

## Attachment Issues

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## Attachment Issues for Caregivers

Attachment theory has had a chequered history, falling in and out of favour at different points in time. However, I believe that it has relevance in today's context and is particularly relevant when children are placed with caregivers. I begin with a definition of attachment and then briefly outline the history of attachment theory. I describe the key points of attachment theory and link attachment to the concept of resilience. I conclude with a discussion of the relevance to the caregiving situation.

### What is Attachment?

**Definition:** Attachment is a process that takes place between caregiver(s) and infant.

"An attachment may be defined as an affectional tie that one person or animal forms between himself and another specific one - a tie that binds them together in space and endures over time". (Ainsworth et al, 1991: 3 1)

Attachment is a two-way process that evolves over time. It is sometimes confused with bonding, often portrayed as a somewhat mystical process, that mother's experience shortly after a baby is born. Although some women experience such moments, many more have no such recollection. Before expanding on attachment theory, the history is briefly described.

### Historical Perspective

Attachment theory originates with the work of John Bowlby. Trained as a psychoanalyst, he parted company with traditional theoretical formulations, which emphasised the inner world of the infant to focus on the infant's actual experience of relationships (Ainsworth & Bowlby, 1991). It is important to consider the context in which this work developed. Institutional care of infants and children was not uncommon. Spitz made a film during the 1950s entitled 'Grief: A Peril in Infancy' that graphically portrayed institutionalised babies in a serious state of decline despite the fact that their physical needs were attended to (Bowlby, 1982). During World War II children were evacuated in large numbers and placed with strangers. Children were not considered to be deeply effected by loss. Bowlby developed an enduring interest in the impact of experiences of separation from parents on children's development. His theory expanded beyond psychoanalytic formulations to include ethnology, systems theory and information processing theory. Bowlby has described his theory as an ethnological approach to personality development (Ainsworth & Bowlby, 1991) and he continued developing his ideas throughout his life.

Bowlby's work fell into disfavour due to the emphasis on the significance of the maternal relationship (monotropism). He developed the concept of 'maternal deprivation' to capture the impact of separation on children. This notion was then used to pressure women to leave the workforce following W.W.II and to reinforce the gender division of labour during the 1950s and 60s. The second wave of feminism gave rise to some particularly virulent attacks on Bowlby's ideas. In the process, I think we may have thrown the baby out with the bath water.

Mary Ainsworth has made a major contribution to the development of attachment theory. She joined Bowlby's research team in 1950 and developed an enduring interest in the impact of separation on children. She undertook naturalistic observations of mothers and infants and later developed a laboratory procedure that became known as 'the Strange Situation'. In this procedure mother-infant pairs are observed during a brief sequence of separation and reunion. Three patterns of attachment were identified: Secure, avoidant and ambivalent (Ainsworth 1979). The Strange Situation has been used in various ways by a range of researchers to expand and develop our understanding of the attachment process.

Alan Sroufe of **the University of Minnesota** and a team of students and colleagues have been studying the impact of early attachment on later development (Sroufe 1988). Inge Bretherton (1985, 1990) and Patricia Crittenden (1988, 1990) have made important contributions and Mary Main (1984) has developed an Adult Attachment Interview for use with adolescents and adults.

There has been considerable debate about the validity of the Strange Situation. I am not going to traverse all of this here but will deal briefly with two major points of contention: monoculturalism and the focus on mothers (monotropism). Attachment theory originated at a time when there was considerable emphasis on the search for universal theories of personality development. There was little recognition of cultural variation and Western theories were deemed to hold true for all human beings. Cross-cultural studies of attachment have highlighted the limitations of these claims to universality (Grossman et al 1985, van IJzendoorn 1990, Main 1990) and some have suggested that this calls the whole theory into question. Recent work by Harwood and Miller (1995) highlights the extent to which patterns of attachment vary depending on cultural values. They argue that rather than invalidating the concept of attachment their research indicates that attachment may be a useful vantage point from which to study cultural meaning systems (Harwood and Miller 1995:145). For example, in a Maori context *whakawhanaungatanga* may be a more appropriate concept than attachment. This is not to say that they are one and the same. While both emphasise the importance of relationships, each embodies important aspects of the cultural context in which they originated.

Attachment theory has endured during a period in history that has been characterised by a rapidly expanding knowledge base. During this time, many theoretical concepts have been challenged and we have moved into an era in which it is acknowledged that all ideas are contestable and all knowledge is socially constructed. While aspects of the theory have been and continue to be debated there appears to be agreement that the child's relationship to caregivers is of primary significance and that disruption of these relationships has a major impact on the developing child (Schaffer 1990, Rutter 1993). It is now acknowledged that the attachment relationship is established with the primary caregiver and is not confined to the biological mother (Ainsworth 1979:932). Quality of contact is now acknowledged as more important than quantity and it is recognised that secure attachment relationships can be established between working mothers and their children. It is also recognised that multiple attachments are possible and there is increasing interest in the relationships children form with their fathers and siblings. In the postmodern world of multiple realities I believe that attachment theory, rescued from the perils of monotropism and monoculturalism, has the potential to provide an important point of reference in understanding human behaviour and has particular relevance when decisions have to be made about the care of children.

### **Attachment Theory**

Attachment theory retains the psychodynamic emphasis on the significance of early experience but shifts the focus from the inner world in which the parents are symbolic figures, to the actual experience of the child and the way this shapes their inner world (Harwood and Miller 1995:4). Attachment behaviour is perceived as having a biological base separate from other biological drives such as hunger. A distinction is made between attachment behaviour (that which can be observed) and the internal attachment process (Ainsworth 1969). Attachment research also departs from other infant research because the focus is on the relationship between the infant and the caregiver rather than either the characteristics of the mother or the characteristics of the infant (Ainsworth, 1991).

Emphasis has been placed on the role of the infant as an active participant in the process of attachment. A significant aspect of this relationship is the management of anxiety during the period of complete dependency and the crucial role of the attachment figure in this.

Attachment behaviour is activated by fear and the infant is dependent on an appropriate response from the parent if they are to avoid being overwhelmed. 'Sensitive responsiveness', the ability to tune into the infant and respond appropriately, is the key to the formation of a secure attachment. If all goes well, the attachment figure becomes a stable base from which the child can explore the world.

Mary Ainsworth's categorisation of attachment patterns and her use of a laboratory procedure called the Strange Situation to classify attachment has been central to developing research in this field (Ainsworth 1979). From her study of mother-infant dyads Ainsworth identified three patterns of attachment: secure, ambivalent and avoidant. Infants classified as **secure**, use their mothers as a base for exploration when she is present. They become upset when mother departs and seek contact with her when reunited. Infants classified as **ambivalent** tend to show anxiety even when mother is present, become intensely distressed when separated and may remain distressed when reunited. Infants classified as **avoidant** show more interest in the toys than their mother, rarely cry when separated from their mothers and avoid the mother when reunited. Securely attached babies are also described as more co-operative and less angry than either of the other two categories (Ainsworth, 1979:932). Additional categories have since been identified. Crittenden (1988) has described an **avoidant/ambivalent** pattern and Main (1985) has used the term **disorganised**. Both identify this pattern as characteristic of children who have experienced abuse. These children respond in chaotic and unexpected ways, at times they may demonstrate behaviour typical of children with avoidant and ambivalent patterns but there is no coherent pattern of response. Crittenden also describes children who are **compulsively compliant**. In her research, some of these children were classified as securely attached when using the original three criteria. Crittenden suggests that these children dare not threaten the tenuous bonds that exist and that this is the basis of their compliance (Crittenden 1988:164).

The Strange Situation has been widely used by researchers to study the development of attachment relationships over time and to link patterns of attachment with subsequent behaviour (Bretherton & Waters 1985, Belsky & Nezworski 1988). Attachment has been linked to exploratory behaviour and the impact on learning (Ainsworth 1969, Sroufe 1988). A correlation has been demonstrated between attachment pattern and behaviour problems (Erickson 1985, Greenberg & Speltz 1988, Rubin & Lollis 1988, Renken et al 1989) and I have detailed the implications of attachment for behaviour in the school setting elsewhere (Atwool, 1999a). Processes by which attachment patterns may be transmitted across generations have also been identified (Fraiberg 1980, Main 1984, Ricks 1985). In particular a link between unresolved attachment issues in parents and the abuse of children has been established (Fraiberg 1980, Main 1984, Schmidt & Eldridge 1986, Call 1984).

Bowlby developed the concept of **inner working models** to explain the long-term impact of early attachment experiences (Bowlby 1969, 1973, 1980). These models are constructed from the infant's experience of interaction and Sroufe argues that:

"Such models concerning the availability of others and in turn, the self as worthy or unworthy of care, provide a basic context for subsequent transactions with the environment, most particularly social relationships." (Sroufe 1988:18)

Internal working models form the basis for the organisation and understanding of affective experience (Bretherton 1985, 1990; Crittenden, 1990). Bretherton describes them as "... more or less well organised webs of hierarchically structured information embedded in and connected to other schema hierarchies stored in long-term memory" (Bretherton 1990: 248).

Developmental theory has tended to emphasise the attainment of independence as the desirable outcome of the maturation process. In reality, we are social beings and a more appropriate emphasis may be interdependence. This incorporates both autonomy and the ability to form positive relationships. The concept of internal working models explains the life-long consequences of early relationship experiences. Mary Main has demonstrated that four patterns of attachment can be identified in adults - secure/autonomous, preoccupied, dismissing, and unresolved/disorganised (Hesse, 1999). These correspond to secure, ambivalent, avoidant and disorganised categories identified in young children. However, adult outcomes are not predetermined in childhood. With access to coherent, organised information about their own attachment adults who have experienced rejection, neglect, or trauma are able to experience security in adulthood and facilitate secure attachment in their children.

### **Attachment and Brain Development**

Brain development is not complete at birth and during the first three years of life, the brain develops rapidly. Recent research has demonstrated that attachment plays a crucial role in this development. Perry & Pollard (1998) describe brain development as sequential and use-dependent and identify the significant role that the environment plays in this process. A key factor in the environment is the primary caregiver and their ability to provide safe, nurturing, predictable, and repetitive experiences that facilitate this development. Siegel (2001) describes the key element in attaining complex brain development as the combination of differentiation (component parts being distinct and well developed in their own uniqueness) with integration (clustering into a functional whole). He argues that human relationships involve these elements and are necessary to nurture this development within the brain.

### **Link with Resilience**

Much attention has been drawn to the adaptability of human beings and their ability to overcome adversity. Research focused on the concept of resilience has attempted to identify those factors that enable some children to achieve positive outcomes in the face of adversity. This concept developed from research on stress and coping in children and represents a shift from identifying those factors that place children 'at risk'; to exploration of those factors which serve to protect children who could be considered 'at risk'. Longitudinal research such as that conducted by Werner in Hawaii demonstrated that children born in 'at risk' circumstances did not all fare badly (Werner & Smith 1982). Other research by Rutter and Garmezy which explored biological, developmental and environmental risk factors produced similar findings (Rutter & Garmezy 1983, Haggerty 1994).

To summarise these findings it is clear that three factors are significant in determining the difference between those children and young people who prove to be resilient in the face of adversity and those who do not. These are: the characteristics of the child including temperament, high self esteem, internal locus of control and autonomy; the presence of a supportive family environment; and a supportive person or agency in the environment (Compas 1987, Brown and Rhodes 1991, Garmezy 1994).

It is very clear from these descriptions that resilience is not an isolated individual characteristic. It is difficult to see how any of the three main factors that contribute to resilience could be acquired outside the context of secure and consistent attachment. The individual characteristics are unlikely to develop in a child without a relationship with at least one other adult in whom they feel worthy and loveable. Competence and problem-solving abilities are linked to self-esteem and early learning at home lays the foundation for later development. Research by Matas et al (1978) established a link between attachment and competence at two years. George and Solomon (1989) identify a strong association between the mother's internal working model and the encouragement of competence in six-year-olds.

Cohn (1990) describes a link between secure attachment and social competence with peers and adults at school. Autonomy is another individual characteristic associated with resilience. Rutter (1998) makes a distinction between attachment and dependency and points to the paradoxical situation that exists:

"Infants with secure attachments at twelve and eighteen months are less likely than other infants to show high dependence at four to five years of age. Secure attachments tend to foster autonomy rather than dependency". (Rutter, 1993:114)

Availability of family support is identified as the second important aspect of resilience and it can be argued that such support is unlikely to exist without some degree of secure attachment. External support is the third factor and again this can be linked to attachment. Children who have experienced secure attachment are more likely to have a positive perception of themselves and of others. Such a perception is important in forming relationships with adults and peers. While I am sure there are children and young people who have been able to access positive relationships outside the home which have helped them overcome disadvantage, it is likely that children with positive relationships and expectations are at an advantage in accessing such relationships. The research on resilience is particularly relevant to children who come into care, as they are likely to have come from very adverse circumstances.

The significance of the early relationship experiences of infants and children cannot be ignored. Research in three different areas, attachment, brain development and resilience all identify the crucial role of the developing child's experience of relationships in laying the foundation for later development. Attachment provides the context within which development takes place. Rather than being one aspect of the child's total experience, relationships with significant others provide the framework within which children learn about themselves, other people and the world around them.

Fahlberg (1988) addresses issues of attachment for children in care and provides a succinct summary of the function of attachment for the child:

"Attachment helps the child:

- Attain full intellectual potential;
- Sort out what he or she perceives;
- Think logically;
- Develop a conscience;
- Become self reliant;
- Cope with stress and frustration;
- Handle fear and worry;
- Develop future relationships;
- Reduce jealousy.

(Fahlberg, 1988:13)

A crucial aspect of attachment theory in the social work context is evidence that children strive to form attachments in the face of rejection, abuse and other adverse experiences. Indeed the evidence suggests that where needs are not met the child becomes more 'clingy' (Rutter 1993:114). Only in the most extreme situations do children withdraw completely (Crittenden 1988). This can lead to assumptions about the child's attachment to birth parent(s) or other adults that fail to recognise the detrimental effects of long term exposure to a situation in which the child strives for recognition and signs of affection in spite of repeated experiences of neglect, rejection, abuse or abandonment.

## **Relevance to the Caregiving Situation**

**Children's Behaviour** Children coming into care are unlikely to have experienced secure attachment. The circumstances that led to their placement away from the family of origin are likely to have mitigated against this. There may be some exceptions. When a child has established a secure attachment and experiences disruption of this, they fare better than children who have never experienced secure attachment. There is evidence that once secure attachment has been established this can be transferred.

When a child has never experienced secure attachment, their ability to trust is severely limited. Experience is likely to mean that they are very wary of adults and may expect the worst. At the very least, they have been let down by adults, and at the worst they have suffered emotional, physical and/or sexual abuse. Most children coming into care have experienced the world as a chaotic and dangerous place. Their internal working models have been developed from these experiences and they will have developed strategies to protect themselves. These strategies are based on the patterns of attachment discussed earlier. Some children are extremely withdrawn, silent, watchful and anxious. Months and years later they may still retreat into this state when stressed or insecure. This behaviour is very stressful for caregivers and I have been told by experienced caregivers that a disruptive child is preferable. At the opposite end of the continuum are the children who test every limit and need to be constantly on the move. Often volatile and loud they create chaos wherever they go.

Perhaps the most difficult are the children who have been described by Rene Hoksbergen (1997) as suffering the "bottomless pit syndrome". These children have very low self-esteem. They have a phenomenal memory for negative events and no ability to store and recall positive experiences. They are often chronic bed wetters. There may be issues with food - slow eaters or refusal to eat anything but junk food. These children often do not like to go to bed and have a range of delaying strategies. They may wake during the night and are likely to have nightmares, which they may or may not remember. It is very difficult to reason with these children and they often do not remember simple instructions or routines. There is often a feeling that they are not connected to the family they are living with and this may continue over months and years. These children may also exhibit behaviours at both of the extremes mentioned previously - withdrawal and acting out.

Children coming into care may not have internalised any of the normal rules that govern daily existence. They are likely to be experiencing a wide range of emotions that they are unable to sort out and may not even be able to label appropriately. These emotions spill over in all sorts of situations. They often rely on external cues. However, their cooperation with directions is by no means guaranteed. Secure attachment establishes a framework within which learning on all levels can take place. In the absence of secure attachment, there may be no framework. The child's ability to learn, especially to learn about social relations and expectations is severely impaired. Attachment is a necessary prerequisite to cooperation. While a child remains insecure in their attachments to adults, there is no good reason to comply with requests or instructions.

I believe that attachment is the single most important issue in working for change with these children. Behavioural strategies are either dismal failures or have limited short-term success only. These children have no core. The first step is to begin to develop this. A significant relationship is crucial to this process. However as many highly motivated caregivers will testify it is not that easy! There is limited research on the long-term impact of disruption. However, the research that is available suggests that caregivers may need to be much more sensitive than is the case in more typical situations (Howes, 1999).

## **The importance of matching**

One of the reasons that secure attachment is so elusive is that both the caregivers and the child have internal working models based on their own unique experience of relationships. The caregiver's ability to respond to a particular child will largely depend on how well their experience, and the expectations they have, enable them to respond to the child's behaviour and especially the child's reaction to them. For example if a caregiver has learned to cope with disappointment in relationships by withdrawing and an avoidant child is placed with them the chances of establishing secure attachment are very limited. The caregiver is likely to feel punished by the child's lack of response and may cease to initiate contact with the child. This withdrawal simply serves to intensify the child's avoidant behaviour. The same caregiver may be much better able to cope with a child who acts out. The situation is further complicated when placement is sought for siblings. In my experience, children from the same family may develop different patterns of attachment. It is not uncommon for one child to have developed an avoidant pattern and another child to have an anxious pattern characterised by attention-seeking behaviours. Coping with these two very different children is extremely demanding and is probably only manageable for caregivers with very secure attachment experiences in the past and the present.

This raises important issues about how we assess caregivers and select placements. Given the shortage of caregivers and their voluntary status it can be difficult to go into the depth of interviewing that is necessary to assess their particular strengths and weaknesses in relation to attachment. However, if we do not we increase the risk of placement breakdown. Mary Main's Adult Attachment Interview allows an in-depth exploration of adult attachment (Hesse, 1999). However considerable expertise and training are necessary and it would not be appropriate for social workers to routinely use this as part of assessment. However, when placing children with very disturbed behaviour related to attachment it may be appropriate to offer potential caregivers the opportunity to explore these issues with a counsellor or therapist who has knowledge of attachment. In all situations caregivers should learn about attachment as part of their training and social workers should include discussion of these issues during their assessments. I have introduced attachment theory to experienced caregivers in training sessions and have worked with attachment issues between caregivers and the children in their care. In both forums, I have found that many caregivers respond very well to information about attachment and that it helps them make sense of children's behaviour. It also helps them develop different strategies for dealing with difficult behaviour.

## **What can be done?**

One of the important aspects of attachment is that internal working models can be revised and modified as the result of new experiences. Adults who have resolved difficulties associated with early attachment problems may have a lot to offer children in need of care. It is not a matter of finding "perfect" people. However, it is important to remember that to build secure attachment the key is the sensitive responsiveness that is so important in infancy. The basic needs of the baby are still unmet in the child who is not securely attached. These include:

- The need to be understood and responded to;
- The need to be held;
- The need to be enjoyed and admired. This can be a tall order when we consider some of the children who come into care.

**Eye contact** is often extremely important. Children who come into care may have no expectation that adults will respond to them. If they have withdrawn as a way of coping, they may need to be helped to move out of this state. Eye contact is crucial in this process. Any move out of withdrawal will be experienced as risky and potentially dangerous. If the child feels overwhelmed, they will simply

withdraw further. Demanding eye contact when trying to discipline a child, will only result in avoidance. Eye contact needs to be built up at times when positive interactions are taking place. Once this is established, the child can be encouraged to maintain eye contact in more stressful circumstances. Without eye contact the child is not able to see any positive reflection of them selves in the eyes of adults and this is the first step to feeling understood and having a sense of being enjoyed and admired.

There are cultural issues in relation to eye contact. For some children direct eye contact with an adult is disrespectful and the child may have been punished for this in the past. In these situations, it may still be possible to build up eye contact during positive interactions.

**One-to-one time** with the child is very important. While this may be difficult in a busy household one strategy is to set aside five minutes each day that is the child's special time. Persistence and patience are essential requirements in implementing this strategy, as it may be a long time before the child responds. The purpose is to demonstrate to the child that they are important enough to receive you undivided attention and that you are interested in what they have to say. The more difficult the child, the longer it will be before there is a positive response. Withdrawal and anger may co-exist and a child may alternate between them. Finding a middle road may take time and a great deal of patience. Finding safe ground such as activities that the child enjoys doing with you can be very important in this process. It is also important to remember that children in care may have missed out on opportunities that we take for granted, such as the chance to engage in messy play or water play. Such activities have therapeutic potential and should be encouraged.

**Holding** is very important. Damaged children often resist this. However, holding has been demonstrated to be effective in a wide range of situations. This technique is based on the physical holding of children, even while they protest. Clearly, there are problems implementing this strategy with older children and with children who have suffered abuse. It is advisable for caregivers wishing to work with children in this way to have the support of a trained therapist. However, holding can be achieved in other ways, for example sitting with children, being with them while they are playing, tucking them into bed and staying with them, reading to them.

**Counseling or therapy** may be valuable. Often this is seen as a last resort but with attachment related issues, early intervention is most important. Some counselors and therapists have expertise in working with attachment issues. Strategies are available that focus intervention on the attachment relationship. These include joint sessions for the caregiver and child providing an opportunity for one-to-one interaction in a supportive environment. This type of intervention early in placement may greatly reduce the risk of placement breakdown. Counseling or therapy on their own cannot "fix" children. Healing is a life long process for children who have experienced trauma. The most significant contribution to healing comes from everyday experience and interaction. It is therefore important that any therapy involves caregivers and that they are in turn, supportive of therapeutic intervention and willing to be involved in the process.

Another useful resource for the child is a **life storybook**. Many of the children who come into care have complex and confusing life stories. They may not have any clear idea of the sequence of events let alone the reasons for these events. A life storybook in which the child is the central character is helpful to the attachment process as it helps make sense of the child's life. We cannot protect children from their own lives. No matter how painful their experiences we cannot take them away. We can however help children to live with them. Putting together a life storybook can be a therapeutic experience that provides an opportunity to talk about significant people and events. Often social workers do not have the time to undertake this task. However with information, and

support from social workers, caregivers may be able to work on this with a child. This is particularly important in long term placements and can be a valuable means of facilitating the attachment process.

There is more to caregiving than meeting the child's immediate needs for physical care. Many children in care have given up any hope of being listened to, let alone responded to with care and concern. There is evidence that children value the experience of caring relationships with adults who listen and who are consistent in their response (Butler & Williamson, 1994). The value of this may not be fully appreciated in the short term but Alice Miller (1990) has suggested that the presence of an **enlightened witness** may be a significant factor in the lives of children who succeed against the odds. By paying attention to a child caregivers may be making a far greater contribution than they realise. Fulfilling this role is more likely when there is a good match between caregiver and child, especially in relation to patterns of attachment.

Smith et al (1999) found that many children did not have a good understanding of why they were in care or the processes by which decisions get made. Professionals often assumed that caregivers explained these things to children. This is a high level of responsibility and it may be that sometimes the role of enlightened witness has to be extended to that of **advocate**. Sometimes it is necessary to speak out on behalf of children to ensure that those who have power in their lives hear their voices. It is important that in doing so we do not further disempower children. We often underestimate the ability of children to participate in planning.

### **Wider Issues**

There are four other issues are of critical importance in the work of caregiving. The first is **information**. In order to provide care and work for change it is helpful to know as much as possible about the child's previous experience. It is important that this information is viewed as a resource in facilitating understanding rather than as evidence of how hopeless the situation is. It is also important that caregivers are given a realistic assessment of the child's potential and that any learning difficulties or health problems are appropriately assessed and the information shared with caregivers. Caregivers need to have some idea of what to expect and knowledge of the child's early experiences and the impact this has had on them, particularly their ability to relate to others is very important.

The second issue is **support**. When working with children who have attachment difficulties it is important that caregivers' needs are met by others in their environment. It may be a long time before the child responds in the way we would expect. Many foster parents have found such children to be a constant drain on emotional energy. A great deal of support is required to care for these children in a way that creates the opportunity for secure attachment to begin to develop. The needs of some children are so great that it may be unrealistic to expect one family to meet them. In these situation it is much wiser to put in place a network of support rather than risk burning-out caregivers.

**Access** with the child's family is a significant factor in working with attachment issues. It is important to be clear about the focus of the work - is care a temporary arrangement with a planned return home or is care designed to be long-term with no immediate plan for return home? Children often remain loyal to their families of origin in spite of extremely damaging experiences. Of even greater concern is their desperate need for their parent(s) to demonstrate love for them. At the same time that caregivers are attempting to establish meaningful relationships with them, they continue to grapple with the complexities of their families of origin. Caregivers must have the capacity to tolerate this and support children in resolving these issues. In my experience, many caregivers struggle with this, feeling that their job would be simpler and that the child would be happier if there was no

contact. This is another aspect to be taken into consideration when assessing caregivers and when making a particular placement.

It is important that the child's needs are the focus of access arrangements and that the impact of access is monitored. Emotional reactions are to be expected and are not necessarily a reason to stop access. However if access is causing so much disruption that it prevents the formation of attachment then arrangements must be reviewed. The critical issue in determining access is the primary attachment of the child. If this is deemed to be with the family of origin the appropriate goal is return home in the foreseeable future and placement needs to be with caregivers who are willing to facilitate that goal. If the child cannot return home in the foreseeable future then the child should have the opportunity to establish a primary attachment in another family. The appropriate goal is permanent placement and it is important that access arrangements are consistent with the achievement of this goal. Ongoing work with the family of origin may be necessary to ensure that access is positive for the child and that it is not used as an opportunity to undermine the child's developing attachment in the new placement.

The final issue is **that of teamwork**. A lot of people are involved when a child is in care. It is important that working relationships are established and maintained between all of the parties involved. This includes the child's family of origin, caregivers, social workers, lawyers, teachers, health professionals, and counselors. There may also be previous caregivers. An important part of these working relationships is clarity about the goal for the child. All too often conflict and confusion cut across these relationships. Adult issues may get in the way and when this happens, the child becomes invisible (Atwool, 1999). Continuity of relationships is important. If the child moves to another placement or returns home, attention needs to be paid to contact with people who are significant for the child. This includes other children, siblings and friends as well as adults. If children are to experience secure attachment relationships these must be the focus of decision-making.

## **Conclusion**

Parenting is a challenging task that is undervalued in our society. Caring for children who have experienced disruption and abuse is even more challenging. I believe that attachment provides the key to success for both caregivers and children. Energy is often poured into working for behavioral change and the outcome is often frustration and a sense of failure for both caregivers and children. This energy would be better directed to working on the development of secure patterns of attachment. Once children have begun to develop trust and confidence, they are more accepting of guidance and direction. Furthermore, there is nothing more rewarding for a caregiver than the smiles and the cuddles that come from children once they have begun this process.

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