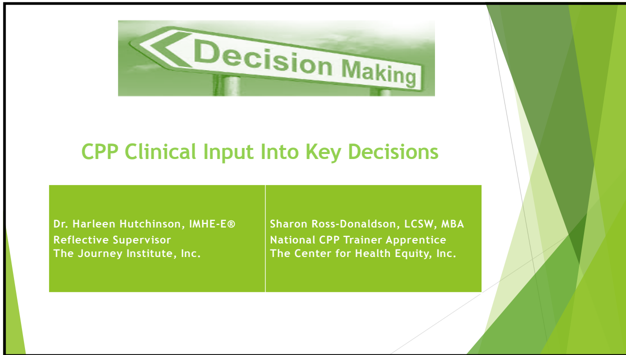

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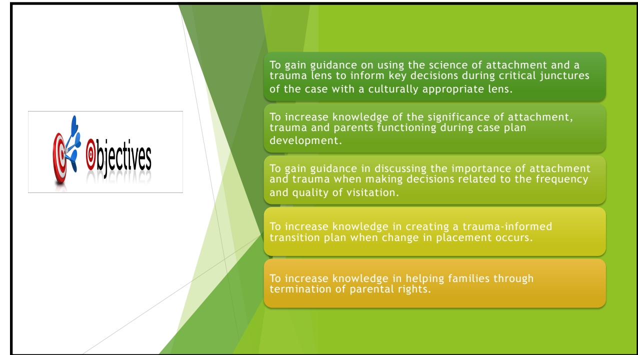

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How Does The Science Of Attachment Inform Our Work?

Our work has to be informed by our knowledge that:

- Infants are ***born with a biological instinct to become attached to a primary caregiver*** in order to ensure their physical survival and emotional well being.
- Attachment is a ***strong emotional bond*** that *develops* between an ***infant and their primary caregiver.***
- The forming of attachment for the infant has to come from ***consistent care from a person who is reliable and predictable.***
- Infants can form multiple attachments if ***care is consistent.***

3

How Does The Science Of Attachment Inform Our Work? C*ont.*

The Science tells us that the signs of attachment include:

- ***Social referencing***: By about 6 months of age, infants begin to look to their caregiver to determine how to respond in new or different situations.
- ***Separation anxiety:*** It begins at about 6 to 8 months of age, is most intense at 14 to 18 months. This refers to severe distress that occurs when a child is separated from their primary caregiver.
- ***Stranger anxiety:*** By about 8 to 10 months, infants become very anxious and fearful in the presence of a stranger, especially when a caregiver is not nearby or when the caregiver does not respond positively to the stranger. Stranger anxiety continues until about age 2 and then diminishes.

4

How Does The Science Of Attachment Inform Our Work? C*ont.*

The Science tell us that attachment has four distinct patterns:

- ***Secure attachment:*** A securely attached infant is mildly upset by their mother's absence and actively seeks contact with her when she returns.
- ***Insecure (anxious)/ambivalent attachment:*** A infant exhibiting this attachment pattern becomes very disturbed when left alone with a stranger but, is ambivalent when their mother returns and may become angry and resist her attempts at physical contact.
- ***Insecure (anxious)/avoidant attachment:*** An avoidant infant shows little distress when their mother leaves the room and avoids or ignores her when she returns.
- ***Disorganized/disoriented attachment:*** An infant with this type of attachment exhibits fear of their caregiver, dazed or confused facial expressions, and other disorganized attachment behaviors (e.g., greeting their mother when she returns but then turning away from her).

5

6

Significance of Attachment in Case Plan Development

- Level of Parent's cognitive protective capacities.
- The Child's cognitive level of functioning.
- The Quality of the Parent-child relationship.

7

Parent's Cognitive Protective Capacities

This refers to specific intellectual, knowledge, understanding and perceptions that contribute to protective vigilance for what we look for in the protective shield.

- Is self-aware
- Intellectually able
- Understands and recognizes threats
- Recognizes and responds to child's needs
- Understand protective shield role
- Plans and articulates plans for protection

8

Child's Cognitive Level of Functioning

- How is the child functioning from day to day?
- Is the child showing mental health or behavioral problems, including symptoms of post-traumatic stress?
- Where is child developmentally? Remember children who suffer trauma often suffer experience developmental arrest. A child's biological age may differ greatly from their developmental capacities.
- Where is child's ability to self regulate?
- Is the child able to trusts adults?
- What is the child's physical capacities, ability to make needs known, play and interact.

9

The Quality of the Parent-child Relationship

- Parent is aware that a loving nurturing relationship enhances emotional and mental development of a child
- Parent is in tune to child cues (remember to look at this from cultural influences so we don't misread attunement)
- Parent is empathic to child's feelings and puts child's needs first
- Parent is expressive with the child and there is a sense of a back and forth in their communications
- Parent is responsive during interactions with child and knows and matches child's temperament
- Parent expressive joy during interactions and play time with child

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Role of Attachment, Trauma During Case Plan Development

Consider	Consider the cognitive functioning of parents
Use	Use evaluations, (etc. psychological evaluation, parent child relationship scale, PITA, biopsychosocial assessment, etc. to inform case plan development)
Consider	Consider the parent's complex trauma. Remember we must be trauma sensitive and trauma responsive
Consider	Consider the developmental stages of the child and trauma exposure

11

Role of Attachment, Trauma During Case Plan Development, *Cont.*

- What does the child need emotionally, physically, and developmentally ?
- Which of these needs can the parents meet on their own?
- Which of these needs will the parents need outside assistance?
- What resources does this family have that can be developed and mobilized?

12

Connection Between Trauma & Frequency of Visitation

Key areas that needs to be considered when the goal is reunification:

- The frequency
- The duration

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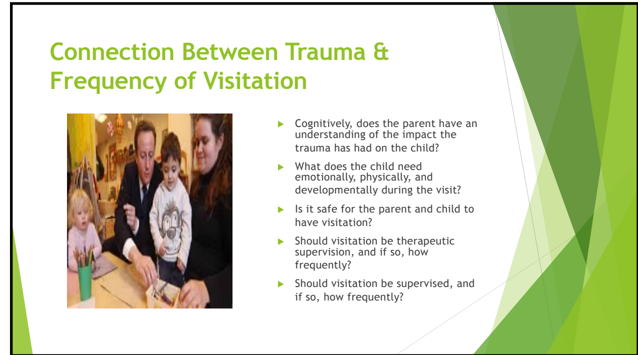

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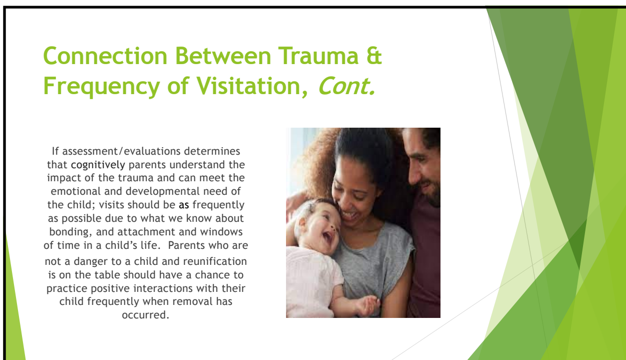

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