TAB 10

Enhancing Your Ability to Represent Your Client
Understanding the Clinical Aspects of the Child Protection Case

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Attachment and Child Protection

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Best Practices For The Conduct of a Child Protection File - Part I

Enhancing Your Effectiveness at the Early Stages of Representation

The Law Society of Upper Canada | Barreau du Haut-Canada

Continuing Legal Education

ATTACHMENT AND FAMILY LAW: A PSYCHO-LEGAL PERSPECTIVE

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INTRODUCTION

My goal is to introduce you to select information about human attachment that I believe is particularly relevant to child protection matters.

I have prepared a more detailed written account of this topic; this may not be in your program materials. If it is not and you would like a copy I am happy to fax it to you if you contact me.

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WHAT IS ATTACHMENT?

Human infants develop a special and important relationship with their primary caregivers and this relationship is referred to as an attachment relationship. The term attachment is used to refer to all that is associated with this very complex relationship, or set of relationships. A considerable body of attachment research has accumulated over the last five decades. This research shows that there are multiple important developmental factors in the child's early life. One of the ways that the relative importance of a developmental factor is established is by showing the extent it has long term and significant influence on human development. Attachment starts to develop as soon as the infant and caregiver begin to interact, but it is not fully established until the infant matures enough physically, emotionally, and intellectually to be an active partner in the relationship. This occurs usually near the end of the first year of life. Infants have a strong inclination to form attachments and nearly all children develop at least one attachment as long as there is an adult around to whom the child has an opportunity to become attached. However, attachments vary in quality and not all attachments serve the best interest of the child.

KEY IDEAS OF ATTACHMENT THEORY

Attachment theory can be organized around three key assertions and one general principle: the general principle is that human relationships drive human development.

1. ATTACHMENT IS A BIOLOGICALLY BASED NEED SEPARATE FROM OTHER SUCH NEEDS

Attachment is a motivational system that is separate from other motivational systems such as those for food, water, sex, and social connection. Healthy attachment

involves the experience of positive emotion by the young child when they are in close proximity to the attachment caregiver. In infancy, actual proximity, physical contact, or communication through eye contact or gesture is required to produce this comforting feeling. When separation or loss of contact with the parent occurs, the infant experiences distressing emotions that motivate them to seek proximity. During the first 18 months the child uses crying and other means to communicate its desire for proximity to the parent.

The parent responds to the cries for proximity by coming close to the child and in all likelihood touching them. In turn the child's distressing emotions lessen and are replaced by emotions that signal comfort and security. Once this occurs, the attachment need has been satisfied and the child can turn its attention to other interests. The attachment motive and attachment behaviors are two distinct entities. The motive is a need for closeness with a particular partner with whom the child is involved in an intimate relationship. The proximity seeking behavior is evident only when the need is experienced.

Although the strength of the experience varies, the child feels at least a mild level of discomfort when they realize they are no longer close enough to the secure base parent. An important implication of this fact is that we cannot tell much about the intensity or quality of a particular child's attachment by observing only its efforts to get nearer to or have contact with the parent. An evaluation of a particular parent-child attachment relationship requires observation of the pair in disquieting situations that put the availability of the parent in question (in the child's mind) and in more comfortable situations where the availability of the mother is clear.

Comparison of the child's behavior in these two conditions allows the observer to see proof of the attachment need in the child's attachment or proximity seeking behavior.

2. ATTACHMENT NEED AND EXPLORATORY BEHAVIOR HAVE A RECIPROCAL RELATIONSHIP

When secure in the presence of its parent, the child readily explores its surroundings, toys, people, or other interesting materials. In this state the child shows mostly exploratory behavior and little or no proximity seeking behavior. However, if the child explores too far or plays intently for a while, concern about separation from the parent builds until the child stops and returns to satisfy the attachment need by being close to and communicating with the parent. After checking in with its parent, the child leaves to explore or play again.

This pattern of alternation between attachment behavior and exploratory play exemplifies the "the secure base" role served by the attachment figure. When a child a child's attachment to its parent is healthy, the child is able to use that person as a base of operations from which to explore. This type of attachment is referred to as "secure attachment".

A higher level of independent exploration of the environment is seen in the behavior of children who are securely attached than in those who are insecure in their

attachments. The child's use of the caregiver as a secure base of operations is a central idea of attachment theory.

3. Each Person Forms a Mental Representation of the Early Attachment Experience

Research shows us that as a child matures it becomes able to form stable mental representations of their ongoing relationships with their primary caregivers. Once a clear mental representation of self and caregiver is formed, there is no longer the same level of need for the physical presence of the attachment figure. Instead, the internalized mental representation of essential elements of the attachment relationship can be accessed by the older child as he or she explores further a field, goes to school, and meets new people.

Thus, the internalization of attachment memories, and experiences allows for the healthy development of independence throughout childhood. The attachment mental representation is comprised of memories, thoughts, and feelings associated with the ongoing and varying experiences of being cared for and recognized by the attachment figure. Over time the mental representation becomes more complex and different components become defined. An essential component is comprised of memories of experience of the self as someone who is and can be cared for and loved. A reciprocal part is comprised of representations of the parent caring for the child.

Attachment theory holds that the mental representation of all that has been associated with attachment is carried forward into childhood, adolescence, and ultimately the adult years. In the adolescent and adult years attachment theorists hold that these psychological structures continue to serve central functions. To name a few of the implications, the nature of the mental model determines one's capacity to love, to nurture another person, to trust, to care for oneself, and to relate to other people.

Bonding versus attachment

The words attachment and bonding are often misunderstood and are sometimes thought to mean the same thing. Research on human development shows noteworthy differences in the relative importance of bonding and attachment. The term bonding has been used to refer to what happens between an infant and caregiver during the first hours and days of life--the kind of warm, close feelings that a parent experiences as he or she relates to the infant. As a child grows they typically have many opportunities to bond with multiple people.

Bonding is distinct from attachment in two important ways. First, bonding refers to a phenomenon that is relatively short-term (i.e. hours or days in duration), whereas attachment is a relationship that develops gradually over the early months and years of the child's life. Secondly, bonding describes an experience of the young child that, to a large extent, is more one-sided than attachment. In the early moments of life the infant is not mature enough to be an active partner in a relationship with the caregiver; therefore bonding during infancy focuses on the ability of the parent or caregiver to bond with the infant. In contrast, attachment is a mutual, reciprocal relationship in which the child

becomes a full partner, purposefully working to maintain the relationship with the caregiver.

Attachment is referred to by some of the most well regarded social science researchers and clinicians as the most important developmental force for human beings. This assertion is made with a good level of confidence because it is based on decades of painstaking research. The research findings provide strong evidence that the attachment relationship becomes a prototypical relationship. It is prototypical in that it sets much in place that will determine the nature and quality of interpersonal interactions and relationships that the child will have throughout life.

ATTACHMENT AND CHILD PROTECTION

The relevance of attachment to work in child protection proceedings is based on research that shows a clear relationship between individual differences in attachment and developmental psychopathology. Developmental psychopathology is the study of early assaults to child development and the long term impact of these on the development of psychopathology.

Certain types of assaults encountered by a child may have very distressing impact but the impact is short lived and does not alter the course of the child's development. Other developmental assaults have been found to have such exceptional impact that they actually cause a decidedly different developmental trajectory to be set in motion. Severe and chronic assaults in the establishment of child attachment are of the latter type. In the worst case scenario these children are highly likely to have significantly diminished quality of life and a high level of suffering because of the inadequate parenting that caused the weak attachment. Because of this problems with child attachment have earned a secure position on the child protection radar screen.

CAN A CHILD HAVE MORE THAN ONE SECURE AND IMPORTANT ATTACHMENT?

A frequent concern when making placement decisions is whether or not an infant will be confused by too many caregivers and whether or the attachment to a parent will be disrupted by close relationships with other caregivers such as day a foster mother. Research shows that babies can and do form more than one attachment relationship. They can, for example, be attached securely to mother, father, and a foster parent. However, the conditions must be adequate to allow each of the multiple attachment relationships to be maintained. An integral factor in ensuring adequacy of the conditions is adequate time with each attachment figure, and exposure to each attachment figure at a high enough frequency to ensure attachment needs are met.

QUALITY OF ATTACHMENT

Attachment researchers classify very young children (between the ages of 11 and 20 months) into categories based on their attachment behaviour. The attachment categories include secure, insecure-avoidant, insecure-ambivalent, and disorganized. Measurement of attachment for the classification of attachment quality is most often done between the 11^{th} to 20^{th} month of life, and is measured using a very structured laboratory

method called the "Strange Situation". It is of note that when children are observed in the "Strange Situation" with their mothers and fathers separately, there is no relationship between the category assigned to the child's behavior with the mother and that with the father.

It is possible for infants to be secure with mother and insecure with father, insecure with mother and secure with father, secure with both parents, or insecure with both parents. Research does show that a secure attachment with at least one caregiver protects the child from the poor development that is often apparent when the attachment behavior is insecure with all attachment figures. This buffering effect can be critical for the development of a child in foster care who was unable to form a secure attachment relationship with an abusive or neglectful biological parent.

How can you tell if a child's attachment is secure?

The Ainsworth Strange Situation Procedure is the most common procedure for measuring attachment and is designed to assess the attachment of infants who are approximately 11 to 20 months of age. It is during this phase of development, when the need to maintain closeness to the caregiver is especially important.

This assessment procedure is strictly laboratory based. The child and caregiver are brought into a small room unfamiliar to the child, and their interaction is video-taped during a series of eight structured episodes. These episodes are designed to observe the child's play and exploration in the presence and absence of the caregiver. This allows a good ability to observe how well the child is comforted after they have become distressed by the absence of the parent. It also allows observation of the child's reaction to a stranger, and response to two brief separations from the caregiver. Most importantly, the strategic design of the observation sequence allows observation of the child's behavior when the caregiver reenters the room following the separation episodes. In general, a secure attachment is reflected in a child's ability to use the caregiver as a secure base from which to explore the world, and to see the caregiver as a reliable source of comfort during times of stress and distress. A securely attached child plays and explores with confidence and interest when they are near the attachment figure. As they play they do look to the caregiver now and then, vocalize, smile, or show the caregiver something related to what they have been doing.

A securely attached child is not unduly upset by the presence of a stranger as long as the caregiver is nearby. When the caregiver leaves the room, the securely attached child may be upset or may show a decreased interest in play.

There are wide differences in how infants respond, but regardless of the degree of distress, the securely attached child will show clear signs of pleasure and/or relief when the caregiver returns. If distressed, the child will seek and accept comfort from the caregiver, and that comfort will be effective in helping the child settle and return to play and exploration. If not distressed, securely attached children show active greetings and strongly initiate interaction. The amount and intensity of distress during the separation does not indicate quality of attachment; rather the degree to which the return of the

caregiver swerves to decrease the distress and allow the child to return to play is the important factor.

The attachment behavior described above is readily observable in naturalistic settings. For example you may see this in a public library or a doctor's office. As a securely attached child explores they will occasionally look back and make visual contact with the parent. This provides them with assurance and comfort. The child explores, using the caregiver as a secure base. If the caregiver were to leave the area, the child's confidence to explore would disappear.

Between the ages of 11 and 20 months, a child's security is derived from the relationship, rather than from within the child. But research findings support the belief that as the child matures, the security that comes from the relationship and from the physical proximity eventually becomes internalized as a part of who the child is. The child who has felt secure in earlier attachment with a primary caregiver will be more secure as they transition into activities that require separation from the caregiver such as daycare, school, and leisure activities.

How does a secure attachment develop and why is it important?

A secure attachment develops over time; it is the product of the ongoing interactions between infant and primary caregiver(s). The quality of attachment is influenced by many variables, including child characteristics, parent characteristics, and external social and economic factors that support or hinder the parent-child relationship. However, research has demonstrated that the major factor leading to a secure attachment is the caregiver's sensitivity and responsivity to the child's cues and signals.

The securely attached child has learned to trust that the caregiver will consistently meet his or her needs, and, equally important, the child has learned to trust in his or her own ability to solicit care. Experience tells the child that, "When I give a signal, it counts. I have the power to see that my needs are met." As the child matures and ventures out into the larger social world, the basic trust in the caregiver and in self is carried forward, influencing the child's expectations and behavior in subsequent relationships with other adults and peers.

Secure attachments in infancy lay the foundation for healthy development and provide children with the tools they need to reach their developmental potential. Secure attachment serves as a platform for the child to become an active and effective member of society.

Attachment researchers, who have followed children longitudinally from birth, observe that in preschool and the early school years the securely attached child is likely to be: cooperative with teachers and peers; enthusiastic in approaching learning tasks and social situations; persistent in problem solving; socially competent and able to form relationships easily; and less aggressive and more empathic than children who have not had a secure attachment in infancy. In general, teachers rate securely attached children as having higher self-esteem and being more competent. Not surprisingly, teachers and

peers tend to respond positively to these children, and this reinforces the positive expectations of the securely attached children. In effect, we see a self-perpetuating cycle of interactions, increasing the likelihood that the securely attached child will carry these positive attitudes, expectations, and behaviors into adulthood.

WHAT HAPPENS WHEN CHILDREN DO NOT HAVE A SECURE ATTACHMENT?

Although all children are powerfully inclined to become attached, many children do not experience the sensitive, consistent care that encourages secure attachment. These children are described as being anxiously attached. Researchers estimate that approximately 30% of all children are anxiously attached. The rate of anxious attachment is even higher, at least 40 percent, among families encumbered by poverty, highly stressful life circumstances, and lack of support.

Two categories of anxious attachment are: anxious-resistant/ambivalent attachment, and anxious-avoidant attachment. While both patterns represent "anxious" attachment, which bodes poorly for the individual's lifelong development, there are important differences in the behaviors that characterize each pattern. A fourth category of attachment, common among children who have been traumatized by abuse, also has been identified in recent research. This pattern is not discussed in detail here because more research is needed to be confident about the implications for a child's long-term development. At this point however, the research strongly indicates that the long-term outcome for this group is significantly worse than for the two anxious attachments.

ANXIOUS-RESISTANT/AMBIVALENT ATTACHMENT

A child with anxious-resistant/ambivalent attachment may seem preoccupied with maintaining contact with the caregiver, clinging or checking back so often that they never fully engage in play and exploration. The child appears to be unsure of the caregiver's availability and predictability and because of this they do not venture out, even within the confines of a small room. They also tend to behave in a highly passive manner. In the midst of uncertainty, this child behaves in clearly vigilant manner in relation to the caregiver.

This child is upset by separation from the caregiver, and upon return of the caregiver appears ambivalent. They exhibit behaviour that alternates between desperate clinginess and active resistance when the caregiver offers comfort.

The caregiver's efforts to comfort the child are usually not successful and the child continues to fuss rather than going about the natural one-year-old play and exploration.

Well regarded research has proven the link between specific parenting behaviours and the quality of child behaviour described above. Attachment theorists show that the child's behaviour is an understandable adaptation to inconsistent, unpredictable care during the early months of the child's life. The child is never sure whether cries and calls will be answered, and whether the attachment figure(s) will meet his/her basic needs to be changed, fed, cuddled or comforted. These babies sometimes have been observed as

newborns to be neurologically immature, so perhaps they are also more challenging for the parent to nurture in a sensitive, consistent way.

It is important to note, however, that given sensitive care even babies who are difficult because of neurological impairment can develop a secure attachment. Their parents may just need more support and information in order to adapt successfully to the needs of the child.

The child with an anxious-resistant/ambivalent attachment learns from the intricacies of their relationship with attachment figures, that the world is not a place of comfort and trust, and that s/he can not be successful in soliciting the care s/he needs. Not surprisingly, in making the transition to preschool and elementary school, this child often lacks the autonomy and initiative that the new school situation demands. Longitudinal research has demonstrated that a child with anxious-resistant/ambivalent attachment is likely to be overly dependent on teachers for help and attention, lack confidence and self-esteem, form friendships less easily, become easily frustrated in interactions with others, and be socially withdrawn from peers. These behavior patterns render the child vulnerable to becoming a victim of peers. Recent new research shows that these children have poorer peer relationships up through adolescence.

Just as securely attached children tend to be drawn into a cycle that perpetuates their positive expectations and behaviors, anxiously attached children also tend to perpetuate what they have experienced. For example, their overly dependent behavior may exhaust those who work with them, causing people to pull away–replicating the erratic care they experienced early in life. Without disruptions to this cycle, these children are likely to carry these attitudes and behavior patterns forward into adulthood.

ANXIOUS-AVOIDANT ATTACHMENT:

The second pattern of anxious attachment, the "anxious-avoidant type," is also highly predictive of poor developmental outcomes for children and looks quite different from the type just described. During observation sessions the child with anxious-avoidant attachment interacts minimally, if at all, with the caregiver. Even in an unfamiliar environment, the child is likely to look surprisingly independent, and tend to play alone without apparent need to touch base with the caregiver. When the caregiver leaves for a short time, this child shows no visual sign of distress. Most importantly, when the caregiver returns, this child actively avoids interaction, averting his face, or perhaps moving to the other side of the room.

Research shows that the anxious-avoidant pattern of attachment stems from experience with a caregiver who is chronically unresponsive to the baby's calls for care and attention. Early in life this baby, as do all babies, worked hard to engage the caregiver. But by one year of age this baby has effectively given up.

When they are not neglecting, parents of a child with this type of attachment are often intrusive and interfering; observation of them shows that they impose their agenda on the baby without regard for the needs and interests that the baby is communicating.

For example, a parent might forcefully shove a bottle in the baby's mouth even as the baby turns away or pushes the bottle away. Or a parent might smother the baby's face with kisses as the baby squirms to get away. Whether the parent is detached, intrusive, or both, the baby learns, "My communications to this person about what I want do not make any difference."

By the time an anxious-avoidant child is in preschool, significant behavior problems are often apparent. Longitudinal studies show that these children are categorized by others as disobedient, aggressive and/or socially withdrawn, unpopular with peers, impulsive and lacking self-control, and lack in motivation and are unable to show adequate persistence in learning. These children also may exhibit unusual behaviors such as tics, self-stimulation, or self abuse. These children tend to lack empathy towards others; when a peer is distressed they may inflict hurt instead of offering sympathy.

As with the anxious-resistant/ambivalent pattern, children with the anxious-avoidant pattern also experience poorer peer relationships from childhood through adolescence. Again, as with other attachment groups, these patterns are likely to continue into adulthood unless something, or someone, helps the child move toward a more positive view of self and others. Unfortunately, longitudinal research shows that once these patterns of behavior are well established in middle childhood they are highly resistant to change.

The following are two examples of qualitatively different parenting of the type that is relevant to attachment.

Example 1.

I would like you to imagine one infant who is 18 months of age. Imagine the child sitting on the floor, on a child's play blanket, playing with lego blocks. The parent lies on the floor beside the child and is continually speaking aloud to the child and when you listen to this talk it clearly shows that the parent is interested in the play, the parent is attending and following the play, the parent is encouraging the play and encouraging the child's attempts to create with more than one block, the parent is frequently praising the child's attempts, and the overall quality of the talk conveys that the parent "prizes" the young child.

This child is very likely to develop a healthy attachment system if they are exposed on a daily basis to this type of parent interaction. It is relatively easy to imagine the impact of many small parent verbalizations of this nature on the child's developing self concept. The cumulative effect of 18 months of consistent interaction of this type would leave the child with a considerable collection of memories that remind them that they are valued and their attempts to accomplish things have consistently been met by a responsive parent and therefore the need reduction resulted in repeated incidents where the child experienced satisfaction, reduction of anxiety, encouragement and praise.

Example 2:

Now consider an example where the parent is poorly responsive to the child. Observation of the parent in this example shows that the parent has no interest in anything including their child and the child's play; they express no positive emotions but do show severely negative emotion, they show signs of very low energy to prepare things or to help make appropriate activities available to the child.

This parent is lying on the floor as the child plays with lego blocks. But in this example, the adult's head is rested on their arm on the floor and their eyes are averted away from the child, an observer would sense that the adult seems disengaged and not following the child's play, there is an absence of verbalization from the adult about the child's play and the only time the adult engages with the child is when the child whines or fusses. The child receives no positive statements from the parent but hears frustration, impatience, and tiredness in their voice when the child's whining or fussing snaps the parent out of their far away state. The vast majority of verbalizations by the parent to the child are negative, critical, and convey to the child that being with the child is an effort, and that the child is not prized.

Based on a chronic pattern of these type of parent behaviors the child is likely to receive messages like, "You are a hassle, leave me alone." A child who experiences this quality of parent involvement on a daily basis, over an extended period of time is at very high risk for a considerable level of psycho-social problems throughout their childhood and adolescence.

It is likely that this child will develop a view of the world as a place that is a challenge and full of hassles. They will also come to expect that action they take will be unlikely to be useful, it will be unlikely to meet the need that they had recognized, and they will be very likely to sit passively in the face of such needs. This child is likely to be classified as an "Insecurely attached child".

HOW DO SECURE ATTACHMENTS GET FORMED?

Attachment research shows that a responsive parenting style by the primary caregiver(s) is the most important factor associated with the infant's secure attachment at one year. Responsive parents give physical care, emotional communication, and affection to children in response to verbal and nonverbal signals that the child is seeking this. These parents also give their children space when the child is playing, crawling, or exploring. The critical aspect of responsive parenting is that the parent is aware of the child's needs and wants, and in turn they adequately respond to that information. Less responsive parents may do a lot of nursing, holding, or playing, but these care giving behaviors will be in response to their own needs rather than the child's needs.

As an aside this exemplifies the natural and necessary overlap between the assessment of attachment and assessment of parent capacity; my parent capacity assessments always include an adequate assessment of child attachment and of the capacity of the parent to facilitate a healthy attachment

Another kind of unresponsive parent is simply disengaged from the child. The uninvolved parenting style is associated with the ambivalent attachment pattern in which the baby first makes an effort to seek attention of the parent and then withdraws; this ambivalent behavior is likely to repeat through several cycles.

WHAT FACTORS HELP PARENTS AND CHILDREN DEVELOP A SECURE ATTACHMENT?

Research points to several critical factors, all of which sound relatively simple and basic but are often not basic to our programs and policies.

1. When parents' basic needs for housing, food, clothing, transportation, and healthcare are met, parents have the emotional and physical energy to meet the needs of their children.

2. When parents have emotional support for themselves, they are better able to care for their children in a sensitive, and consistent way.

3. When parents have knowledge of child development, particularly an understanding of the meaning of certain key child behaviors, such as separation anxiety in the infant or negativism in the toddler, they have more realistic behavioral expectations for the child.

4. Knowledge, understanding, and perspective-taking are fundamental to the sensitive care that facilitates secure attachment.

5. Finally, how a parent cares for children is strongly influenced by the care the parent received in childhood.

   Research indicates that what is most important is how a parent thinks now about his or her own relationship with attachment figures. In particular, parents do best with their own children when they: work through the pain experienced in childhood; acknowledge the lasting influence of those childhood experiences, particularly on the way they relate to their own children and others with whom they form intimate relationships; recognize that they have choices, and that they have a level of influence over the parenting behavior they repeat with their own children and what they choose not to repeat; and when they work to muster all the available resources to help them live up to these choices.

ATTACHMENT AND BONDING ASSESSMENT

A thorough attachment assessment should include: 1) interview with adult to assess background and parenting attitudes, 2) observation of the child with the adult, 3) an interview with the child for children who are capable of meaningful speech.

The review of history may be the most important part of the assessment. Whenever possible it is advisable for the examiner to gather information about history from multiple sources and multiple informants. It is also important to observe the child

separately with pre-adoptive parents / foster parents and birth parents. It is relevant to keep in mind that the best predictor of future behaviour is a person's previous behaviour. As such the parent's history of parenting is crucial and one must take care to not overlook this and place sole reliance on information that comes from parenting since the onset of a child protection proceeding.

CAN ATTACHMENT BE FAKED?

It is reasonable to ask whether or not the observational assessment of attachment is valid? Can secure attachment be faked during a brief observation, an observation of the type often used in parent capacity assessment or attachment assessment? There is good evidence to show that this is a common misconception. Although it is essential that the evaluator is adequately trained to conduct such an assessment research shows that attachment cannot be faked and that the assessment will distinguish between behaviour and emotion in the child that has been reinforced over time as opposed to the child's short–term reactions to the immediate behaviour of the parent. For more information on this topic, assessment of attachment, and parent capacity assessment in child protection proceedings please feel free to contact Dr. Smith.

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