

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

Edmonton, September 2014
Sonya Vellet, Ph.D., R.Psych.
svellet@shaw.ca

Alberta

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

Alberta

2

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

Alberta

3

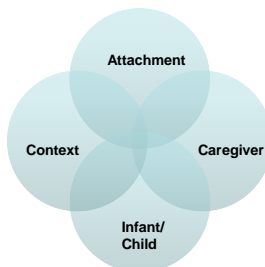
What derails development?

- 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.

Alberta

4

Understanding Accumulating Risk (DeKlyen & Greenberg)



Alberta

Source: DeKlyen, M. & Greenberg, M. T. (2008). *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: The Guilford Press.

Transactional 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

Alberta

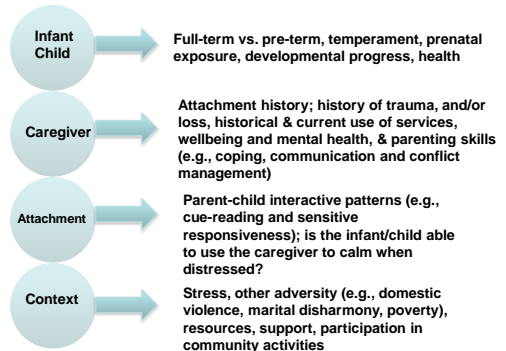
6

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



Key Risk and Protective Factors



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



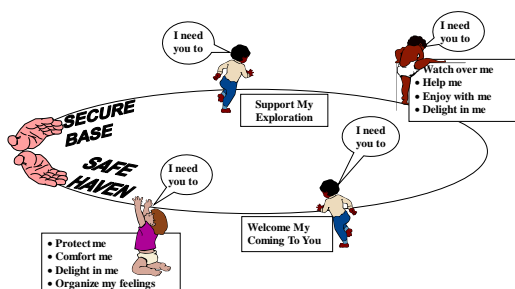
Attachment: What do we now know?

- 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

Parent Attending to the Child's Needs



© 2000 - Cooper, Hoffman, Marvin & Powell

Traveling around the Circle

- 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



Development of Emotional Regulation

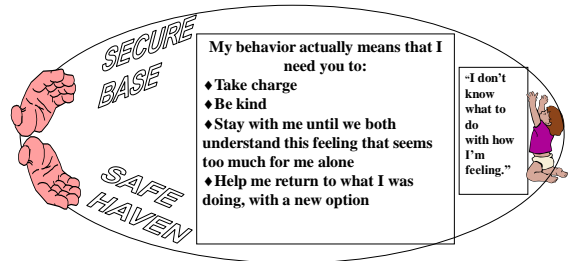
“Being With”



Alberta

13

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



CIRCLE OF REPAIR

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

© 2000 - Cooper, Hoffman, Marvin & Powell

Self-Reflection Activity

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

Alberta

15



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

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)

Alberta

18

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

Attachment and FASD (Densmore, 2011)

- 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

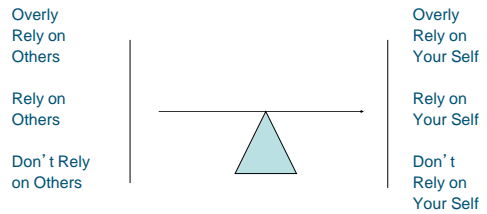
Secure Attachment

- Child:
 - direct and clear in seeking out the support of caregiver
 - effective at utilizing caregiver as safe haven for soothing and as 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

Alberta

31

Secure Attachment and Secure Autonomy



Alberta

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

Alberta

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

Alberta

34

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

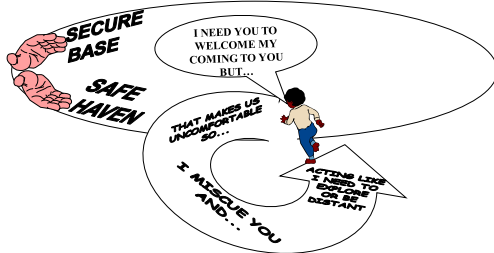
Alberta

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

Alberta

CIRCLE OF LIMITED SECURITY Child Miscuing



© 2000 - Cooper, Hoffman, Marvin & Powell

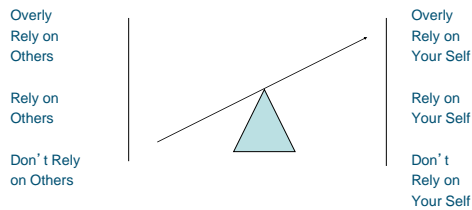
Insecure Attachment - Avoidant

- 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

Alberta

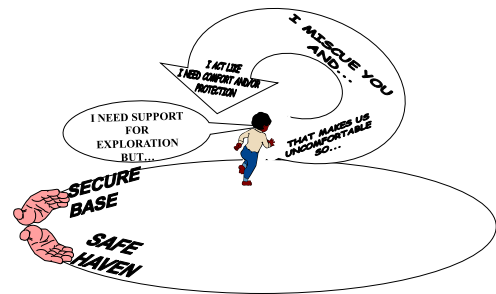
38

Insecure Attachment and Autonomy Avoidant



Alberta

CIRCLE OF LIMITED SECURITY Child Miscuing

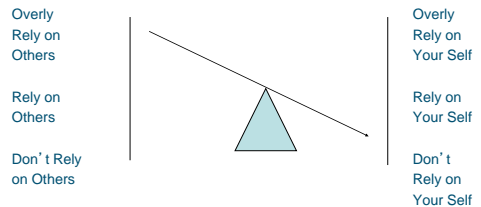


© 2000 - Cooper, Hoffman, Marvin & Powell

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 and Autonomy Ambivalent-Resistant



Alberta

41

Alberta

Limited Hands

I need you, but when you are Mean, Weak, or Gone so I have no one to turn to and I don't know what to do.



When we are "Mean, Weak, or Gone" our children feel afraid of the person they most need to turn to. When this happens repeatedly, our children learn to not turn to us, teachers, and other safe adults for help.

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

"I walk down the street. There is a deep hole in the sidewalk. I fall in. I am lost... I am help! fault. It takes forever to find a way out. I walk down the same street. There is a deep hole i pretend I don't see it. I fall in again. I can't believe I am in the same place. But, it isn't my fe me a long time to get out. I walk down the same street. There is a deep hole in the sidewalk there. I still fall in. It's a habit. My eyes are open. I know where I am. It is my fault. I get out immediately. Walk down the same street. There is a deep hole in the sidewalk. I walk arou another street

Portia Nelson, *There's a Hole in My Sidewalk: The Romance of Self-Discovery*

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.

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

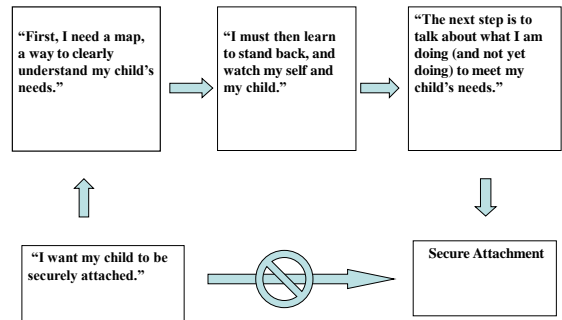
Strategies to enhance the attachment relationship

- 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



© 2000 - Cooper, Hoffman, Marvin & Powell

(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.

© 2000 - Cooper, Hoffman, Marvin & Powell

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

Domain	Risk	Protective	Intervention
Infant/Child			
Attachment			
Caregiver			
Context			

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



svellet@shaw.ca

Alberta