Attachment and the impact on behaviour

Aims of session

- To introduce the theory of attachment.
- To understand how secure attachment develops in the early years.
- To understand what may prevent secure attachments from developing.
- To understand the different attachment styles.
- To start to understand what you can do to help children with attachment needs.

Favourite Toy

Draw a representation of your favourite childhood toy or object (it doesn't have to be a work of art!)

Think about:

- Who gave it to you?
- Why was it significant?
- All the places you used to take it.
- Do you still have it now?
- If not, what happened to it?

Attachment is not something which only affects children, but all of us.

Attachment affects us throughout life and in all our relationships.

I am born ready to connect. This is how I am wired.



Prefers to look and smile at human faces
Prefers to listen to human voices
Enjoys interactions which are purely social

Carer as Safe Base

Hunger, safety, pain

Need

Stress response

Fear, Anger, Sadness

Attachment Behaviour

Crying, following, clinging

Carer meets need & soothes

Feeding, holding, talking

Stress Reduced

Relaxed, focused attentive

Learning Interaction Exploration

Attunement

Attunement is essential for secure attachment.

When we attune to a child, we "tune into" their emotional wavelength. We reflect back the child's internal feeling state to them.

In doing so we let them know that their feelings are acceptable to share with us. It is the foundation for empathy.

https://www.youtube.com/watch?v=IGeS7o4FmRI

In pairs / small groups discuss…

What might affect a parent/carer's capacity to provide 'good enough parenting'?

Insecure Attachment
Possible Risk Factors

- Pre-birth stress
- Alcohol/drug taking in pregnancy
- Ante/post natal depression
- Being born premature
- Medical complications - womb and birth
- Neglect
- Emotional abuse
- Sexual abuse
- Physical abuse
- Domestic violence
- Impact of poverty
- Abandonment
- Mental health difficulties in carers
- Multiple home placements

The Development of Attachment

- Four Phases
- 0-8 weeks: learning to discriminate between adults
- 8 weeks - 6 months: developing particular responsiveness towards carer
- 6 months – 2 or 3 years: attachment established; carer used as secure base
- 2 or 3 years – onwards: independence of mother recognised, a relationship of partnership (Prior and Glazer, 2006)

https://www.youtube.com/watch?v=apzXGEbZht0

Trauma

An emotional or psychological injury, usually resulting from an extremely stressful or life-threatening situation rendering the person temporarily helpless, and breaking past ordinary coping and defence mechanisms

Attachment affects an individual's behavioural, cognitive, emotional, physical and social development.

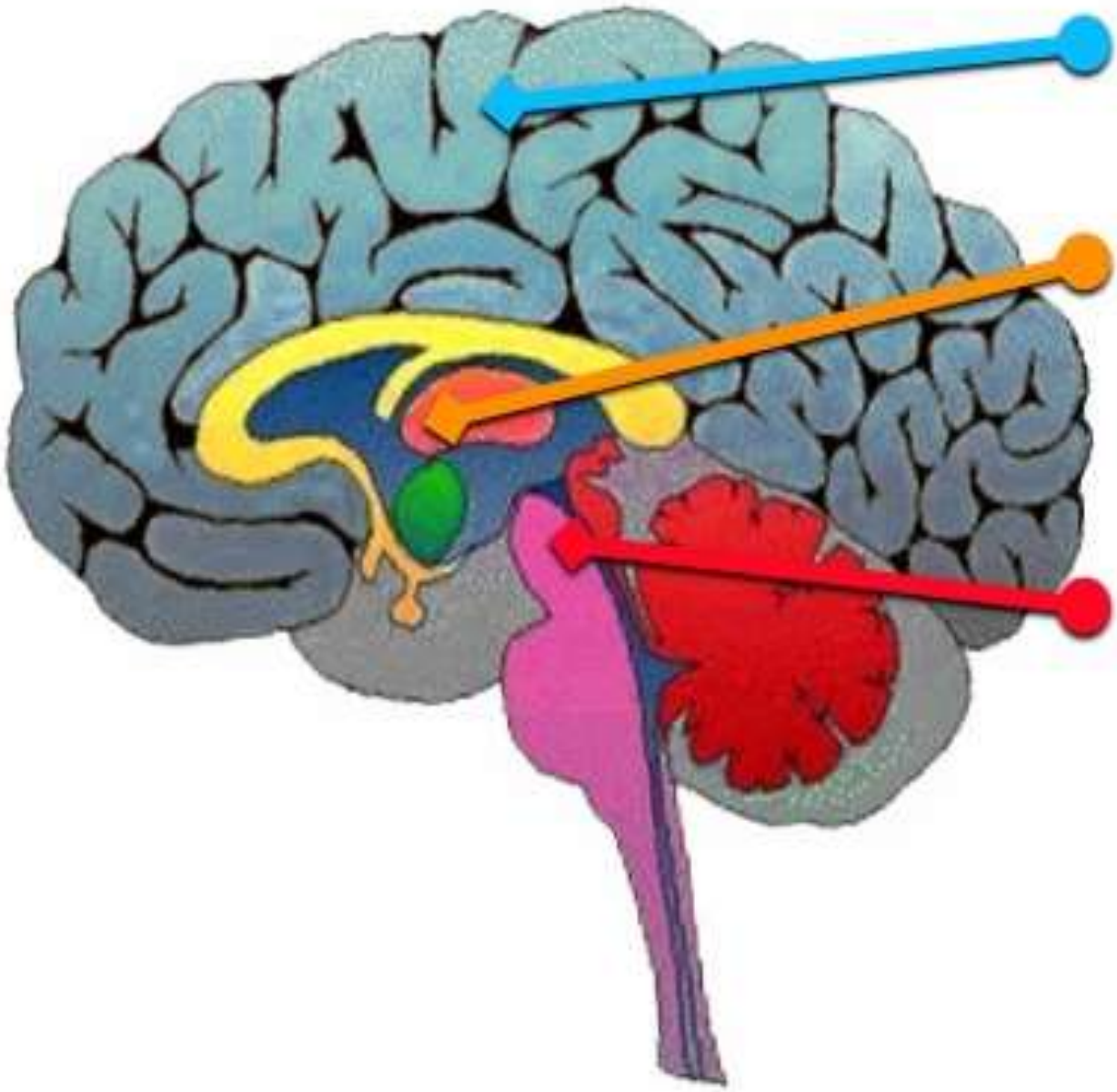
What does the child with insecure attachments see in the mirror?
Discuss…

Brain Development

- Is use dependent
- Brain cells which are stimulated grow stronger connections
- Connections which are not regularly used die off
- “Pruning” process enables patterns of connections to grow into specialised areas for different functions

The Neurobiology of Attachment

- Regulation theory – the purpose of attachment is to reduce stress and regulate emotion.
- Regulation of emotion facilitates brain development by regulating the effect of stress hormones on the brain.



Neocortex:
Rational or Thinking Brain

Limbic Brain:
Emotional or Feeling Brain

Reptilian Brain:
Instinctual or Dinosaur Brain

Trauma and the Development of the Brain

Reptilian Brain:

The brain stem: Develops 0-6 months old. This controls state regulation (e.g. fullness, tiredness, temperature). This function can be compromised by pre and postnatal factors such as stress (increased cortisol levels), drugs and alcohol abuse, and genetic factors.

The mid brain: Develops from birth to 15 months old. This controls motor functioning, balance, co-ordination, fine and gross motor skills. This can be compromised if there was trauma post birth such as neglect or abuse.

Emotional Brain:

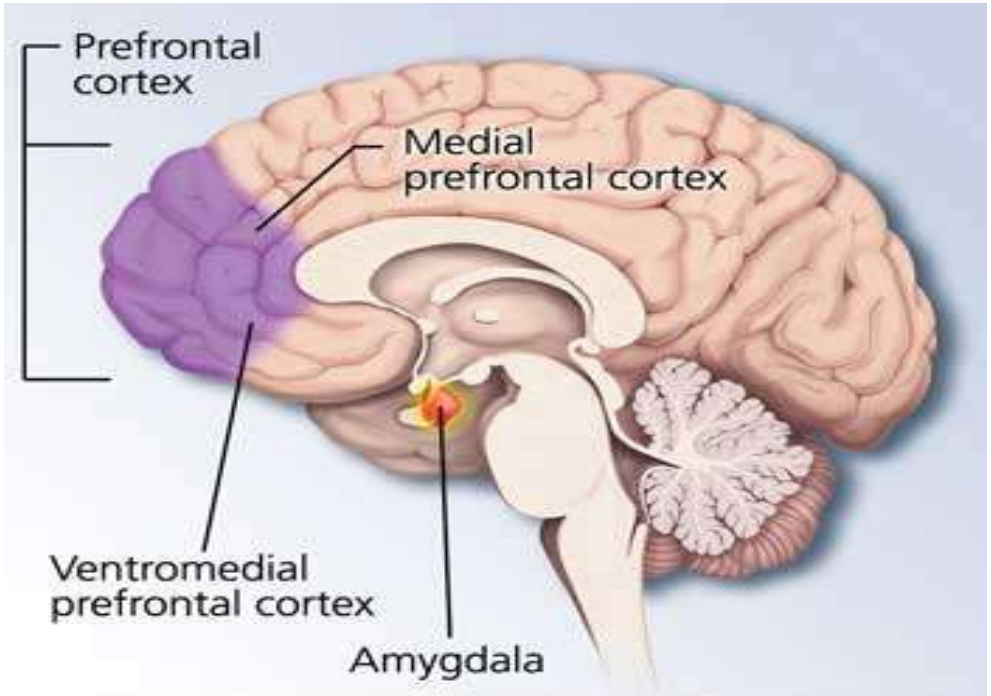
This develops from 6 months – 2 years. It enables us to process the range and complexity of human feeling. Neglect, abuse and inconsistent parenting can impact upon its development.

Thinking Brain:

This develops from 1-4 years. It is responsible for executive functioning (working memory, self-awareness, perseverance, self control etc), language, memory, processing, reasoning and problem solving.

The Prefrontal Brain

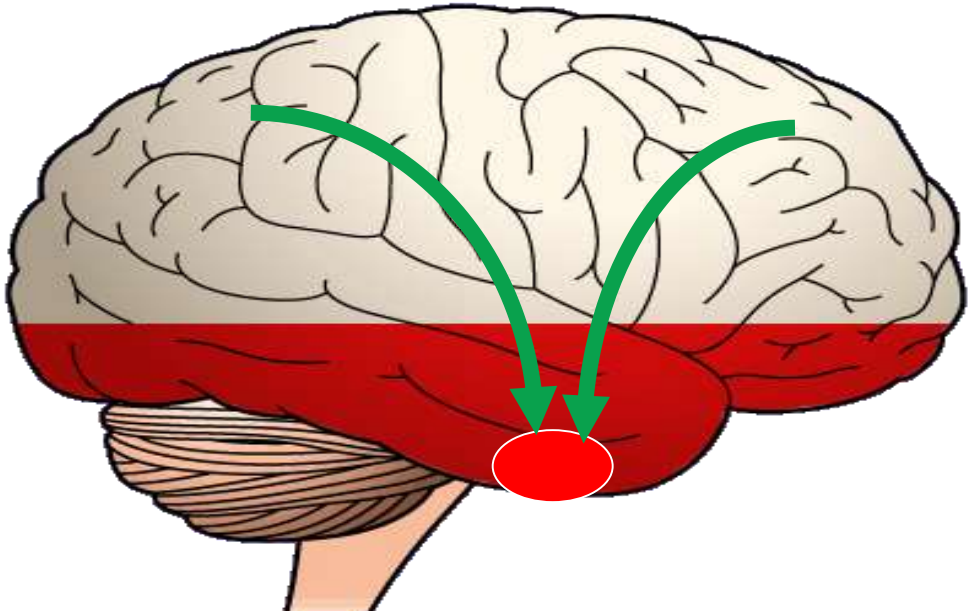
Is like the Grand Central Station of the brain. It connects the 'thinking upstairs brain' with the 'reflexive downstairs brain'. It connects the 'emotional right brain' with the 'logical left brain'.



Brain Structures Involved in Dealing with Fear and Stress

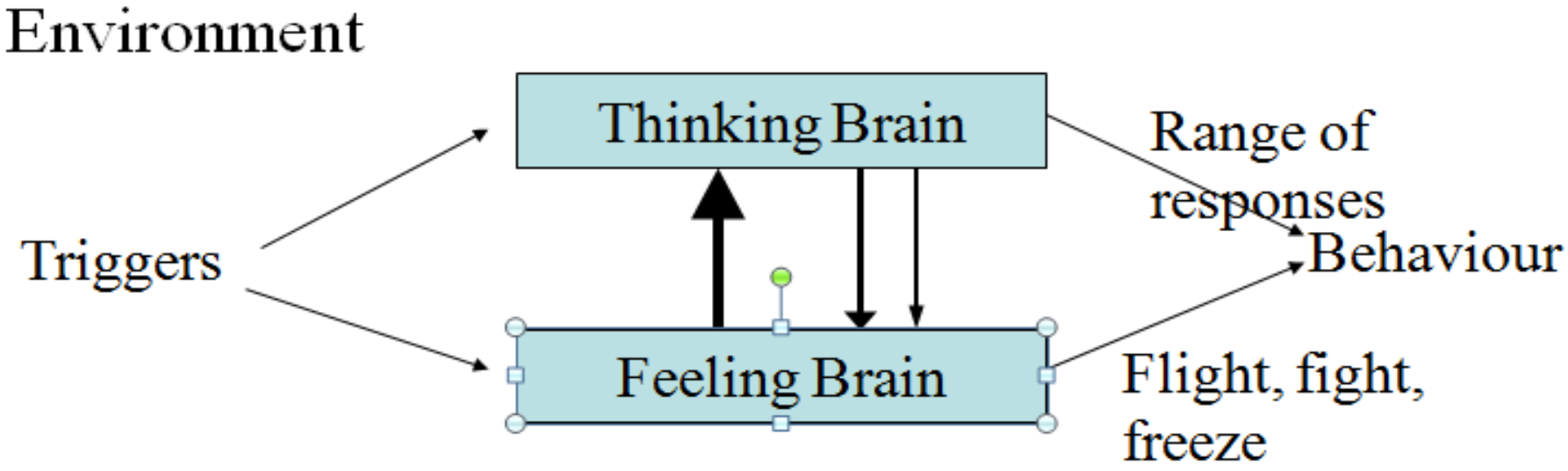
Functions of Pre-frontal Cortex

- Regulation of body systems
- Attuned communication
- Emotional balance
- Calming the amygdala (modulating fear/stress)
- Response flexibility
- Empathy
- Intuition
- Morality



"The emotional brain responds to an event more quickly than the thinking brain."

Daniel Goleman



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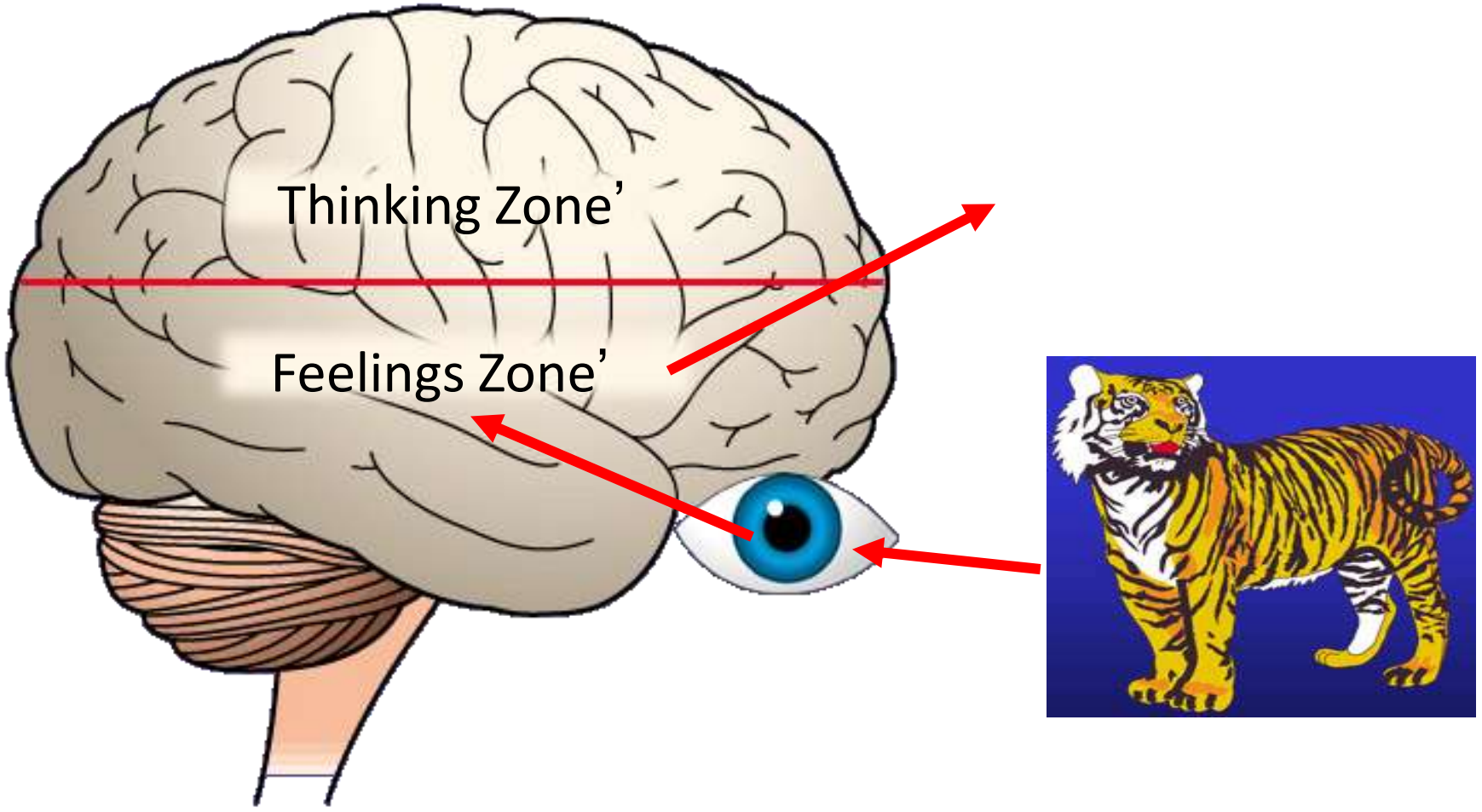
Fight, flight or freeze?



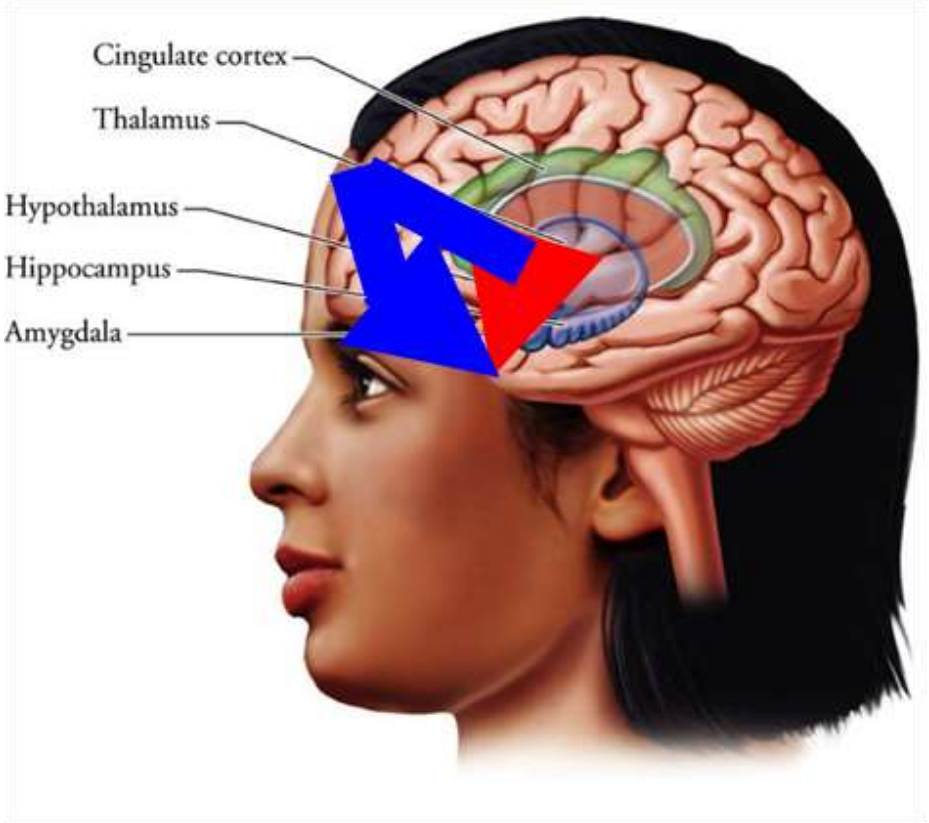
Why does my child behave like this?

The key to optimal brain function lies in the regulation of stress hormones.

Stress factors:

- within the family?
- within the community?
- within wider society?
- within the child?

Humans are not born able to regulate stress so any trauma = fight, flight, freeze response. Resilient adults can regulate the cortisol but vulnerable children can't.



Experience and the Brain

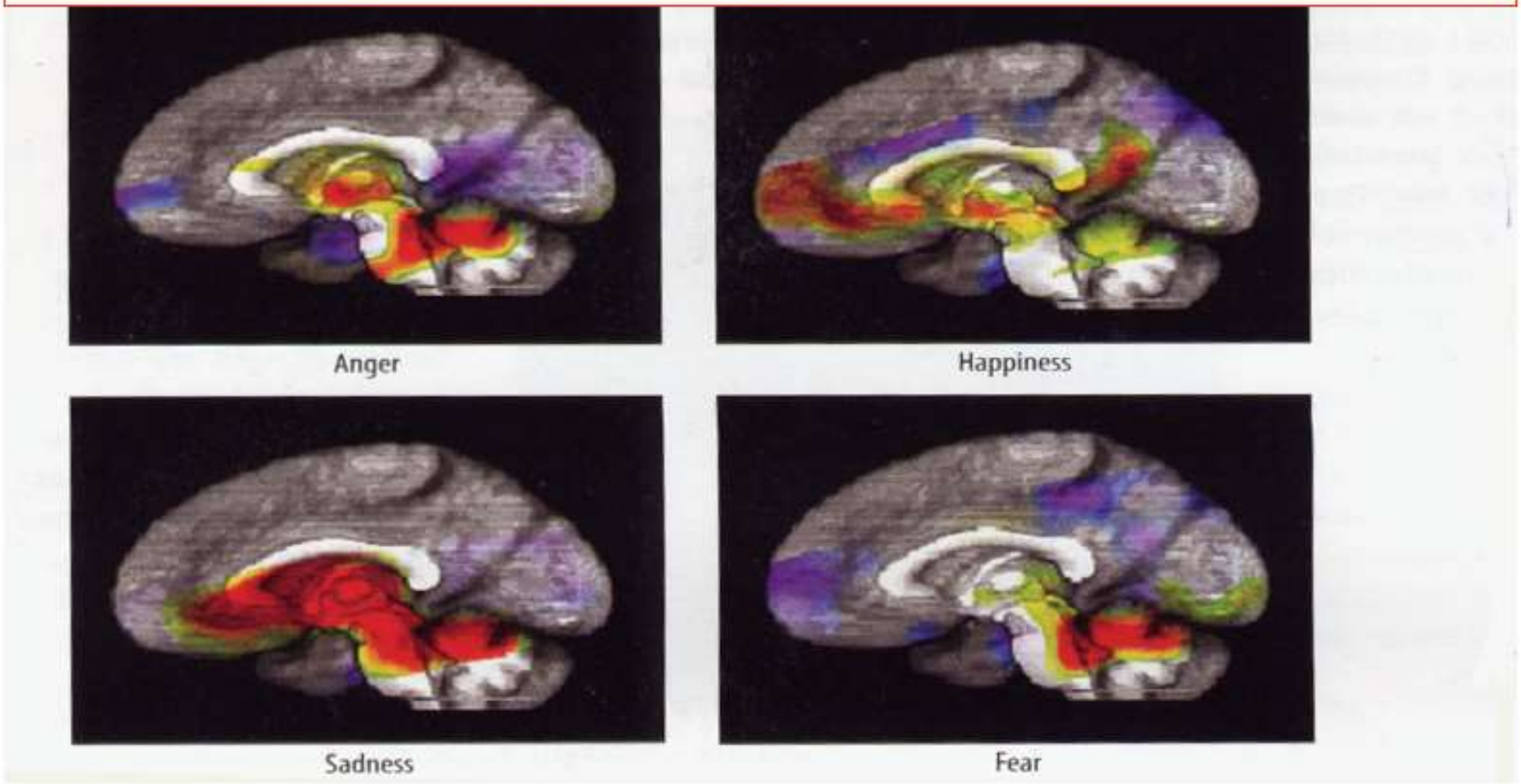
Happy Experiences

- Fear and protective responses gradually fade
- Higher functions develop as the brain develops
- The brain produces dopamine
- Positive behaviours are reinforced

Stressful Experiences

- Fear and protective behaviours are reinforced
- Higher functions of the brain “lose out” to strengthening stress responses
- The brain produces cortisol
- Negative responses and behaviours are reinforced

Stressed out children functioning like threatened animals - unable to learn, attend, concentrate, enjoy friendships, play, problem solve.
(Scan - Damasio 2001 in Restak The Secret Life of the Brain)



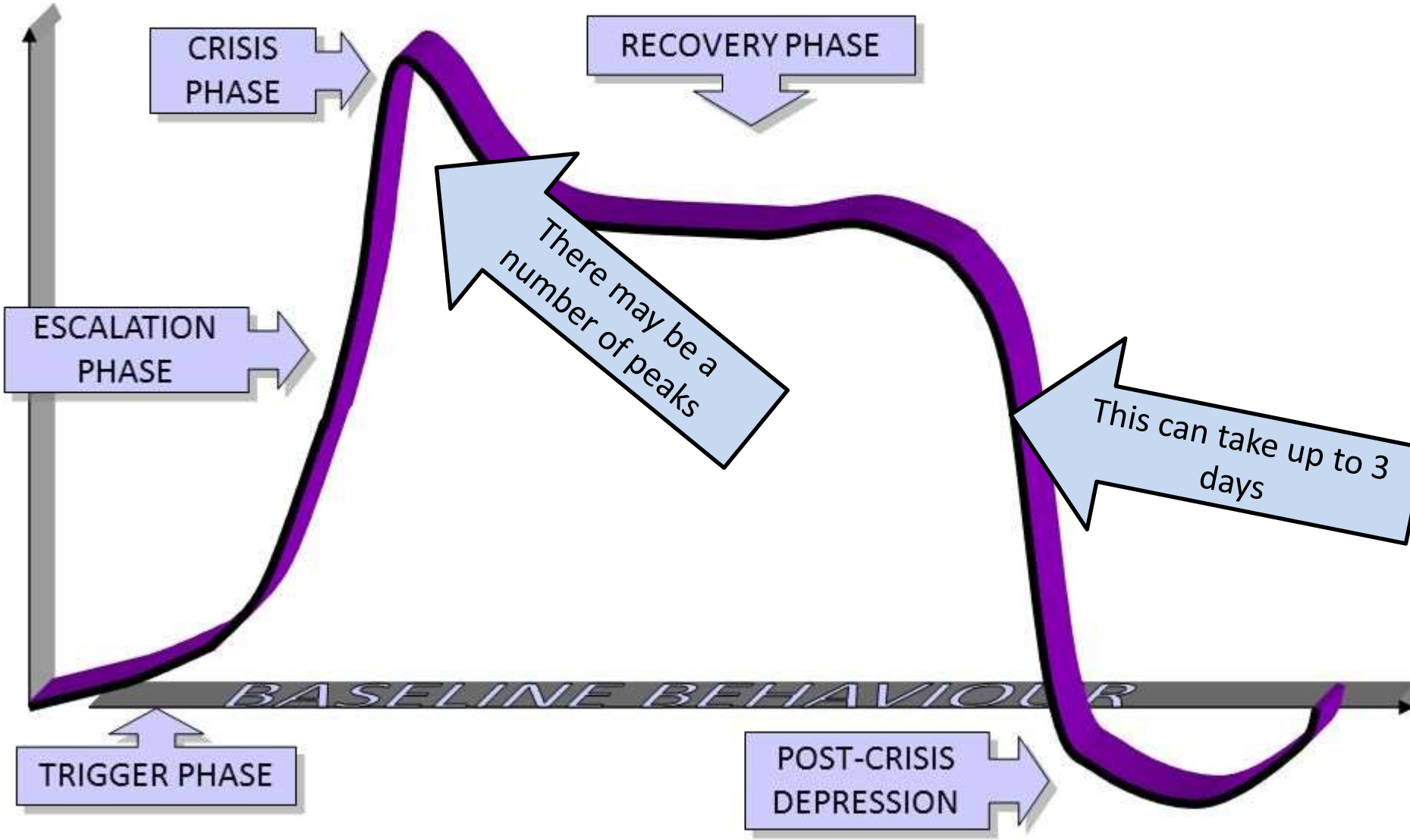
Red hues = increased activity, purple = decreased activity

Seeing the Behaviour

Attachment Styles

Secure 	• Able to separate from parents. • Seek comfort from parents when frightened. • Prefers parents to strangers	• Trusting relationships. • Good self esteem. • Able to share feelings. • Seek out social support.
Avoidant 	• May avoid parents. • Does not seek much comfort from parents. • Shows little or no preference between parents or strangers. • Actively seeks to meet own needs. • Often misdiagnosed with autism.	• Problems with intimacy. • Invest little in social and romantic relationships. • Unable or unwilling to share thoughts and feelings with others.
Ambivalent 	• May be wary of strangers. • Becomes distressed when a parent leaves them & do not appear to be comforted by their return. • Child will exaggerate feelings. • Attention needing. • Can be disruptive & hyperactive. • Often misdiagnosed with ADHD.	• Reluctant to become close to others. • Worry that their partner does not love them. • Become very distraught when a relationship ends.
Disorganised attachment 	• Mix of avoidant and resistant behaviours. Confusion and anxiety. No coherent coping strategy. Freezing or rocking behaviour. • Poor social skills. • Controlling or aggressive behaviour.	• Very likely to experience mental health problems. • View of self as a bad person.

THE ASSAULT CYCLE

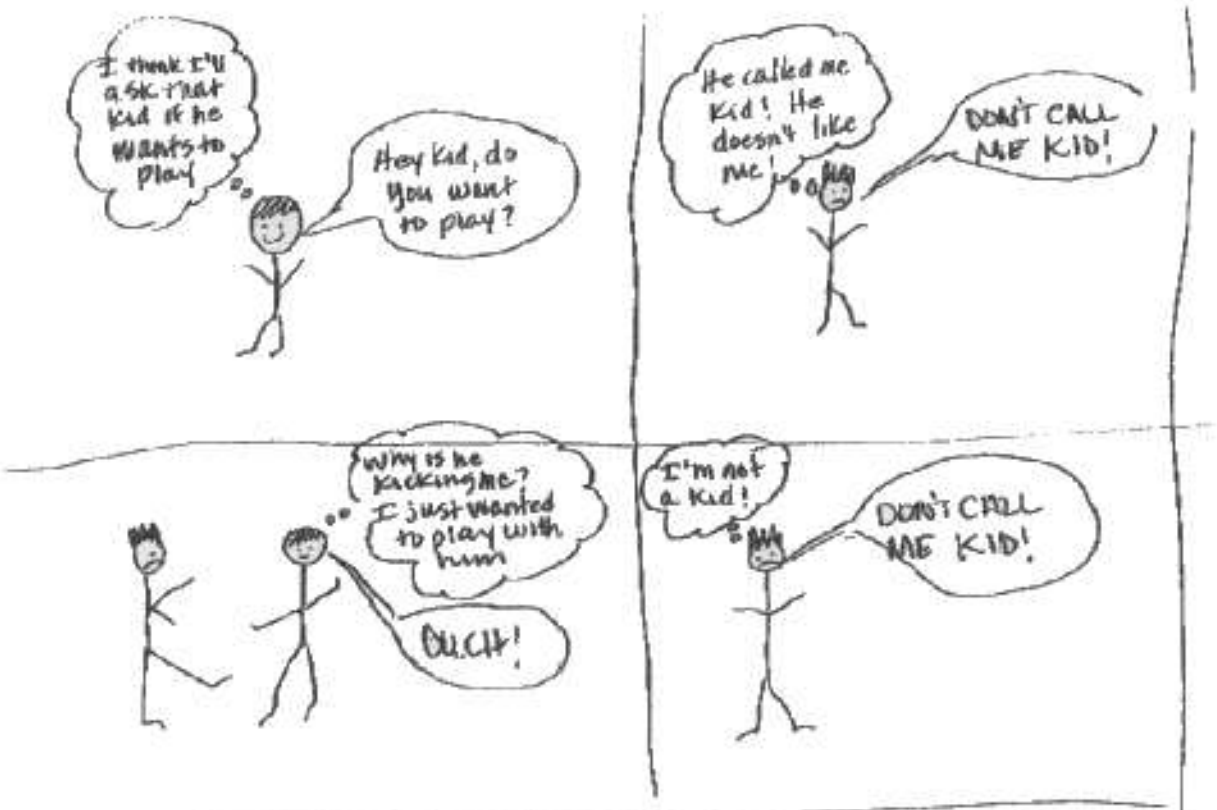


Connection before correction!

De-escalation strategies
Think… fight, flight or freeze

- Communicate safety in the classroom – smile, have clear & consistent boundaries, use a visual timetable, consider seating etc.
- Stay calm and manage your own behaviour – what are you modelling?
- Get down to their level or lower.
- Use the language of choice e.g. “if you choose to … you will be choosing to go for a time out. Please make the right choice, thank you.”
- ‘Autopilot’ statements – use of a script (same response each time)
- Diversion/humour/offer a way out
- Ignore – sometimes doing nothing is doing something
- Quiet tone/non-threatening body language.
- Wonder aloud…‘I wonder if you are feeling...’ rather than ‘why are you …?’
- Allow time to cool down & encourage deep breathing – think of the assault cycle.
- Strike while the iron’s cold – use cartoon conversations to unpick an issue.

Comic Strip Conversation: Example



Tom called me kid because he didn't know my name, but wanted to play with me. The next time Tom or someone calls me "kid," I'll tell them my name and that I don't like to be called "kid." I'll apologize to Tom and tell him my name is A.J. I will also tell him I don't like being called "kid," and please don't call me that again.

Comic strip conversations are a good way of unpicking a situation.

They allow the other person's thoughts to be considered.
These are particularly useful for pupils with ASD.

Relational gestures

- ✓ Unconditional (it doesn't matter if there's no appreciation or if they're thrown back)
- ✓ Not rewards
- ✓ Not linked to the behaviour of the child (do as many as you can – no limit)
- ✓ Small and symbolic
- ✓ About raising adult presence
- ✓ Help to develop / repair the adult/child bond
- ✓ Can address unmet needs of a child

Thank you!