

Alternative Support Services

Family Lives

Family Lives has lots of information and guidance for a variety of difficulties experienced by families. There is also a helpline you can call, an online chat service and email support.

Website– www.familylives.org

Helpline– 0808 800 2222

NSPCC

The NSPCC does Video Interaction Guidance (VIG) work, which can be useful for attachment difficulties. See their website for more details– www.nspcc.org.uk

Parenting Programmes

Parenting programmes such as ‘Triple P’ and ‘Incredible Years’ address some aspects of attachment problems and may be useful for families. To find programmes in your area go to- www.fid.hants.gov.uk/Family

Parent Support Advisors

The Parent Support Advisor for Havant are:

Cowplain Community School Cluster– Denise Richardson

denise.richardson@hants.gov.uk

Crookhorn Community School Cluster– Di Brooks

di.brooks@hulbert.hants.sch.uk

Purbrook Park School Cluster– Claire Franklin

claire.franklin@hants.gov.uk

Warblington School Cluster– Katherine Parham

katherine.parham@emsworth.hants.sch.uk

RADKID

RadKid is a simple website with information and advice for parents/caregivers caring for a child with Reactive Attachment Disorder. However, it should be noted that there are an extremely small number of children diagnosed with RAD as it is at the top end of the disordered attachment range.

Website– www.radkid.org

An Introduction to Attachment Difficulties in Children and Young People



With thanks to Dr Gavin Lockhart, Dr Kim Golding, Dr Kat Allen, Jane Gilmore, Hannah Edwards and all the Children Looked After Therapists for their contribution towards the creation of this booklet

Learning Objectives

“To have gained a better understanding and awareness of attachment difficulties and to be able to identify some of the early signs of attachment difficulties in children and young people.”

“To be familiar with the CAMHS referral process and criteria, the Specialist CAMHS Consultation Line and be aware of alternative services in your local area that can offer information and support.”

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Where can I get support?

Specialist CAMHS Consultation Line for children & young people already being seen by CAMHS

*The Specialist CAMHS consultation lines provide an opportunity to talk with a mental health professional. **Available Mon-Fri between 12-1***

Fareham & Gosport– 01329822220

Winchester– 01962831044

Eastleigh– 02380673984

New Forest– 02380743030

Andover– 01264835356

Aldershot– 01252335600

Basingstoke– 01256392766

Havant– 02392224560

If you are unable to call during the allocated time slot, please call and leave a message detailing a suitable time for a clinician to call you back.

For new referrals please call the CAMHS Single Point of Access 03003040050 or E Mail

Spnt@hantscamhsspa@nhs.net

SPA operates 9-5 Monday to Friday

CAMHS Referral Criteria

Referrals for consultation and/or treatment are likely to be appropriate for CAMHS when:

1. There is concern that a child/young person is developing a **significant psychiatric disorder**, for example displaying psychotic symptoms, mania, schizophrenia or an affective disorder such as significant depressive signs, an eating disorder, obsessive-compulsive disorder, anxiety disorder etc.
2. A child/young person is presenting with significant and/or escalating **self-harming behaviour** where there is also evidence of an underlying mental health issue and/or the self-harm is likely to cause lasting damage or on-going mental health difficulties.
3. A child/young person presents with symptoms of **distress** that are **unusually prolonged** or **disabling** secondary to an event (e.g. physical, emotional, sexual abuse, bereavement, and divorce) or other potentially traumatising family, environmental or physical influences.
4. There are significant **family relationship difficulties**, which are **leading to impairing mental health** symptoms within the child/young person.
5. A child/young person has a **developmental delay** including tourettes/tics, moderate learning difficulties, or autistic spectrum disorder and there are mental health symptoms or complex presentations.
6. A child/young person is exhibiting **over-activity, impulsivity** and a degree of **distraction/inattention** which is appreciably inappropriate for the child/young person's developmental age and are observed as impeding the child/young person's capacity to engage and access the school curriculum and general social interactions with peers and adults.

What is attachment?

“The “template” for how we form relationships with others and the world, and how we manage distress throughout our life, developed through our early experiences with significant caregivers.”

First proposed by **John Bowlby** (psychiatrist/ psychoanalyst) whilst studying the effect being separated from their families during WW2 had on children. Bowlby suggested that there is a strong biological drive that all infants are born with to seek comfort from familiar carers when distressed or frightened.

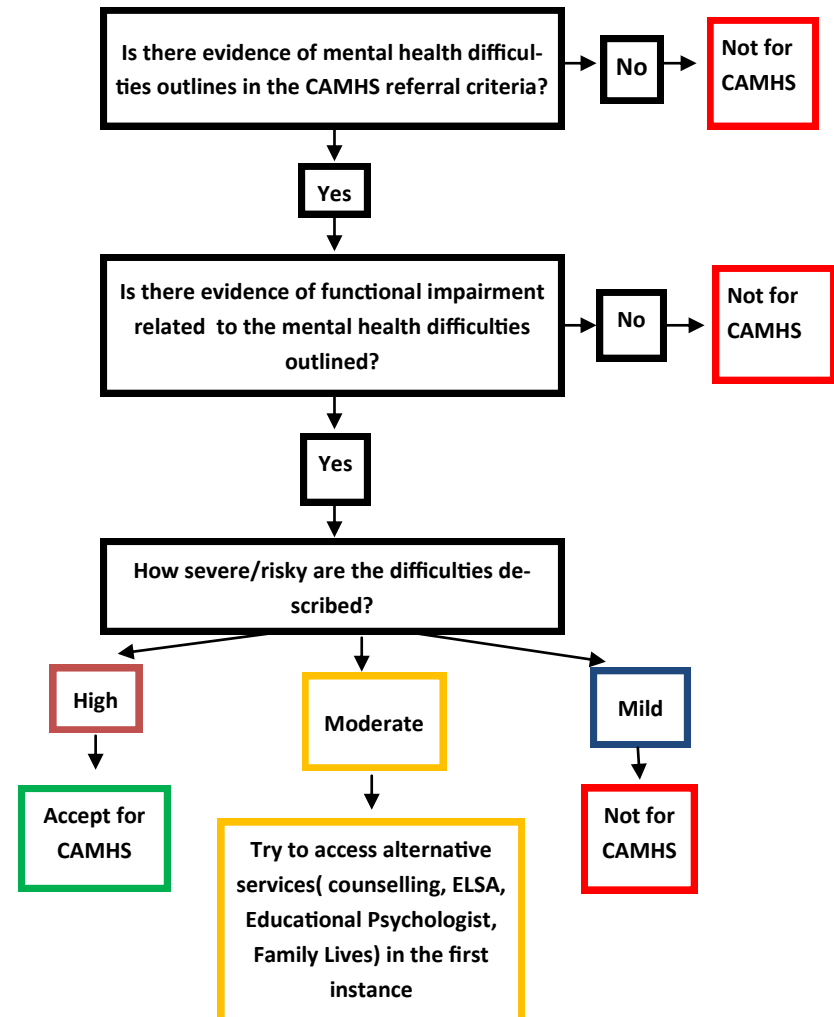
Over time, children learn how their primary care giver responds to their needs for comfort which helps them predict what kinds of behaviour will make the carer meet their needs.

Attachment is a two-way process– children's behavioural strategies reflect their experience of the care they have received.



CAMHS Referral Criteria

In the first instance, referrers are advised to call their local CAMHS consultation line for advice and sign-posting to alternative services. If a referral to CAMHS is still required, please refer to the CAMHS referral criteria on the next page and consider the following questions CAMHS clinicians ask when screening referrals:



We all have attachment histories...

Combatting Myths:

- Not everyone has a secure attachment style.
- Not all those with insecure styles have negative outcomes.
- Not everyone who is mentally ill has an insecure attachment style.
- Attachment is a two-way process.
 - The temperament of a child can also impact on the attachment process as much as parenting and their environment
- Attachment problems are on a continuum.
- It's not all about babies!



Case Study

Sophie is an 8 year old who joined your school in September and lives with her maternal grandmother.

You notice that Sophie is very tearful and “clingy” with her grandmother at the beginning of the day but does not appear to be particularly interested when she is reunited with her at the end of the day. She appears to be finding it hard to interact with her peers and to make friendships and she sometimes appears to need to be in control of the games if she is invited to play.

During a Monday morning story writing session, where the title of the story is “My family”, Sophie becomes distressed and tells you that she is currently living with her maternal grandmother because her mother is “poorly”.

You find out some weeks later from a “classroom door” conversation that Sophie’s mother is unable to provide adequate care for her because she has mental health problems.

Things to remember ...

- What is the hidden need?
- How aroused are they right now?
- Do they have the skills to calm themselves?
- Remember to give boundaries with empathy
- What are YOUR responses teaching them about themselves, emotions, others?
- What support are YOU getting?

What does attachment provide?

- **Safe base**
- **Balance between trust and autonomy**
- **Psychological development**
- **Physical development**
- **Cognitive development**
- **Conscience development**
- **Identity**

Importance of Attachment– Biological

Research shows that interaction between the primary caregiver and the baby has a chemical effect on the development of the baby’s brain (Sunderland, Gerhardt, etc.)

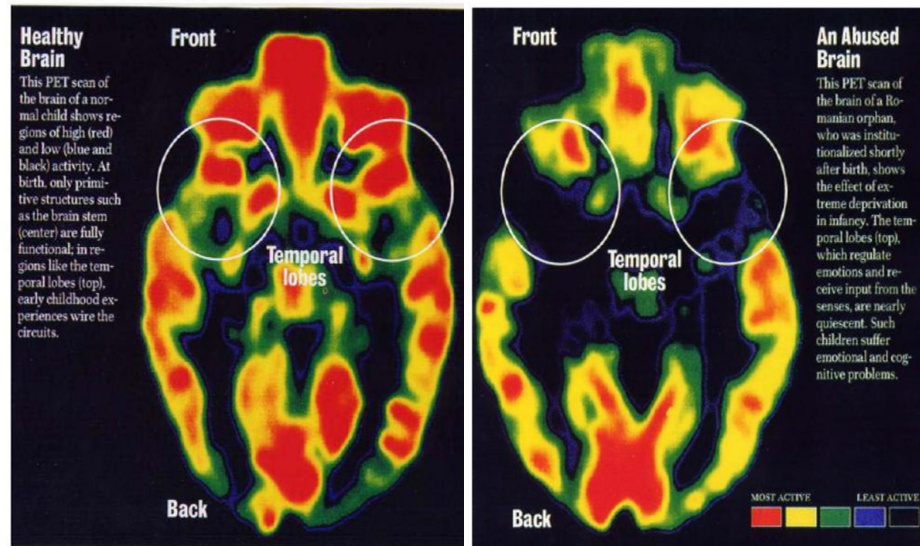
The frontal lobes in new-borns have sparse wiring; we are born with only 60% of our brain working, the other 40% is stimulated into working through mother-child bonding, nurture and nourishment.

The frontal lobes are a central part of the behavioural and emotional management in our brains. They support impulse control, planning, cause-effect, problem solving and rationalizing . If carer-child bonding does not occur during frontal lobe development, the child may struggle with these concepts in the future.

Importance of Attachment– Biological

Research suggests that severe early neglect and abuse can lead to variable brain development which may explain why these children sometimes present with difficulties which appear similar to some of the features of neurodevelopmental disorders such as ASD (autistic spectrum disorder) and ADHD (attention deficit hyperactivity disorder).

The PET scan images below show the areas of high activity (red) and low activity (blue) in a healthy brain and in the brain of a Romanian orphan who experienced severe deprivation as a child.



There are significantly more areas of high activity in the healthy brain compared to the brain of the Romanian orphan. In particular, areas of the brain that regulate emotions and receive input from the senses, such as the temporal lobes, are significantly inactive in the orphan's brain. This results in emotional and cognitive problems.

Working with insecure or disorganised attachments

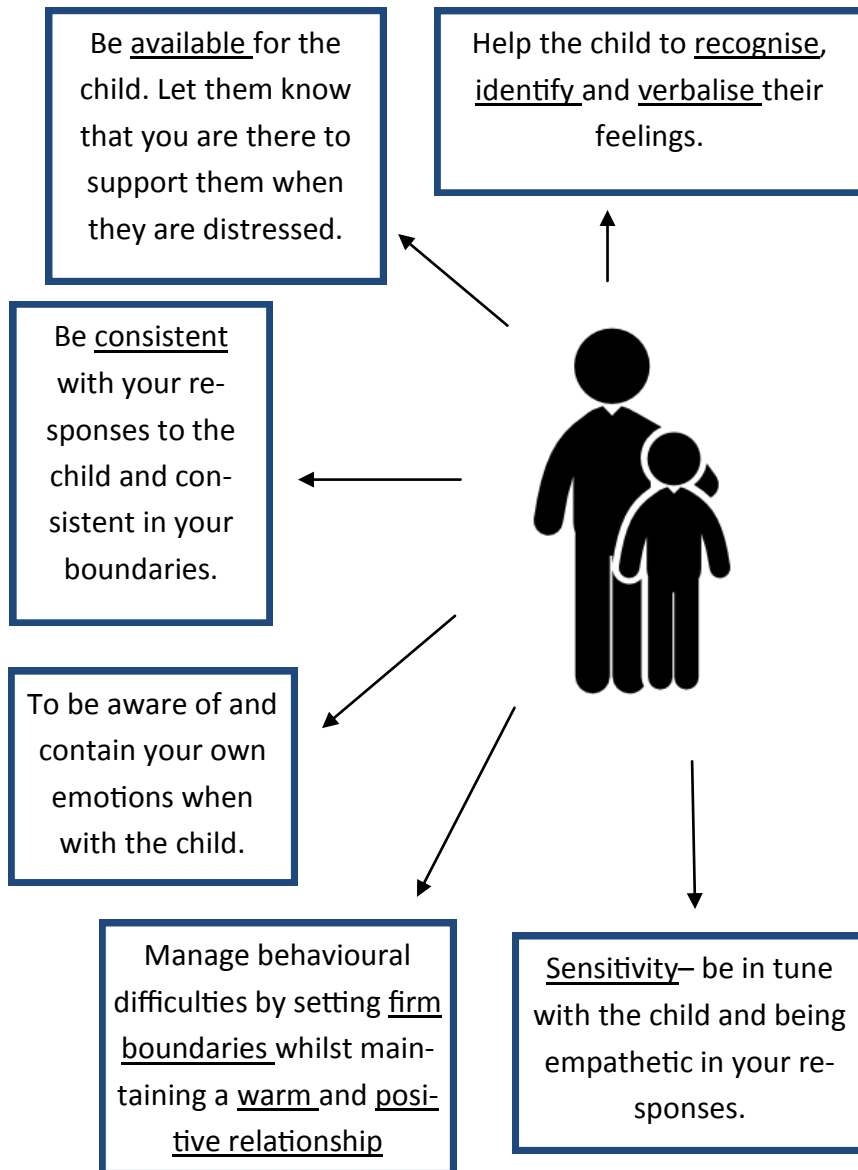
Signs of insecure or disorganised attachment in children as they get older:-

- Unusual responses to praise, criticism, help or challenges
- Difficulties with regulating emotions/behaviour/attention
- Clinging to parent/you/others at usual times of the day (e.g. not at the start of school) or at an unusual age (e.g. a 15 year old)
- Somatic complaints or behaviours to regain contact with parents
- Controlling behaviours

Remember, the behaviours expressed by children with insecure or disorganised attachment does not represent the 'hidden need' they have.

For example– a child demanding that their mother plays with them or picks them up is a way of expressing the hidden need they have to feel safe.

What caregiver characteristics facilitate a secure attachment?



Importance of Attachment– Psychosocial

Attachment helps you to develop “Inter-subjectivity”

- Learning about your self (self-esteem)
- Learning about relationships (social skills)
- Learning about the world (anxiety, problem solving, attention etc.)

Importance of Attachment– Biopsychosocial

**ATTACHMENT IS A
SIGNIFICANT RISK/RESILIENCE FACTOR**

Research has discovered some genetic factors that can make an infant who has been maltreated more or less likely to develop a disorganised attachment pattern.

This highlights how the child’s genes and their experiences interact in complex ways even when considering attachment outcomes.



Continuum of Attachment



Attachment Disorder

Lack of opportunity for selective attachments. Inability to form meaningful intimate relationships.

Attachment Difficulty

Disorganised attachment/traumatic attachments. Impacts on how children organise their behaviour in relation to others.

Insecure Attachment

Impacts on how children approach current and future relationships.

Secure Attachment

Children signal attachment and exploratory needs in a straightforward way. Develop trust in others and self-reliance.

Taken from- DCP Briefing Paper (26): Attachment Theory in Practice (Golding, 2007)

Attachment Styles

Secure (60%): Separation distress, seek/accept comfort on reunion, straightforward in eliciting care.

Insecure-ambivalent (10-15%) : Separation distress, not easily comforted on reunion, feels safer maximising displays of emotion, resists being soother or comforted.

Insecure-avoidant (20%): few clear signs of distress on separation, ignore at reunion, feels safer minimising displays of emotion, fails to elicit care.

Disorganised Attachment

A rare condition where babies and children demonstrate a clear lack of secure attachment behaviour. Their actions and responses to caregivers are often a mix of behaviours, including avoidance and resistance. These children are described as displaying dazed behaviour sometimes seeming either confused or apprehensive in the presence of a caregiver.

Adults who act as figures of both fear and reassurance to a child can contribute to a disorganised attachment style because the child feels both comforted and frightened by the caregiver.

Reactive Attachment Disorder (RAD)

RAD is when the infant's attachment system has failed to develop properly due to extremely 'pathogenic' caregiving. The infant's attachment system appears inhibited, as if the system has not had the opportunity to grow. In situations where attachment behaviours would be expected, these children will not show attachment behaviours.

Disinhibited Attachment Disorder (DAD)

When an individual's attachment system fails to develop specificity. The infant seeks comfort from a range of carers, including strangers. These infants may rush up to unfamiliar adults to seek proximity and contact and show little fear separating from, their primary carer. This type of disorder is strongly related to children raised in institutions or who have had a very large number of changes in carers over a short period.