Parent Child Attachment and Transitions in Child Welfare

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11 months video
John Bowlby

...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...)

-- 1952
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...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
Harry Harlow

Figure 4. Wire and cloth mother surrogates.
What is attachment?
Attachment describes a young child’s tendency to seek comfort, support, nurturance, and protection selectively from at least one adult caregiver. Human infants are biologically predisposed to form attachments to caregivers.
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/Nurture
• Provision of Comfort
• Protection

Child
• Emotion Regulation
• Security/Interpersonal Trust
• Comfort Seeking
• Vigilance/Self-Protection
Relationship domains (cont.)

Parent
- Play
- Teaching
- Structure/Instrumental Care/ Routines
- Limit-Setting/ Discipline

Child
- Play
- Learning/Mastery/Curiosity
- Self-Regulation/Adaptation to Routines
- Self-Control
Attachment relationship domains

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- Provision of Comfort
- Protection

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- Vigilance/Self-Protection
Development of Attachment

- Prenatal
- 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
Differential brain activation to adult and infant faces
Attachment: Birth to 2 months

• Physical characteristics of babyishness attracts caregivers
• Discrimination limited by cognitive immaturity
• Preferences limited to olfactory and auditory realm
Dad and 2 month old daughter video
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
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
Circle of Security
Parent Attending to the Child’s Needs

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

I need you to

Support My Exploration

I need you to

Watch over me
- Help me
- Enjoy with me
- Delight in me

I need you to

Welcome My Coming To You
Boulder Boy
Video
Secure Attachment Video
12 months
Video
What Just Happened

Child

• Direct expression of distress
• Expectant approach, seeking comfort
• Readily comforted
• Able to resume exploration

Parent

• Correct reading of distress
• Acceptance of comfort seeking
• Responding to child’s need for comfort
• Allows child to resume exploration
15 months
Video
What Just Happened

**Child**
- Direct expression of distress, followed by inexplicable interruption
- No approach, in fact moves away from mom
- No comfort obtained
- Unable to resume exploration

**Parent**
- Reading of distress but experienced as burden
- Aversive response to child’s comfort seeking
- Ineffective provision comfort
- Unable to regulate child’s negative emotions
Attachment: Points to Remember

- 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: Points to Remember

• 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.

• Relationship construct rather than a trait.
  • *different with different caregivers*

• *Consistency and emotional availability* from attachment figures are critical.
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
Implications for Foster Care
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 group 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
    • Place holding
  • Child centered model
    • Love child as one’s own
    • Full psychological commitment
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What if foster parenting entailed...

- Treating the child as your own.
- 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.
Disruptions

**Challenge**: Disrupted placements harmful, in part because young children have no way of understanding why changes in their placements are occurring.

**Recommendations**: Stability of placements in this approach should be valued and maintained.
Harmful disruptions

• 30% of children in substitute care experience multiple placement changes
  • the National Survey of Child and Adolescent Wellbeing (Rubin, O’Reilly, Luan, & Localio, 2007)
  • multiple placement changes in infancy were associated with increased risk for inhibitory control problems and oppositional behavior at 5-6 years.
    • Lewis, Dozier, Ackerman, and Sepulveda-Kozakowski (2007)
• placement instability associated with increased emotional and behavioral problems as compared to children with more stable placements.
  • Newton, Litrownik, and Landsverk (2000)
Harmful disruptions (cont.)

- Severely deprived Romanian orphans with stable foster placements since before the age of 3 years
  - Significantly fewer behavioral and emotional problems at 12 years than those who experienced one or more disruptions.
  - Increasing number of disruptions predicted lower ratings of competence at age 12
Transitioning Home

**Challenge**: Young children who transition back home or to new placements face a potential disruption in their relationships with foster parents.

**Recommendations**: Transitions from foster care placements should be designed to minimize harm to the child.
James and Joyce Robertson
Transitions

Thanks!

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