

Part 2 of 3: Strengthening the Parent-Child Attachment Relationship

in Children and Parents Affected by FASD: Red Flags and Practical Strategies

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Roadmap

- Review the following from the perspective of children and families affected by FASD:
 1. Core story of early childhood development
 2. Key risk and protective factors
 3. Attachment and FASD
 4. Red Flags
 5. Strategies to promote secure attachment



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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

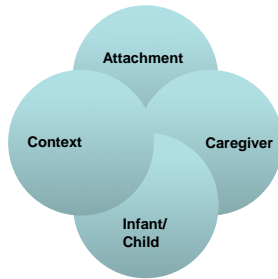


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What derails development?

- 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)



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

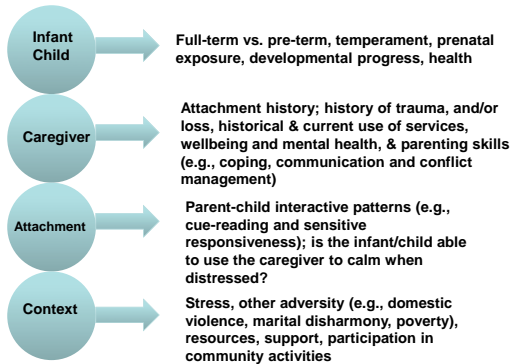
Transactional Model

- 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

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?

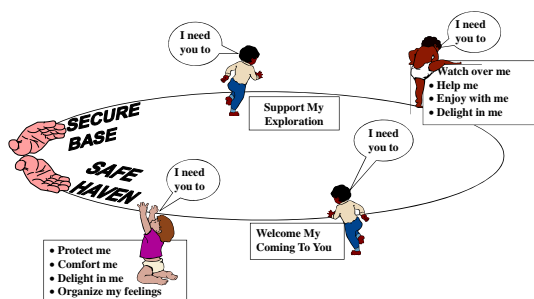
- Attachment goes from the child to a specific caregiver and a specific caregiver to the child.
- Generally established between 7-24 months.
- **Bonding:** Goes from the parent to the infant and involves his/her early love and caring for the infant

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



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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

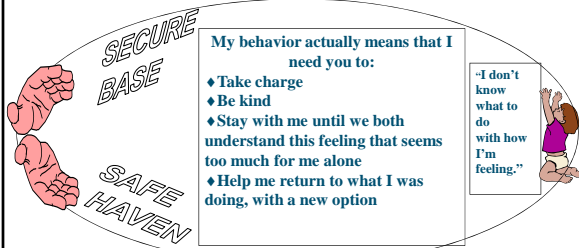
“Being With”



Alberta

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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

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Umntu 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

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



Red Flags suggesting possible attachment difficulties: Child

- Chronic disability that affects communication of attachment needs (e.g., FASD)
- Fears parents and is compulsively compliant
- Does not use caregiver to calm when distressed
- Contradictory behaviours (approach, avoid, dependent)
- Disengaged/lack of responsiveness
- Frequently emotionally upset, angry, aggressive, non-compliant, irritable, sad, anxious, or worried
- Directs attachment behaviours toward unfamiliar adult
- Role reversal (functioning as peer, partner, parent to parent)
- Controlling behaviours (bossy or punitive/defiant)



Red Flags suggesting possible attachment difficulties: Parent

- Misses, misunderstands, or responds inappropriately to child's cues (e.g., persists with unwanted stimulation)
- Prioritizes own needs over those of child
- When child is distressed, parent becomes more distressed than child
- Predominantly irritable, negative, or angry mood
- Frightened, frightening, or disoriented behaviours
- Intrusive/negative attributions (e.g., caregiver believes that child intentionally upsets them)
- Excessively withdrawn/non-responsive

Alberta

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Parent-Child Attachment Relationship

- Both parents and children contribute to the quality of the parent- child attachment relationship.
- Perhaps the most important finding in this area is that a parent can minimize the adverse consequences of prenatal alcohol exposure by being sensitive and responsive to their child's needs.

Alberta

"I walk down the street. There is a deep hole in the sidewalk. I fall in. I am lost... I am helpless. It isn't my fault. It takes forever to find a way out. I walk down the same street. There is a deep hole in the sidewalk. 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 fault. It still takes me a long time to get out. I walk down the same street. There is a deep hole in the sidewalk. I see it is 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 around it. I walk down another street

[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

Strategies for caregivers of a child with FASD

- Change perception of child from believing he/she WON'T do certain tasks to CAN'T (i.e., poor fit between demands of situation and child's capabilities).
- Things that do not work: Time outs, star charts, taking things away, bribes, rewards, natural consequences, easing up on structure and supervision.
- Adapt the environment (external and interpersonal) to suite the needs of the child, rather than trying to change the child's behaviour.
- Provide structure and organization rather than control (Hands on the Circle).

Strategies for caregivers of a child with FASD

- Adjust expectations to child's developmental age (not chronological age).
- Keep trying different things in different ways until you find what works in your situation for today – provide this information to those working with your child.
- Provide structure, routine, consistency, be specific and concrete, clear rules and expectations, a comfort area or safe place to assist child to calm down.

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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