

Advanced Attachment Briefing Paper The Fostering Communities Programme

Contents

			Page
1.	Background		3
	1.1. 1.2	About The Fostering Network The Fostering Communities programme	3 3
2.	Intro	duction	3
3.	Adva	anced attachment revisited	4
	3.1 3.2 3.3 3.4 3.5	Ambivalent attachment characteristics	5 6 6 6
4.	Blocked care		7
	4.1 4.2 4.3 4.4 4.5	Examples of signs and symptoms of blocked care	7 8 8 8 9 9
5.	Conclusion		11
6.	Resources		12
7	How The Fostering Network can help		13

1. Background

1.1 About The Fostering Network

The Fostering Network is the UK's leading fostering charity. We are the essential network for fostering, bringing together everyone who is involved in the lives of fostered children. We support foster carers to transform children's lives and we work with fostering services and the wider sector to develop and share best practice. We work to ensure all fostered children and young people experience stable family life and we are passionate about the difference foster care makes. We champion fostering and seek to create vital change, so that foster care is the very best it can be.

We have been leading the fostering agenda for more than 40 years, influencing and shaping policy and practice at every level. As a membership organisation we bring together individuals and services involved in providing foster care across the UK. We have approximately 60,000 individual members and nearly 400 organisational members, both local authorities and independent fostering providers, which cover 75 per cent of foster carers in the UK. Our views are informed by our members, as well as through research; in this way we aim to be the voice of foster care.

1.2 The Fostering Communities programme

Fostering Communities is a national programme of improvement and support led by The Fostering Network in Wales and funded by the Welsh Government from 2020 – 2023. The programme supports looked after children and their foster families throughout Wales, by improving wellbeing outcomes for children and increasing the competence, confidence and motivation of the fostering workforce.

As part of our Fostering Communities programme we will be producing a <u>series</u> of <u>briefing papers</u> for the fostering community in Wales which will cover a range of relevant and useful topics.

2. Introduction

There are various definitions of 'advanced attachment'. In this document it is used to mean linking the theory of attachment to the practice of caring for children. This link, between theory and practice, is essential to care for those who have experienced traumatic events, such as being separated from birth parents.

What we do know is that children, however young, internalise traumatic experiences and develop strategies that enable them to survive and navigate through life and relationships, as best they can.

Attachment theory pioneered by John Bowlby¹ provides a framework for understanding how infants learn about and develop relationships. Simply put, attachment is a

Advanced Attachment 3

¹ Bowlby, J. (1969). Attachment and loss. (OKS Print.) New York: Basic Books.

connection that an infant develops with their caregiver and the patterns of behaviour (known at attachment styles) that develop to best sustain that relationship.

Attachment is a vast and hugely interesting subject, and at the end of this document additional resources are highlighted to help you explore further.

With huge strides in research in neuroscience and neurobiology, and the availability and wide coverage of the Adverse Childhood Experiences study, (VJ Feletti et al 1998 and Public Health Wales²) we are better informed than ever about the impact of early childhood adversity and the development of attachment behaviours for survival.

Unfortunately, traditional parenting styles often exacerbate insecurity and shame-fueled reactions in children in foster care. There is no quick fix... it can be a long process, often taking one step forward and three giant steps back!

Foster carers will naturally feel challenged by how best to respond to the challenges of caring for children who have experienced developmental or relational trauma. How do foster carers respond to these challenges in a way that promotes connection and healing and avoids blame and shame?

This briefing paper aims to:

- revisit the basics of attachment theory
- look at its importance to the fostering task
- · explore the concept of blocked care
- highlight why self-care is so vital
- provide practical strategies grounded in attuned and responsive connections between you and the child in your care

All of this will be based on the model of 4 R's (Dr Bruce Perry),³ combined with the PACE model (Dr Dan Hughes).⁴

Remember, as the child in your care has developed patterns of behaviour (attachment styles) to have their needs best met, so too have the adults caring for them. Indeed, as foster carers it is important to have an awareness of one's own attachment history and how your 'go to' strategy at times of stress and tensions are awakened from time to time.

3. Advanced attachment revisited

Attachment is an emotional bond with another person. Bowlby believed that the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life. He suggested that attachment also serves to keep the infant close to the mother, thus improving the child's chances of survival.

The central theme of attachment theory is that primary caregivers who are available and responsive to the infant's needs (for most of the time), allow the child to develop a

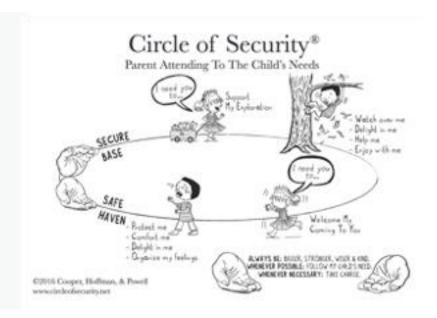
² https://gov.wales/review-adverse-childhood-experiences-ace-policy-report-html

³ Perry, B. https://www.childtrauma.org/

⁴ Hughes, D. https://ddpnetwork.org/

sense of security. The infant knows that the caregiver is dependable, which creates a secure base for the child to then explore the world.

3.1 Circle of Security⁵



Cooper, Hoffman and Powell (2016)
Circle of Security International
Available from:
https://www.circleofsecurityinternational.com/circle-of-security-model/what-is-the-circle-of-security/(Accessed 22 October 2021)

In her 1970's research, Mary Ainsworth⁶ expanded greatly upon Bowlby's original work. Her 'Strange Situation' study revealed the profound effects of attachment on behaviour.

Based on the responses the researchers observed, Ainsworth described **three major styles of attachment**:

- · secure attachment,
- · ambivalent-insecure and
- avoidant-insecure attachment.

Later, researchers Main and Solomon (1986)⁷ added a **fourth attachment style**, based on their own research:

· disorganised-insecure attachment.

Advanced Attachment 5

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⁵ Cooper, Hoffman & Powell. (2016) Circle of Security

⁶ Ainsworth MD, Bell SM. <u>Attachment, exploration, and separation: Illustrated by the behaviour of one-year-olds in a strange situation.</u> *Child Dev.* 1970;41(1):49-67. doi:10.2307/1127388

⁷ Main, M. & Solomon, J. (1986) Discovery of a new, insecure-disorganized/disoriented attachment pattern. In T. B. Brazelton & M. Yogman (Eds), Affective development in infancy, pp. 95-124. Norwood, New Jersey: Ablex.

Several studies since that time have supported Ainsworth's attachment styles and have indicated that attachment styles also have an impact on behaviours later in life.

3.2 Secure attachment characteristics

As children:

- Separate from parent easily
- Seek comfort from parents when frightened
- · Greet return of parents with positive emotions
- Prefer parents to strangers

As adults:

- Have trusting, lasting relationships
- Tend to have good self-esteem
- Share feelings with partners and friends
- Seek out social support

3.3 Ambivalent attachment characteristics

As children

- May be wary of strangers
- Become greatly distressed when parents leave
- Do not appear comforted when parents return

As adults

- Reluctant to become close to others
- Worry that their partner does not love them
- · Become very distraught when relationships end

3.4 Avoidant attachment characteristics

As children

- May avoid parents
- Do not seek much contact or comfort from parents
- Show little or no preference for parents over strangers

As adults

- May have problems with intimacy
- Invest little emotion in social and romantic relationships
- Unwilling or unable to share thoughts or feelings with others

3.5 Disorganised attachment characteristics

- The child has trouble organising their behaviour at times of stress.
- As they grow older, they learn to control relationships to force predictability.

4. Blocked care

Hughes & Baylin (2012)⁸ introduced the phenomenon of blocked care, a neurobiological process where the caregiving function is disengaged.

"The primary source of interference with caregiving is unmanageable stress associated with the experiences of parenting and, in most cases, some aspects of the parent's own attachment history." (p83)

There is a risk of blocked care if the child's attachment behaviours, such as being avoidant or oppositional, make it difficult for parents/carers to engage in a warm, reciprocal relationship with the child.

4.1 Types of blocked care

- **Chronic** carers are at risk of 'chronic blocked care' when there are unresolved issues of loss, grief or abuse in their own attachment histories.
- Acute blocked care carers are at risk of 'acute blocked care' when there is a
 major life changing event, such as a bereavement, redundancy, divorce and
 so on.
- Stage specific carers are at risk of this type of blocked care when stages of a child's development change the dynamic of the relationship and 'trigger' memories or issues from their own attachment histories, for example 'the terrible twos or teenage years.
- Child specific this is the most common type of blocked care in fostering. It relates to carers' expectations of child 'This is not what we signed up to'. It may be based on the child's appearance, temperament or mannerisms, that may 'trigger' past implicit memories from their own attachment histories. When this happens, it impacts on the bodies 'reward' system.
- "In stressed-out survival-based brain mode, that is, in a state of blocked care... the vital functions of self-awareness and self-monitoring are offline, along with keeping in touch to the child's thoughts and feelings, and the processes of conflict resolution and problem solving" (chapter 3, page 95).

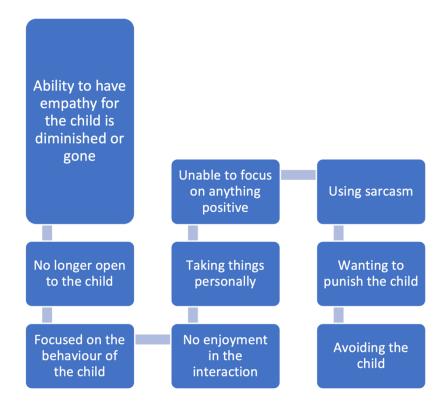
Hughes, D. and Baylin, J. (2012) Brain-Based Parenting: The Neuroscience of caregiving for healthy attachment Norton & Co. NY. London.

Advanced Attachment 7

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⁸ Hughes, D & Baylin, J (2012) Brain- Based Parenting: The Neuroscience of caregiving for healthy attachment. Norton & Co. NY. London.

4.2 Examples of signs and symptoms of blocked care



4.3 What can you and others in the foster family do to avoid blocked care?

- Accept that parenting a child who resists connection, nurturing and love will inevitably lead you from time to time to withdraw from the relationship.
- Be aware that your own attachment history can be activated by the child's avoidant or oppositional behaviours.
- · Seek out good, supportive, reflective supervision.
- Seek advice on recommended reading and/or training courses.
- Taking good care of yourself to enable you to maintain your resilience for the long term.

4.4 The importance of self-care

Let's be realistic, it is extremely difficult to effect immediate change in a child's behaviour responses, but the good news is that you can effect change in your own behaviour:

- How you think,
- how you manage your emotions and
- how you act

will have a big impact.

4.4.1 Take 5 - Five steps to improve your wellbeing

Here is a set of practical, evidence-based ways for improving everyone's mental health and wellbeing.⁹

- Connect connect with the people around you: family, friends, colleagues and neighbours at home, work, school or in your local community. Think of these relationships as valued cornerstones of your life and spend time developing them. Building these connections will support and enrich you every day and restore your own strengths and resilience.
- Be active go for a walk or run, cycle, play a game, garden, or dance.
 Exercising makes you feel good. Most importantly, discover a physical activity that you enjoy; one that suits your level of mobility, fitness or current disability.
- Take notice stop, pause, or take a moment to look, absorb and take in everything around you. What can you see, feel, smell or even taste? Look for beautiful, new, unusual, or extraordinary things in your everyday life and think about how that makes you feel.
- Keep learning don't be afraid to try something new, rediscover an old hobby or sign up for a course. Take on a different responsibility, fix a bike, learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy. Continuous learning a range of new things will make you more confident, as well as being fun to do
- Give do something nice for a friend or stranger, thank someone, smile, volunteer your time or consider joining a community group. Look out as well as in. Seeing yourself and your happiness linked to the wider community can be incredibly rewarding and will create positive connections with the people around you.

4.5 Practical strategies

The key message from research and experience is to:

- 'Connect (regulate, relate,) then
- correct (reason).

Dan Hughes, when discussing 'rupture-repair' suggests that it is the adult's responsibility to repair when there is a rupture in the relationship, rather than the child's.

A positive mindset will certainly contribute to your confidence in dealing with the challenges the child presents. One key message, however, is that it is impossible for a child to regulate when the adult is dysregulated. So, check in on yourself, be curious, 'how am I feeling?', calm your body, mind, and actions¹⁰.

Advanced Attachment 9

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⁹ Take 5 – steps to well-being. Public Health Agency, NI. Publication. (Adapted from work by the New Economics Foundation commissioned by the Foresight Project on Mental Capital and Wellbeing (www.neweconomics.org). Artwork designed in association with Belfast Strategic Partnership

¹⁰ https://www.epinsight.com/

Being consistent and strong is a skill and, just like driving a car is a skill, we all need to learn, through practice and repetition how to do it. Building over time to practice alongside your child is a great first step. Be playful, building in time.

Remember too, stress is contextual – there are many factors within the environment and in our own approach which may inadvertently trigger or sustain emotional dysregulation.

Here are some practical strategies to keep in mind:

You are the model – rather than just making suggestions or telling your child what to do, a regulating activity will be more powerful when it is actively demonstrated. For example, show your child how to breathe in and out; do some star jumps of your own; create something with Lego alongside them.

Structure brings calm – children will feel safer when they know what is happening now and beyond the current activity. At home, this can involve giving the child options of what can happen next, consistent routines for starting and finishing a task, timers/countdowns to prepare for transitions (including moving from one period of the day to another), and directions they can follow one instruction at a time.

Be proactive – set time aside to practice and repeat and build in 'brain breaks' frequently during the day. These time outs can be a few minutes, but they can help reduce demands and help keep your child (and you) on task.

Be curious – get to know your child, observe, and take note. Become their 'expert'. We need to be respectful of individual differences when it comes to what is calming and soothing for a child. One child may love Lego, while another finds it frustrating. One may like the structure of 5-4-3-2-1 grounding, while another prefers to focus on just one sense. Once you know, don't keep it to yourself, pass it on to others who spend time with that child.

Watch your language – once a child has reached a distressed state, we need to resist the urge to tell them to calm down, rather ask 'What's happening?' Your one goal here is to remain consistent and solid in yourself and soothe their distress

Know the child – you may need to give the child space and sit further away (unless their behaviour poses a safety risk), or move closer to provide warmth and security. Slow down your movements and relax your posture, so that you appear less threatening or antagonistic. Use simpler sentences and a softer tone of voice if you need to speak at all. Empathy is a tool that allows us to hear beyond words. It also leads to the healing properties of presence.

Calm down tools – if the child benefits from a calm down area, this shouldn't just be used when they are anxious or distressed. It should also be a place that you can both go to during the good times as well – where you can engage reading a book together, blowing bubbles, sharing a hot chocolate and other soothing tasks. This means that the calm space is associated with positive memories, and it shows that regulating activities aren't just a reaction to difficult moments. Just as a plumber has 'tools for the trade', likewise you can have

some too. For adults, think about grounding activities or what creates a haven for you and members of your family. Have a list of 'go-tos' at hand. For children, have a calm activity box, filled with toys, textures, activities, photos and so on that soothe them.

Be consistent – consistency is a way to provide patterned, repetitive and rhythmic activities which create a sense of calm and safety.

Here are some Here are some activities to try that will engage the child's 'downstairs brain':

- Breathing there are several child-friendly ways to encourage the use of breathing to regulate emotions and calm down. Many are widely available on apps too, see below in Resources.
- Moving "When a child has lost touch with his upstairs brain, a powerful way
 to help him regain balance is to have him move his body."¹¹ For example,
 jogging on the spot, star jumps, 'head and shoulders, knees and toes', space
 hoppers, and physio balls.
- Rhythm use your voice, be melodic. Use musical beats such as clapping, drumming, stomping. Dance, sing bounce a ball. Play 'Simon Says' and 'Row, row, row your Boat'.
- Sensory sand and play dough for squashing, squeezing, and rolling. Blow bubbles, blow football. Absorption/flow activities such as building Lego, writing, colouring, learning to rap, baking a cake.
- Grounding 5,4,3,2,1 grounding the goal of this exercise is to use the five senses to focus on the moment and avoid anxious thoughts getting in the way. Focus on 5 things you can see, 4 things you can feel or touch, 3 things you can hear, 2 things you can smell and 1 thing you can taste. A great activity to distract from difficult endings at the playpark and can be done on the way home/back to the car.
- **Visualisation** encouraging the child to 'go to a happy place'. It might be real or imaginary, for example, the beach, the forest, a disneyland castle. Talk gently and be curious about what they can see, hear, smell. Who is there? Describe the feelings 'sounds like a calm/fun/happy place'. This can be a lovely restful bedtime activity.
- **Gratitude journals** develop a growth mindset and resilience, and increase productivity, happiness and confidence. There are many free printable versions, and they are readily available to buy.

5. Conclusion

Attachment theory and the neuroscientific and biological research into infant brain development, and its application to caring for children who are looked after, is a huge subject which can lead some foster carers feeling overwhelmed and unsure of how to proceed. We hope this Briefing Paper will go some way in addressing that feeling.

There is a wealth of information and training that is accessible. However, without the strategies to reduce stress on yourself and your household, and without good,

Advanced Attachment 11

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¹⁰ Siegel, D. & Payne Bryson, T. (2012) The Whole-Brain Child. Robinson UK

supportive and reflective supervision from the fostering service, foster carers can easily feel 'at sea'.

Often carers attempt a suggested strategy, and it doesn't seem to work, so we give up. But don't give into that feeling. Keep trying, remember repetition, repetition, repetition!

The fostering task often relies on carers 'digging deep', to keep going in the face of adversity, without fears of reprisals or being misinterpreted or misunderstood. Be brave, be curious, be creative, be adventurous and be kind to yourself - it might be all your children have.

6. Resources

Activity/Play

www.Childhood101.com www.theimaginationtree.com

Mindfulness: kids

www.bbc.co.uk/cbeebies/joinin/seven-techniques-for-helping-kids-keep-calm www.biglifejournal.com www.calmforkids.com www.relaxkids.com

Mindfulness: adults

www.calm.com www.headspace.com www.gonoodle.com

YouTube (type them into the search bar of YouTube)

Gozenonline Sesamestreet Belly Breathe song

Other useful websites

www.safehandsthinkingminds.com

www.touchbase.org.uk/therapy/

www.childmind.org/topics/concerns/anxiety/

www.beaconhouse.org.uk/resources/

www.sensoryattachmentintervention.com/

www.epinsight.com/attachment-trauma

www.blissfulkids.com/mindfulness-and-the-brain-how-to-explain-it-to-children/www.helpguide.org/articles/mental-health/emotional-intelligence-eq.htm

Books

Imagine Eating Lemons: A Children's Introduction to Mindfulness by Jason Rhodes Quiet the Mind by Matthew Johnstone

Useful people to become familiar with and read their publications

Karen Treisman

Dr Karen Treisman M E is an award-winning specialist clinical psychologist, trainer and best selling author, working in London. Karen is also the Director of <u>Safe Hands and Thinking Minds</u> training and consultancy services.

Kim Golding

<u>Kim Golding</u> is a clinical psychologist working in Worcestershire. Kim is also an author, a Dyadic Developmental Psychotherapy (DDP) consultant and a trainer.

Louise Bomber

<u>Louise Bomber</u> is qualified as both a specialist teacher, a therapist and a Dyadic Developmental Psychotherapy (DDP) certified practitioner.

Eadaion Breathnach

Eadaion Breathnach is the clinical directory of the <u>Sensory Attachment Centre</u> at Ash Cottage in Co Down, Northern Ireland. Eadaion is also a consultant occupational therapist and attachment counsellor.

Gabor Mate

<u>Gabor Mate</u> is a Hungarian-Canadian physician with a background in family practice and a special interest in childhood development and trauma.

Dan Hughes

Dan Hughes is the founder of the Dyadic Developmental Psychotherapy (DDP) network.

Bruce Perry

Bruce Perry is an American psychiatrist, currently the senior fellow of the Child Trauma Academy in Houston, Texas. His work focuses on the impact of abuse, neglect and trauma on the developing brain, and this has impacted clinical practice and policy across the world.

Lisa Cherry

<u>Lisa Cherry</u> is an author and leading international trainer, working with vulnerable children and their families, whether in an education setting, within the criminal justice system or through fostering and adoption.

Sarah Naish

<u>Sarah Naish</u> is an author and adoptive parent. She is founder of the National Association of Therapeutic Parents.

7. How The Fostering Network can help

The Fostering Network offers advice, information and support. Our expertise and knowledge are always up-to-date and available through our vital member helplines, publications, training and consultancy.

Advice

Fosterline Wales provides a free help and advice line, providing information about all aspects of foster care, including tax and national insurance, benefits, allowances and insurance. It also offers confidential support, including to those who face an allegation, or who may be concerned about a care plan, or who are unclear about the legislation and guidance related to foster care in Wales.

Call us on 0800 316 7664 from 9.30am - 12.30pm Monday to Friday. If you call outside this time, please leave a message and someone will call you back as soon as possible.

You can email us at fosterlinewales@fostering.net

Support and resources

Our website is an essential source of information, while our online community brings together foster carers for peer support and advice. Members can log in to share their experience and get advice from other foster carers. Our online community is a safe and secure area to discuss foster care matters. thefosteringnetwork.org.uk

Training and consultancy

Wherever you are in your fostering career, as a foster carer, social worker or manager, The Fostering Network has a range of <u>training</u> designed to meet your development needs. For more information, please email <u>wales@fostering.net</u>.

Contact details

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