The Association for Child and Adolescent Mental Health

THE BRIDGE

May 2018

Attachment Special Issue

Can we improve attachment in young children?

Review of CAMH & JCPP Papers

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Foreword from the Editor

Dr Juliette Kennedy
Editor of The Bridge

Welcome to the May 2018 edition of the Bridge. This edition is themed around attachment in young children. There is a very moving piece from an adoptive parent who describes her experience of parenting a child who has experienced developmental trauma. Feelings of isolation and bewilderment are felt by parents particularly when they haven't been able to obtain support easily. The debate about whether attachment difficulties in young children is "core business" for specialist CAMHS continues in some services, particularly in the face of greatly increasing referrals of older children with clear mental health disorder and difficulties determining thresholds into service and prioritisation.

Professor Jane Barlow outlines the emerging evidence base for interventions that improve attachment in young children and also highlights "the strong association between such disordered attachment patterns in young children and later problems". I know from my own clinical practice that taking a careful developmental history in an older young person presenting with an emotional difficulty, such as depression or self harm, often reveals concern about attachment relationships and behaviours early in life. As the evidence base for what an effective intervention might be becomes clearer, the role of specialist CAMHS in prevention of longer term emotional difficulties, possibly by delivering some of these attachment based interventions, may also become clearer, as indeed may commissioning arrangements. I do hope you find this edition helpful.

Early adversity impacts on associative learning

Exposure to adversity during childhood negatively impacts on behavioural development due to suboptimal associative learning, according to data from a new study. The study cohort included 81 youths aged 12-17 years, of which half had experienced physical abuse and half had no history of maltreatment. The participants completed a probabilistic learning task (to assess associative learning), a spatial working memory task (to assess cognitive ability), and a Youth Life Stress Interview. Data analysis found that those who had experienced early childhood abuse demonstrated lower levels of associative learning compared to controls. Specifically, affected youths were less able to correctly learn which stimuli would likely result in a reward. This learning impairment contributed, in part, to an increased rate of behavioural problems in affected youths. The researchers propose that those exposed to adversity in childhood are more likely to experience difficulties in learning associations between stimuli and rewards because they use information about known rewards in their environment less often than non-exposed children.

Hanson, J.L., van den Bos, W., Roeber, B.J., Rudolph, K.D., Davidson, R.J. & Pollak, S.D. (2017), Early adversity and learning: implications for typical and atypical behavioural development. J Child Psychol Psychiatr, 58:770-778. doi:10.1111/jcpp.12694

All of the research highlights in this edition are prepared by Dr Jessica K Edwards. Jessica is a freelance editor and science writer, and started writing for 'The Bridge' in December 2017.

Positive parenting reduces risk of callous-unemotional traits

By Dr Jessica K. Edwards

New data published in the Journal of Child Psychology and Psychiatry, from the Wirral Child Health and Development Study (WCHADS) show that a child's responsiveness to other's emotions may be increased by the responsiveness and warmth of their mother during infancy. The study, conducted by Nicola Wright and colleagues, is the first to identify a link between an infant's experience of empathetic emotional attention and lower risk of callous-unemotional (CU) traits.

CU traits include shallow emotions and lack of empathy and guilt, and can identify a subgroup of children who exhibit severe and persistent antisocial behaviours. Data suggest that warm and positive parenting may help reduce the risk of CU traits in children, but little is known about the effects of very early parenting practices during infancy.

Here, Wright et al. proposed that positive parenting during the first year of life is associated with lower CU traits in children several years later. "We predicted that a mother's sensitivity to her infant's distress cues would have a specific role in lowering CU traits because experiencing parental empathy would promote empathy in the child", describes Wright. "We also hypothesized that a link between positive parenting and lower risk of CU traits could be explained by an increase in secure attachment in the children. This is important because early intervention programmes commonly seek to increase secure attachment levels in infants and young children".

The study focused on a stratified subsample of the WCHADS, a longitudinal epidemiological cohort of first-born children from the Wirral, UK, funded by the Medical Research Council. Parenting practice was coded from observing infant play with mothers at 7 months, attachment status was determined using the Strange Situation Procedure at 14 months, and CU traits were assessed via mother report at 2.5, 3.5 and 5 years.

The researchers found that sensitivity to distress did predict lower risk of child CU traits but so also did maternal warmth. In fact, there was an interaction between these two factors: low sensitivity was not associated with CU traits in the presence of warmth, and low warmth was not associated with CU traits in the presence of high sensitivity. Interestingly, this association was not explained by attachment status.

"It is generally believed that the influence of maternal sensitivity on child behavioural outcomes operates through attachment-related processes", says Wright. "However, we did not find this to be the case here in relation to child CU traits". Wright et al. propose that their findings implicate at least two pathways from maternal sensitivity to later developmental outcomes: one mediated via attachment security may be specific to emotion regulation with a caregiver, and the other may involve promoting emotional and social understanding and responsiveness more generally.

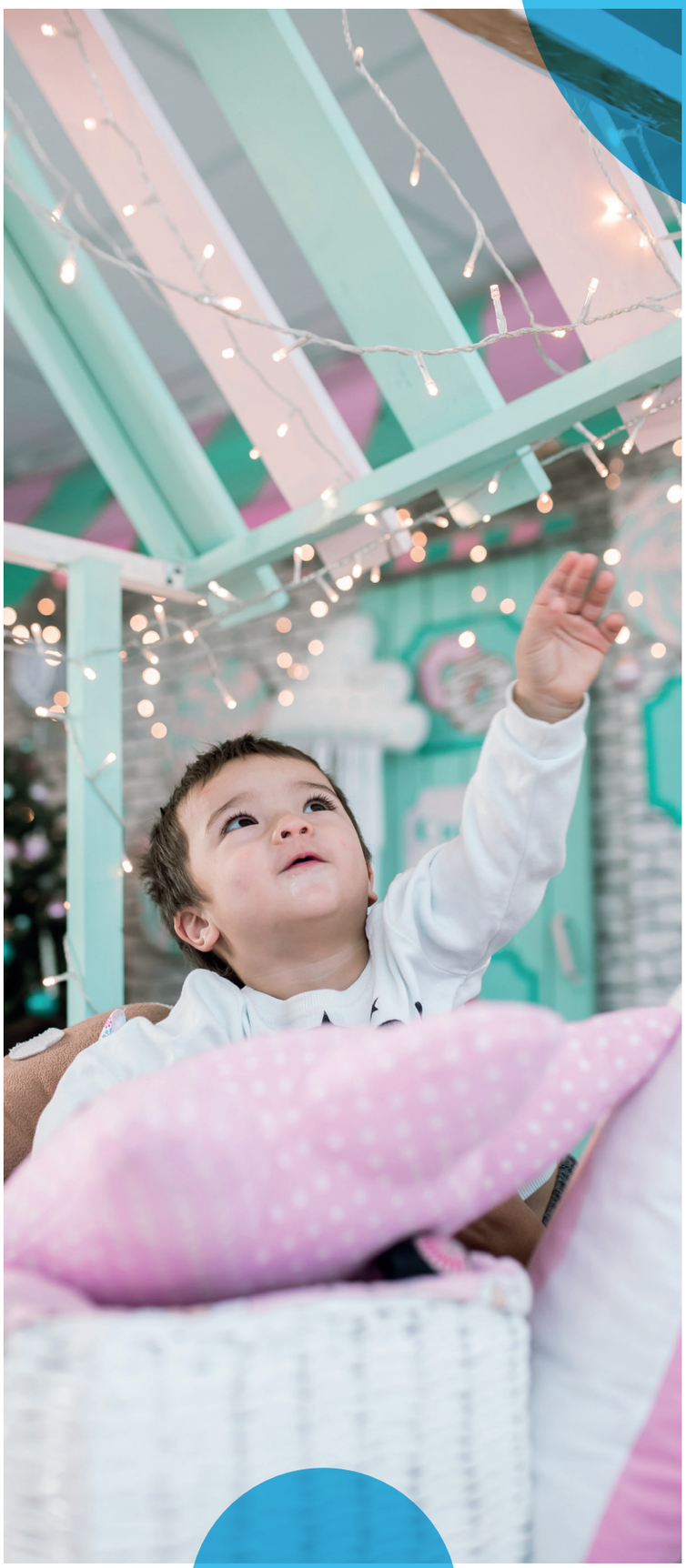
The researchers conclude that responsiveness to distress cues could be implemented as an early intervention for high-risk families. "Prior work has implicated an interaction between low eye gaze and development of CU traits", says Wright. "An important topic for future work is to examine the interplay between maternal parenting characteristics and low eye gaze in samples of heightened CU trait risk across early development".

Wright, N., Hill, J., Sharp, H. & Pickles, A. (2018), Maternal sensitivity to distress, attachment and the development of callous-unemotional traits in young children. J Child Psychol Psychiatr, doi:10.1111/jcpp.12867

Can we improve attachment or attachment-related outcomes in young children?

By Professor Jane Barlow

Jane is Professor of Evidence-Based Intervention and Policy Evaluation in the Department of Public Health, and a Professorial Fellow of St Hilda's College. She is Editor-in-Chief of Child and Adolescent Mental Health.



The concept of attachment, which was first developed by Bowlby in the 1960s, refers to the capacity of a child to be comforted by their primary caregiver and also to be able to use them as a 'secure base' from which to explore the world. Since the concept was first developed a number of ways of measuring attachment have been developed perhaps the most significant being the Strange Situation Procedure. This classifies children as secure; insecure avoidant or insecure anxious/ambivalent. More recently, a new category known as disorganised attachment was developed to capture the contradictory behaviours of young children who are frightened of their caregiver.

Since then, a number of longitudinal studies have been conducted to track the outcomes for children who fall into different attachment classifications. This research shows quite convincingly, that attachment is a significant source of risk/resilience for young children. Thus, secure attachment has been shown to be significantly associated with a range of improved outcomes for children across a number of key aspects of their functioning including, emotional, social and behavioural adjustment, school achievement and peer-rated social status. While both insecure and disorganised attachment are associated with a range of later problems including externalising disorders, dissociation, PTSD, and personality disorder. For example, one longitudinal study of children with disorganised attachment at 1-year of age, found that by 6 years of

age the children were showing signs of controlling behaviours towards their parents, avoidance of their parents, dissociative symptoms, behavioural/oppositional problems, emotional disconnection, aggression towards peers and low social competence in preschool.

In addition to this longitudinal research, other studies have begun to chart the prevalence of the different attachment classifications. This research suggests that irrespective of geographical or cultural location, around two-thirds of children are securely attached, and that disorganised attachment has a prevalence of 15–19% in population samples, up to 40% in disadvantaged populations and 80% in maltreated populations.

We also now know quite a lot about the factors that are associated with different attachment classifications. One of the earliest pieces of research (a systematic review of 12 studies) found that parental sensitivity was a significant predictor of attachment security. However, this study also found that such sensitivity only explained around one third of the total variance. Studies conducted since then have been successful in identifying a number of other factors that are important. So, for example, research has identified the importance of the specific nature or quality of the attunement or contingency between parent and infant, the parent's capacity to understand the infant's behaviour in terms of internal feeling states (termed 'parental reflective function' or 'mind-mindedness), and a range of anomalous forms of parent–infant interaction. Research also clearly shows the parents capacity to provide this sort of care is influenced by a range of factors such as poverty, parental mental health problems, and domestic abuse.

This research points to the importance of promoting resilience in early childhood by supporting parents in providing the type of parenting that is associated with a secure attachment, and also in working to reduce the type of parenting that is associated with a disorganised classification. But what do we know about whether this is possible or works?

In order to address this question, we conducted a systematic search of key electronic databases to identify reviews and any RCTs that have been published since the reviews (i.e. between 2008 and 2014). We found 6 systematic reviews and 11 randomised controlled trials that had evaluated the effectiveness of universal, selective or indicated interventions aimed at improving attachment and attachment-related outcomes in children aged 0–5 years.

This review identified a number of methods of working with parents as being promising approaches to improving attachment in a range of high-risk infants, including those with maltreating parents, including parent–infant psychotherapy, video feedback and mentalisation-based programs. These and other interventions, such as home visiting and parenting programs, appear to be effective in improving a range of attachment-related outcomes, such as aspects of parent–infant/toddler interaction related to maternal sensitivity and reflective functioning. Perhaps most importantly, the findings of this review were consistent with the findings of earlier systematic reviews.

The theories of change underpinning the different programs are diverse and range from psychoanalytic models (e.g. parent–infant psychotherapy) that focus primarily on changing the parents' internal working models, through programs that focus explicitly on improving parents' capacity for reflective functioning (e.g. Minding the Baby, the Mother and Toddler Program) to those that focus more explicitly on the interaction between the parent and infant/toddler, and on sensitive parenting based on attachment theory (video feedback programs). There is, however, an increasing eclecticism, with programs focusing explicitly on parent–child interactions drawing on different theoretical traditions, and many (apart from the home visiting program) building on the use of video feedback.

There is also considerable divergence in the frequency and duration of interventions, with home visiting programs such as MTB involving intensive visits over a prolonged period of time, and most other types of program, involving intensive work over brief periods of time, typically a few months (e.g. Video-feedback and parent–infant psychotherapy). The limited evidence available regarding the comparative effectiveness of these interventions shows that there is little difference between them, and increasing evidence supports the use of brief, sensitivity-focused interventions.

Although some of these interventions need to be delivered by specialist practitioners (e.g. psychologists and parent–child psychotherapists), many of the remaining interventions are manualised (e.g. ABC, VIPP), and some can be delivered effectively by health visitors as part of the Healthy Child Program, following appropriate training (e.g. video-feedback). There is a high prevalence of disorganised attachment, particularly in disadvantaged populations, and the strong association between such attachment patterns and later problems suggests the need for specialist CAMHS practitioners to also have the necessary skills to deliver some of these modes of working.

A harsh parenting team?

Maternal reports of coparenting and coercive parenting interact in association with children's disruptive behaviour

Dr Rachel Latham is Postdoctoral Research Associate at the Social Genetic & Developmental Psychiatry, Kings College London

This article is a summary of the paper published in JCPP - Latham, R. M., Mark, K.M., & Oliver, B. R. (2017). A harsh parenting team? Maternal reports of coparenting and coercive parenting interact in association with children's disruptive behaviour. Journal of Child Psychology and Psychiatry, 58, 603-611. doi: 10.1111/jcpp.12665

Young children who display disruptive behaviour, such as fighting, temper flares, or oppositional and defiant behaviours, are known to be at risk of poor outcomes later in life such as adverse mental health, lower school achievement and delinquent behaviour. Because of this negative impact on the individual, as well as the associated burden for society, researchers are keen to understand more about how and why this kind of behaviour develops. Parenting has received a lot of attention over many years, with studies consistently showing that so-called 'harsh' parenting, which includes things like smacking, shouting at or threatening the child, can have a very negative impact on children's wellbeing – including increased disruptive behaviour. Reducing harsh parenting and increasing awareness and use of more positive parenting approaches are therefore common foci for family interventions that aim to ameliorate these behaviours.

However, intervention can be very difficult. One reason is that other aspects of the family environment – not least other family relationships such as that between siblings or the parents themselves – interconnect with parenting, making things more complex. Coparenting is one such feature of the family environment. This term is used to refer to how parents work together in their parenting roles and there is some evidence that it is associated with children's behavioural development. Commonly, people think of coparenting as describing a separated or divorced couple where both parties remain involved with parenting the child. Indeed much of the early coparenting research began with these families. But whether mothers and fathers work well or not so well together in their parenting is relevant for children's wellbeing regardless of the marital status of the parents.

High quality coparenting refers to parents who show support for each other, share child-rearing values and cooperate with one another as they parent. On the other hand, low quality coparenting can involve things such as criticism of the other parent or actions that undermine a partners' parenting attempts. Having parents who demonstrate high quality coparenting has shown important positive links for child outcomes, for example better child social skills and fewer behaviour problems. It has been suggested that high quality co-parenting may also act as a buffer, protecting children, for example, from parental criticism.

We were interested in understanding what role coparenting plays for children when there is harsh parenting happening in the home. Does high quality coparenting buffer children's behaviour from the negative impact of harsh parenting?

The study involved 106 UK families of young twins where the mother and father lived together. Both parents took part in a telephone interview and completed questionnaires to tell us about their harsh parenting, their coparenting and their twins' disruptive behaviour. The study was conducted during children's transition to primary school as this is a key period for their socio-emotional development when family influences may be especially salient.

Full article is available to be viewed online at bit.ly/2EpCFjq

Adoption and attachment: A parent's perspective

Dr N. Taylor is a consultant general adult psychiatrist.

Four years ago I adopted a little girl. I work as a psychiatrist, I had a year's experience of CAMHS psychiatry and I already had two thriving birth children. My husband and I attended the adoption course at which basic attachment training was delivered. I believed myself ideally suited to support an adopted child.

I am grateful for the opportunity to recount my experience of inviting a traumatised child into my family. If I can persuade those working in children's services to change this experience, even for just one family, I will have achieved something worthwhile.

My child arrived in the household after a week's handover from the foster family. She hadn't been allowed to say "goodbye" to the family she had lived with for over a year because the social workers believed this would further traumatise her. We were advised that the foster carers couldn't have further contact for at least six months.

On day one I invited my daughter to join me for lunch. She responded that she would rather cut my head off, watch the blood coming down my neck and set fire to my house. She was three years old. This was the start of the most traumatic two years of my life.

My daughter commanded my attention constantly and, if she didn't get it, she would be violent to my birth children and animals. She told fantastic lies about her teacher, her foster carers and I, which would have been dangerous had the stories been believable. She was also oppositional to the extreme and laughed at me if I showed any sign of resulting negative emotion. She, however, charmed other adults including social workers, extended family members, friends, and her new father. After just six weeks I felt utterly broken. Her social worker told me that if she was going to attach, she would have done so by now, and was disbelieving about her behaviours. Had it not been for my own father, and later my husband, observing her behaviour towards me without her knowledge, I would have been completely isolated. Finally, I was believed, but not before I was suffering from significant secondary trauma related symptoms myself.

For the first few months my girl pleaded inconsolably for her foster carers. I eventually took the situation in my own hands and invited them to see her.

Roll on four years and I have a loving, and loved, daughter. She still becomes "dysregulated" on a regular basis, but she is very rarely aggressive and when she is, she expresses remorse. She can still be controlling, but she doesn't lie - she is now perhaps too literal and honest for her own good, she is not at all oppositional now, and she wants to please. I am hopeful for her future.

I strongly believe that the following have resulted in this progress. I was introduced to a lady with two similar children. She "got it" in a way that many professionals did not seem to and we supported each other. Attending a "Brain-based parenting" course by Dan Hughes and Jonathan Baylin, and training about the neurodevelopment of child trauma by Bruce Perry, helped me to understand my child and the reasons for her behaviour. I parented using Dan Hughes' PACE model* and later joined the National Association for Therapeutic Parents, a parents' support group. I believe that if I had been armed with this knowledge from the start, I would have been far better equipped to help my child initially. I feel significantly let down that I wasn't.

Full article is available to be viewed online at bit.ly/2qgeNKj

*PACE model - An attitude or stance of Playfulness, Acceptance, Curiosity and Empathy; qualities that are helpful when creating emotional safety and when trying to stay open and engaged with another person. PACE is a way of thinking, feeling, communicating and behaving that aims to make the child feel safe. https://ddpnetwork.org/about-ddp/meant-pace/

The Association for Child and Adolescent Mental Health

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Intellectual Disability: 7 June, Autism: 8 June

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Diagnostic framework for attachment disorders needs improving

Reactive and Disinhibited Attachment Disorders (RAD and DAD) occur when infants and young children have not been able to form an attachment to their primary caregiver, but questions have been raised as to whether these disorders are being over-diagnosed in adopted children. Matt Woolgar and Emma Baldock performed a case review of 100 attendees of a National Child and Adolescent Mental Health Service for adopted children. They found that attachment disorders were four times over-represented in referral letters compared to the number of actual diagnoses made in the clinic. This over-diagnosis at referral may be due to inadequate diagnostic criteria and use of inappropriate terminology and poor symptomatic support at referral. Over-referral for attachment disorders did not obscure the diagnosis of other disorders. In fact, diagnosed cases of conduct disorders or ADHD in the clinic were worryingly under-represented in referral letters by up to 10-fold. The researchers conclude that attachment disorders should be specified as RAD or DAD at initial referral and that the current framework for diagnosing RAD/DAD needs improvements.

Woolgar, M. & Baldock, E. (2015), Attachment disorders versus more common problems in looked after and adopted children: comparing community and expert assessments. Child Adolesc Ment Health, 58:770-778. doi:10.1111/camh.12052

Low activity levels affect child mental development

High activity levels (AL) in early childhood are associated with sub-optimal social and behavioural outcomes, but whether low AL have negative outcomes is unclear. Now, a study conducted by researchers at Boston University has demonstrated that AL are curvilinearly related to mental development. Their nonclinical sample included 626 twins aged 2 years recruited from the Boston University Twin Project; 608 twins returned for assessment at age 3 years. The participants were observed over two, 1-hour visits, where each twin was individually assessed in a test and a play situation. Qualitative and quantitative measures of AL were made, using: the Infant Behaviour Record to measure AL and assess interpersonal, affective, motivational and sensory behavioural domains; actigraphs to mechanically assess AL; the Bayley Scales of Infant Development to assess mental development; and the Toddler Behaviour Assessment Questionnaire. Statistical analyses found an inverted U-shaped relationship between mental development and AL observed in the laboratory. The researchers propose, therefore, that moderate AL are optimal for cognitive development in early childhood.

Flom, M., Cohen, M. & Saudino, K. (2017), Tipping points? Curvilinear associations between activity level and mental development in toddlers. J Child Psychol Psychiatr, 58:564-572. doi:10.1111/jcpp.12670