This document does not purport to be an all inclusive theoretical or practice portrayal. Its content and application needs to be considered critically with other literary sources, specialist consultancy and normal supervisory structures.

Context of Concepts

Attachment theory, first introduced by John Bowlby, provides a well researched framework for explaining the dynamic and complex processes involved in the development of significant human relationships from earliest infancy, and for understanding subsequent patterns of relationship behaviour by individuals through childhood and beyond.

It is essential that human services professionals, particularly those working in the field of child and family welfare, have a sound knowledge and understanding of the concepts of attachment and bonding as they underpin the socio-emotional well-being of our most vulnerable clients – infants and children.

**Assessment does not take place in a vacuum**

“Assessments benefit from multiple sources of information, and multiple methods. Any one source alone is likely to give either a limited or unbalanced view… Contrasting data from different methods and/or sources is vital to develop a deeper and more balanced understanding of the situation.”

[Reference: Assessing the Needs of Children and Families]

It is important to utilise a variety of sources throughout the assessment, including interviews with carers, children, other family members and professionals involved. It is also critical to seek the advice of/consultation with specialist professionals too. Finally, do not underestimate the significance of your own observations:

- Of individuals;
- Of interaction between family members;
- To clarify/confirm/contradict information received.
Definitions

Attachment Theory

“An attachment is the relationship an infant has with the primary caregiver and that the child goes on to form with significant caregiving adults. Bowlby states that, ‘to say that a child is attached to someone means that they are strongly predisposed to seek proximity to that person when they are frightened, tired, or ill.’

“Attachment is a bond of psychological dependence that a child establishes with a caregiving adult.”

[Reference: Dr. J McIntosh, Interview 7.4.2000]

“… attachment theory is a way of conceptualising the propensity of human beings to make strong affectional bonds to particular others and of explaining the many forms of emotional distress and personality disturbance, including anxiety, anger, depression and emotional detachment, to which unwilling separation and loss give rise”. (Bowlby, 1977, p. 127)


Attachment was conceptualized by Bowlby as a system of behaviours activated by separation and had, as its goal, increasing proximity to the attachment figure.

Ainsworth (1975) reformulated Bowlby’s theory to focus more on the mediational processes by which an infant appraises and applies meaning to a wide variety of stimuli or situations, all directly related to whether the infant feels secure or insecure towards the caregiver. Emphasis on the feeling state of the attachment relationship was central to her theory.

[Reference: Marcus, R. The Attachments of Children in Foster Care, Institute for Child Study, University of Maryland p. 3]
Bonding versus Attachment

“A mother is said to have a bond to her child. This usage is tacitly in agreement with those who hold that this is not an attachment because a mother does not usually base her security in her relationship with her child, however eager she may be to give care and nurturance….”

“… an ‘affectional bond’ [is] a relatively long-enduring tie in which the partner is important as a unique individual and is interchangeable with none other. In an affectional bond, there is a desire to maintain closeness to the partner. An ‘attachment’ is an affectional bond, and hence an attachment figure is never wholly interchangeable or replaceable by another, even though there may be others to whom one is attached … There is, however, one criterion of attachment that is not necessarily present in other affectional bonds. This is the experience of security and comfort obtained from the relationship with the partner, and yet the ability to move off from the secure base provided by the partner, with confidence to engage in other activities. Because not all attachments are secure, this criterion should be modified to imply a seeking of the closeness that, if found, would result in feeling secure and comfortable in relation to the partner.”
Purpose of Attachment Assessment

It is essential that the child protection worker, as with any assessment, is clear on the purpose of conducting an assessment of the attachment history and current situation of a given infant/child. For example, is the purpose of such an assessment to:

- Predict the impact on a child’s development of continuing to be in the current situation as opposed to placement alternatives;
- Assess the future potential and needs of the care-giving relationship;
- Understand the child’s responses to placement;
- Determine the most appropriate alternative placement for the child (e.g. short-term/temporary or long-term/permanent);
- Determine the most appropriate parenting style/skills/qualities for substitute carers for the child; or
- Determine the most appropriate access arrangements for the child.

An attachment assessment is aimed at trying to determine the meaning, the quality and the patterns of relating that the child has established with their primary caregiver.

It is important that protective workers are familiar with the DHS Attachment and Bonding Guidelines, March 1992. These guidelines identify the context for attachment, outline the development of attachment behaviours and discuss implications for the child protection assessment and decision making processes.

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The Development of Attachment Behaviours

Attachment does not depend on the meeting of the child's *biological* needs; it is far more dependent on the meeting of the *psychological* needs (nurturance).

The emphasis of current research is on “the importance of ‘psychological’ parenting in the presence or absence of blood ties … the concept and the circumstances of the separation are more important than the mere fact that the parent and child are not together.”

Children up to the age of 4 years “are considered to be particularly vulnerable to separation [from a primary carer] because they do not have a realistic sense of time and they are unable to exist in an emotional vacuum. At this time dependency is maximal and yet the capacity to mourn when feelings are stirred up over separation is particularly minimal. (Steinhauer, 1979).

*Toddlers* have little ability to tolerate anxiety without having to repress it, and can rarely conceptualise and articulate their feelings in order to allow concerned adults to provide the assistance they need to mourn successfully. (Goldstein et al, 1973).”

[Reference: DHS Attachment and Bonding Guidelines, p. 11.]

The development of attachment behaviours in infants and children is associated with the achievement of various other developmental milestones, which are outlined in the following table.

## The Development of Attachment Behaviours (continued)

<table>
<thead>
<tr>
<th>Age</th>
<th>Competencies &amp; Associated Behaviours</th>
</tr>
</thead>
</table>
| Birth     | Species-characteristic behaviours that promote proximity to a carer, some of which are already directed toward the mother. “Signalling” behaviours, e.g. crying. *(See Daniel Stern, Psychological Birth of the Infant pubn. date?)*  
Note that within the first weeks of life, these signalling behaviours can be redirected if the infant’s needs are not being met by the mother. |
| 4 months  | Locomotion, directed reaching and grasping. More active, effective and goal directed. Inner representations of the carer are forming from birth and are believed to be well established by 6 months. Behavioural manifestation of distress on separation from primary carer. |
| 6 months  | Builds up expectations of regularities, including carers/attachment figures. Begins to organise these expectations internally. Disruption to the caregiving relationship in the first 6 months of life can have significant impacts on the attachment process. For the mother, it can also significantly impact the development of the bonding process with her infant. If separation is to occur, supports to the mother during this time are crucial. |
| 1-3 years | Continues to develop selective attachments. Maintains wariness of strangers. More comfortable in moving away from primary carer. More clingy when tired, ill or stressed. |
| 3-4 years | Able to maintain mental image of primary carer, and grasps parent’s motivations/plans. Further improvement in language skills, better communication. Advances in locomotion, easier to venture further away from primary carer. Able to tolerate separation longer with less distress. |
| Adolescence | Increased independence. Search for partnership with age peer. |
Mary Ainsworth is perhaps best known for her differentiation of styles of attachment in infants. This research was based on the infants’ responses to separation from and reunion with their mother in an unfamiliar laboratory situation, known as the ‘Strange Situation’ (Ainsworth, Blehar, Waters & Wall, 1978). The Strange Situation involved studying the communication between mother and child following 3 minute contrived separations. As a result of this research, Ainsworth grouped the patterns of attachment between infants and their carers into 3 main groups: ‘secure’, ‘insecure-avoidant’ or ‘insecure-ambivalent’.

Subsequent research into brief separation responses (e.g. Main & Solomon 1986) has refined a typology of attachment styles in infants through to 6 year olds. (Main & Solomon 1986; Main & Hesse 1992).


The typology of attachment styles, along with expected behaviours on separation and reunion is shown in the table below.

Attachment Typologies and Associated Behaviours

<table>
<thead>
<tr>
<th>Category of attachment</th>
<th>Behaviours on separation</th>
<th>Behaviours on reunion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure</td>
<td>Shows signs of missing parent e.g. protests or cries</td>
<td>Relaxed. Seeks out proximity &amp; reciprocal interaction with parent. Returns rapidly to exploration.</td>
</tr>
<tr>
<td>Insecure/ Avoidant</td>
<td>Little or no distress e.g. explores new environment without mother as base</td>
<td>Clings. Avoids/ignores or directs the parent. Explores with little reference to the parent. Disorganised in response.</td>
</tr>
<tr>
<td>Insecure – Ambivalent/ Resistant</td>
<td>Highly distressed e.g. clingy, afraid to explore on own</td>
<td>Difficult to settle, e.g. resistant to soothing. Fails to move away from the attachment figure. Shows little exploration.</td>
</tr>
<tr>
<td>Disorganised /Disoriented</td>
<td>May be distressed and seek out parent, but this is at odds with what they do on reunion – i.e. presence of parent is not comforting, but seems to further distress them.</td>
<td>Shows no coherent strategy for getting comfort from parent on reunion. Inexplicable, odd, disorganised or overtly conflicted behaviour patterns in the parent’s presence. E.g. may scream for parent on separation, then move sharply away on reunion. May appear immobilised.</td>
</tr>
</tbody>
</table>
**Factors to be Considered in an Attachment Assessment**

<table>
<thead>
<tr>
<th>Child</th>
<th>Factor</th>
<th>Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Any significant separations/disruptions from parents/primary carers?</td>
<td>Circumstances of the separation/disruption</td>
</tr>
<tr>
<td></td>
<td>• What was the quality of care received from primary carer?</td>
<td>Why?</td>
</tr>
<tr>
<td></td>
<td>• What is the child’s experience of care?</td>
<td>For how long?</td>
</tr>
<tr>
<td></td>
<td>• How old is the child?</td>
<td>Who cared for the child?</td>
</tr>
<tr>
<td></td>
<td>• What stage of development is he/she at?</td>
<td>According to carers, child, family members, professionals, your own observations</td>
</tr>
<tr>
<td></td>
<td>• What is the nature of the child’s interaction with primary carer?</td>
<td>Model of care</td>
</tr>
<tr>
<td></td>
<td>• How does child relate to other adults?</td>
<td>- Stable, reliable, unreliable?</td>
</tr>
<tr>
<td></td>
<td>• How does child relate to other children?</td>
<td>What are the child’s expectations of being looked after?</td>
</tr>
<tr>
<td></td>
<td>• How does child respond when separated from carer?</td>
<td>How does the child get his/her needs met?</td>
</tr>
<tr>
<td></td>
<td>• How does child respond when reunited with carer?</td>
<td>How does the carer respond to the child?</td>
</tr>
<tr>
<td></td>
<td>• Before, during, after</td>
<td></td>
</tr>
</tbody>
</table>

- Any developmental difficulties?
- Refer to Attachment Typology and Associated Behaviours table above
## Factors to be Considered in an Attachment Assessment (continued)

### Parents

<table>
<thead>
<tr>
<th>Factor</th>
<th>Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any history of or current mental illness?</td>
<td>Children with depressed mothers are more likely to develop insecure attachments (\textit{\cite{Rutter, p. 558}})</td>
</tr>
<tr>
<td>Have parents experienced any significant losses?</td>
<td>Children of parents with a history of loss and/or trauma are more inclined to form disorganised attachments (\textit{\cite{McIntosh}})</td>
</tr>
<tr>
<td>Is there substance abuse?</td>
<td>Unpredictable or unreliable caregiving can also create attachment difficulties for children</td>
</tr>
<tr>
<td>Is there a history of or current domestic violence?</td>
<td>Children exposed to domestic violence are 4 times more likely to have attachment disorders. (\textit{\cite{McIntosh}})</td>
</tr>
</tbody>
</table>
| What is the parent's capacity to reflect on the child's experience? | Is it reality based?  
Sensitive?  
Flexible/accommodating? |
| How does parent act on separation from the child? | Does she respond appropriately, in a timely manner? |
| How does parent act on reunion with the child? | A child may form more secure attachments with substitute carers than with the parents. This shows they have the capacity to do so. |

### Significant Others

<table>
<thead>
<tr>
<th>Factor</th>
<th>Issues</th>
</tr>
</thead>
</table>
| Are there any other significant people in the child's life? | Who are they? What is their meaning to the child?  
Does the child see them often?  
When? Under what circumstances?  
Does the child believe this is often enough? |
| Has the child been in an out of home placement? | What is the quality of relationships the child has formed in this placement?  
How does this compare/contrast with the relationship with his/her parents?  
\textit{A child may form more secure attachments with substitute carers than with the parents. This shows they have the capacity to do so.} |
Identifying Attachment Difficulties

Indicators and Implications

Indicators of attachment difficulties as demonstrated by a child/young person should be used in combination with detailed information regarding the child’s history and placements. Age and developmental stage must also be considered as well as the combination of behavioural indicators. Viewed in isolation, and without reference to the child’s age/stage of development, some of the indicators may not be significant.

The table below summarises some behavioural indicators and practical examples of children who may be suffering attachment difficulties.

[References: Zsismann, et. al. 1991; Steinhauer, 1983 in DHS Attachment and Bonding Guidelines, pp. 16-17.]

<table>
<thead>
<tr>
<th>Behavioural Indicator</th>
<th>Practical Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persistent detachment</td>
<td>Pulling or pushing away when touched</td>
</tr>
<tr>
<td>Distancing and isolation</td>
<td>Lack of eye contact. Lack of facial expression</td>
</tr>
<tr>
<td>Attention seeking</td>
<td>Non-compliance. General resistance. Extreme control problems Covert/sneaky behaviours</td>
</tr>
<tr>
<td>Tendency to form multiple shallow relationships and a failure to distinguish between</td>
<td>Avoid any discussion of feelings. Superficial friendliness. Inappropriate clingy behaviour. Indiscriminate affection Poor ability to give and receive genuine affection</td>
</tr>
<tr>
<td>casual acquaintances and long term carers</td>
<td></td>
</tr>
<tr>
<td>Learning delays</td>
<td>Problems with school work</td>
</tr>
</tbody>
</table>
Identifying Attachment Difficulties - continued

| Inexplicable behaviours | Chronic, crazy lying  
|                        |        Persistent nonsense chatter and questions  
|                        |        Abnormal eating patterns  
|                        |        Poor cause and effect logic  
|                        |        Poor impulse control |
| Aggressive behaviour   | Sadistic behaviour, e.g. cruelty to animals  
|                        |        Destructive to self and others  
|                        |        Passive aggression  
|                        |        Poor conscience |

Implications for Substitute Care and Access

If an assessment has been made that a child is having difficulties with loss, it is critical that the child be supported and be enabled (and allowed) to express his/her grief in regard to the separation from the attachment figure, be this a birth parent or a foster parent.

It is crucial for a child’s future attachment potential that the viability of home release be confirmed as soon as possible. When home release cannot be achieved, minimising the number of foster placements is vital, with a permanent care case plan confirmed as soon as possible.

Further, it is important that decisions in regard to access are not solely based on the level of distress a child may display before or after the access.

It is critical that attachment issues are taken into account when decisions regarding placement type are being made. This includes the nature and duration of the placement, as well as the substitute carer.

“The distress of a child who is dealing with loss or separation from an attachment figure is clearly amplified when they simultaneously find themselves in new surrounds, in the absence of personalised and familiar care. Bowlby pays careful attention to the conditions of substitute care which are most likely to help the child manage the loss …
Identifying Attachment Difficulties - continued

- The essence of mothering that enables such a child to form an attachment to a substitute carer is a “lively social interaction with him and responding readily to his signals and approaches. (Bowlby 1980, p. 367)

- Not only must an attachment figure be accessible but he/she must be willing to respond in an appropriate way in regard to someone who is afraid; this means willingness to act as a comforter and protector. (Bowlby, 1973, p. 234)

- “The less strange the situation and the more that he is in the care of a single mother substitute, the less intense the distress. (Bowlby, 1973 p. 51)”


Substitute carers can make an important contribution (see Marcus, R. The Attachments of Children in Foster Care, Institute for Child Study, University of Maryland), particularly when that relationship is of high quality. “Continuity of care with foster parents who develop secure attachments becomes an important consideration in case management … When a high quality attachment develops, it is focused on particular individuals and does not carry over to other parent figures.”


Ainsworth (1975) refers to this as a “focused relationship” which needs to be recognised when it is present, and nurtured as far as it can.
Resources:

- Assessing the Needs of Children and Families
- Main, M. and Solomon, J. Procedures for Identifying Infants as Disorganised/Disoriented during the Ainsworth Strange Situation, [Need details of source]
- Marcus, R. *The Attachments of Children in Foster Care*, Institute for Child Study, University of Maryland, [Need details of source]
- McIntosh, Dr. J. Interview 7.4.2000.
- McIntosh, Dr J. Interview 7.4.2000.