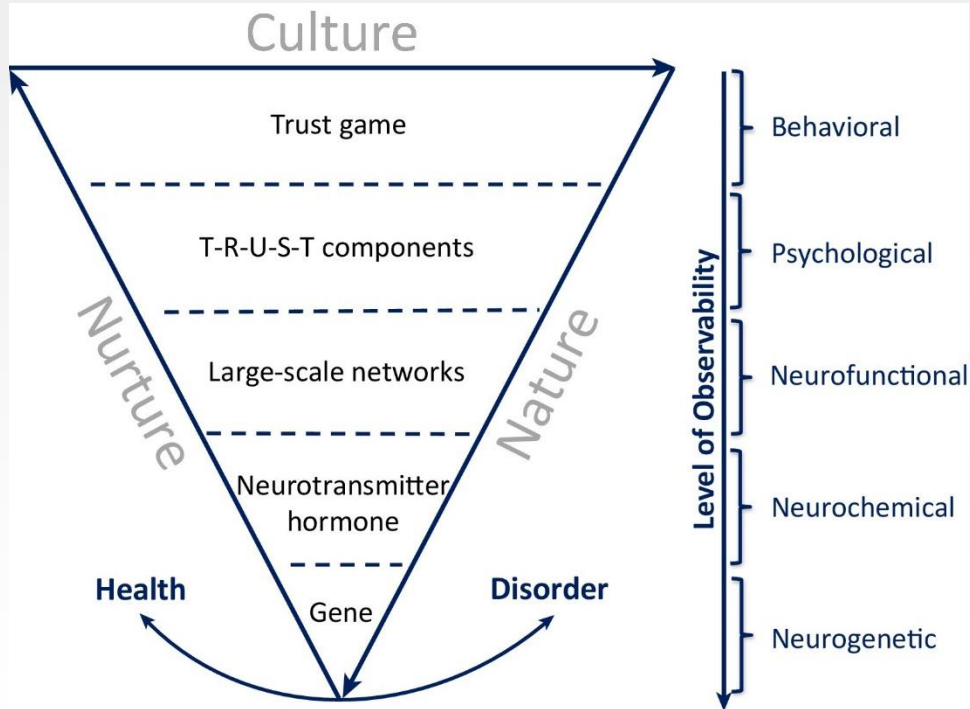


Affect Regulation Theory

- The mother functions as a regulator of the socio-emotional environment during early stages of postnatal development...subtle emotional regulatory interactions, which obviously can transiently or permanently alter brain activity levels...may play a critical role during the establishment and maintenance of limbic system circuits.
- It is well-established that the human central nervous system (CNS) limbic system extensively myelinates in the first year-and-a-half and that the early-maturing right hemisphere – which is deeply connected into the limbic system – undergoes a growth spurt at this time.
- These biological bases of attachment do not negate previous research but build upon it. Based on the attunement and relationship, brain development occurs, thereby establishing the relationship between the primary caregiver and the child to regulate both up and down, promoting healthy brain and social development. The right side of the brain regulates certain types of memory and innate defenses. When attachment is unhealthy, it does not allow the left hemisphere – governing language and higher order thinking – to adequately develop, leading to disorders of dysregulation such as ADHD, conduct, etc.



Interpersonal Neurobiology – Siegel



Trends in Neurosciences

- All disciplines of science
- Mind-body brain
- Relationships
- The link between the mind and the body and relationships is well known. Interpersonal neurobiology looks at the interaction between these realms.

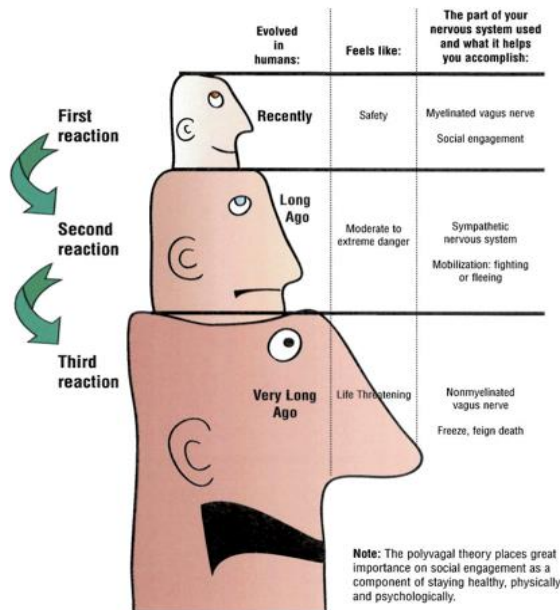


Polyvagal Theory

POLYVAGAL THEORY

By Ravi Dykema

Events trigger you to react. If your first reaction doesn't make you feel safe, you revert to the second, then the third:



- Top to bottom
- Social engagement system: breath, heartbeat, facial expressions, and voice.
- Social engagement system detects danger.
- Once danger is detected, the first step is communication.
- If this does not work, the sympathetic nervous system is engaged: fight or flight. This engages the physical system. This also may result in the freeze response, including disassociation.



Newer Thoughts and Theories

- Neuroaffective Developmental Psychotherapy - Hart

The framework is based on the integrative theory Neuroaffective Developmental Psychology (NADP), which brings together attachment theory, neuropsychology, developmental psychology, and trauma theory.

- Neurosequential Development of the Brain - Perry

Neurosequential provides an integrated understanding of the sequencing of neurodevelopment embedded in the experiences of the child, and supports biologically informed practices, programs, and policies.

- Development of Emotional Circuits - Panksepp

Affective Neuroscience today being accepted as a unique research area in cross-species brain science. By means of electrical stimulation, pharmacological challenges, and brain lesions of vertebrate brains, Panksepp carved out seven primary emotional systems called SEEKING, CARE, PLAY, and LUST on the positive side, whereas FEAR, SADNESS, and ANGER belong to the negative affects.



Newer Thoughts and Theories

- Intersubjectivity - Trevarthen, Hughes (Dyadic Developmental Psychotherapy)

Dyadic developmental practice (DDP) provides a framework for supporting looked after and adopted children to recover from trauma through the parenting and support they receive, supplemented by therapy when appropriate.

- **Interventions- Stable living situation, positive interactions, nurturing, stable attachment for the child, stimulating and interactive environment, addressing safety and stability, Individual and family counseling, psychoeducational information, skills training for both parents/caregiver and child.**
- **With the advent of technology, brain scans, and more knowledge regarding biological processes, newer theories are embedded in science. This does not negate older theories of attachment; it just builds upon them and gives a better physiological understanding of brain processes and behavior**



10 Central Tenets

1. Attachment is an innate motivating force

- Seeking and maintaining contact with significant others is innate.
- This occurs throughout the life span.



10 Central Tenets

2. Secure dependency complements autonomy

- No such thing as complete independence or overdependence
- There is only effective and ineffective dependence
- Secure dependence fosters autonomy and self-confidence
- The more secure attached we are, the more separate and different we can be.
- Healthy attachment means maintaining a felt sense of interdependency, rather than being self-sufficient and separate from others.



10 Central Tenets

3. Attachment offers a safe haven

- The presence of attachment figures provides comfort and security, while perceived inaccessibility creates distress.
- Proximity is the natural antidote to feelings of anxiety and vulnerability.
- Positive attachments offer a safe haven that provides a buffer against the effects of stress and uncertainty.



10 Central Tenets

4. Attachment offers a secure base

- Provides a base from which individuals can explore their world and most adaptively respond to their environment.
- A secure base encourages exploration and a cognitive openness to new information.
- When we have this felt security, we are better able to reach out and offer support to others.



10 Central Tenets

5. Accessibility and responsiveness builds bonds

- Building blocks for secure attachment are emotional accessibility and responsiveness
- One can be physically present but emotionally absent.
- Emotional engagement, and the trust that this engagement will be there when needed, is crucial.
- Any response, even anger, is better than none.
- Emotion is the key.
- If there is no engagement, no emotional responsiveness, then the message is, “Your signals do not matter to me, and there is no connection between us.”



10 Central Tenets

6. Fear and uncertainty activate attachment needs

- When an individual is threatened, attachment needs for comfort and connection become salient and compelling, and attachment behaviors are activated.
- Attachment to key others is our primary protection against feelings of helplessness and meaninglessness.



10 Central Tenets

7. The process of separation distress is predictable

- If attachment behaviors fail to evoke comforting responsiveness and contact from attachment figures, a predictable process of *protest, clinging, depression and despair* will eventually lead to *detachment*.
- Depression is a natural response to loss of connection
- Anger can be seen as an attempt to make contact with an inaccessible attachment figure.



10 Central Tenets

8. Finite number of insecure forms of engagement can be identified
 - There are a number of ways that we have to deal with the unresponsiveness of attachment figures.
 - Only so many ways of coping from a negative response to the question, “Can I depend on you when I need you?”



10 Central Tenets

9. Attachment involves working models of self and others

- 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.



10 Central Tenets

10. Isolation and loss are inherently traumatizing

- Attachment theory describes and explores the trauma of deprivation, loss, rejection, and abandonment by those we need the most and the enormous impact it has on us.
- These events have a major impact on personality formation and on a person's ability to deal with other stresses in life.



Attachment Figures

- Those who will serve as attachment figures for children are:
 - The ones who are most responsive to crying and to interacting socially
- Those who will serve as attachment figures for adults are:
 - The ones who are most responsive to anxiety/fear and to social interaction

In the end, the early attachment figure helps not only with our social interactions but is connected to our biological and physiological development. Lack of appropriate early attachment can lead to increased risk of mental disorders, dysregulation, and the inability to form healthy and trusting relationships throughout one's lifespan.



Adult Attachment

- From our childhood experiences, we develop *schemas* that are concerned with the *dependability of others* and the *worth or lovable-ness of self*.
- These schemas are easily maintained across time into adulthood, as they are reinforced over and over again.
- In the literature, these schemas are referred to as *attachment styles*.



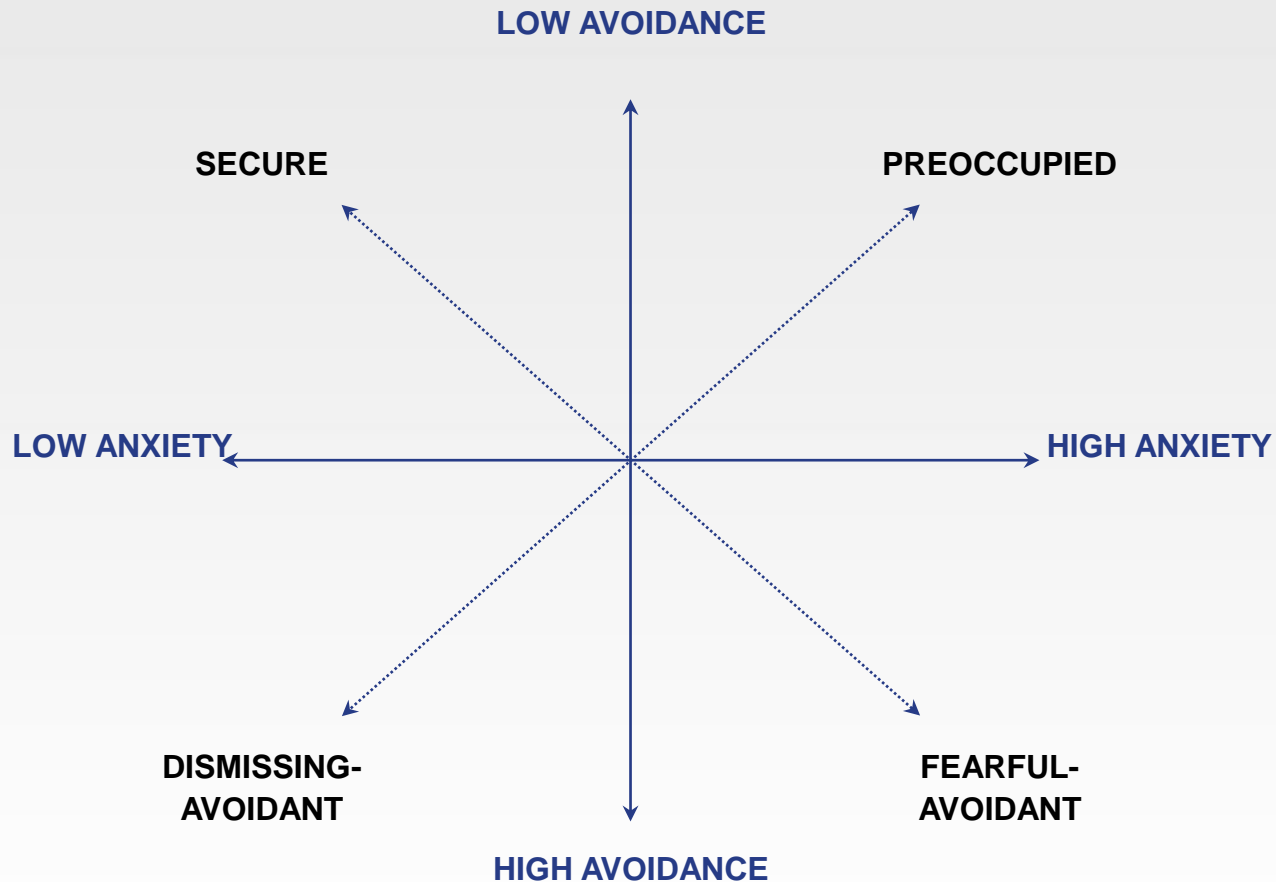
Four types of adult attachment styles

(Hazen & Shaver, 1994)

Questions:

- Can you count on this person to be there for you if you needed them?
- Are others trustworthy and responsive?
- Am I lovable and able to elicit caring?

Attachment Patterns in Adulthood: Not Types, But Regions in a Two-Dimensional Space



Adapted from Fraley & Shaver (RGP, 2000)



Therapy Based on Attachment Theory

1. Focus on attachment needs and forms of engagement/disengagement
2. Privileges emotion – the music of the attachment dance
3. Therapy session provides a secure base
4. Shapes new bonding responses – events
5. Addresses impasses – attachment injuries



Areas of Evaluation in a PCI

- **Structure:** The adult, the leader in the relationship, creates organization and predictability for the child which communicates safety.
- **Nurture:** The adult provides caring that can calm and soothe the child in a manner that makes them feel good physically and emotionally.
- **Engagement:** The adult is present in a manner that the child experiences being seen, heard, felt, and accepted.
- **Challenge:** The adult supports the child in the acquisition and mastery of new skills, enhancing the child's sense of competence and confidence.



Interactions between child and parent

- ✓ Engagement
- ✓ Stimulation
- ✓ Soothing
- ✓ Developmentally appropriate levels
- ✓ Communication
- ✓ Playfulness
- ✓ Roles





Interactions between child and parent

- ✓ Calming and comforting
- ✓ Create a safe haven to which the child can confidently turn when stressed.
- ✓ Comforting presence of the adult in the long run helps the child develop the capacity to take over these functions for him/herself.
- ✓ Loveable
- ✓ Respond to needs (care, affection, and praise)





Some thoughts regarding the use of PCIs

- PCIs are rarely helpful as stand-alone evaluations and should be part of a more comprehensive assessment process.
- *Race, culture, and ethnicity need to be considered in every evaluation. Additionally, ability/disability need to be considered. Goodness of fit and child and parents' individual characteristics and needs need to be considered.*
- Parent's attachment style, mental health concerns, substance abuse, history, etc. are all factors in a comprehensive evaluation.
- Evaluations should look at strengths and weaknesses, areas for support, and further recommendations for treatment, and should not be used as a tool for termination.



Placement Changes

- What is the age of the child?
- What is the current placement like?
- Is it a permanent placement?
- At what age did they enter the placement?
- What are the alternatives?
- What is the current relationship with the child/placement?
- Is the placement supportive of the biological parent?
- Is termination likely?
- Are the siblings at the current placement?
- Besides the primary caregiver, what are the other relationships in the current placement?





Other Considerations

It is always important to consider the child's specific needs and make sure the placement can provide a goodness of fit.

For example: if a child has a disability:

What are the child's needs?

Can the placement meet those needs?

Are they willing to meet those needs?

What are the placements expectation(s) of the child?



The Basics

- A PCI should cover case history and the individual needs of child(ren) and parent(s).
- Medical history, developmental history, substance use history, legal history, psychological history, and current diagnoses should all be included.
- A synopsis of the observation should be included.
- An interpretation of the observation should be provided and supported by the synopsis.
- Recommendations should be made based on the observation in conjunction with the case history.
- Cultural, racial, ethnic, etc. concerns that impact the interaction should be explained, included, and taken into account, as well as parental skills and abilities, disabilities, accommodations, etc.



The Value of the PCI

- **Before you ask for any type of evaluation, determine the exact purpose/referral question. Oftentimes, evaluations are requested that are unneeded. For example, a PCI is requested because someone desires to go to termination, but all reports from visit supervisors etc. talk about how positive the interactions between the child/parent are.**
- **Directly address the concerns you have. If substance abuse is the issue, then direct treatment questions and concerns in this direction rather than a PCI.**



The Value of the PCI

- **If the question is regarding the relationship between the child and the parent, then write up specific questions. For example, “We are trying to understand the relationship between mom and child. There appears to be attachment trauma, and we are looking at how to best serve this family. The referral is to help better understand the parent’s skills and abilities in terms of parenting and the relationship between the parent and the child. The treatment team also desires specific recommendations regarding X.”**
- **Develop relationships not only with the child but also the bio parent. Do not exclude the bio parent from treatment unless professionals recommend this for safety or other reasons. Be clear and direct with the bio parent regarding expectations. Any therapies that occur with the child should in some way include the bio parent unless they are unavailable or pose a significant risk. Doing attachment work with a nonpermanent foster placement and excluding the parent is detrimental.**