

## COMPLEX LEARNING DIFFICULTIES AND DISABILITIES RESEARCH PROJECT (CLDD)

# ATTACHMENT DISORDER

### Background

The theory of attachment was initially proposed by John Bowlby in the 1950s. His ideas were further developed by Mary Main and then Mary Ainsworth. More recently, work has been completed by Kim Golding, and other work has extended into investigating preterm infancy and the maternal bond. The following information sheet will discuss the key work of some of these authors, and also discuss strategies that can help engage and support students exhibiting attachment disorders.

Attachment theory is the study of how we attach to people in the early stages of our development, and its impact on how we view ourselves and develop relationships throughout our lives (Golding, 2008). Attachments and relationships are hugely important in our lives and help us to maintain our emotional wellbeing. John Bowlby (1988) wrote: 'The propensity to make strong emotional bonds to particular individuals is a basic component of human nature'.

Bowlby devoted extensive research to the concept of attachment, describing it as a 'lasting psychological connectedness between human beings' (Bowlby, 1969). He proposed the view that early experiences in childhood have an important influence on development and behaviour later in life. He also believed that attachment has an evolutionary component aiding survival.

Forming secure attachment leads to the development of self-esteem, positive affect, good peer relationships, good relationships with adults, and a strong personal autonomy (Carr, 2003). Creating and maintaining relationships are a vital part of our lives and help to support our social and emotional health, thus impacting on our cognition or how we look at and perceive the world. Infants are born biologically predisposed to form relationships from which they can experience security and comfort (Golding, 2008).

It is important to remember that elements of brain development are experience-dependent. There are also sensitive periods for development of memory, motor control and the modulation of emotion. This is especially important for the development of the 'emotional brain'. Although some of the aspects of the emotional brain are already functioning at birth – for example, the amygdala or the part of the brain that experiences fear (Golding, 2008) – the development of emotional regulation is very dependent on the student experiencing a regulating relationship with an adult (Golding, 2008). Infants will attune to the voice of the mother and other primary care givers, and seek comfort in these. The child uses the parent as a secure base (a relationship that creates confidence in the availability of a specific protective caregiver if needed and supports exploration when it is safe to do so, Cooper, Hoffman, Marvin and Powell, 2001) as a way of increasing feelings of security when in a situation that might arouse feelings of insecurity (Golding, 2008).

However, if secure attachments are not made and maintained within the early years of life, students may be vulnerable to developing attachment disorders. These attachment patterns are first evident between 9-12 months of age, (Champion, 2010). Students with special educational needs can be at higher risk of developing a mental health disorder, such as an attachment disorder, for a number of reasons, including those outlined below.

- Students with particular diagnoses are more likely to be in the foster or care systems. Streissguth et al (1985) identified that 73–80% of children with full-blown fetal alcohol syndrome (FAS) are in

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foster or adoptive placement. This figure is supported by support groups for FAS such as NOFAS-UK (National Organisation Fetal Alcohol Syndrome-UK).

- Premature and neonates in intensive care are exposed to disregulated environmental surroundings, repeated invasive procedures and prolonged illness (Miles et al, 2005). They are also more likely to have to undergo invasive procedures or surgery at a young age when the attachment to the maternal figure should be occurring. This can directly affect the attachment that is made, and can therefore affect behaviour patterns.
- Students with special educational needs may be in residential care or attend a respite placement. In these placements, students are exposed a high number of staff providing care. This can result in inconsistent and instrumental care giving as so many people are involved within that student's life.
- Students with a disability are six times more likely to present with a mental health difficulty throughout their lives (Emerson and Hatton, 2007). This can be compounded even further as students with attachment disorders have been found to be at higher risk for developing psychological difficulties (Carr, 2003).

The classroom is a consistent and safe place for the majority of these students and it is important they are supported correctly to minimise the distress that can occur as a consequence of attachment disorder.

#### Definition of attachment disorder

The Diagnostic and Statistical Manual of Mental Health IV (DSM-IV) (American Psychiatric Association, 1994) describes attachment disorder as 'Reactive attachment disorder of infancy or early childhood'. It is commonly referred to as RAD. The DSM-IV focuses the core of its definition on the child's inability to relate appropriately in most social situations, describing RAD as severe and relatively uncommon behaviours characterised by markedly disturbed and developmentally inappropriate ways of relating socially in most contexts.

#### How attachment disorders present

In a ground breaking text, Mary Ainsworth (1978) described three types of attachment behaviours that she had observed when placing children in an experimental procedure using contrived separation to assess their reactions. Ainsworth called this the 'strange situation'. Ainsworth placed a mother and child in two conditions to observe behaviour. In the first, the mother was present and the behaviour of the child was observed. In the second, the researcher observed the child's behaviour after the mother had left the room for a short period of time. Throughout her observations, she witnessed three patterns of behaviours, which she categorised as:

#### Securely attached

These children:

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- actively explored the environment in their mother's presence, and treated the mother as a secure base from which to seek reassurance and guidance
- sought proximity with their mother after separation from them.

#### **Anxiously attached**

These children:

- were inconsistent and unpredictable when exploring the environment, both seeking and avoiding comfort from their mothers
- would receive physical contact from their mother after separation, but gained no comfort from it.

#### **Anxiously avoidant**

These children:

- resisted proximity with their mother both before and after separation
- did not seem distressed when separated from their mothers.

Kim Golding also identified behaviour patterns in attachment disorders in her book, *Nurturing Attachments: Supporting children who are fostered or adopted*. She worked with children within the care and adoption systems, and categorised their attachment behaviours into two broad areas – organised attachments and disorganised attachments.

#### **Organised secure attachment**

##### ***Secure attachments***

The secure attachment occurs when children experience sensitive and empathic parenting. It enables them to use the parent as a secure base. This allows the child to search their environments actively, but also to seek comfort from that secure base when needed.

#### **Organised insecure attachment**

##### ***Ambivalent-resistant attachment***

The care that the child receives is inconsistent, and carers find it hard to attune to the child's needs resulting in inconsistent and unpredictable responses. This results in the child maximising their attachment behaviours to ensure they receive care. Golding states that these children do not know when someone will be there for them, so they ensure that person is there for them all the time. The child relies on emotions to drive behaviours. This results in:

- demanding and clingy behaviours
- large displays of emotional distress in response to apparently minor events
- a resistance to being soothed or comforted
- a feeling of helpless with low self-esteem and low expectations.

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This type of behaviour is often described as attention-seeking, and can result in negative labelling. These students usually lack social competence and have poor peer relationships.

#### *Insecure avoidant attachment*

Care givers can sometimes find the emotional needs of a child very demanding and cannot support that emotional need. The child will then learn that when they express emotions, the care giver will back away. They therefore minimise their behaviour to ensue the care giver remains close and can keep the child safe. This child relies on knowledge to guide behaviour. This results in:

- passive and withdrawn behaviours
- minimal display of emotional distress.

The child learns to deactivate the attachment pattern, becoming undemanding and self-sufficient, as they have learnt that emotional displays lead to a reduction of availability in a care giver.

#### **Disorganised attachments**

When a care giver is frightening to the child or the child frightens the care giver, there is conflict between where the child seeks safety and where the source of discomfort and fear lies. This results in:

- distress with little provocation within relationships
- anxious dependency and violent anger being more likely to be expressed within relationships
- a dislike of being touched or held.

It is important to remember that these patterns may also be symptomatic of other disorders and it is important to acknowledge differences in gender and cultures. Always refer to clinical intervention for formal diagnosis and further support.

#### **Prematurity and attachment**

Although prematurity does not doesn't in itself create the possibility of an attachment disorder it does place a stress on the attachment system. Higher numbers of premature infants are currently surviving at younger gestational ages, with a high number of premature infants having developmental delays (Bozzette, 2007). The medical consequences of this are well known, such as increased risk of cerebral palsy, intraventricular hemorrhage and developmental disability (March of Dimes, 2009). However, there are also emotional implications of having to undergo invasive medical procedures at a stage in life where parts of the brain will be further developing outside of the womb and at a stage when the mother–infant relationship is being formed. Bozzette (2007) reported that premature infants do not often provide clear behavioural cues, making them difficult social partners. She found that the major differences between the social behaviours of premature and full-term infants were in looking and facial expression.

It must be acknowledged that separation from the child, interruption of pregnancy, fragility of the infant, medical complications leading to fear and anxiety, the possibility of extended periods in neonatal intensive care lead to ongoing issues of caring for a fragile infant. The infant may also have disrupted

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sleep and feeding patterns, and may require ongoing medical support, e.g. oxygen. Fear of infections may lead to limitation of normal social contacts and therefore disruption of normal social relationships (Champion, 2010).

#### Separation anxiety

Separation anxiety disorder (SAD) focuses on a child's reluctance to be separated from major attachment figures because of the fear that something awful might happen to the attachment figure (Lewinsohn, 2008). Below are some of the traits that you may see in students with SAD (American Psychiatric Association, 1994):

- recurrent excessive distress when separation from home or major attachment figures occurs or is anticipated
- excessive worry about losing, or about possible harm to, a major attachment figure or that they may be separated from this figure (eg getting lost)
- refusing to go to school or elsewhere because of fear of separation
- difficulty sleeping without the attachment figure near and an increased likelihood of nightmares involving separation
- physical symptoms such as vomiting or headaches when separated or in fear of being separated
- poor social skills within peer groups.

It is important to take into account that a level of anxiety is expected when a child is separated and this can also be affected by a number of factors such as illness, grief or a family event. It may also be symptomatic of the child's disability.

#### What are the implications for teaching and learning?

Students in the **avoidant attachment** group may:

- show an apparent indifference to uncertainty in new situations
- deny the need for support and help, and avoid proximity to the teacher
- need to be autonomous and independent of the teacher, and will be hostile towards the teacher when directed towards a task
- have limited use of creativity
- be likely to underachieve and have a limited use of language
- need to be presented with task focused interventions (the task acts as an emotional safety barrier between the pupil and teacher); the relationship between teacher and student can be made stronger by games with clear boundaries and rules, together with a high degree of structure in order to enable close proximity without causing a defensive reaction. Activities must have a clear start and end, and the expectations need to be clear, with all materials at hand for that task.

Students in the **resistant-ambivalent attachment** group may:

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- have high levels of anxiety and uncertainty
- show a need to hold on to the attention of the teacher, and have an apparently high dependency on the teacher in order to engage and learn
- have difficulties attempting to complete tasks if unsupported, and are unable to focus on the task for fear of losing the teacher's attention
- be likely to underachieve; language development may not be consistent with levels of achievement
- need help to build their independence skills, such as tasks being broken down into small independent steps, with the teacher working alongside
- need turn taking tasks that act as a model of how two separate people can work alongside one another
- need transitional objects to be provided when the teacher is out of the room (eg Can you hold this for me until I come back?).

Students in the **disorganised attachment** group may:

- become more controlling as they become more anxious
- be unwilling to accept authority within the school or allow themselves to be taught
- face difficulties in accepting 'not knowing', which can create overwhelming feelings of fear and humiliation
- be most likely to appear to be at a very immature stage of learning and be underachieving; they will have difficulties with creativity and conceptual thought
- need reliable and predictable routines
- benefit from having a secure base within the room (this could be a safe box or a physical object) to begin the initial stages of making secure attachments
- benefit from attuned teachers who offer a high level of emotional support and positive reinforcement. This in itself can be a difficult and draining task for the teacher due to the behaviours these students can exhibit (the students themselves experience a high rate of fostering breakdown due to this); support should be offered to the teacher to encourage reflection and allow them to positively support the student.

#### Supporting students with attachment disorder within the classroom

(taken from Golding, 2008)

Firstly, the student needs to feel safe in order to reduce anxiety. This is imperative as an anxious student does not learn within the classroom.

#### The environment

A student must feel safe within the environment, and this includes a decrease in stress and an increase in support. The environment needs to be predictable and reliable. This may be achieved using the following strategies:

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- Provide a schedule, which is accessible and appropriate to the student, that shows what is expected of them that day. The schedule should reflect the student's level of understanding; for example: a 'now'/'next' may be enough for some students, while others may cope with a half- or full-day schedule; one student may be able to read words, while another may need objects, symbols or photos to make the schedule understandable.
- Display a 'who is in' board with pictures of staff that the student can ask for help.
- Personalise the classroom with the student to ensure their ownership of the space.
- Limit demands when the student is anxious.
- Make targets achievable.

#### The relationship

Teachers must remain emotionally available, sensitive and responsive to the student. When the student is exhibiting increased arousal such as distress or excitement the teacher should attempt to support, empathise and nurture. This may be by reflecting what the student is saying back to them or providing appropriate physical proximity. This should increase the likelihood of relaxation from the student, so an attachment can be made and emotional regulation can take place. Positive interaction should be provided at every available opportunity. This should increase the student's self-worth and self-esteem.

#### Attunement

When disciplining students with attachment disorders, it is important to retain firm boundaries and expectations. However, when a student is disciplined, they will experience a sense of shame that is amplified in attachment disorders. It is important to attune to this. This means that instead of focusing on the behaviour, you use reflective language to demonstrate understanding of how the student feels. This will increase the trust the student has in you, and also reminds the student that you are there to support them.

#### Therapeutic interventions

Students with a diagnosis of attachment disorder or with professionally recognised attachment issues acknowledged would benefit hugely from therapeutic input, such as music, art and play therapies. Speak to external agencies working with and supporting the student in your class for strategies, suggestions and support. There may be an opportunity to integrate work to make the environment more consistent for that student.

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