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PCIT
Training Center

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Disruptions of Children's Attachment to Parents: The case of children receiving child welfare services

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OBJECTIVES

- Overview of attachment
- Understand what disruptions in the attachment system look like
- Understand how maltreatment and foster care can impact attachment
- Understand how to rebuild healthy, secure attachments between parents & children

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ATTACHMENT


- A biological system designed to ensure safety and protection of a young child
- Essential for development of self-regulation
 - Results in sense of security and ability to develop control over emotional reactions



What is Attachment?

Child's early experience influences attachment

SECURE	INSECURE	DISORGANIZED
<ul style="list-style-type: none"> • Seeks comfort from parent • Calmed by caregiver • Shows some independence & references parent as resource 	<ul style="list-style-type: none"> • Anxious – may cling to parent, show emotional dysregulation • Avoidant – may push or turn away from parent 	<ul style="list-style-type: none"> • Shows both secure & insecure behaviors • May begin to approach, then freeze & turn away • No clear strategy for coping with “threat”



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Internal Working Model

Experience creates expectations about how the world works; child develops defenses & strategies to survive:

- **Secure** → Safe & predictable; needs are met
- **Insecure: Anxious** → Clingy; **Avoidant** → Appear to push parent away
- **Disorganized** → Both fears & seeks caregiver; unpredictable & confusing response

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Attachment & Maltreatment

- **Paradox - parents frightened & frightening (Lyons-Ruth) become source of threat & protection for child**
- **Level of impairment correlates with early occurrence, severity & duration**
- **Traumatic experience triggers fear-related reactions in maltreated child**

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Attachment & Foster Care

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When a child is placed in foster care –

- **Frightening experience – separation from known primary caregiver → worst fears realized**
 - Caregiver is unavailable; and cannot protect child from removal
- **Child developed strategy to get needs met with caregiver → confusion**
 - New caregiver is unknown & child's attachment strategy may not work



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Attachment Disruption

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What does this mean for PCIT therapist?

The story of a child's early experiences are told through current behavior. PCIT therapists can understand & interpret behaviors

- 1) to help parent understand problem behaviors;
- 2) to get parent's buy-in;
- 3) to coach effectively;
- 4) to reduce behavior problems



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Identifying Attachment Problems

How do you know?

Things to consider:

- Problem behaviors can look the same, but have many causes
- The same behaviors occurring in different contexts have different meanings
- Importance of a comprehensive assessment: history, multiple reporters, observation

CASE EXAMPLE

PCIT Assessment:

- 4 year old Latino male
- Intact, drug-using family
- Prenatal exposure to methamphetamine
- Removed from parents' care:
 - Severe medical and physical neglect
 - Both parents went into rehab
- Non-relative foster care placement
 - After 15 months in this home, FM was ready to give notice, but agreed to try PCIT

CASE EXAMPLE

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PCIT Assessment:

Foster Mother report at intake interview:

- Significant developmental delays when first placed with FM, gradually resolving
- Disruptive, aggressive behavior
 - ECBI T-Scores (Intensity= 73; Problem= 54)
- Anxious acting out (emotional dysregulation)
- High activity level

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Child with foster mother pre-treatment (CDI)



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Foster Mother/ Child relationship

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What did we see?

Foster mother:

- Fairly responsive
- Followed child's lead, but not confidently

Child:

- Directive in play (bossy, controlling)
- Worked to keep FM involved in play

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Child with foster mother post-treatment



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Foster Mother/ Child relationship



What did we see change?

Foster mother:

- Improved use of PRIDE skills
- Increased warmth

Child:

- Anxious?
- Needy?
- Quality of play?



PCIT Outcomes



Time in treatment and outcomes

COACHING SESSIONS

5 CDI, 5 PDI TO MASTERY

ECBI SCORES

**INTENSITY- 110
PROBLEM- 9**

PLACEMENT

STABILIZED

ATTACHMENT

LESS ANXIOUS, MORE ORGANIZED



BIOLOGICAL MOTHER

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PCIT Assessment:

Biological Mother report at intake interview:

- **Disruptive, aggressive behavior**
 - ECBI T-Scores (Intensity= 132; Problem= 11)
- **Demanding, inflexible**
- **High activity level**
- **Many problems with defiance and oppositional behavior**

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Child with Mother Pre-treatment DPICS (CDI)



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Attachment Disruption

Child with Mother Pre-treatment DPICS (CU)



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Biological Mother/ Child relationship

What did we see?

Biological mother:

- Tried to play with child, not comfortable with his play
- Attempts to redirect him to “nice” play

Child:

- Directive in play (bossy controlling)
- Avoided playing with mom
- Sensitive to coercive tone, became non-compliant

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Attachment Assessment

Clues to possible attachment problems

CHILD RESPONSE TO MOM	CHILD'S PLAY	MOM'S BEHAVIOR
<ul style="list-style-type: none"> Responsive, but corrects her or ignores her Responds to mom's business-like tone with defiance. 	<ul style="list-style-type: none"> Aggressive Make-believe: high-pitched narration that excludes mom 	<ul style="list-style-type: none"> Difficulty following child's lead, corrective Uses clipped, business-like tones to communicate the need to comply.

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Attachment Assessment

Child with Bio Mother Post-treatment DPICS (CDI)



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Attachment Assessment

Child with Bio Mother Post-treatment DPICS (CU)



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Biological Mother/ Child relationship

What did we see change?

Biological mother:

- Increased & strategic use of PRIDE skills, warmth
- Tone is not so dismissive

Child:

- Less anxious and needy
- Less angry
- More compliant

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PCIT Outcomes


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Time in treatment and outcomes

COACHING SESSIONS	6 CDI, 7 PDI TO MASTERY
ECBI SCORES	INTENSITY- 67 PROBLEM- 11
PLACEMENT	STABLE
ATTACHMENT	LESS ANXIOUS & PUNITIVE, MORE RESPONSIVE

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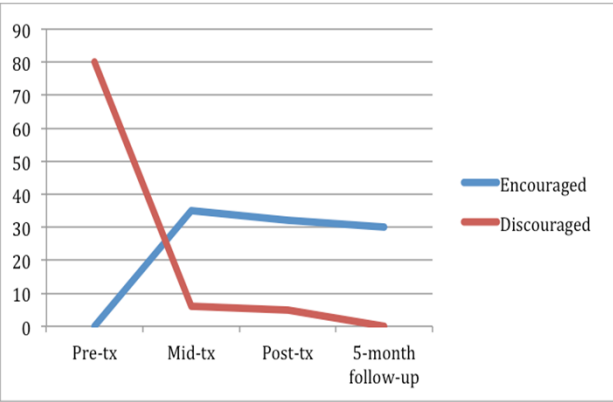
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Indicators of rebuilding attachment

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Time Point	Encouraged	Discouraged
Pre-tx	0	80
Mid-tx	35	5
Post-tx	32	5
5-month follow-up	30	5

DPICS

- **Consistent**
- **Positive**
- **Mastery**
- **Compliance**

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SUMMARY

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What do we know?

- Warm, responsive caregiving helps children develop secure attachment– i.e., an internal working model for relationships that promotes mental health
- Maltreated children are at risk for developing disorganized attachments, including poor peer & future partner relationships, developmental delays, & mental health concerns

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SUMMARY

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What can we do?

- PCIT!
 - PCIT provides a framework, helping caregivers develop sensitivity, predictability, and establish appropriate boundaries
 - PCIT helps children experience caregiver as providing emotional security-- consistent & able to support child when distressed
 - PCIT helps encourage emotional regulation

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QUESTIONS?

THANK YOU!

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Web Course: pcit.ucdavis.edu/pcit-web-course

Powerpoint Presentation: pcit.ucdavis.edu/resources/powerpoint-presentations/

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