ATTACHMENT DISORDERS IN EARLY CHILDHOOD

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GERMANY-PORTUGAL ATTACHMENT NETWORK



KLAUS & KARIN GROSSMANN Our Founders and lovely Mentors



- 1. Brief overview of attachment development
- 2. Clinical characterization of attachment disorders
- 3. Attachment disorders in Portuguese institutionally-reared infants & preschoolers:
 - 1. Assessment
 - 2. Prevalences
 - 3. Correlates and predictors
- 4. Final comments in light of children's rights and well-being



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Development of Attachment

Throughout the 1st year of life within the relational caregiving context ...

Building an affective bond with his/her caregiver:
 a selective and differentiated relationship, protecting the infant from danger and threats

Orientation to the caregiver in stressful situations

- Seeking proximity in separations
- Seeking comfort when needed
- Accepting comfort from the caregiver
- When felt secure, departs to exploration

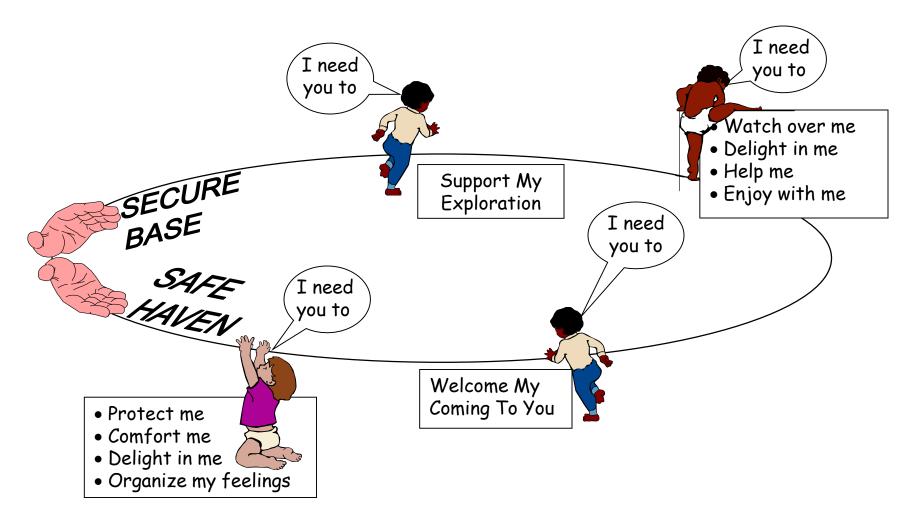




Circle of Security

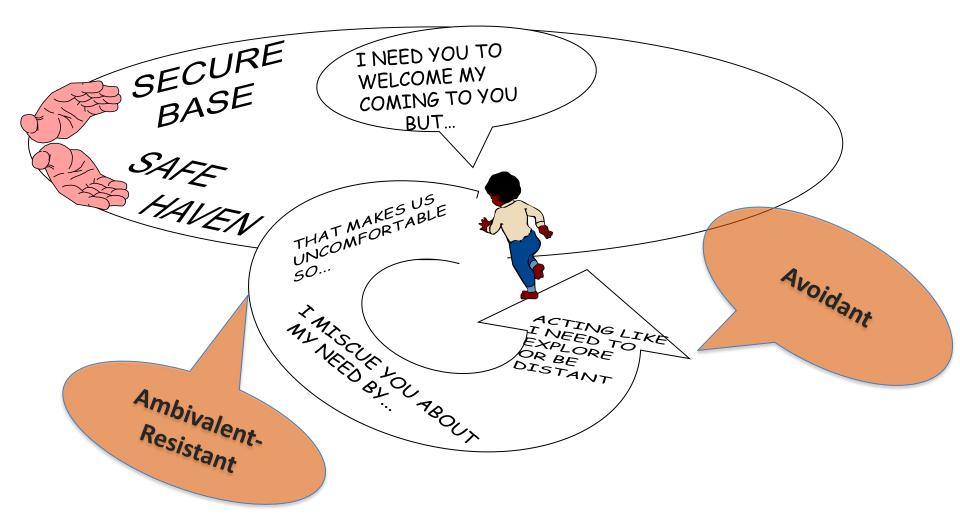
Parent Attending to the Child's Needs

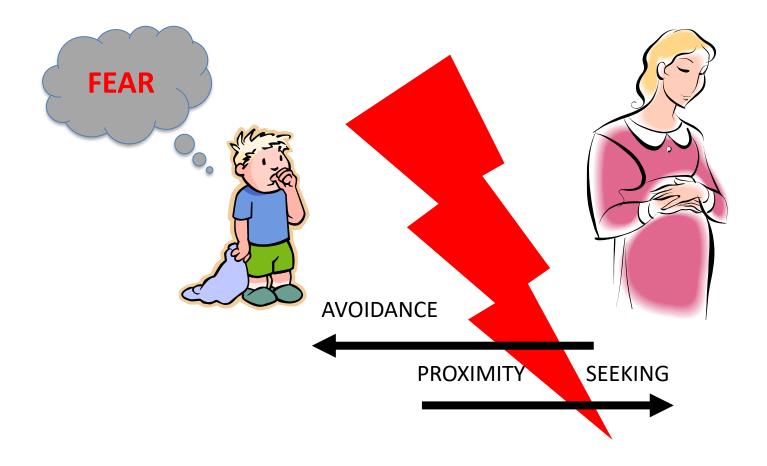
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Limited Circle of Security

© Cooper, Hoffman, Marvin, & Powell, 1999

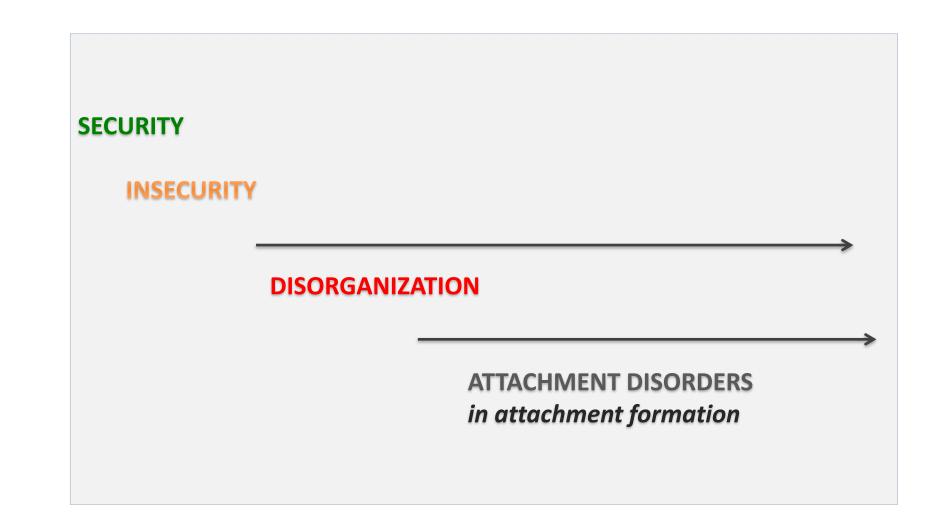




BEHAVIOURAL PARADOX: NEITHER PROXIMITY NOR AVOIDANCE STRATEGY BREAK-UP

ATTACHMENT DISORGANIZATION

From selective attachment to attachment disorders...





1. Brief overview of attachment development

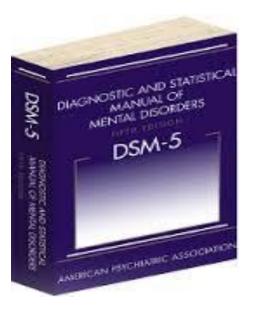
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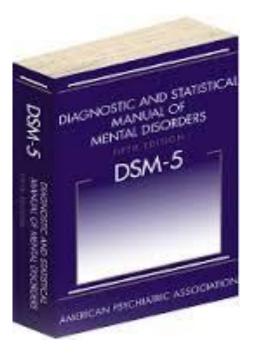
Reactive Attachment Disorder

Inhibited subtype Disinhibited subtype



TRAUMA AND STRESS-RELATIED DISORDERS

- **Reactive Attachment Disorder**
- Disinhibited Social Engagement
 Disorder



Reactive Attachment Disorder - RAD

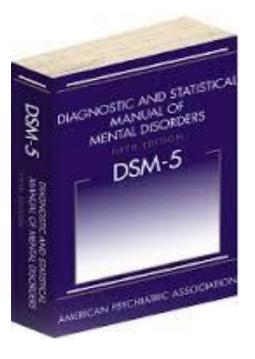
A. A consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers, manifested by both of the following:

- ✓ The child rarely or minimally seeks comfort when distressed.
- The child rarely or minimally responds to comfort when distressed.

B. A persistent social or emotional disturbance characterized by at least 2 of the following:

- ✓ Minimal social and emotional responsiveness to others
- ✓ Limited positive affect
- Episodes of unexplained irritability, sadness, or fearfulness that are evident even during nonthreatening interactions with adult caregivers.

Disinhibited Social Engagement Disorder - DSED



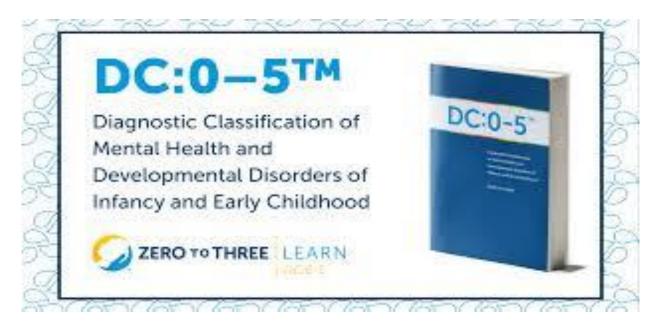
A pattern of behavior in which a child actively approaches and interacts with unfamiliar adults and exhibits at least 2 of the following:

- Reduced or absent reticence in approaching and interacting with unfamiliar adults.
- ✓ Overly familiar verbal or physical behavior (that is not consistent with culturally sanctioned and with age-appropriate social boundaries).
- Diminished or absent checking back with adult caregiver after venturing away, even in unfamiliar settings.
- Willingness to go off with an unfamiliar adult with little or no hesitation.

Disinhibited Social Engagement Disorder

The child has experienced a pattern of extremes of insufficient care as evidenced by at least one of the following:

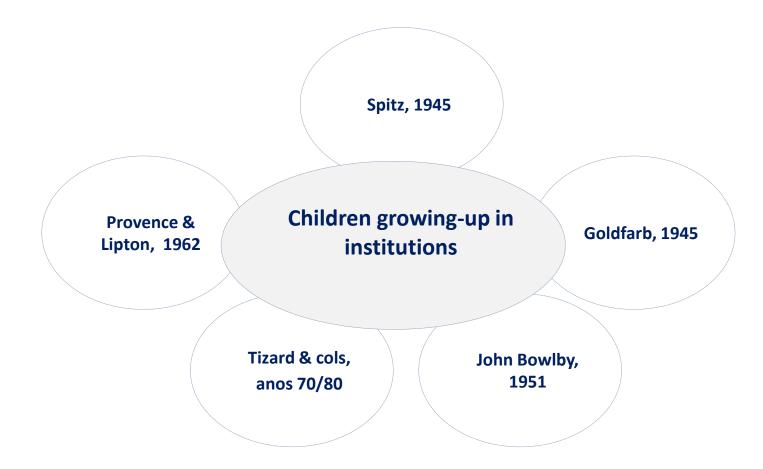
- Social neglect or deprivation in the form of persistent lack of having basic emotional needs for comfort, stimulation, and affection met by caring adults
- Repeated changes of primary caregivers that limit opportunities to form stable attachments (e.g., frequent changes in foster care)
- Rearing in unusual settings that severely limit opportunities to form selective attachments (e.g., institutions with high child to caregiver ratios)



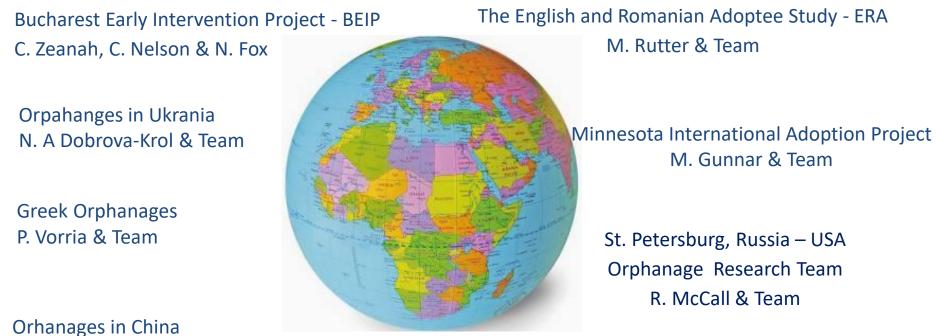
Trauma, stress and Deprivation Disorders

- **Reactive Attachment Disorder**
- **Disinhibited Social Engagement Disorder**

First studies on institutionally-reared children



Development of Children in Institutions and in Post-Adoption



M. Steele, H. Steele, M. Archer, Jin X, F. Herreros

Portuguese institutionally-reared children I. Soares & Team

German high-vulnerable and adoptee children G. Spangler & P. Zimmermnn & Teams



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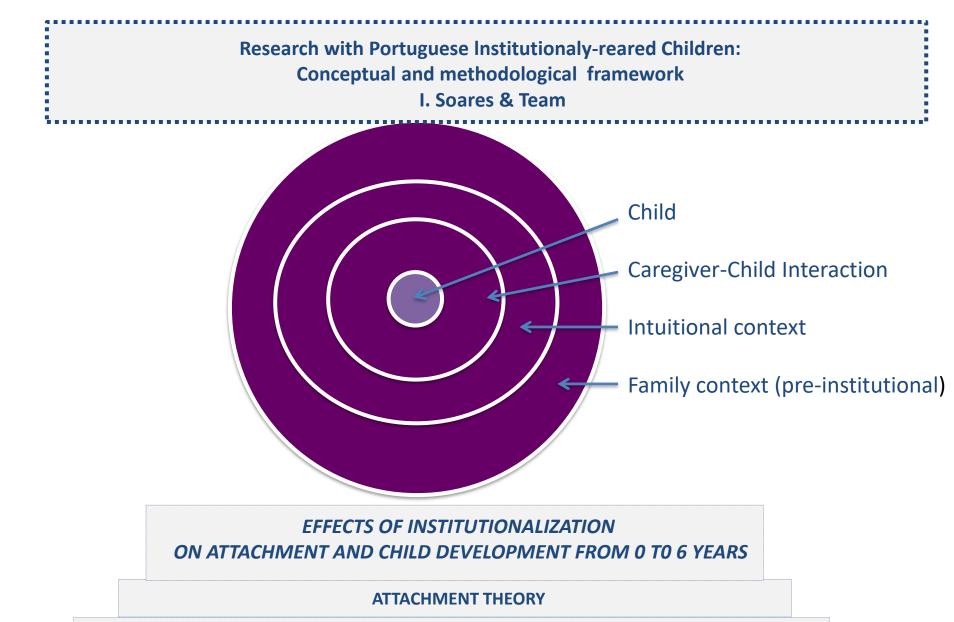
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Children removed from their biological families and placed in the care of governmental authorities: *the Looked-after children IN PORTUGAL*

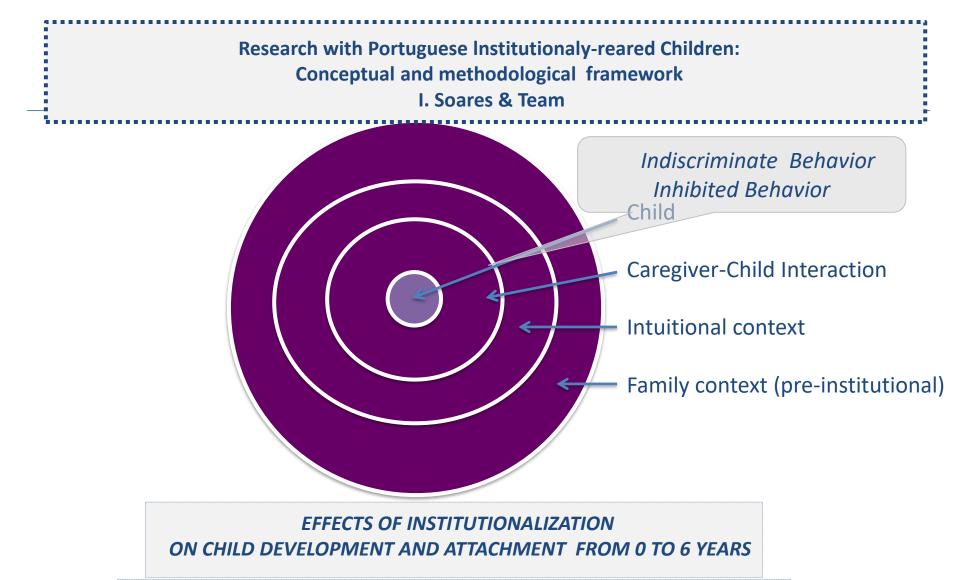


Looked-After Children up to 18 years

- ➢ N= 6347 in 2022
- Majority for 2 or more years in institutions
- ➢ 14% up to 5 years of age
 - Only 8% with foster families



DEVELOPMENTAL PSYCHOPATHOLOGY



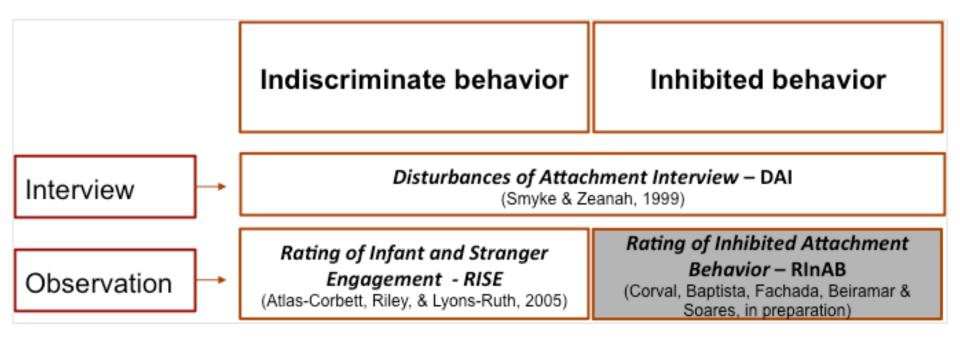
ATTACHMENT THEORY

DEVELOPMENTAL PSYCHOPATHOLOGY

Universidade do Minho - Escola de Psicologia

ASSESSMENT

Indiscriminate and Inhbited Behaviors



Disturbances of Attachment Interview - DAI

(Smyke & Zeanah, 1999)

- Semi-structured Interview administered to the childs primary caregiver.
- Items concerning the presence of signs of disordered attachment:
 - 5 : inhibited/withdrawn disorder behavior
 - 3:disinhibited/indiscriminate behavior
- Trained coders

Inhibited	Indiscriminate
Differentiates	Checks back with
among adults	caregiver in
	unfamiliar setting
Actively seeks	
comfort when	Exhibits reticence
hurt/upset	with unfamiliar
	adults
Responds	
reciprocally with	Unwilling to go off
familiar caregivers	with a relative
	stranger
()	

Observation of the Indiscriminate Behaviour: *Rating of Infant and Stranger Engagement - RISE*

(Atlas-Corbett, Riley, & Lyons-Ruth, 2005)

- Coding child's attachment-related forms of engagement with the Stranger over all the episodes of the Ainsworth Strange Situation, by comparing with the behavior exhibited toward his/her familiar Caregiver
- 9-point rating scale
- Trained coders

Score < 5	Children who show a clear preference for and greater engagement with the familiar caregiver
Score ≥ 5	Children who display non- normative forms of affective engagement and attachment behavior with the strange.

Observation of the Inhibited Behavior

Rating of Inhibited Attachment Behavior – RInAB

(Corval, Baptista, Fachada, Beiramar, & Soares, 2017)

12305 NA

Used in different attachment eliciting contexts (e.g., SSP).

Three sub-scales

- Attachment Behavior (5 items)
- Exploratory Behavior (4 items)
- Socioemotional Behavior (9 items)

Trained coders

Corval, R., Belsky, J., Baptista, J., Mesquita, A., & Soares, I. (2018). Development and validation of an observational measure of symptoms of Reactive Attachment Disorder. *Attachment & Human Development*, *21*(2), 111–131.

Observation of the Inhibited Behavior

Rating of Inhibited Attachment Behavior – RInAB

(Corval, Baptista, Fachada, Beiramar, & Soares, 2017)

A. Attachment Behavior

- 1. When in distress, the child does not seek comfort from the caregiver
- 2. When in distress, the child does not respond to comfort offered by the caregiver
- 3. The child shows lack of a preference: no difference in the child's behavior with the stranger and the caregiver
- 4. No evidence of arousal on caregiver's departure or reunion
- 5. The child's behavior does not tend to elicit care and nurturing behavior from the caregiver

B. Exploratory Behavior

- 1. The child is uncomfortable with the situation
- 2. The child is uncomfortable with the presence of the stranger
- 3. The child spends more time in solitary play than in interactive play
- 4. The child does not respond to the caregiver's initiatives for play

C. Socioemotional Behavior (Within the Relationship context)

- 1. The child shows withdrawing behaviors
- 2. The child shows a reduced or absent social and emotional reciprocity
- 3. The child is passively compliant with others requests
- 4. The child shows aggressive reactions or irritability
- 5. The child shows an apparent misery, sadness, apathy and/or passivity
- 6. The child is hypervigilant and/or fearful
- 7. The child shows limited positive affect in moments where it would be expected
- 8. The child does not initiate social interactions

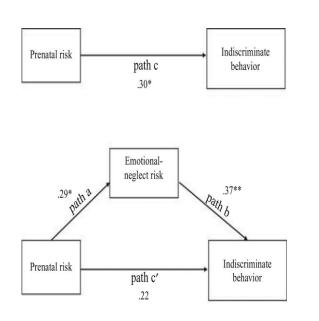
Inhibited Behaviour	Indiscriminate Behavior		
DAI	DAI*	RISE*	
n=25 (29.4%)	n=27 (31.8%)	n=43 (50.6%)	

 $r_{sp}(85) = .38, p < .001;$ * categorical, $\chi^2(1) = 6.19, p = .01$

Inhibited Behavior	Indiscriminate Behavior			
DAI	DAI*	RISE* (n=83)		
N=47 (32%)	N=30 (21%)	n=35 (42%)		

* r = .29, p = .008

Indiscriminate Behavior: Early Familial Risks





Oliveira, P., Soares, I., Martins, C., Silva, J., Marques, S., Baptista, J. & Lyons-Ruth, K. (2012). Indiscriminate behavior observed in the strange situation among institutionalized toddlers: Relations to aregiver report and to early family risk. *Infant Mental Health Journal, 33*(2), 187-196.

Indiscriminate Behavior:

Early Familial Risks & Quality of linstitutional Relational Care

		ISB
Early family risk factors	Prenatal risk ^a	.22†
	Family-relational risk ^a	03
	Emotional-neglect risk ^a	03 $.23^{\dagger}$
Quality of institutional care	Institutional resources and routines ^a	11
	Institutional relational care ^a	07
	Individualized relational care ^a	12
	Assigned caregiver ^b	13
	Preferred caregiver ^b	35**

Notes: "Pearson coefficient correlation; ^bPoint-biserial coefficient correlation; **p < .01; $^{\dagger}p < .10$.

✓ Prenatal Risk
 &
 Maternal Emotional-Neglect
 &
 the Absence of a Preferred
 Caregiver (*attachment figure*)
 associated with indiscriminate
 behavior

Soares, I., Belsky, J., Oliveira, P., Silva, J., Marques, S., Baptista, J., & Martins, C. (2014). Does early family risk and current quality of care predict indismcriminate social behavior in institutionalized Portuguese children? *Attachment & Human Development*, *16*(2), 137-148.

Indiscriminate Behavior:

Early Familial Risks & Quality of linstitutional Relational Care

Table 2.	Prediction of ISB using	g early family risk factors	and quality of institutional care.
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	R ² (Adj R ²)	β	t
Prenatal risk	.07 (.04)	.17	1.32
Emotional-neglect		.17	1.28
Prenatal risk	.20 (.16)	.25	2.04*
Emotional-neglect		.11	.93
Preferred caregiver ^b		37	-3.13**

Notes: p < .05; p < .01.

 ✓ The absence (vs. presence) of a Preferred Caregiver predicted indiscriminate social behavior over and above
 Prenatal and Emotional-Neglect Risk.

Soares, I., Belsky, J., Oliveira, P., Silva, J., Marques, S., Baptista, J., & Martins, C. (2014). Does early family risk and current quality of care predict indismcriminate social behavior in institutionalized Portuguese children? *Attachment & Human Development*, *16*(2), 137-148.

Attachment Disordered Behavors in Preschool Children

	1	2	3	4	5	6	7	8	9	10	11	12
I. Child age												
2. Child gender	.28*											
Child developmental quotient	01	16										
4. Child age at admission	.67%	.22	.00									
5. Child institutionalisation length	01	05	00	75 ****								
6. Stability and individuality of care: Institution	.28*	.10	.11	.20	.02							
7. Stability and individuality of care: Caregiver	.25*	.26*	.07	.16	.02	.24*						
8. Classification of caregiver-child relationship	08	2 I	.01	07	.02	.09	.27*					
9. Caregiver sensitivity	.05	17	.20	.14	14	06	.18	.26*				
 Indiscriminate behaviour 	.07	.06	21	.06	02	.09	06	.04	33**			
II. Inhibited attachment	06	07	25*	07	.03	20	.02	29 *	26*	02		
 Secure-base distortions 	01	.02	12	12	.15	.10	01	12	34**	01	.40**	
 Emotional/behaviour problems 	16	10	08	21	.13	.03	.07	13	20	.19	.52***	.31**

Note. N = 72. All values are Pearson coefficients (2-tailed). * p < .05; ** p < .01; *** p < .01.

✓ Indiscriminate
 and Inbited behaviors
 associated
 with lower caregiver'
 sensitivity

Oliveira, P., Fearon., P., Belsky, J., Fachada, I., & Soares, I. (2015). Quality of institutional care and earlychild development. *International Journal of Behavioral Development*, 39, 2, 161-170.

Inhibited Behavior.

Child Temperament and Quality of Institutional Relational Care

	R² (Adj R²)	β	t
Diificult Temperament	.31(.10)	.31	2.98**
Difficult Temperament		.22	2.04*
Quality of Relational Care	.42(.17)	18	-1.75+
Caregiver'sensitive responsiveness		22	-2.10*

✓ Inhibited behaviour is associated
with
child's dificult temperament
and
with low quality of relational care
and
caregiver's sensitive responsivensse

Note: **p* < .05; ***p* < .01.

Step		R² (Adj R²)	β	t	
1	Previous institutional placement	13.4 (12.1)**	.23	2.79 **	✓ Previous relational
	Parental abandonment		.31	3.82 ***	experiences (abandonmer
	Previous institutional placement		.22	2.77**	and institutional placement and
2	Parental abandonment	19.5 (17)**	.26	3.26**	<u>current</u> disruptions with th family of origin
	Institutional quality of relational care		15	-1.93 †	predicted inhibited attachme
	Weekends and holidays with the biological family		21	-2.59 *	

Quality of Relational Care & Attachment Disorders Summary

Current Institutional Relational Experiences

Early Family Experiences

Adverse contextual-relational experiences...

Early Family Experiences

Current Institutional Relational Experiences

Adverse contextual conditions contribute to attachment disorders, but not all institutionalized children develop attachment disordered behavior...

What about biological factors?

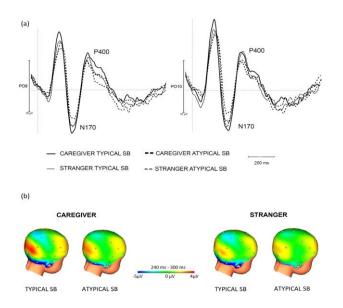
Indiscriminate and Inhibited Behavior & Brain

Is brain functioning linked to indiscriminate and inhibited behaviors in institutionally reared children ?

Contrasting children **with** *versus* **without attachment disorders** in terms of face processing in response to caregiver's and unfamiliar faces

Mesquita, A., Belsky, J., Crego. A., Fachada, I., Oliveira, P., Sampaio, A., & Soares, I. (2015). Neural correlates of face familiarity in institutionalized reared children with distinctive atypical social behavior. *Child Development*, 86,4,1262-1271.

Neural Functioning and Attachment Disordered Behaviors



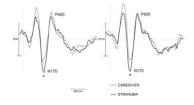
✓ Children with attachment disordered behavior – inhibited or indiscriminate - when compared with children without problems, displayed a pattern of cortical hypoactivation

> Reduced amplitude of the P1 $F(1,42) = 7.38, p < .05, \eta_p^2 = .15.$

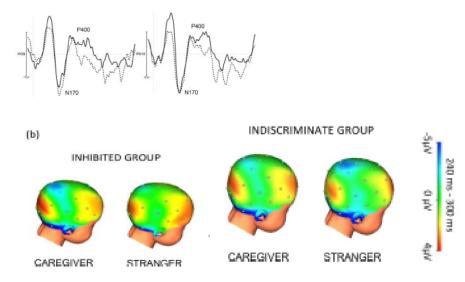
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Neural Functioning and Attachment Disordered Behaviors

Inhibited Behavior



Indiscriminate Behaviour



- ✓ Inhibited children displayed larger neural response to caregiver's face than stranger's
- ✓ Indiscriminate children did not discriminate between stimuli

N170 component, F(1,11) = 10.55, p < .05, $\eta_p^2 = .49$

Mesquita, A., Belsky, J., Crego. A., Fachada, I., Oliveira, P., Sampaio, A., & Soares, I. (2015). Neural correlates of face familiarity in institutionalized reared children with distinctive atypical social behavior. *Child Development*, 86,4,1262-1271.

Summary

Negative effects of institutional care: consistent with international studies
 Institutional care is harmful for child development !

High % of children with attachment disordered behaviors

> Negative impact of early (pre-institutional) early family experiences

Prenatal Risks, Maternal Neglect

Relevance of the quality of institutional care

- Presence (vs.) absence of a preferred caregiver
- Caregivers 'sensitive responsiveness

The quality of relational care matters: sensitive & responsive, stimulating & caring



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Quality Foster Care and the improve of Attachment Development

- The Bucharest Early Intervention Project (BEIP), the first ever RCT comparing foster care to institutional care for young children revealed that
 - A quality foster care intervention for young children who had experienced severe deprivation led to improved developmental outcomes across numerous domains compared to institutonal care
 - Earlier placement into foster care, higher quality of care provided, and more stable placements all enhanced outcomes
 - Inhibited symptoms decreased with a positive change of the caregiving environment, whereas the disinhibited symptoms decreased less quickly.
 However, a reduction of DSED symptoms was associated with earlier placement in family care and less time in institutional settings
- Other studies showed that early placement in foster familial care showed an increase in attachment security and reduce attachment disorder symptoms. Thus, the quality foster care can improve children's attachment development.

The American Academy of Child and Adolescent Psychiatry : Clinical Standards

- For young children with a history of foster care, adoption, or institutional rearing, clinicians should inquire routinely about a) whether the child demonstrates attachment behaviors and b) whether the child is reticent with strangers
- The Clinician conducting a diagnostic assessment of RAD and DSED should obtain direct evidence from both a history of the child's patterns of attachment behavior with his or her primary caregivers and observations of the child interacting with these caregivers.
- Clinicians should perform a comprehensive psychiatric assessment of children with RAD or
 DSED to determine the presence of comorbid disorders
- The Clinician should assess the safety of the current placement for previously maltreated children with negative behaviors who are at high risk of being re-traumatized.
- The most important intervention for young children diagnosed with RAD or DSED is ensuring that they are provided with an emotionally available attachment figure.
- Clinicians should recommend adjunctive interventions for children who display aggressive and/or oppositional behavior that is comorbid with DSED.

Zeanah CH, Chesher T, Boris NW., American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Quality Issues (CQI). Practice Parameter for the Assessment and Treatment of Children and Adolescents With Reactive Attachment Disorder and Disinhibited Social Engagement Disorder. J Am Acad Child Adolesc Psychiatry. 2016 Nov;55(11):990-1003.

A resolution adopted by the **UN General Assembly** on December 2019 on the **Promotion and Protection of the Rights of Children** recognises that

- a child should grow up in a family environment to have a full and harmonious development of her or his personality and potential;
- urges Member States to take actions to progressively replace institutionalisation with quality alternative care and redirect resources to family and community-based services;
- and calls for "every effort, where the immediate family is unable to care for a child, to provide quality alternative care within the wider family, and, failing that, within the community in a family setting, *bearing in mind the best interests of the child and taking into account the child's views and preferences"*

Attachment Research Group - GEV







Institutional Directors, Caregivers, &

All children!