The Science of Attachment: Implications for Foster Care in Early Childhood

Charles H. Zeanah, M.D.
Institute of Infant and Early Childhood Mental Health
Tulane University School of Medicine

czeanah@tulane.edu

www.infantinstitute.org
The Science of Parent Child Attachment in Early Childhood—What Do We Know?
...the *quality* of the parental care which a child receives in his earliest years is of vital importance for his future mental health.

...essential for mental health is that an infant and young child should experience a *warm, intimate and continuous relationship with his mother (or mother substitute...)* in which both find satisfaction and enjoyment.

--1952
What is attachment?

Attachment as a bond
Attachment behavior
Attachment as a motivational system
Attachment relationship
Attachment behaviors

- Behaviors of the infant/young child designed to promote physical proximity to caregiver/attachment figure.
  - Crawling to
  - Clinging on
  - Walking to
  - Smiling
  - Crying
  - Reaching for
Motivational systems in young children

Attachment
Exploration
Affiliation
Fear/Wariness
Attachment exploration balance

activated

attachment

exploration

deactivated
Relationship domains

Parent
- Emotional Availability
- Warmth/Empathy/Nurturance
- Provision of Comfort
- Protection

Child
- Emotion Regulation
- Security/Interpersonal Trust
- Comfort Seeking
- Vigilance/Self-Protection
<table>
<thead>
<tr>
<th>Relationship domains (cont.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parent</strong></td>
</tr>
<tr>
<td>• Play</td>
</tr>
<tr>
<td>• Teaching</td>
</tr>
<tr>
<td>• Structure/Instrumental</td>
</tr>
<tr>
<td>Care/ Routines</td>
</tr>
<tr>
<td>• Limit-Setting/ Discipline</td>
</tr>
<tr>
<td><strong>Child</strong></td>
</tr>
<tr>
<td>• Play</td>
</tr>
<tr>
<td>• Learning/Mastery/Curiosity</td>
</tr>
<tr>
<td>• Self-Regulation/Adaptation</td>
</tr>
<tr>
<td>to Routines</td>
</tr>
<tr>
<td>• Self-Control</td>
</tr>
</tbody>
</table>
Attachment relationship domains

Parent
- Emotional Availability
- Warmth/Empathy/Nurturance
- Provision of Comfort
- Protection

Child
- Emotion Regulation
- Security/Interpersonal Trust
- Comfort Seeking
- Vigilance/Self-Protection
Development of Attachment

- First 2 months
- 2-7 months
- 7-12 months
- 12-20 months
- 20-36 months
Parents’ affiliative feelings for baby

- For most women, attachment grows as pregnancy progresses
- For a small minority strong attachment in the first trimester
- By one month after birth, should have experienced feelings of love for baby
- Mothers’ attachment greater than fathers’ throughout pregnancy
Attachment: Birth to 2 months

- Physical characteristics of babyishness attracts caregivers
- Discrimination limited by cognitive immaturity
- Preferences limited to olfactory and auditory realm
Differential brain activation to adult and infant faces
Attachment: 2 to 7 months

• Differentiates among interactive partners
• May seem more comfortable with primary caregiver
• Social with everyone and preferences not strongly expressed
Attachment: 7 to 12 months

- Stranger wariness apparent
- Separation protest begins
- Hierarchy of preferred caregivers
Attachment: 12 to 20 months

• Use of attachment figure as a secure base from which to venture out and explore
• Use of attachment figure as a safe haven to which to return if distressed or frightened
• Proximity to caregiver promotes an internal feeling of security in infant
Circle of Security
Parent Attending to the Child’s Needs

- Protect me
- Comfort me
- Delight in me
- Organize my feelings

- Support My Exploration
  - Watch over me
  - Help me
  - Enjoy with me
  - Delight in me

- Welcome My Coming To You

- I need you to
  - Protect me
  - Comfort me
  - Delight in me
  - Organize my feelings

- I need you to
Attachment: 20 to 36 months

- Goal-corrected partnership
- Increased appreciation of conflicting goals and of the need to negotiate
- Balance between autonomous functioning and healthy dependence
- Cooperation is hallmark
Attachment

• Attachment is a relationship construct—not a trait of the child
  • *may be different with different caregivers*

• *Consistency and emotional availability* from attachment figures are critical to foster healthy attachment
Levels of discrimination between infants and caregivers

It’s not just attached or not attached:

Recognition/familiarity  Familiarity/comfort  Comfort/pleasure  Pleasure/reliance  Reliance/preference
Attachment: Review

• Infants are strongly biologically predisposed to form attachments to caregiving adults

• Adults are strongly biologically predisposed to respond to infants

• Attachment in young children develops gradually over the first several years of life, based upon relationship experiences with caregivers

• Under usual rearing conditions, infants develop “focused” or “preferred” attachments in the second half of the first year of life (7-9 months of age).
  • Separation protest
  • Stranger wariness
Attachment: Review

- Once infants reach a cognitive age of 7-9 months, they have *capacity to form attachments*.
- Attachments form within *days to weeks* after infants are old enough to construct them.
- Young children need literal, *physical contact* to sustain attachment relationships.
- Attachments may be *qualitatively different with different caregivers*. 
Attachment: Review

• Through experiences with attachment figures, baby develops *expectations* about the dependability of attachment figures to *provide comfort, support, nurturance and protection* in times of need.

• These *expectations guide* babies’ *behavior* in intimate relationships.

• Strongly *predictive* of child’s subsequent social adaptation.
Attachment

- Attachment is a relationship construct – not a trait of the child
  - *may be different with different caregivers*
- *Consistency and emotional availability* from attachment figures are critical to foster healthy attachment
Implications for Foster Care
Continuum of caregiving approaches

Overwhelmingly consistent evidence favoring foster care over institutional care

Family preservation has dismal results other than Homebuilders model which is more encouraging

Street Children → Large institutions → Smaller group settings → Foster care → High quality Foster care

Orphaned, abandoned and maltreated children requiring societal intervention
Basic premise of foster care

• Foster care is an intervention designed to protect children who have been maltreated.
  • Interventions can be helpful or harmful.
  • Foster care is demonstrably better than its alternatives—family preservation or institutional care.
  • Emphasis should be on improving the quality of foster care.
Models of foster care

- Latent models of contemporary foster care
  - Extended respite model
    - Safety is essence
    - Food, clothing and shelter
    - Placeholding
  - Child centered model
    - Love child as one’s own
    - Full psychological commitment
A Model of Child Centered, Healthy Foster Parenting

Psychological Investment/Commitment

Sensitive Caregiving

Valuing Child as An Individual

Placing Needs of Child First

Parent Behaviors

Child Outcomes

• Safe
• Securely Attached
• Socially Competent
• Emotionally Well-Regulated
Attachments to foster parents

• Can children who have experienced deprivation, maltreatment and/or disruptions in care develop healthy attachments in new placements?
  • Yes -- at about the same rate as seen for biologically intact dyads -- but much more likely when the new caregivers are securely attached
  • When placed with less secure caregivers, these children are at greatly increased risk for developing problematic (disorganized) attachments.

Dozier et al., 2001
Secure vs. insecure: 42 months

Smyke et al., 2010
Disorganized attachment among foster and intact dyads

- Foster dyads (n=50): 18 secure mothers, 71 other than secure mothers
- Intact dyads (n=661): 9 secure mothers, 33 other than secure mothers

Dozier, 2006
Why Foster Care for Young Children Must Be Different
Reasons why foster care for young children must be different than for older children

• Older children and adults, but not young children, are capable of sustaining attachment relationships across time and space.

• In order to protect young children adequately, foster parent must become primary caregiver and primary attachment figure for a young child.
  • The young child cannot wait.
  • The young child needs literal physical contact to sustain attachments.
  • Emotional availability and dependability are crucial.
Reasons why foster care for young children must be different than for older children (cont.)

- Safety, stability and emotional availability of the caregiving adult are paramount.

- Foster parents must psychologically *invest/commit* in child in order to become attachment figure.
Challenges of Foster Care
Popular Contemporary Views of Foster Care
“When the 6-year-old girl was discovered missing from a foster care home in Miami, FL, in April 2002, it turned out the case worker assigned to check on her at least once a month had not seen her in at least 15 months....

The state later admitted it had lost track of 393 children in its care; 290 were found by year’s end, but others were still missing....

The scandal points to a broken system of supervision and accountability....”
Carcieri was unaware of foster care problems
Tuesday, July 3, 2007
By Steve Peoples

Governor Carcieri said he was completely unaware of widespread physical and mental abuse that allegedly plagues Rhode Island’s child-welfare system as outlined in a sweeping civil-rights lawsuit filed in federal court last week.

Speaking publicly about the suit for the first time yesterday, the governor said his office is investigating specific allegations regarding 10 children cited in the court filing, but that there were no immediate plans to move any children or discipline staff. And Carcieri largely denied suggestions that the system designed to care for foster children in Rhode Island is broken....
Foster Care Agency's Supervision Scrutinized

An infant was beaten to death in his foster home this week, and an investigation of state documents showed that the agency that monitored the baby's home had a history of violations in homes it certified....
A Foster Care Nightmare
A Story of Betrayal and Survival
By Brian Ross
May 24 — They are five brothers and their sister who stuck together in the face of what is described as almost perverse cruelty, without an adult in sight.

"These children were tortured. These children were neglected. These children were abused," says Howard Talenfeld, a family-rights attorney.
Richard Gelles, Ph.D., Joanne and Raymond Welsh Chair of Child Welfare and Family Violence at the University of Pennsylvania: “Our child welfare system is in trouble. One obvious problem is the failure to protect children from harm that is reported by local media almost weekly....

When tragedies occur, the mantra-like claim is that the child ‘fell through the cracks in the system.’ These are not small cracks. They are national fault lines: long, deep, and always on the verge of swallowing up more victims.”
The state of young children in foster care

- Nearly 80% have prenatal exposure to substances
- More than 40% are premature or low birthweight
- More than half suffer from serious physical health problems
- More than half have developmental delays
- For a significant number, immunizations not up to date, referrals for delays do not occur, and emotional and behavioral problems not addressed

Dicker, Gordon & Knitzer, 2001
Inherent Contradiction in Foster Parenting

- Psychological Ownership
  - Love the child as their own
  - Advocate for child
  - Become the child’s “Go-to” person

- Uncertainty
  - Child can be removed at any time
  - Progress of biological parents
Other Challenges in Foster Parenting

• Isolation/lack of support
• Repeated attachments and separation from children in their care
• Insufficient or inadequate training
• Caring for children who have experienced attachment disruption(s)
  • Behavioral/emotional difficulties
    • “He’s suffered enough” Syndrome
Applying Child-Centered Foster Care
Applying child-centered foster care

• Disruptions and transitions
• Visits
• Kin Care
Disruptions and Transitions
Barriers to Attachment in Children: Disruptions in Foster Care

• Disruptions are harmful after attachments are established (7-9 months)
• After 12 months are even more harmful than disruptions before 12 months.
• From child’s perspective, impossible to understand.
Transitions

• Planful and thoughtful
• The Robertson story
• Adding attachment figures
Visits
Principles of child-centered visitation

- Child’s *well-being* is a concern on par with parents’ right to visit.
- Child must have an attachment figure *present during visit* if more than 6 months old.
  - Better to have an attachment figure present even if less than 6 months old.
  - Children less than three or four years old must be accompanied *to and from* visit by an attachment figure.
- Biological parents are *prepped before* the visit and *debriefed after* the visit.
Levels of discrimination between infants and caregivers

It's not just attached or not attached:

Recognition/familiarity  Familiarity/comfort  Comfort/pleasure  Pleasure/reliance  Reliance/preference
Principles of parent child visits (cont.)

• Young children can sustain relationships (but not attachments) to parents throughout foster placement.

• Attachment building efforts begin after parents have
  • accepted responsibility for children’s maltreatment
  • begun recovery from mental health/substance abuse problems.
  • demonstrated they are making progress towards reunification.

• Relationships with foster parents should continue after reunification whenever possible.
Visits

• Adults are capable of sustaining attachment relationships across time and space.
• Adults should bear the burden of difficulties – not young children.
  • who visits whom?
  • travel and familiarity of setting
  • biological relatedness does not trump stability
Decision Tree: Child’s Visits with Biological Parents

Child harmed by visit?

- Yes
- No

Child’s attachment to bio parent helped by visit?

- No
- Yes

No need for frequent or prolonged visits

Increasingly frequent and prolonged visits

Intervention/Modification

Familiarity/comfort reasonable goal
Kin care
Advantages of kin care

- Placing child with someone more likely to love him/her
- Maintaining contact with extended family
# Barriers to Attachment in Foster Parents

<table>
<thead>
<tr>
<th></th>
<th>Kin</th>
<th>Non-Kin</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Own attachment history</strong></td>
<td>±</td>
<td>±</td>
</tr>
<tr>
<td><strong>Misperceiving child behavior</strong></td>
<td>±</td>
<td>±</td>
</tr>
<tr>
<td><strong>Fear of loss of child</strong></td>
<td>+</td>
<td>+++</td>
</tr>
<tr>
<td><strong>Family loyalty conflicts</strong></td>
<td>+++</td>
<td>_</td>
</tr>
<tr>
<td><strong>Stresses and supports</strong></td>
<td>+</td>
<td>±</td>
</tr>
</tbody>
</table>
“Of course, ultimately, we would love to see her with her parents, they deserve to see as she grows, every little thing that only a mother and father will notice, their first tooth, first haircut, those things... were so important to me. The Lord gave her to those parents and we don’t know what happened with this particular incident, but they deserve her.”

(Maternal Grandmother)
Kin foster parents

• “I don’t want him to think I’m his mom because he has a mom. And he has a grandmother. So I feel better when I’m just Auntie... I’ll miss him when he’s gone, but he’ll still be in the family.” (Aunt)

• “I pray that they get their lives together so they can get him. I really want them to have their child because it’s their child. I don’t believe in taking kids away from their family. Moms and Dads should raise their own child.” (Great grandmother)
Relative placement
(kinship care)

Ehrle, Geen & Main, 2003
Relationship with foster child

Norwood et al. 2008
What is the evidence that commitment is important?

• Predicts how the child thinks about self and other

• When caregivers are lower in commitment, relationship with child is more likely to disrupt than when higher in commitment.

Dozier & Lindhiem, 2005
Balanced ("Secure") Perceptions of Foster Child Reported by Foster Parent

Norwood et al. 2008
Number of Disruptions by Type of Care

- Foster Only
- Ever Kin

0 disruptions: 65
1 or 2 disruptions: 35, 34
3, 4, 5 disruptions: 1, 23
Kinship care

• Disadvantages
  • kin placements do not have to meet same standards as foster parents
  • may be more difficult to assume role of “mother” out of deference to blood kin
  • may not qualify for subsidies, further complicating economic disadvantages
  • data suggest kin parents have more risk factors that may complicate child recovery

• Important Question: How is best interest of the child reconciled with favoring kinship care?
Quality Foster Care Exists
Quality Foster Care

• Phil Fisher’s Multidimensional Treatment Foster Care

• Mary Dozier’s Attachment and Biobehavioral Catch-Up

• Youth Law Center’s Quality Parenting Initiative
Attachment and Biobehavioral Catch Up (ABC Intervention)

• 10 sessions
• Manualized intervention delivered by trained clinicians in the home to foster parent and young child together
• Sessions are videotaped and both review of tapes and live interactions are focus of sessions
ABC Intervention

• Four intervention modules:
  • caregiver/parental nurturance
  • following the child’s lead
  • “overriding” one’s own history and/or non-nurturing instincts
  • the importance of nonthreatening caregiving.
Considerations for collaborative visitation

• Visiting without attachment figure (foster parent) causes undue stress on child (separation) by second half of first year

• Presence of foster parent can improve quality of visit for biological parent
  • If bio parent understands rationale and can be supported
  • If foster parent can support child without undermining bio parent
  • If child can tolerate the stress
Considerations for collaborative visitation

- Goal of visit with bio parents *need not be* developing attachment (especially initially)

- Child’s *best interest* ought to be paramount in any visitation plan
ABC vs. DEF Intervention

- Findings from two randomized studies comparing ABC to Developmental Education for Families (DEF):
  - ABC infants were significantly more likely to be securely attached to their foster mothers (60%)
  - Normalizing cortisol regulation
    - ABC children exhibited more normal patterns of morning and evening cortisol production
    - Not significantly different from that observed in a comparison group of 104 children who had never been in foster care.
- Foster parents, biological parents, internationally adopting parents
Cortisol metabolism in maltreated and control children
Rx: Enhancing Foster Parenting

- Recruiting Efforts
- Team Members
- Enhanced Support

Shauffer, 2009
Quality Parenting Initiative

• Based on insights from research in caring for infants and young children (evidence informed)

• Seeks to ensure quality care for children primarily as well as improve permanency outcomes (beyond business as usual)

• Elements of quality derived through conversations with foster parents in Florida, Michigan, Louisiana, California (stakeholder informed)
Elements of Quality Supportive Parenting

- Equal Partnership with other professionals
- Skilled developmentally appropriate, trauma sensitive parenting
- Work with Bio-family (family of origin) including bio-parents, if possible, siblings and extended “family
- Lifetime Commitment to children
What if foster parenting entailed...

- Treating the child as your own or better
- Recognizing the child’s developmental needs
- Appreciating the child’s experiences of trauma
- Advocating for the child
- Involving the child in the community
- Accepting responsibility for education, medical care, etc.
- Providing needed emotional support
- Making a lifetime commitment
Conclusions

• Foster care is a *better form of care* for abandoned and maltreated young children *than other approaches* (group care or family preservation).

• Foster care for *young children* must be *different* than foster care for older children because of the *urgency of attachment needs* of young children.

• Models of *quality foster care exist* and have been demonstrated to be better for young children than business as usual foster care.