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
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?

<table>
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<tr>
<th>Child’s early experience influences attachment</th>
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<tbody>
<tr>
<td>SECURE</td>
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<tr>
<td>• Seeks comfort from parent</td>
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<tr>
<td>• Calmed by caregiver</td>
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<td>• Shows some independence &amp; references parent as resource</td>
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Child’s early experience influences attachment.
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

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
Attachment & Foster Care

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

Attachment Disruption

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
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

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

Attachment Disruption
Child with foster mother pre-treatment (CDI)
Foster Mother/ Child relationship

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

Attachment Disruption
Child with foster mother post-treatment
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

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

Attachment Disruption
Child with Mother Pre-treatment DPICS (CDI)
Attachment Disruption
Child with Mother Pre-treatment DPICS (CU)

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
## Attachment Assessment

### Clues to possible attachment problems

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<tr>
<th>Child Response to Mom</th>
<th>Child's Play</th>
<th>Mom's Behavior</th>
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<td>Responsive, but corrects her or ignores her</td>
<td>Aggressive</td>
<td>Difficulty following child's lead, corrective</td>
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<tr>
<td>Responds to mom's business-like tone with defiance</td>
<td>Make-believe: high-pitched narration that excludes mom</td>
<td>Uses clipped, business-like tones to communicate the need to comply</td>
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## Attachment Assessment

**Child with Bio Mother Post-treatment DPICS (CDI)**

[Image of a child with a caregiver, indicating a caregiver-child interaction.]
Attachment Assessment
Child with Bio Mother Post-treatment DPICS (CU)

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
PCIT Outcomes

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

Indicators of rebuilding attachment

- DPICS
  - Consistent
  - Positive
  - Mastery
  - Compliance
SUMMARY

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

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
QUESTIONS?

THANK YOU!

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