Attachment

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Agenda

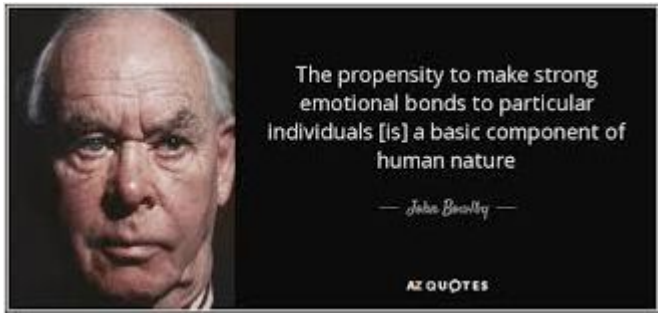
Overview of attachment theory

Types of attachment

Working models of attachment

When attachment goes wrong

Bowlby 1907-1990



Along with the Robertsons (James and Joyce) observed toddlers in nurseries while the moms were hospitalized. Observed patterns of emotional reactions related to separation.

Observed a continuum from distress to depressed behavior to detachment AND relief of negative affective states when reunited with the mothers

1952: defined attachment as a STRONG EMOTIONAL TIE TO A SPECIFIC PERSON(S) THAT PROMOTES THE YOUNG CHILD'S SENSE OF SECURITY

Phases of attachment

Preattachment: 0-6 weeks

Biologically driven: baby gazes into mother's face, recognizes her smell & voice; baby cries & mother responds. No stranger fears

Attachment in the making: 6 weeks - 6/8 months

Infant responds preferentially to mother. Learns their behavior impacts others around them (the social smile). Beginning of sense of trust. No stranger fears.

Phases of attachment

Clear cut attachment: 6/8 months - 18/24 months

This is when we see separation anxiety! This supports the development of OBJECT PERMANENCE (the internalized object of the parent remains)

Formation of a reciprocal relationship: beyond 2 years

Demonstrates when children have developed an internal working model (set of expectations) of the availability and responsiveness of attachment figures

There is less dependence on the caregiver and more confidence in knowing the caregiver will be there when needed

Harlow Monkey Studies

1959: Demonstrated the close bond between infant and caregiver is NOT mediated by hunger drive alone

Rhesus monkeys were separated from their mothers and raised by EITHER terry cloth or wire cage ‘mothers’

The terry cloth ‘mother’ had NO bottle whereas the wire ‘mother’ HAD a bottle

The babies clung to the terry cloth mothers demonstrating the need for comfort/affection surpassed that for food

Her original research was in observation of mother-infant dyads in Uganda (1967) The quality of attachment was related to maternal responsiveness and infant reactions to separation

Returned to the US and observed similar yet different patterns in MIDDLE-CLASS American babies/mothers.

US babies were LESS distressed from brief separations

WHY? Theorized that Ganda babies were ALWAYS with their mothers whereas US babies did have brief and frequent separations

Ainsworth & The Strange Situation

Created in the 1960s to investigate the MIDDLE-CLASS US babies' tolerance for separation.

Purpose was to create a more stressful situation to elicit attachment behavior in 12-18 month old babies

This model helped capture the FUNCTION of attachment

A protective device mediated by biologic behaviors: eye contact, cooing, vocalizing, smiling which attract adults to them.

Becomes evident at 4-6 months of life

Specific and preferential to the PRIMARY ATTACHMENT FIGURE

The Strange Situation (in the lab)

1. Observer shows caregiver and infant into the experimental room and then leaves. (30 Seconds)
2. Caregiver sits and watches child play. (3 mins)
3. Stranger enters, silent at first, then talks to caregiver, then interacts with infant. Caregiver leaves the room. (3 mins)
4. First separation. Stranger tries to interact with infant. (3 mins)
5. First reunion. Caregiver comforts child, stranger leaves. Caregiver then leaves. (3 mins)
6. Second separation. Child alone. (3 mins)
7. Stranger enters and tries to interact with child
8. Second reunion. Caregiver comforts child, stranger leaves.

- All episodes except 1 last for 3 mins unless the child becomes very upset

Styles of Attachment

Came out of the original observations via the Strange Situation (100 mother/baby dyads in the late 1960s)

4 styles were observed:

1) **Secure**
2) **Avoidant**
3) **Resistant**

4) **Disorganized/Disoriented (this was observed later, by Main)**

Secure	60%	Baby upset, subdued when mother leaves. Happy on reunion. Avoids stranger when mother absent, OK when mom present	Mother is sensitive & responsive to baby's need. Child feels positive and loved
Insecure / Avoidant	15%	Unconcerned by mother's absence. Unresponsive on return. Avoidant of mother & stranger.	Mother is unresponsive. Child feels unloved and rejected
Insecure / Resistant	10%	Intense distress upon separation. Fear of stranger. Clingy AND rejecting on return.	Mother's behavior is inconsistent. The baby feels angry and confused.
Disorganized/ Disoriented	15%	No consistent way of dealing with the stress of separation. Babies show confused and contradictory behavior.	When mother tries to hold them, the baby looks away. This is typical in cases of abuse and neglect.

Providing a sense of security

The balance: infant cries when distressed (attachment seeking) and mother responds (her attachment system is activated). Biological - prolactin elevation

Regulation of affect and arousal

Arousal - the subjective feeling of being on alert. If arousal continues, the infant feels distressed as it's uncomfortable (increased HR, increased R, muscular tension). Repeated mutual arousal regulation by infant/mother dyad helps the infant begin to internalize the ability to self-regulate

Promoting the expression of feelings and communication

Transactional relationship, sharing of feelings and reciprocation. Mutually reinforcing for parent and baby. When mismatched, repair is key.

Serves as a base for exploration

Internalized secure base says 'my parent looks out for me.'

More on each subtype…..

Sroufe, Univ of MN, longitudinal studies of a cohort of youth. Attachment styles had high degree of persistence as well as common behavior patterns.

Secure: at 42 months, more flexible and resourceful. Fewer behavior problems, sought support from teachers when distressed, less negative affect and more age-expected impulse control. Showed a capacity for empathy. These traits persisted through latency age.

Insecure/avoidant: at preschool, higher levels of hostility and unprovoked aggression, negative interactions with peers. When distressed would sulk and withdraw. Teachers viewed them more negatively, more discipline actions.

Insecure Ambivalent/Resistant: Predictive of later behavior disturbances. The child cannot predict the parents' response, thus lacks confidence in their ability to elicit a response. In preschool, you see behavioral inhibition, lack of assertiveness, social withdrawal and poor peer interactions. Persist later in life with less success in mastering social competence

Insecure Disorganized/Disoriented: Two factors are associated with this pattern: parents with history of unresolved trauma (Ghosts in the Nursery) and direct maltreatment of the child. Higher risk of this pattern in families of poverty (15% v/s 25-34%) and abused youth (48% - 90%). In preschool, higher rates of aggression to peers. School age - poor self confidence and lower academic ability. Later in life, higher rates of dissociation when distressed.

Working models of attachment

The internalized concept of the world based on how the infant was cared for.

Serves as a base through which models of the SELF in relationships develop

ex/ Secure working models develop through parents who communicate openly about their child's distress, and balance support with development of autonomy

The VIEW of the SELF: Varies based on attachment style. Insecure - more likely to develop disturbed view of self, less effective at navigating social strategies to regulate affect, may view self as ineffective or out of control

Is this fixed?

Early development forms working models which serve as organizing frameworks for the child's perception of relationships with self and others.

Studies in middle-class youth demonstrate high persistence rates of these styles, EXCEPT in situations of: divorce, parental illness, second child

Studies in foster-care involved youth (Zeanah) demonstrate the potential for SHIFTS in the internalized working model. If the new caregiver is responsive and empathic, the working model can be shifted to a positive, secure one.

Continuity of attachment patterns varies amongst cultures and SES. Weinfield, 2000, showed less continuity of attachment patterns in children of poverty.

Adult Styles of Attachment

Assessed using the Adult Attachment Interview

Parent's classification of style BEFORE the baby is born predicts the infant's attachment in 70% infants (Benoit, 1994)

Characteristics of the SECURE working model:

- **Valued attachment relationships**
- **Believed their attachment relationships had a major influence on their personality**
- **Objective and balanced in describing their relationships**
- **Showed ease and readiness of recall in describing their relationships**
- **Realistic v/s idealistic view in describing their own parents**

Insecure Adults

Dismissive: lack vivid memories of attachment experiences. Describe current relationships with their parents as distant or cut off. Likely will have *avoidant* baby.

Preoccupied: See themselves as responsible for difficulties in their attachment relationships. Anxious about current relationships, turn against themselves to maintain attachment. Worry how others perceive them. Infants most often *ambivalent*.

Unresolved: have their own trauma histories. Fearful of loss, irrational views of blaming themselves for being abused. Disorganized descriptions of their own attachment relationships. Babies often *disorganized/disoriented.*

When attachment goes awry

With the DSM-5, we see differentiation of two attachment disorders:

Reactive Attachment Disorder (RAD)

Disinhibited Social Engagement Disorder (DSED)

The common thread between the two is disorders of aberrant attachment

Diagnostic Features: RAD v/s DSED

- Disordered attachment behaviors
- Origin = neglect, deprivation
- Minimal to absent social reciprocity
- Limited to absent positive affect
- Rarely seeks proximity to adults

Little prevalence data available, appears rare

Need to rule out autism (would NOT have impairment in pretend play, language, restricted interests or preoccupations)

R/O depression (would NOT have impaired attachment)

- Social disinhibition
- Origin = neglect, abuse
- Lack of social restraint around adults
- Intrusive, lacking in boundaries
- Attention seeking, emotionally expansive
- Lacks ‘stranger danger’

No clear studies about prevalence. In foster care youth, less than 20%. Point prevalence of 2% in Romanian orphan study.

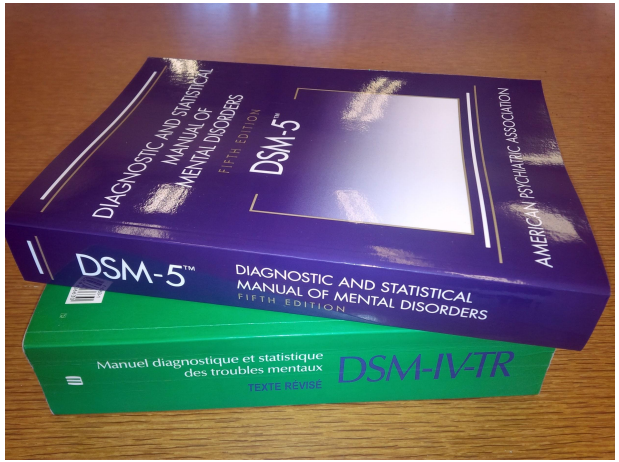
R/O ADHD (by the degree to which social norms are violated)

The diagnoses

Developed through ‘backwards engineering’ - many youth with psychiatric diagnoses have impaired interpersonal relationships. Teens with extensive psychiatric comorbidity often have histories of impaired attachments.

At least 2 fMRI studies of institutionally raised youth have shown:

- Differentiation on amygdala volume
- Reduced gray matter volume in the L visual cortex
- Reduced activity in the striatum (the reward center)



Best practice recommendations (aacap.org)

- Assess attachment behaviors and history in youth involved in the foster care system as well as adoptees. Assess peer behaviors in older youth
- Assess attachment behaviors through primary caregiver description. Focus on comfort seeking behaviors, ability to be soothed, classroom behaviors.
- Evaluate for both psychiatric comorbidities and intellectual/developmental function. Full medical assessment is warranted as neglected/abused youth have poor medical and dental care.
- Assess for safety of current placement including caregiver psychopathology

What to do

THE BEST INTERVENTION IS AN EMOTIONALLY AVAILABLE PRIMARY CAREGIVER

In-home interventions (ex/ PCIT) can assess and support attachment

For youth with DSED, limited exposure to non-familial individuals can help mitigate high risk behaviors

There are NO psychopharmacological intervention in the literature

Holding therapies, as well as restrictive therapies, are contraindicated, potentially harmful, and have been associated with death.

Summary

Early attachment styles are transgenerational and often persist across the lifespan

Bowlby observed youth behaviors, developed theories of the role of attachment (base of security).

Ainsworth's Strange Situation provided a lab-based framework for measuring attachment styles.

There are cultural and SES differences in stratification and persistence rates of styles of attachment.

When working with youth who have been adopted and/or in foster care, learn their attachment histories, the styles of their caregivers, and encourage positive, secure attachment formation.

References

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