

ATTACHMENT

[Archived] Fostering Secure Attachment in Child Victims of Maltreatment: Comments on van IJzendoorn and Bakermans-Kranenburg

Chantal Cyr,¹ PhD and Psychologist, Karine Dubois-Comtois,² PhD and Psychologist, Ellen Moss,¹ PhD

¹Université du Québec à Montréal, Canada, ²Université du Québec à Trois-Rivières, Canada
August 2010

Introduction

For a better understanding of the effects of maltreatment on child development, it is important according to van IJzendoorn and Bakermans-Kranenburg¹ to examine the mechanisms involved in the development of disorganized attachments and the capacity for resilience so unexpectedly displayed in some maltreated children.

Such an examination is a priority because the resulting studies will enable services to be developed that are specific to the needs of the maltreated children and their caregivers. Indeed, it is disconcerting to note that even now, unfortunately, inappropriate clinical practices are employed by some clinicians and parents even when abusive and dangerous for the child's life.^{2,3}

In our opinion, rigorous studies on the effectiveness of intervention programs in promoting the development of secure attachments in maltreated children are essential in order to answer the questions posed by researchers. They provide a good illustration of the state of knowledge about attachment in child victims of maltreatment. Our comments are thus intended to highlight the aspects that should be considered in developing intervention programs for the prevention of disorganized attachments in maltreated children.

Research and findings

Of the studies evaluating the effectiveness of attachment-theory-based intervention programs, only two have dealt exclusively with maltreated children and parents who had been reported to child protection services.^{4,5} These two studies, noteworthy for their randomized trial method, found a substantial reduction in disorganized attachment behaviours and an increase in secure attachment behaviours among infants and young children resulting from attachment-theory-based interventions.

Cicchetti et al.,⁴ who conducted long-term interventions (approximately 21 meetings) aimed at altering the parents' erroneous perceptions and attributions respecting their children by relating them to attachment experiences in the parents' own childhoods, did not however observe any effect on maternal sensitivity. In contrast, the program of Moss et al.,⁵ consisting of eight weekly meetings seeking to reinforce sensitivity behaviours through video feedback, found significant improvement of maternal sensitivity in maltreating parents by comparison with those receiving the usual child protection follow-up. This study also found a decrease in behavioural troubles among older children (3-5 years).

Although these two studies presented an effective method of improving the maltreated child's attachment to the parent, they did not offer an empirical explanation of the process by which this change was effected. The absence of such findings suggests that mechanisms other than parental sensitivity must be identified in order to explain the change in the child's attachment. A more extensive evaluation of the interventions proposed by these two studies identifies other variables that can explain the decline in disorganized attachment.

1. Problematic parental behaviours:

One of the most important precursors of disorganized attachment is the fear experienced by the child in response to atypical and frightening behaviours exhibited by his parent,^{6,7,8} and also to the chaotic and even negligent environment in which he lives, which does not meet his primary attachment needs.

The positive effects on maternal sensitivity in the study of Moss et al.⁵ could be explained by a reduction in frightening behaviours or environmental negligence to which the child is exposed. According to the authors, they trained their workers to recognize this kind of problematic behaviour in the parent. This may have led the workers to favour parental sensitivity at times where the child displays fear, hyper-vigilance or other disorganized attachment behaviours. Parents' problematic behaviours thus merit evaluation, to see whether they explain the changes observed in the attachment and whether they interact with maternal sensitivity. But above all it is important to define the intervention strategies specifically aimed at reducing the fear felt by the child in the presence of the parent.

2. *Parents' limited capacity for introspection:*

In the study by Cicchetti et al.,⁴ intervention was not oriented towards parental sensitivity behaviours and this may have contributed to the lack of results on maternal sensitivity. However, parents were invited to observe their children and to express their understanding of their children. The erroneous parental perceptions and attributions were then reviewed by the worker in a way that made the parent aware that his erroneous understanding of his child related to the dysfunctional interactions experienced by the parent in his own youth. This work promoted better introspection skills and a greater capacity for mentalization in parents that allowed them to stop confusing their own needs with those of their children; this may have increased the child's ability to feel more confident and turn to the parents when in distress.

Recently, Cyr and his colleagues⁹ began a study aimed at promoting sensitivity in maltreating parents in order to evaluate their capacities for change and provide guidance for making decisions about whether to remove children from their families or keep them there. The innovative aspect of this intervention (four to eight sessions) is that it was also aimed at strengthening restorative behaviours following parental behaviours problematic for the child. In order to promote remedies, the parent was asked to observe his behaviour during the video feedback and to express what he (and the child) thinks or feels when the parent engages in behaviours that are destabilizing for the child. These situations are key moments in the intervention process because they allow the parent to become more aware of his inappropriate behaviour and the workers to remind the parent of his strengths. This puts forward alternative ways of acting that the parent already possesses in his repertoire of sensitive behaviours, and which are therefore more likely to be reproduced.

Although no data are currently available on the effects of this intervention for child attachment, it is nonetheless the case that preliminary analyses show an improvement in the quality of parent-child interactions in terms of parental sensitivity, shared enjoyment and the children's increased ability to govern their emotions.

Implications for the services and policies

The findings of these studies should have a major impact on policies aimed at protecting child victims of maltreatment and on the availability of the services offered to this population.

The studies underscore the importance of developing policies consistent with the results of empirical research, but they also promote the availability of social services in the institutions.

New intervention programs should therefore be:

- based on studies subjected to rigorous scientific investigation and whose findings have yielded reliable data;
- evaluated as to their effectiveness in meeting the specific needs of families (for example, the parent's ability to be aware of his limitations, which can lead him to accept voluntary placement, represents a clinical success.);
- evaluated regarding their ease of replication;
- based on research that examines parental and environmental characteristics able to increase or limit families' capacity to benefit from the proposed intervention; and
- developed based on a partnership among the clinical environments, including workers and managers, and the research teams.

The current data allow us to determine certain clinical principles that can be integrated immediately into interventions with child victims of maltreatment and their parents. It is accordingly important to:

- target as a priority the proximal variables in the child's development to promote a secure attachment. Although the reported parents show deficits on a number of levels, nonetheless the capacity for protecting the child depends primarily on the quality of the care given by his parent, and this parental capacity can be improved only through intervention in the parent-child relationship;

- promote the parent’s capacities of observation, which allow him to stop and better understand what is happening in interactions with his child, and thus better interpret the child’s signals and needs and respond to them more appropriately;
- train workers to observe parental behaviours and maltreated children’s distress signals, which are often ambiguous. We encourage knowledge transfer and regular supervision in order to ensure the integrity of the programs offered;
- offer sustained interventions, such as regular weekly follow-up, in order to promote the maintenance of what has been learned by the parent and allow the child and the parent to develop a feeling of security with respect to a significant adult. Any turnover of the professionals involved with these families is to be avoided; and
- train workers to orient their interventions toward identifying the parent’s strengths and how these strengths can be used to compensate for his inappropriate behaviours. By offering the parent a more detailed picture of his parental limitations and capacities, it should be easier for the worker representing the child protection legislation to promote a bond of trust with the parent.

References

1. van IJzendoorn MH, Bakermans-Kranenburg MJ. Attachement sécurisé et désorganisé dans les familles et les orphelinats où il y a maltraitance. In: Tremblay RE, Barr RG, Peters RDeV, Boivin M, eds. *Encyclopédie sur le développement des jeunes enfants* [sur Internet]. Montréal, Québec: Centre d’excellence pour le développement des jeunes enfants; 2010:1-8. Disponible sur le site: http://www.enfant-encyclopedie.com/documents/van_IJzendoorn-Bakermans-KranenburgFRxp-Attachement.pdf. Page consultée le 11 juin 2010.
2. Chaffin M, Hanson R, Saunders BE, Nichols T, Barnett D, Zeanah C, Berliner L, Egeland B, Newman E, Lyon T, LeTourneau E, Miller-Perrin C. Report of the APSAC Task Force on attachment therapy, reactive attachment disorder, and attachment problems. *Child Maltreatment* 2006;11:76-89.
3. Cyr C, Euser E, Bakermans-Kranenburg MJ, van IJzendoorn MH. Attachment security and disorganization in maltreating and high-risk families: A series of meta-analyses. *Development and Psychopathology* 2010;22:87-208.
4. Cicchetti D, Rogosch FA, Toth SL. Fostering secure attachment in infants in maltreating families through prevention interventions. *Development and Psychopathology* 2006;18:623-649.
5. Moss E, Dubois-Comtois K, Cyr C, Tarabulsy G, St-Laurent D, Bernier A. Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment, and behavioral outcomes for maltreated children: A randomized control trial. *Development & Psychopathology*. Sous presse.
6. Main M, Hesse E. Parent’s unresolved traumatic experiences are related to infant disorganized attachment status: Is frightened and/or frightening parental behavior the linking mechanism? In: Greenberg MT, Cicchetti D, Cummings EM, eds. *Attachment in the preschool years: Theory, research, and intervention*. Chicago, IL : University of Chicago Press; 1990: 161-182.
7. Lyons-Ruth K, Bronfman E, Parsons E. Chapter IV. Maternal frightened, frightening, or atypical behavior and disorganized infant attachment patterns. *Monograph of the Society for Research in Child Development* 1999;64(3):67-96.

8. Madigan S, Moran G, Pederson DR. Unresolved states of mind, disorganized attachment relationships, and disrupted interactions of adolescent mothers and their infants. *Developmental Psychology* 2006;42:293-304.
9. Cyr C, Rivard Boulos N, Paquette D. Un programme d'évaluation/intervention auprès de parents signalés pour mauvais traitement : L'application clinique de la théorie de l'attachement. In: Coté A, chair. La prévention des difficultés d'adaptation à l'enfance : Résultats de trois programmes Québécois. Communication présentée à: La Société québécoise de la recherche en psychologie. 19, 21 Mars 2010. Montréal, Canada.