

“Understand attachment disruptions: Promote healthy attachments”

April 2011

Lark Eshleman, PhD

“My daughter is so oppositional and needs control of absolutely EVERYTHING. It's unbearable!” “Our child won't let us show him affection and breaks every present we give him, even though we've loved him unconditionally since he came to us 7 years ago. Why is that?” “Please help! Our son isn't doing well at school or socially, even though he's very smart and awfully sweet. We don't understand and therapy hasn't helped.”

These painful questions from real parents highlight that disorders of attachment come in all shapes and sizes, and look very different in behaviors. What is true, however, is that even these very different behaviors most likely come from the same basic root causes.

This article, then, will talk about causes of attachment disruptions. And we will begin the discussion of how attachment disruptions can be successfully healed, through attuned parenting and therapeutic interventions.

First, healthy attachment means the child's ability to trust other people, and to let those trusted people function in their natural role – as parent, teacher, friend, etc. And attachment is reciprocal ... it means that the child can also function in his or her natural role – as child, student, friend, member of a family, ready to receive love and direction without fighting nurture, authority, or guidance!

When a child doesn't learn this first, most important job of attachment the right way -- when she learns that parents cannot be trusted to do their job of loving, nurturing, protecting, meeting her needs -- then the child tries to take over that role on her own as best she can – taking control of her life and surroundings (be controlling). Or he convinces himself that he doesn't need nurture since when he needed it in the beginning, it wasn't there for him (pushes away parents' affection). Or, she puts so much effort into being “on alert” to protect herself from whatever abuse may be coming, that intellectual development is short-circuited and this becomes an ingrained brain function – survival and self-protection come first, academic and social attention is interrupted or compromised. Let's explore how and why.

First, two quick considerations. One: disruptions in attachment can happen to any child in any family, not just adopted or foster children in adoptive or foster families, institutions or orphanages. Any child may experience disrupted attachments, as you will see from the list of possible causes (see box). Two: this article is an introduction. More information about each facet of material presented here can be found on my website, (see box) and I invite you to visit me there. I will also be offering practical information and examples of things to do at home in a regular column in *Fostering Families*, beginning in May/June, 2011.

Seemingly small or short “insults” to the intimate caregiver-infant relationship, if not quickly and thoroughly repaired, can lead to major damage to otherwise normal development of basic

relationship-building as the child grows. Think of small cracks in the foundation of a house, getting bigger and more dangerous over time as more weight of the building is added to the structure on top of the foundation.

(List adapted from ATTACH.org) **Common Causes of Attachment Problems (Highest risk if these occur in first two years of life, but could occur in utero and during first five years.)**

- 1. Sudden or traumatic separation from primary caretaker (through death, illness, hospitalization of caretaker, or removal of child)**
- 2. Physical, emotional, or sexual abuse**
- 3. Neglect of physical or emotional needs**
- 4. Illness or pain, not alleviated by caretaker**
- 5. Frequent moves, placements, or changes in primary caregiver(s)**
- 6. Inconsistent or inadequate care at home or in child care, which must include holding, talking, nurturing, besides meeting basic physical needs**
- 7. Chronic depression of primary caretaker (i.e. postpartum depression, severe, ongoing stress)**
- 8. Neurological problem in child, interfering with perception of or ability to receive nurture (i.e. babies exposed to crack cocaine in utero)**

Based on these first critically important relationships, children learn the template for how to trust people enough to love and be loved. They learn to tell the difference between “safe” and “unknown” people. This allows children to begin to form friendships, learn normal social skills, feel empathy for others, and experience real, positive feelings about others, and themselves. And it allows them to learn to feel relaxed and safe in a relationship and in a family. If a child does not feel safe, then they constantly have to be “on guard,” waiting for the next hurt, for “the other shoe to drop.” And yes, this happens even after years of living in a safe, protective, loving family. Remember, their developing baby brains have learned that “life isn’t safe”, and they need help to become “unstuck” from this unhealthy state of living/being/functioning.

Added to these earliest misinterpretations, there is now information that early emotional traumas, such as these mentioned above, also interrupt certain biological development, notably self-regulation and sensory integration. Research is studying connections between attachment interruptions and behavior problems, learning problems, and simply a child’s ability to calm down and be relaxed. Further study will give us more information. Meanwhile, we now have very helpful parenting tips and safe therapeutic treatments to address these “mix-ups” in a child’s development.

See [www.attach.org](http://www.attach.org) for a complete list of most common behaviors to see if your child may be at risk for attachment disruptions.

Most important, how do we fix these problems for our Little Ones? First rule of thumb: “The earlier, the better, but it’s never too late!” Second rule? Fix the “broken foundation” (compromised attachment), not just the structure on top (outward behaviors). With the complexity of behaviors, is it possible for any one type of therapy to treat all whole child? And how about you and your family? How do we know which combination of therapies, and where treatment should start?

You would not take our child to a general practitioner for a complex medical condition. Neither do you want a therapist who treats only behaviors when the cause for these behaviors may be

underlying attachment disruption, unresolved trauma, poor self-esteem or impaired sensory integration.

To begin, I encourage you to check out EEG Biofeedback and sensory integration treatment for self-regulation and calming, Eye Movement and Desensitization Reprocessing for trauma resolution, and narrative therapy for re-developing a positive sense of self and for learning healthy attachment. See information box and my website <http://www.larkeshleman.com> for information on these and more. Further information will come in future articles.