Strengthening the parent-child attachment relationship in children and parents affected by FASD

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What is healthy early childhood development?

- The emerging ability to focus attention, regulate behaviour, and to manage
- The ability to form close emotional ties with others (i.e., child development takes place in the context of relationships)
- The ability to play, explore, and learn
- Early childhood development and mental health – two sides of same coin

What derails development?

- Strong, frequent, and prolonged adversity, persistent stress, and FEAR, without adequate adult support, disrupts the developing brain and can derail healthy child development with long-term negative consequences
- Lack of opportunities for playful interactions also disrupts the developing brain.

Understanding Accumulating Risk (DeKlyen & Greenberg)

Transaction Model

- Development of the infant or child is the product of the continuous interactions of the infant or child and the experiences provided by his or her parents, family and social context
- Risk and Protective factors occur at each level

Roadmap

- Core story of early childhood development
- Key risk and protective factors influencing the parent-infant/child attachment relationship
- What we now know about attachment and FASD
- Strategies
Risk and Protective Factors

- **Risk factors** increase the risk of maladaptive outcomes under adverse conditions.
- The effects of risk are cumulative (4 or more = 16 fold increase risk).
- **Protective factors** reduce the risk of maladaptive outcomes under conditions of risk and promote resiliency (3 or more contributes to early resiliency).
- Protective factors are cumulative.

Attachment: What do we now know?

- Attachment goes from the child to a specific caregiver and a specific caregiver to the child.
- Generally established between 7-24 months.
- **Bonding**: Goes from the parent to the infant and involves his/her early love and caring for the infant.

Attachment: What do we now know?

- The primary caregiver plays many roles (e.g., playmate, teacher, caregiver).
- Attachment figure: PROTECTS the child to ensure his/her survival.
- Attachment figure assists in the development of SELF-REGULATION (i.e., of emotion, behaviour, thinking) in the child.

Circle of Security

- Secure Base from which child can **explore**
- Safe Haven to which the child can return for **comfort** and to organize child’s feelings
- **Hands on the Circle**
  - Being Secure Base and Safe Haven
  - Bigger, Stronger, Wiser, and Kind (including setting limits, when necessary – L & K)
  - Child feels parent knows, accepts, and is committed to him
- **Repairs ruptures**

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**Development of Emotional Regulation**

"Being With"

Initially, the infant’s feelings are organized by the caregiver. The infant’s feelings can be organized with the help of the caregiver. Finally, feelings can be organized by the child.

**Self-Reflection Activity**

• Describe the Circle in your own words to someone you know.

**Attachment: What we now know?**

• Attachment system can best be observed when infant is under stress (i.e., emotionally upset, physically hurt, or ill).
• Attachment exists at two levels:
  - Observable behaviours and interactions
  - Cognitive/emotional representations of the attachment relationship (IWM)

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"I don't know what to do with how I'm feeling."

Mom, when I get difficult (frustrated, demanding, upset, out of control):

- Take charge
- Be kind
- Stay with me until we both understand this feeling that seems too much for me alone
- Help me return to what I was doing, with a new option

**CIRCLE OF REPAIR**

Helping My Child Trust that Our Safe & Secure Relationship Will (Almost) Always Set Things Right

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**Umuntu Ngumuntu Ngabantu**

A person is a person through other persons

Zulu Proverb

We each seek to know that we are held in the mind and heart of another

Diana Fosha
Internal Working Models of Attachment

- Information, expectations, and feelings about other people (e.g., whether individuals are trustworthy, accessible, caring versus unresponsive, untrustworthy, inaccessible, and uncaring)

Internal Working Models of Attachment

- Corresponding representations of themselves and their role in these relationships (e.g., whether they are worthy and capable of obtaining others’ care versus unworthy and incapable)
- Presumed to be one of the core linkages between attachment organization and later development

State of Mind

“We do not see things as they are, we see things as we are”

The Talmud

Are difficulties in caregiver-child attachment relationships transmitted across generations?

- 80-85% correspondence between a caregiver’s attachment history and his/her attachment relationship with his/her child
- The same correspondence has been found in foster-care mothers and their often previously maltreated infants
- Predicts couple interactions

Attachment: What do we now know?

- A growing body of research suggests links between secure attachment relationship and brain development, particularly those areas associated with emotion regulation, coping with stress, and adapting to a rapidly changing environment
- Allan Schore (2001)

Attachment and FASD

- The same parts of the brain that are developed through attachment are also neurobiologically affected in individuals with FASD
Attachment and FASD
(Densmore, 2011)

• Problematic attachment can exaggerate difficulties in children with FASD:
  – Attention
  – Executive functioning
  – Memory/Learning
  – Speech and Language
  – Response to stress
  – Depression
  – Empathy

• Involves disruption in the development of some brain attachment structures BUT ALSO
• An increased need for being able to depend on stable, ongoing, nurturing attachment to competent adults that care and are committed to keep you safe
• Building secure attachments is HARD WORK but not HOPELESS
• Caregivers get depleted

How depleted do caregivers get?
Caregiver Strain Questionnaire
(Robinson, 1983)

• Disturbs sleep
• Causes inconvenience
• Is a physical strain
• Restricts free time
• Requires family adjustment
• Forces change in personal plans
• Other demands on my time
• Forces emotional adjustments
• Involves coping with behaviours that are upsetting
• Causes financial strain
• Can overwhelm you

Attachment, Trauma, & Neglect

• Traumatic and neglectful experiences during childhood cause abnormal organization and function of important neural systems in the brain, compromising the functional capacities mediated by these systems.
  – Bruce Perry

Attachment and parental coping with a diagnosis

• Research indicates that parental challenges around grieving or resolving the trauma of receiving a diagnosis for their child (i.e., medical or developmental) could interfere with sensitive caregiving during infancy and early childhood that could lead to an increased risk for insecure attachment (Marvin & Pianta, 1996)

Patterns of Caregiver-Child Attachment

• Secure Attachment – 61% (lower % in high-risk population)
• Insecure – Avoidant – 20%*
• Insecure – Ambivalent/Resistant – 10%*
• Insecure – Disorganized (up to 30% in non-clinical populations; up to 80% of maltreated infants) *

*The % may differ in some cultures
Secure Attachment

- **Child:**
  - Direct and clear in seeking out the support of caregiver
  - Effective at utilizing caregiver as a safe haven for soothing and as a secure base from which to explore when calm

- **Caregiver:**
  - Consistent pattern of effective cue-reading, sensitive responsiveness, and affective attunement and supporting child at all points on circle
  - Balanced focus on relationship and environment

BEING WITH

At the heart of developing a secure attachment is the knowledge that my caregiver is emotionally available to “be with” me during times of need.

Circle of Limited Security

- To the extent that the integration of the child’s attachment behaviours and parent’s caregiving behaviours is challenging, the child is likely to feel anxious about the availability of their attachment figure and will be at risk for:
  - Inhibiting his/her attachment system
  - Overactivating his/her attachment system
  - Displaying disorganized, disoriented, or controlling pattern of attachment behaviour

Secure Attachment and Secure Autonomy

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<thead>
<tr>
<th>Overly Rely on Others</th>
<th>Overly Rely on Your Self</th>
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Implications of Attachment Security?

- Regulation of emotions, attention, and behaviour
- Sense of self
- Curiosity and exploration (e.g., approach problem-solving tasks more positively and with greater persistence)
- Cognitive and language competence
- Capacity to relate to others (e.g., more empathic, cooperative, resilient, competent in relationships)
- Capacity to parent
- Resilient and optimistic perspective
- Learn to fear danger

BEING WITHOUT

At the heart of developing an insecure attachment is the knowledge that my caregiver is emotionally unavailable to me during times of need.
Insecure Attachment - Avoidant

- **Child:**
  - has learned that attachment, emotional or physical closeness, or needing comfort is unacceptable and not safe, learns to keep attachment behaviours dampened and acts like he/she wants to explore
  - over focus on environment, under focus on relationship
- **Caregiver** – uncomfortable providing comfort, emotional and physical closeness, rejecting or neglectful

Insecure Attachment and Autonomy

Aimless

Overly
Rely on
Others
Rely on
Your Self
Don’t Rely on Others

Overly
Rely on
Others
Rely on
Your Self

Don’t Rely on Others

Insecure Attachment - Ambivalent/Resistant

- **Child:**
  - learns that exploration and separation are not safe; holds back exploratory behaviours and acts like he/she needs closeness, comfort, and protection
  - over focus on relationship and under focus on environment
- **Caregiver** – inconsistently available, uncomfortable with separation, needs child to need them (but then is overburdened by child’s needs)
Insecure Attachment – Disorganized

• Child:
  – raised in context of fear
  – no coherent strategy for coping with distress
    (freeze/dissociation)

• Caregiver:
  – Hostile-Intrusive (frightening)
  – Helpless-Withdrawn (frightened)

Disorganized Attachment: Outcomes

• Infancy - no coherent strategy for coping with stress
  (e.g., show contradictory attachment behaviors
  when distressed)

• Toddlerhood - poor social skills, aggression

• Preschool and school age – develop “strategies of
desperation” and shift to controlling behavior on
part of child (e.g., punitive/defiant or caregiving/role-
reversal)

• Adolescence/Adulthood - increased problems with
  aggression, difficulty calming after stressful events,
dissociative symptoms, lower RF, academic
  problems, lower self-esteem, rejection by peers

Solvable vs. Unsolvable Fear

In other words:

• Secure children fear danger
• Avoidant children fear closeness
• Ambivalent children fear separation
• Disorganized children fear their caregiver

Self-Reflection Activity

• Describe a parent-child dyad you know that seems to fit one of these attachment patterns.
• Describe the parent’s strengths and vulnerabilities around the circle.
• Consider other possible interpretations of the child’s interactions and behaviours.

Portia Nelson, There's a Hole In My Sidewalk: The Romance of Self-Discovery
Strategies to enhance the attachment relationship

- For parent to become aware of his/her strengths and vulnerabilities around the circle:
  - Supporting my child’s exploration
  - Providing my child with comfort
  - Taking charge (e.g., organizing my child’s feelings)
  - Repairing ruptures

- Provide a predictable interpersonal environment to assist the child in developing the ability to regulate attention, emotions, and behaviour:
  - Time-In (*): When the child is showing early warning signs of upset, use empathy (i.e., “You look frustrated”), place yourself in the role of a helper, and invite the child into collaborative problem-solving (i.e., “I’m here to help, we can work it out together”).
  - When the child’s distress is at a high level, use a break programme.

Strategies to enhance the attachment relationship

- Comfort child when upset, hurt, or ill
- Provide nurturance even when it does not come naturally and/or the child does not elicit nurturing care
- Eliminate frightening, threatening, and intrusive behaviours
- Be consistent and establish routines
- Attend to child’s signals, particularly around engagement and disengagement

Reflective Functioning:
The Path to Secure Attachment

“I want my child to be securely attached.”

“I must then learn to stand back, and watch my self and my child.”

“The next step is to talk about what I am doing (and not yet doing) to meet my child’s needs.”

Secure Attachment

(Almost)
Everything I Need to Know About Promoting Security in 25 Words or less

- Always: be BIGGER, STRONGER, WISER, and KIND.
- Whenever possible: follow your child’s need.
- Whenever necessary: take charge.

Strategies for professionals working with caregivers of a child with FASD

- Roll-up-your-sleeves collaborators in figuring out how best to help the families and children
- Design everyday routines of interaction and support at home and school consistent with the child’s challenges
- Help the children to set goals consistent with their dreams and have caregivers and supporters act as coaches to help them accomplish what they can
- MAGIC IS HAPPENING
**Key Risk and Protective Factors Decision Model**

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<th>Domain</th>
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<th>Intervention</th>
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we do not believe in ourselves until someone reveals that deep inside us is something valuable, worth listening to, worthy of our trust, sacred to our touch once we believe in ourselves we can risk curiosity, wonder, spontaneous delight or any experience that reveals the human spirit.

- e e cummings

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