

THE MEGAPHONE!



[why ATTACHMENT matters]

Promoting the voices of Manitoba's children & youth

2013

i am ... a service provider

Issue 02

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Attachment Theory

centres on the idea that in order for an individual to develop in the areas of social and emotional health, the individual must form a healthy relationship with at least one primary caregiver.

Attachment insecurity is firmly associated with "AGGRESSION, OPPOSITIONAL PROBLEMS, conduct problems, or hostility."²

Developing a **Secure** Base

In attachment theory parents are described as providing a secure base for their children when the child "feels free to explore with an expectation that the parent will be available and sensitively responsive when needed."¹ It is generally understood that the development of a child's secure base begins in infancy, but is built over time, as he or she accumulates positive and negative experiences of being cared for and valued by primary caregivers.

HOW WE PLAN FOR AND INTERACT WITH VERY YOUNG CHILDREN IN CARE WILL HAVE AN IMPACT.

"Secure children, it is maintained, have had repeated experiences of a caregiver who is responsive when support and proximity are needed and expect the caregiver(s) to be available and comforting when called upon. In contrast, children with insecure attachment relationships may have had experiences in which bids for proximity have been discouraged, rejected, or inconsistently responded to and rely more heavily on secondary coping processes to deal with stress and challenge."²

Pasco Fearon and colleagues (2010) suggest attachment is an "interactive risk factor" that can be amplified when combined with other known risk factors such as poverty, addiction, mental health concerns, developmental challenges, or abuse. The authors observe that attachment insecurity is firmly associated with "aggression, oppositional problems, conduct problems, or hostility."²

At-tach-ment disorder n.

A behavioural disorder caused by the lack of an emotionally secure attachment to a caregiver in the first two years of life.

Source: <http://medical-dictionary.thefreedictionary.com/attachment+disorder>

The child welfare system is founded on the principle that the safety, security, and well-being of children are fundamental responsibilities of society (*The Child and Family Services Act*). When parents, extended family or the community are unable to offer sufficient opportunity for the child to be protected child welfare agencies are required to intervene. When a child is taken out of the care of their parents or extended family, the onus falls on the child's worker to promote and maintain the child's need for a healthy and enduring relationship with a primary caregiver. Children removed from their homes can be at an increased risk for attachment disorders and care must be taken to seek ways to help children maintain some kind of secure attachment in such a tumultuous time.

¹ Woodhouse, S. S., Dykas, M. J., & Cassidy, J. (2009, January). Perceptions of secure base provision within the family. *Attachment & Human Development, 11*(1), 47-67.

² Fearon, R. P., Bakermans-Kranenburg, M. J., van IJzendoorn, M. H., Lapsley, A., & Roisman, G. I. (2010). The significance of insecure attachment and disorganization in the development of children's externalizing behavior: A meta-analytic study. *Child Development, 81*(2), 435-456.

³ Image Source: http://langcom.nu.ca/sites/langcom.nu.ca/files/mother_child%20sm.jpg

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“Trauma Changes Children”

Children’s Intake
Assessment Officer,
OCA

Emerging research continues to draw closer links between the significance of childhood trauma and levels of risk to the children experiencing or witnessing that trauma. One large-scale study that examined social health outcomes and adverse childhood experiences, found that trauma has the ability to alter the physiological development of the child’s brain.⁴ The authors noted that there were cumulative effects of the trauma and that brain development can be negatively impacted because of the repeated release of stress hormones associated with traumatic experiences. The authors warned that “... abuse and neglect in childhood were shown to be associated with poor self-esteem, conflicted relationships, and severe life events in adulthood, in turn, acting as risk factors for depression and other adverse health consequences.”⁴

TRAUMA has the ability to alter the physiological development of the child’s brain

Jim Walker (2007) notes that, “attachment theory suggests that it is not trauma per se that is important in terms of parenting ability but **whether there has been any resolution of the experience**”⁵ He argues that professionals need to assess the level of emotional health of parents. “**Essentially resolution of loss or trauma is displayed when an individual is able to talk about the experience in a coherent, consistent and understandable manner.**”⁵ The danger in unresolved trauma can be primarily focused on children in a home, “someone who is in severe pain and distress is capable of inflicting similar pain on others.”⁵

“ Moving from place to place, living with strangers ... Growing close to the room-mates you live with and then being pulled away”
Reflections from a youth in care

kids on the move

Sometimes, an agency has no other option than to remove a child from a home because the protection concerns are so significant. However, the implications are sizeable for a child’s ability to attach – or to remain attached – to healthy adults while in care of an agency. Children placed in the foster system can be at an increased risk for attachment disorders.⁷ **How can we expect children to make secure attachments if they are being moved from one placement**

to another? The cycle of making and then breaking connections with caregivers is detrimental to children’s ability to make and sustain healthy attachments. Researcher Yvon Gauthier and colleagues (2004) suggest these children “have initially been exposed to toxic family situations, then separated from those families, and subsequently placed in several foster families. Consequently, they often develop a deep incapacity to trust the adults who want to care for them.”⁷



How can you apply what you know about *attachment* to your work with children & youth ?

⁴ Dube, S. R., Felitti, V. J., Dong, M., Giles, W. H., & Anda, R. F. (2003). The impact of adverse childhood experiences on health problems: Evidence from four birth cohorts dating back to 1900. *Preventative Medicine*, 37, 268-277.

⁵ Walker, J. (2007, March). Unresolved loss and trauma in parents and the implications in terms of child protection. *Journal of Social Work Practice*. 21(1), pp. 77-87. ⁶ Image Source: http://a1.s6img.com/cdn/box_003/post_13/449392_1301287_lz.jpg

⁷ Gauthier, Y. Fortin, G., & Jéliu, G. (2004). Clinical application of attachment theory in permanency planning for children in foster care: The importance of continuity of care. *Infant Mental Health Journal*, 25(4), 379-396.



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