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## Attachment Edition

**Plus**

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## Dr Juliette Kennedy

*The Bridge Editor*

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The Bridge presents the most clinically-relevant research from our two peer-reviewed journals: Child and Adolescent Mental Health and The Journal of Child Psychology and Psychiatry, as well as interesting and important studies from the wider literature. Please let us know what you'd like to see in upcoming editions by sending an email to me at: [researchdigests@acamh.org](mailto:researchdigests@acamh.org)



## Dr Jessica K Edwards

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.

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## Insecure paternal attachment confers a high cost on society

By Jessica K. Edwards

In 1969, Bowlby proposed that the child–caregiver relationship, established during childhood, can influence child development and behavioural outcomes later in life: a concept known as Attachment Theory<sup>1</sup>. In support of this theory, many have identified that youth who exhibit externalizing, antisocial behaviours often have an ‘insecure’ attachment profile<sup>2</sup> that is characterized by avoidant/dismissive, resistant/preoccupied or disorganized behaviours<sup>3</sup>. Youth that exhibit such antisocial behaviours can impose a high cost on society due to the need for health, social and economic support in adulthood<sup>4,5</sup>. Now, researchers have studied whether insecure attachment underlying antisocial behaviour contributes to or even adds to these costs.

The study by Bachmann et al. included children exhibiting moderate (n=85) or very high antisocial (n=89) behaviour at age 3–8 years. The researchers recorded the health and service costs conferred by each child, assessed the level of attachment felt towards the mother and the father, and sought reports of oppositional and conduct problems and delinquent

behaviour between ages 9 and 17. They found that the costs were significantly greater for youth exhibiting insecure attachment than youth exhibiting secure attachment to their caregivers. Interestingly, this cost difference between the two groups was much more pronounced for youth insecurely attached to their fathers than to their mothers. These findings remained statistically significant, even after adjusting for family income and education, intelligence and the severity of antisocial behaviour. The researchers conclude that insecure attachment, especially to fathers, is a significant predictor of public cost in at-risk youth.

In an accompanying commentary, Howard Steele at the Center of Attachment Research, New York explains that early parenting interventions that aim to strengthen the child–caregiver relationship would be likely to improve child outcomes in later life and reduce the cost burden on society associated with insecure attachment. Based on these data, it seems that social policy initiatives that aim to empower fathers in particular, are needed.

### Referring to:

Bachmann, C.J., Beecham, J., O'Connor, T.G., Scott, A., Briskman, J. & Scott, S. (2019), The cost of love: financial consequences of insecure attachment in antisocial youth. *J. Child Psychol. Psychiatr.* 60: 1343-1350 doi: 10.1111/jcpp.13103.

### See also:

Steele, H. (2019), Commentary: Money can't buy you loVe, but lack of love costs families and society plenty – a comment on Bachmann et al. (2019). *J. Child Psychol. Psychiatr.* 60: 1351-1352. doi: 10.1111/jcpp.13111.

### Glossary:

**Avoidant/dismissive behaviour:** Affected children and infants are typically dismissive of close relationships and maintain an emotional distance between themselves and others. These children might also have difficulty seeking comfort from others when emotionally distressed.

**Resistant/preoccupied behaviour:** Affected children and infants are typically excessively distressed when separated from a caregiver but are not consoled when the caregiver returns. Rather, the distress can continue in the form of crying or tantrums. The child might also exhibit angry behaviour towards the caregiver, due to distrust that the caregiver is a secure base.

**Disorganized behaviour:** Affected children and infants exhibit ambivalent or unusual behaviour towards a caregiver. For example, a child might seek out and run toward a caregiver only to run away again or fight with the caregiver.

### References:

<sup>1</sup>Bowlby, J. Attachment (1969) separation (1973) loss (1980). Trilogy of books. London: Penguin Books.

<sup>2</sup>Fearon, F.P. et al. (2010), The significance of insecure attachment and disorganization in the development of children's externalizing behavior: A meta-analytic study. *Child Dev.* 81: 435-456. doi: 10.1111/j.1467-8624.2009.01405.x

<sup>3</sup>Target, M. et al. (2003), Attachment representations in school-age children: the early development of the Child Attachment Interview (CAI). *J. Child Psychother.* 29:171-186. doi: 10.1080/0075417031000138433.

<sup>4</sup>Parsonage, M. et al. (2014). Building a better future: The lifetime costs of childhood behavioural problems and the benefits of early intervention. London: Centre for Mental Health. Accessible from: <https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/buildingabetterfuture.pdf>

<sup>5</sup>Scott, S. et al. (2001). Financial cost of social exclusion: Follow up study of antisocial children into adulthood. *BMJ*, 323, 191. doi: 10.1136/bmj.323.7306.191.



# Insecure paternal attachment contributes to childhood anxiety

By Jessica K. Edwards

A recent study has investigated the direct and indirect relationships between parent-child attachment and negative parental behaviours exhibited by mothers and fathers, individually, in a sample of children with clinical anxiety. Sonja Breinholst and colleagues at the University of Copenhagen recruited 54 families to their study. They measured childhood anxiety symptoms (at a mean age 9.6 years) using the Spielberger State-trait Inventory for Children and assessed attachment relationships and parental behaviours using the Security Scale and the Rearing Behavior Questionnaire, respectively. Consistent with previous research<sup>1</sup>, Breinholst et al. found no evidence to support that child-reported maternal attachment or maternal parenting behaviour could predict child-reported anxiety. Conversely, and in contrast to the researcher's previous study<sup>2</sup>, they did find that insecure attachment to fathers contributed to child-reported anxiety and fully mediated the relationship between paternal rejection and child anxiety. As highlighted in an accompanying commentary, these results are surprising as others have reported either the strongest effects for maternal variables<sup>3</sup> or equal effects for both parents (Groh 2012) on child anxiety. More research is now needed to confirm whether fathers and mothers do have different roles on child developmental outcomes. Pending replication, the researchers suggest that paternal variables should be included in childhood anxiety assessments and that fathers should be included in the treatment of anxiety.

## Referring to:

Breinholst, S., Tolstrup, M. & Esbjørn, B.H. (2019), The direct and indirect effect of attachment insecurity and negative parental behaviour on anxiety in clinically anxious children: it's down to dad. *Child Adolesc. Ment. Health*. 24: 44-50. doi: 10.1111/camh.12269.

## See also:

Domoney, J. & Nath, S. (2019), Commentary: The complexity of family dynamics in child anxiety disorder – a commentary on Breinholst et al. (2018). *Child Adolesc. Ment. Health*. 24: 51-53. doi: 10.1111/camh.12283.

## References:

<sup>1</sup>Hudson, J.L. et al. (2001), Parent-child interactions and anxiety disorders: An observational study. *Behav. Res. Ther.* 39: 1411-1427. doi: 10.1016/S0005-7967(00)00107-8.

<sup>2</sup>Breinholst, S. et al. (2015), Effects of attachment and rearing behaviour on anxiety in normal developing youth: A mediational study. *Pers. Individ. Differ.* 81: 155-161. doi: 10.1016/j.paid.2014.08.022.

<sup>3</sup>Rothbaum, F. et al. (1995), Early parent-child relationships and later problem behavior: A longitudinal study. *Merill-palmer Quarterly*, 41: 133-151.

<sup>3</sup>Groh, A.M. et al. (2012), The significance of insecure and disorganized attachment for children's internalizing symptoms: A meta-analytic study. *Child Dev*, 83: 591-610. doi: 10.1111/j.1467-8624.2011.01711.x.





# Early caregiving experiences shape adolescent attachment profiles

By Jessica K. Edwards

Secure attachment in adolescents seems to be associated with robust mental health and social skills<sup>1,2</sup>. How the quality of early caregiving impacts on attachment security in adolescence, however, is less clear. In 2019, Thomas O'Connor and colleagues addressed this question through two longitudinal studies on the relative contribution of early and current caregiving quality to attachment security in adolescence. Here, they measured the quality of parent-child relationships at age 3-7 years and parent-adolescent relationship quality at ~12 years in a clinic-referred and an at-risk community sample of adolescents. They found that observational ratings of both early childhood and current caregiving quality were significantly associated with adolescent attachment security. Only early caregiver quality, however, could independently predict adolescent attachment patterns. This longitudinal prediction was stronger in the at-risk community sample than in the clinic sample; the reason for this difference, however, requires further investigation. Taken together, these findings imply a strong role for the influence of caregiving in early childhood, not in adolescence, on the formation of adolescent attachment representations. The researchers propose that early caregiving quality might be targeted to help shape adolescents' relationship representations and promote mental health well-being and adjustment.

## Referring to:

O'Connor, T.G., Woolgar, M., Humayun, S., Briskman, J.A. & Scott, S. (2019), Early caregiving predicts attachment representations in adolescence: findings from two longitudinal studies. *J. Child Psychol. Psychiatr.* 60: 944-952. doi: 10.1111/jcpp.12936.

## References:

- <sup>1</sup>Cavendish, W. et al. (2012), Parent attachment, school commitment, and problem behaviour trajectories of diverse adolescents. *J. Adolesc.* 35: 1629-1639. doi: 10.1016/j.adolescence.2012.08.001.
- <sup>2</sup>Allen, J.P. et al. (2007), The relation of attachment security to adolescents' paternal and peer relationships, depression, and externalizing behavior. *Child Dev.* 78: 1222-1239. doi: 10.1111/j.1467-8624.2007.01062.x



# Disinhibited social engagement behaviour is not unique to children exposed to inadequate caregiving

By Jessica K. Edwards

Disinhibited social engagement behaviour (DSEB) is defined in the DSM-5 as a pattern of behaviour with at least two of the following: reduced reticence in interacting with unfamiliar adults, overly familiar verbal or physical behaviour, a failure to maintain proximity to the primary caregiver in unfamiliar settings and willingness to go off with strangers<sup>1</sup>. Importantly, the DSM-5 states that to qualify for a clinical diagnosis, children must be raised in an environment with extreme, inadequate caregiving and neglect. Indeed, most studies on DSEB have involved children raised in foster care or institutions<sup>2</sup>. Whether DSEB also affects children raised at home with biological parents, however, is unclear.

Researchers in the Netherlands have now addressed this question in a longitudinal study of 124 children (mean age 4 years) living at home with their biological parents, who were referred for treatment for emotional and behavioural problems. Scheper et al. assessed neglect, emotional maltreatment, emotional control and DSEB at referral and again 4 years later. They found that parent-reported DSEB persisted in 57% of the children with DSEB at baseline. Interestingly, the course of DSEB was not associated with neglect, emotional maltreatment or effortful control but there was evidence for a significant association with attention deficit/hyperactivity disorder and oppositional defiant disorder. These findings suggest that DSEB should be considered in the assessment and treatment process in referred young children and that DSEB should not necessarily be used as an indicator for maltreatment.

## Referring to:

Scheper, F.Y., Groot, C.R.M., de Vries, A.L.C., Doreleikers, T.A.H., Jansen, L.M.C. & Schuengel, C. (2019), Course of disinhibited social engagement behavior in clinically referred home-reared preschool children. *J. Child Psychol. Psychiatr.* 60: 555-565. doi: 10.1111/jcpp.12994.

## Glossary:

**Effortful control:** Defined by Rothbart, M.K. et al. in 1994 as the ability of a child to use attentional resources and to inhibit or activate behavioural responses to regulate emotions and related behaviours. Effortful control allows for control over actions and adjustment to different situations in a flexible and conscious manner.

## References:

<sup>1</sup>American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders- fifth edition (DSM-5)*. Washington DC.

<sup>2</sup>Zeanah, C.H. et al. (2015), Annual Research Review: Attachment disorders in early childhood – clinical presentation, causes, correlates, and treatment. *J. Child Psychol. Psychiatr.* 56: 207–222. doi: 10.1111/jcpp.12347.



# Ensuring attachment security in adolescents: as easy as ABC?

By Jessica K. Edwards

Researchers in the USA have examined whether infants of parents receiving the Attachment and Biobehavioral Catch-Up (ABC) intervention<sup>1</sup> show improvements in perceived attachment security later in middle childhood. The longitudinal, randomized clinical trial involved 100 children who had been referred to Child Protective Services due to their high risk of maltreatment. The children and their parents were randomly assigned to receive either the ABC intervention or a control intervention (Developmental Education for Families) during infancy and then follow-up was made at age 9 years. The children of parents who received ABC showed a higher level of attachment security at age 9 years than the children of parents who received the control intervention. Intervening early to promote caregiving quality might, therefore, have long-term effects. The researchers explain that this brief intervention comprising 10, hour-long sessions might be able to promote attachment security over a long period in children at risk of maltreatment. Further work is now needed to determine the potential mediators of ABC's effect on attachment security in middle childhood and whether these effects of ABC on long-term attachment security are demonstrated in other high-risk samples.

## Referring to:

Zajac, L., Raby, K.L. & Dozier, M. (2019), Sustained effects on attachment security in middle childhood: Results from a randomized clinical trial of the Attachment and Biobehavioral Catch-up (ABC). *J. Child Psychol. Psychiatr.* doi: 10.1111/jcpp.13146.

## See also:

Trial name: Intervening Early with Neglected Children. Registry ID: NCT02093052. <https://clinicaltrials.gov/ct2/show/NCT02093052?term=dozier&rank=1>

## Glossary:

**Attachment and Biobehavioral Catch-Up (ABC):** ABC aims to improve caregiving quality by helping parents provide nurturance when children are distressed, respond in sensitive ways when children are not distressed, and reduce frightening or harsh behaviours. ABC is conducted in the family home and consist of 10, 1-hour long sessions. Across all sessions, “parent coaches” provide instant feedback to reinforce target behaviours, identify examples, and support the parents’ efforts to respond in sensitive and nurturing ways.

## References:

<sup>1</sup>Dozier, M. et al. (2019), *Coaching parents of vulnerable infants: The Attachment and Biobehavioral Catch-up approach*. New York: Guilford Press.







# Adoption and attachment: A parent's perspective | Part 2

By Dr Nicola Taylor

**Dr Nicola Taylor MB ChB, MRCPsych, MMedSc, MCLinEd, is a consultant general adult psychiatrist.**

**Disclaimer: This is an independent blog and ACAMH may not necessarily hold the same views.**

Two years ago I wrote an article for The Bridge about my experience of parenting a little girl who had experienced early childhood neglect and had been adopted into my family four years beforehand. This additional narrative is a reflection of the progress my daughter has made since that time, the difficulties she still faces, what seems to help and hinder her wellbeing, and my concerns about, and hopes for, her future.

Firstly I will give a brief re-iteration of the background, which can be read using the link below\*. I work as a psychiatrist, and I had a year's experience of CAMHS psychiatry and I already had two thriving birth children when my adopted daughter came into our lives. None of this had prepared me for the challenges I faced when my daughter moved in.

My child arrived in the household after a week's handover from the foster family and 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.

Within a day of her arrival, aged 3, she was both threatening violence, and being actively violent to my birth children, my animals, and other children that we might meet, if she did not have my undivided attention. She told fantastic lies which would have been dangerous had the stories been believable. She was also oppositional in the extreme at home, but charmed other adults outside the home environment. 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.

When I wrote the initial blog two years ago, she still had some difficulties but overall had developed into a loving child who generally tried her best to do the right thing. I wrote that I believed that the following resulted in this progress; 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<sup>1</sup> and later joined the National Association for Therapeutic Parents, a parents' support group. A few months of Theraplay<sup>2</sup> and Dyadic

Developmental Psychotherapy<sup>3</sup> were secured. Finally, the support to secure a separate diagnosis of ADHD, and commencing medication for the same, made an indescribable positive difference.

It is now two years later and my daughter continues to make progress. I am now very aware of the situations that she will find difficult, and which to avoid. I have also developed a “tool box” of methods of parenting that seem to work, and of practical ways to support her. I try, as best as I can (well - we are all human) to take a “no-nonsense” approach to her parenting whilst maintaining empathy. I have also decided to take a very open and honest approach with her. We talk openly about her difficulties as they occur, where each one may stem from, and how we might work on them together. However, what is constantly on my mind is that this little girl is growing up, and fast, and will need to develop the skills for herself to manage these situations.

I should offer some examples: my daughter, although much more securely attached than even two years ago, will wake every morning and say that she is unwell. She then tells me that she misses me at school and doesn't want to go. I have read to her a wonderful book about a child with anxiety who has a “Wiggly Worry Worm”, which my daughter can relate to. My response each morning will be “every child has to go to school. Remember I will be thinking about you when that Worry Worm is in your tummy. Now get ready, it's soon time to go”. I refuse to talk any more about it. She goes to school each morning and when I collect her, you would never know she has been anxious.

My daughter is very controlling. Play dates are kept short, so that they are a success. I give her “win-win” choices. If I make a choice about something, buying her a drink for example, she will decide she does not like the particular drink I chose. I never respond, and sure enough 5 minutes later she will have the drink.

Empathy development is ongoing, and an area in which she still struggles, and I repeatedly ask my daughter how she would feel in certain situations, and explain that that is how others feel. She is now more empathic, and an animal lover.

My daughter still finds change, surprise and “fun” experiences, such as holidays, hard. These bring out her worst behaviours. I think she must be the only child whose response to sitting on a beautiful tropical beach (snorkel set in hand and Nemo fish within 5 steps of the shoreline) to become angry and say “this place is disgusting!”. Changes are predicted for her, surprises are minimised, and we use distraction on holidays (plenty of screen and colouring time). We try and parent using “natural consequences” as far as it is safe, so she has a chance to learn from her mistakes, oh, and we use plenty of humour.

As my daughter gets older, her social difficulties have become more obvious, but with that has come more external support. School are very much on board now, and her school funding is generally spent on social skills groups or nurture groups. Ongoing dialogue with the school has allowed the teachers to help her.

I have to admit that I have concerns for my daughter's future. She is desperate to be loved, and I predict that she will be vulnerable to exploitation as a young adult. I fear for her future relationships, and her ability to organise herself to hold down a job. I only hope that the foundations being put in place will be strong enough to support her in adulthood. She will need to be surrounded by people who care for her. She finds it too easy to reject people or seek rejection.

I know that my daughter has always been loved by members of her birth family, although for many reasons she could not be with them, and I believe that maintaining links with them has helped her to trust us, her adoptive family. This weekend we are looking forward to our first face-to-face contact with them... the start of the next chapter of my daughter's journey.

#### Referring to:

\*<https://www.acamh.org/blog/adoption-and-attachment/>

#### Glossary:

**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.

**Theraplay:** A child and family therapy for building and enhancing attachment, self-esteem, trust in others, and joyful engagement. It is based on the natural patterns of playful, healthy interaction between parent and child and is personal, physical, and fun.

**Dyadic Developmental Psychotherapy: (DDP)** is the treatment of children who have experienced abuse and neglect and who demonstrate ongoing problems related to attachment and trauma.