Attachment

What is attachment?
Attachment is the term used to describe the emotional bond that develops between a primary caregiver and a child. Babies are biologically programmed to seek the care and protection of a caregiver in order to survive.

Infants will only feel safe and secure when they have a loving, protective and predictable caregiver who is readily available to them and will respond sensitively to their needs.

When infants feel secure in their relationship with their caregiver, they are said to have a ‘secure base’. This secure base is somewhere they can retreat to when they feel distressed, such as when they feel frightened or anxious. A secure base reduces anxiety within the infant and enables them to explore and learn about the world.

Infants express their feelings and needs through a range of behaviours which demand a response from the caregiver. The quality and timing of the caregiver’s responses is significant in determining how infants feel about themselves, their caregivers and the world in general.

Why is attachment so important?
A baby’s survival is dependent on his or her capacity to induce an adult caregiver to respond to his or her needs. A baby’s attachment with a caregiver is also the relationship in which the child learns what they can and cannot expect from others. This attachment is the foundation for their future psychological, emotional, physical and mental development as well as the template for all future relationships with others. Therefore, the development of secure attachments between children and their adult caregivers is crucial for lifelong emotional, social and intellectual development.

Confusing, frightening or isolating emotional experiences early in life create insecure attachments and can result in severe attachment disorders. As most children in care have experienced some form of abuse, neglect and/or trauma, their attachments are inevitably disrupted. Attachment disorders can limit a child’s ability to successfully manage their emotions, communicate effectively or build satisfying and meaningful relationships.

One of the greatest challenges for foster carers is to sensitively and skilfully provide responsive and consistent care to meet the emotional, social and physical needs of the child.

What happens when attachments go wrong?
When children lose their emotional confidence because of poor or mixed messages through neglect and/or abuse, they struggle to soothe themselves and manage their inner emotional world. They stop using adults as a secure base. Instead, they develop independent and often problematic ways of keeping themselves safe. When children have disrupted attachments, they may adopt the following beliefs:

- ‘Adults cannot be trusted to care for me and keep me safe.’
- ‘The world is not safe.’
- ‘To survive, I need to be in control.’

Children may also:
- Ignore feelings in themselves and others.

Further Support
For further support, contact your case worker or Senior Officer Care Services (SOCS).
Parenting WA Line
24 hours a day, seven days a week
Tel: (08) 6279 1200
Country free call: 1800 654 432
PRIME XL private counselling service
Foster families receive three free sessions per year.
Tel: (08) 9492 8900
Country free call: 1800 674 188
Types of attachment

Different parenting or caregiver styles can result in different forms of attachment, categorised as follows.

Secure Attachment

The caregiver is available, sensitive and responsive to the child’s emotional needs and demands. The child’s feelings are acknowledged, anxiety is reduced and the child feels safe to explore the world, knowing that the caregiver is available when needed. Securely attached children can reflect on their feelings and the feelings of others. They feel loved, lovable, confident and competent.

Avoidant Attachment

A caregiver ignores or rejects the child’s emotional needs. The caregiver may also be insensitive to the child’s feelings and may be intrusive or interfering. The child learns to avoid showing his or her feelings or seeking comfort. Instead, the child becomes self-reliant so that he or she avoids upsetting or being rejected by their caregiver. Avoidant children do not readily show their emotions but they are angry and anxious and doubt their lovability.

Ambivalent Attachment

The caregiver is occasionally responsive to the child’s emotional needs but not at other times. In response to this unpredictable availability, the child learns that it is necessary to make frequent emotional demands in order to achieve some level of responsiveness from his or her caregiver. Ambivalent children feel needy and anxious about their lovability but also angry so they resist comfort when it is offered. They know that love exists and it is a highly desirable quality but they do not trust it.

Disorganised Attachment

The caregiver responds in a frightened or frightening way to the child’s emotional needs. In response to this uncertainty and fear, the child learns that it is important to be in control in order to feel safe. There is a role reversal and the child takes charge by engaging in hostile or aggressive behaviours or compulsive caregiving. Disorganised children feel unloved and see others as hostile so take charge in order to survive.

How can you help children with disrupted attachments?

You can help children with disrupted attachments in the following ways.

• Maintain a positive family atmosphere and interactions
  ◦ Maintain a home atmosphere of mutual enjoyment and respect.
  ◦ Ensure there are opportunities for the child to develop diverse interests.
  ◦ Communicate clear, calm and firm expectations of the child’s behaviour.

• PACE
  ◦ Playful – be playful in your tone and actions. Play is a good stepping stone towards closeness.
  ◦ Acceptance – demonstrate unconditional acceptance of the child beneath the behaviours.
  ◦ Curiosity – be curious about who the child is and why they do what they do.
  ◦ Empathy – demonstrate that you understand and are able to respond to their pain.

• Structure and supervise
  ◦ Establish clear, consistent and predictable routines with safe adults.
  ◦ Provide ‘eyes on’ supervision so that a safe adult is on hand to assist young people to learn and develop better and safer ways to manage their feelings and their relationships with others.

• Help children to trust
  ◦ Fully focus on the child and be available to pick up and respond sensitively to their signals on a day-to-day basis. Don’t be fooled by their attempts to keep their distance from you.
  ◦ Be explicit about your availability both verbally and non-verbally.
  ◦ Find ways to let the child know that you think about them and that they are important to you.

• Help children to understand and express feelings appropriately
  ◦ Name feelings.
  ◦ Use stories and toys to reflect on and explore feelings.
  ◦ Reflect back the child’s feelings with your own non-verbal and verbal language. Use facial expressions and tone of voice to show you understand the child’s distress but you are not overwhelmed by it and strong feelings can be coped with and made safe.

• Build self-esteem
  ◦ Demonstrate unconditional acceptance of the whole child.
  ◦ Value the child for who they are.
  ◦ Create situations in which the child can feel valued and special.

• Help children to belong
  ◦ Let the child know through age-appropriate inclusion in household activities and decision-making that he or she is an important member of the family.
  ◦ Help maintain the child’s connections with his or her biological family and culture.

• Respond rather than react to challenging behaviours
  ◦ Reflect on the meaning of the child’s act before responding. All poor behaviour choices need to be seen in the larger context of a child’s life experiences.
  ◦ Behaviours are a child’s way of communicating – it is important that we understand the behaviour before we eliminate it.
  ◦ Use consequences that focus on the repair and restoration of relationships.