

Perceptions of attachment in academia and the child welfare system: The gap between research and reality

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A critical review of the assessment and treatment of attachment behaviors and disorders is long overdue. The word attachment has become common parlance in the vocabulary of foster/adoptive parents in the United States. The concept of 'attachment' pervades all areas of the foster/adoptive culture, but how it is defined in these settings often differs from how it is used in attachment research. This popular version of the term focuses not on a child's relationship-specific behaviors and affect with primary caregivers, but on children's current behavior, regardless of relationship context. From this popular perspective, almost any behavior or relationship can be described as 'attachment-related.'

This perspective is widely disseminated. For instance, many foster/adoptive parents are taught the about 'attachment' (in its popular form) and its importance in understanding and helping maltreated children during their state certification process. For example, New York and many other states require that would-be foster/adoptive parents complete the Model Approach to Partnerships in Parenting course prior to their state certification (MAPP, Bayless & Craig-Oldsen, 1991). During this 10-session program, attachment – as described in the popular, and not empirical, literature – is a central theme. In fact, one full 3-hour meeting is called 'Helping children with attachments' and is devoted to the issues described in the program as 'attachment:' new foster/adoptive parents learn to view the actions and the emotions of the children they care for as the result of faulty attachments and are coached in ways to improve these 'attachments.' Unfortunately, in this popular version of attachment, almost any behavior or relationship can be construed as evidence of an attachment problem, many of which may be better conceptualized by behavioral or social learning theory models. By emphasizing the popular form of attachment in these trainings, new foster/adoptive parents begin to frame all of the children's behavior as a result of their early experiences and not as one of a process of ongoing adaptation that remains modifiable. Further, this approach obscures parental identification and recognition of the empirically-derived symptoms of attachment, which then remain untreated.

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The popular version of attachment as a framework for understanding maltreated children's behavior is also a focal point of many of the foster/adoptive family resource websites (e.g., www.adoptiveparents.com; www.fosterparenting.com). Many of these sites describe a broad array of attachment processes (some of which might be more aptly described as a child's learning history), as well as a laundry list of behaviors that are indicative of attachment disorders or symptoms. For example, at the RadKids.org website (specifically targeting the parents of children with reactive attachment disorder) 29 different symptoms indicative of the disorder are described. These symptoms include, but are not limited to: 'superficially charming and engaging, particularly around strangers or those who they feel they can manipulate; indiscriminate affection, often to strangers; but not affectionate on parent's terms; problems making eye contact, except when angry or lying; hypervigilant; hyperactive, yet lazy in performing tasks; argumentative, often over silly or insignificant things; frequent tantrums or rage, often over trivial issues; trouble understanding cause and effect; cruelty to animals; developmental/learning delays; fascination with fire, blood and gore, weapons, evil; will usually make the bad choice; (and) a darkness behind the eyes when raging' (www.RadKids.org). From this partial listing it is clear that almost any behavior from withdrawal to acting out can be seen within this framework as a symptom of a faulty attachment. Given the availability of these on-line resources, paired with the attention to 'attachment' during MAPP foster/adoptive certification, it is not surprising that when faced with the sometimes bizarre or challenging behavior exhibited by children in care that many of these parents look to the mental health field to help their foster/adoptive children with what they are convinced are attachment difficulties. Unfortunately, by the time parents approach mental health professionals they have already foreclosed on attachment problems as being the source of the difficulty and have been encouraged to view all of the children's problems as deriving from the failure of early attachments. Given the empirical literature on attachment problems for youth in the foster/adoptive system, this is clearly a clinical hypotheses to be addressed in assessment, as well as other more common behavioral developmental difficulties.

Unfortunately, as O'Connor and Zeanah's target article points out, conventional mental clinics are not prepared to address these requests. Research suggests that the problematic behaviors displayed by most youth in the American foster/adoptive system are not routinely assessed and, in systems where these youth undergo systematic assessment as part of the foster care process (e.g., the ENHANCE program in Syracuse, New York; Blatt et al., 1997), evaluation of attachment *per se* is not a primary focus of concern. Although there are no data available on this issue, the lack of attention to attachment is likely because of the dearth of validated instruments and/or empirically-supported treatments for affected youth after the preschool years to address these problems. It is a standard Catch-22: why attempt to assess that which you cannot reliably define and have no effective tools to treat? Instead, the problematic behaviors are diagnostically defined as those that have a known treatment model, such as a disruptive behavior disorder, Asperger's, or depression.

This discrepancy between the needs of foster/adoptive children and availability of valid assessment and treatment tools, as well as the backdrop of popular 'attachment' literature, has left some researchers in the foster care area (e.g., Chamberlain, Moreland, & Reid, 1992; Fisher, Ellis, & Chamberlain, 1999; Nilsen, 2003) to consider alternative assessment and treatment approaches. These programs attempt to reduce problematic child behavior and stimulate consistent, appropriate parenting (in terms of

behavior management) and positive parent-child interaction. Although there is variety in the individual programs, they all have at their core parent training in behavior modification, similar to that which has been developed to treat aggressive and non-compliant children (e.g., Patterson, 1982; Webster-Stratton, 1996). More specifically, foster/adoptive parents are taught how to consistently administer effective rewards and punishments, while also exploring the parental attributions for a child's behavior problems. These explorations are designed to have parents reframe their expectations of children's behavior, as well as to make them more aware of the behavioral contingencies they provide. For instance, a child's tantrums might be framed as a way of getting attention that was ordinarily unavailable in their biological home. A foster/adoptive parent would come to see that in the past this child had found that any attention was better than none at all. Without awareness of this cycle by the new foster/adoptive parent, a child with this learning history may move into the new home and repeat this pattern of negative contingencies (i.e., child misbehavior, followed by negative parental attention). Theoretically, improvements in parenting and appropriate parental expectations, even in parents with adequate skills, should provide some symptomatic relief to even the most troubled of children. Problems in child behavior become an opportunity for new learning; that is, child problems are attributed to a past learning history and not to a defect in either the parent or the child. Obviously, this simplistic view of child behavior will not eliminate the problems of those youth with the most severe attachment symptoms or disorders, but it should make parents more aware of which behaviors are amenable to environmental modification. Those behaviors that remain resistant to change can then be highlighted for additional treatment. Additional treatment can target empirically-derived attachment symptoms, which may become more apparent when disruptive behaviors are reduced.

Although there is little to lose by starting families with foster/adoptive children in these type of parenting programs, many foster/adoptive parents enter conventional mental health services foreclosed on 'attachment' as the source of all their child's difficulties and with a specific treatment in mind. Parents sometimes report that parent-training, with its prescribed assignments and approach to behavior, seems unrelated to the child behaviors they are focused on managing. Further confusing to caregivers is that parenting programs do not follow the adult mental health model in which the client/patient – in this case the child – is not actively involved in the therapeutic session. These factors have led some to report that these programs are ineffective with children in the foster care or adoption system despite the fact that providing a positive and consistent environment for any youth with a history of familial disruption and/or maltreatment has been shown to be beneficial across the age range (Chamberlain et al., 1992; Chamberlain, 1996; Fisher, Gunnar, Chamberlain, & Reid, 2000). In fact, preliminary research in this area suggests that it improves child behavior across a range of severity (e.g., Fisher et al., 2000). Further, it provides the parent of a difficult-to-manage child with active coping strategies that may reduce future placements or disruptions, which often result because of child behavior problems or parents' perceived inability to manage behavior. Finally, until a way of effectively identifying and treating children with attachment difficulties is developed, using strategies such as parent-training that have been shown to improve parent-child interaction with challenging youngsters may currently be the most effective empirically-supported solution. Obviously, more is needed, and advancements in the assessment and treatment of youth with attachment difficulties will be a welcome addition to the conventional mental health repertoire.

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