

# **ATTACHMENT: THE CRITICAL ROLE OF A STABLE RELATIONSHIP WITH A PRIMARY CAREGIVER IN A CHILD'S GROWTH AND DEVELOPMENT**

"The newest research on infant mental health tells us that babies require permanence in their relationships and consistency in their daily routines. Consistent early relationships and experiences are the foundation upon which all subsequent emotional development rests. . . .

Consistency in relationships for infants is achieved through attachment – the formation of an enduring emotional bond with a primary or small number of stable, responsive, and sensitive caregivers. . . . Infants in foster care are at particular risk for attachment disruption. Decisions to remove infants from their home or move them once in a placement must reflect these needs."

*Dicker and Gordon, Ensuring the Healthy Development of Infants in Foster Care: A Guide for Judges, Advocates and Child Welfare, New York State Permanent Judicial Commission on Justice for Children, January 2004, pp. 17, 20.*

"Continuity of relationships, surroundings, and environmental influence are essential for a child's normal development. Since they do not play the same role in later life, their importance is often underrated by the adult world.

Physical, emotional, intellectual, social, and moral growth does not happen without causing the child inevitable internal difficulties. The instability of all mental processes during the period of development needs to be offset by stability and uninterrupted support from external sources. Smooth growth is arrested or disrupted when upheavals and changes in the external world are added to the internal ones.

Disruptions of continuity have different consequences at different ages:

In *infancy*, from birth to approximately 18 months, any change in routine leads to food refusals, digestive upsets, sleeping difficulties, and crying. Such reactions occur even if the infant's care is divided merely between mother and baby-sitter. They are all the more massive where the infant's day is divided between home and day-care center; or where infants are displaced from the mother to an institution; from institutional to foster care; or from fostering to adoption. . . .

Changes of the caretaking person for infants and toddlers further affects the course of their emotional development. Their attachments, at these ages, are as thoroughly upset by separations as they are effectively promoted by the constant, uninterrupted presence and attention of a familiar adult. When infants and young children find themselves abandoned by the parent, they not only suffer separation distress and anxiety but also setbacks in the quality of their next attachments, which will be less trustful. Where continuity of such relationships is interrupted more than once, as happens due to multiple placements in the early years, the children's emotional attachments become increasingly shallow and indiscriminate. They tend to grow up as persons who lack warmth in their contacts with fellow beings.

For *young children* under the age of 5 years, every disruption of continuity also affects those achievements which are rooted and develop in the intimate interchange with a stable parent figure, who is in the process of becoming the psychological parent. The more recently the achievement has been acquired, the easier it is for the child to lose it. Examples of this are cleanliness and speech. After separation from the familiar mother, young children are known to have breakdowns in toilet training and to lose or lessen their ability to communicate verbally.

Thus, continuity is a guideline [for determining the placement and the process of placement of a child] because emotional attachments are tenuous and vulnerable in early life and need stability of external arrangements for their development.

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Some of the implications of this guideline for the laws on adoption, custody, and foster care are that each child placement be final and unconditional and that pending final placement a child must not be shifted to accord with each tentative decision. This means that all child placements, except where specifically designed for brief temporary care, shall be as permanent as the placement of a newborn with its biological parents.

Goldstein et al., *Beyond the Best Interests of the Child* (The Free Press 1979), pp.31-35.

## **THE BENEFITS OF SECURE ATTACHMENT**

### **Secure and Stable Relationships with a Primary Caregiver are the Foundation for Social, Emotional, and Cognitive Growth and Development**

“The first few years of life are a time of unparalleled growth. A child’s experiences and relationships during these critical years build the foundation for their future social, emotional, and cognitive development.

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Infants and toddlers are completely dependent on the adults in their lives, and on the care that they receive for their well-being.

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Secure and stable attachments with a primary caregiver form the foundation for a child’s social, emotional, and cognitive development. Children who develop secure attachments show a greater capacity for self-regulation, effective social interactions, self-reliance, and adaptive coping skills later in life.

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Research has shown that infants and toddlers who do not develop secure attachments produce elevated levels of cortisol (a stress hormone), which may alter the developing brain circuits and cause long-term harm.

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In addition, young children with unhealthy attachments are at much greater risk for delinquency, substance abuse and depression later in life.

Smariga, *Visitation with Infants and Toddlers in Foster Care: What Judges and Attorneys Need to Know* (July 2007), ABA Center on Children and the Law Practice and Policy Brief, pp. 4, 5, 8, 11, 12.  
[http://www2.americanbar.org/child\\_migrated/PublicDocuments/policy\\_brief2.pdf](http://www2.americanbar.org/child_migrated/PublicDocuments/policy_brief2.pdf) (38k-2010-01-29) [as of January 17, 2012].

“Healthy development depends on the quality and reliability of a young child’s relationships with the important people in his or her life, both within and outside the family. Even the development of a child’s brain architecture depends on the establishment of these relationships.”

National Scientific Council on the Developing Child, *Young Children Develop in an Environment of Relationships: Working Paper No. 1*. Center on the Developing Child, Harvard University, 2004, p. 1.  
<[http://developingchild.harvard.edu/index.php/resources/reports\\_and\\_working\\_papers/working\\_papers/wp1/](http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/working_papers/wp1/)> [as of January 17, 2012].

“Because very young children, especially those under three years old, do not function independently, but in relationship to others, the quality of their relationships with biological and substitute caregivers largely determines their physical, social emotional, and cognitive developmental processes.

Advocates must be aware of and able to assess the quality of very young children’s relationships with parents and caregivers, and use the legal process to support and create nurturing, healthy attachments when none exist.”

Maze, *Advocating for Very Young Children in Dependency Proceedings: The Hallmarks of Effective, Ethical Representation* (October 2010), ABA Center for Children and the Law Practice & Policy Brief, p. 1.  
<[http://www.americanbar.org/content/dam/aba/administrative/child\\_law/ethical\\_rep.pdf-67k-2011-11-10](http://www.americanbar.org/content/dam/aba/administrative/child_law/ethical_rep.pdf-67k-2011-11-10)> [as of January 17, 2012].

## **EARLY BONDING AND ATTACHMENT RESEARCH**

“Modern bonding studies trace their roots back to a landmark series of studies ‘imprinting,’ ‘bonding,’ and ‘attachment’ that began during the 1930s. In one of the most famous of these, Konrad Lorenz demonstrated that, during a particular time of early development (a developmental window), young goslings would ‘imprint’ on cortical structures their impressions of his relationship to them and follow him exactly as if he were their mother. Lorenz also found these results to be generalizable. The goslings would ‘imprint’ to other animals, including his Labrador retriever, which happened to be present during that specific developmental phase. Thus imprinting, a simple form of infant-to-mother bonding, was demonstrated to be an innate and instinctive process with a specific and predictable developmental window for its occurrence. It was also an essentially unidirectional process.

John Bowlby was convinced that disruptions in the mother-child relationship led to psychological problems later in life. Another landmark set of studies regarding the fates of British war orphans led him to conclude that infants raised in institutions without stable and continuous relationships with caregiving adults grew up with deficits in cognition, language, attention, and the capacity for durable interpersonal relationships. These findings were incontrovertibly supported by a 30-year follow-up study of 25 children, half of whom were moved to a more nurturing, stable, and interactive environment before the age of 3. Ongoing, caring relationships, stimulation, and human interactions were demonstrated to be essential for healthy development.

A third extremely influential set of studies carried out by Harry F. Harlow involved infant rhesus monkeys. In these dramatic studies, Harlow separated infant monkeys from their biological mothers and observed their attachment to inanimate surrogate mothers (wire monkey mannequins), demonstrating quite conclusively that in the absence of a living mother (or living mother surrogate), the infant monkeys would become quite attached to the mannequins. In some of the experiments, he attached feeding bottles to some of mannequins and covered others with terrycloth. Although the infant monkeys would go to the uncovered wire mannequins for feeding, they would return to the terrycloth covered mannequins to whom they had already become attached. This behavior demonstrated that the monkeys’ desire for food was not the determining factor in their attachment to the surrogates. Harlow recognized that it would be extremely important to note what happened to these infant monkeys as they developed, especially in the context of John Bowlby’s observations of British war orphans. The findings were similar—both monkeys and humans deprived of adequate mothering grew up to be grossly socially impaired. Again, attachment to an inanimate surrogate mother was unidirectional. The monkey-child was psychologically attached to its wire mother without any reciprocity or nurturing interaction at all. The effects of this deprivation on subsequent social development were disastrous.

Mary Ainsworth and others carried out another set of studies of human infants during the 1960s and 1970s that supported and extended the work of Bowlby and Harlow. These studies constitute the theoretical and experimental basis for the modern bonding and attachment studies that are most often presented in the context of juvenile and family court litigation. These experiments employed variations of a laboratory paradigm known as the Strange Situation Procedure. In brief, a caregiver and her (or his) 12-to-20-month-old child would sit in a sparsely furnished playroom while a stranger entered and then left. Subsequently, the caregiver would leave and reenter. During the various permutations of presence and absence of caregiver and stranger, the researchers would observe the child for signs of distress, attachment, and exploratory behaviors. Infants were eventually classified into secure, insecure-avoidant, and insecure-resistant categories.”

*Arredondo and Edwards, Attachment, Bonding, and Reciprocal Connectedness: Limitations of Attachment Theory in the Juvenile and Family Court, Journal of the Center for Families, Children, and the Courts (2000), p. 113.*

<http://arredondomedia.wordpress.com/2000/01/01/attachment-bonding-and-reciprocal-connectedness-limitations-of-attachment-theory-in-the-juvenile-and-family-court/> [as of January 17, 2012].

See also Spitz, *Hospitalism—An Inquiry Into the Genesis of Psychiatric Conditions in Early Childhood*, (1945) 1 *Psychoanalytic Study of the Child*, pp. 53-74 and *Hospitalism: A Follow-up Report*, (1946) *Psychoanalytic Study of the Child*, pp. 113-117.

See also Bretherton, *The Origins of Attachment Theory: John Bowlby and Mary Ainsworth*, (1992) 28 *Developmental Psychology*, pp. 759-775. <<http://doi.apa.org/getdoi.cfm?doi=10.1037/0012-1649.28.5.759>> [as of January 17, 2012].

### **Beyond the Best Interests of the Child**

*Beyond the Best Interests of the Child* (1973) was the first major treatise to address children and the law, focusing on the child's psychological needs. This book was cited by the California Supreme Court in *In re B.G.* (1974) 11 Cal.3d 679, 692-693, the case that used the psychological parent concept as the basis for de facto parent status and standing.

The book and its sequel, *Before the Best Interests of the Child* (1979), were authored by Joseph Goldstein, a Yale Law professor also trained as a psychoanalyst, by Anna Freud, a child psychiatrist, psychoanalyst, and Sigmund Freud's granddaughter, and by Albert J. Solnit, Yale professor of pediatrics and psychiatry, and psychoanalyst. Sonja Goldstein, then a Yale Law Professor, joined these authors for the final book *In the Best Interests of the Child*, and the trilogy edition, *The Best Interests of the Child: The Least Detrimental Alternative* (1996). The books have been cited in at least fourteen subsequent Court of Appeal decisions.

The principles and guidelines espoused in these books became the standard for assessing and deciding contested child placement issues for children already caught up in the legal system, be it a dependency case, a delinquency case, or a child custody dispute.

Goldstein et al., *The Best Interests of the Child: The Least Detrimental Alternative* (The Free Press 1996).

## **MORE RECENT RESEARCH AND FINDINGS – THE NEUROBIOLOGY OF ATTACHMENT**

### **The Neurobiology of Attachment and Personality Organization**

"A summary overview of the current rapid advances in developmental psychology and brain research offers the following perspective of the early development of the self. It is now clear that psychological and physical health are inextricably intertwined, and that emotional development is the integrating link between mind and body. This interweaving of the mental and the biological realms is present at the very beginnings of human life. But the current explosion of infant research indicates that the human self--an individual's defining personality or character, his or her essential psychobiological nature--is not fully present at birth. The course of a healthy childhood is reflected in the expanding adaptive psychological and biological functions of a developing self. These capacities are, in turn, a product of a child's maturing brain/mind/body systems, and they optimally evolve only in a growth-facilitating environment. This environment provides not only adequate amounts of essential nutrients but, in addition, a range of essential social emotional experiences that also fuel the brain growth spurt of the first two years of life.

In light of the dual principles that the earliest stages of self are critical to the further growth of the personality, and that nature's potential can be realized only as it is enabled by nurture, the optimal development of the earliest manifestation of self-potential involves more than just a genetically programmed inborn tendency to organize experiences. It also requires certain types of specifically social emotional experiences that are co-created in a relationship with a caregiver who is attuned to the infant's internal states and is responsive to the child's communications of such states. . . . In other words, in an optimal scenario the infant is an active co-participant in a relationship with an emotionally attuned primary caregiver who provides self-maintaining experiences, that is, one who expands opportunities for positive emotion and minimizes states of negative emotion. These experiences occur in affect attunement interactions embedded in infant-mother play interactions, as well as in comforting reattunement transactions that occur after instances of stressful

misattunement. Experiencing the joy of being the gleam in the parent's eye, and of having the secure feeling that one is under the watchful eye of the mother, even when she's not physically present, supports and nurtures the infant's burgeoning positive self esteem.

Over the course of the first year these same attachment experiences directly influence the growth of the infant's brain, especially the higher areas of the right brain that are involved in reading the emotional faces, voices, and gestures of other humans, in appraising bodily responses to such social stimuli, in regulating resultant emotional states, and in coping with internal and external stress. By the end of the second year, the cumulative attachment history with *both* parents allows for a more complex right brain. This maturational advance now mediates an internal sense of security and resilience that comes from the intuitive knowledge that one can regulate the flows and shifts of one's emotional states either by one's own coping capacities or within a relationship with caring others. The outcome of a secure attachment is thus a reflection of the optimal development of the higher levels of the right brain, the locus of self functions. This developmental advance in right brain complexity is responsible for empathy, and therefore for that which makes an individual most 'human'."

Schore, *The Neurobiology of Attachment and Early Personality Organization* (2002), 16 *Journal of Prenatal & Perinatal Psychology and Health*, pp. 249-263.

See also Schore, *Effects of a Secure Attachment Relationship on Right Brain Development, Affect Regulation, and Infant Mental Health*, (2001) 22 *Infant Mental Health Journal* 1-2, pp. 1-62.  
<<http://allanschore.com/pdf/SchoreIMHJAttachment.pdf>> [as of January 17, 2012].

See also Nat'l Research Council and Institute of Medicine, *Neurons to Neighborhoods: The Science of Early Childhood Development* (Shonkoff and Phillips, eds., Nat'l Academy Press 2000), Committee on Integrating the Science of Early Childhood Development, Board on Children, Youth and Families, Commission on Behavioral and Social Sciences and Education, Chapter 14, Conclusions and Recommendations, p. 391.  
<[http://www.nap.edu/openbook.php?record\\_id=9824&page=391](http://www.nap.edu/openbook.php?record_id=9824&page=391)> [as of January 17, 2012].

See also National Scientific Council on the Developing Child, *The Timing and Quality of Early Experiences Combine to Shape Brain Architecture: Working Paper No. 5.*, Center on the Developing Child, Harvard University, 2007, p.4.  
<[http://developingchild.harvard.edu/index.php/resources/reports\\_and\\_working\\_papers/working\\_papers/wp5/](http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/working_papers/wp5/)> [as of January 17, 2012].

## **ABUSE AND NEGLECT IMPAIR ATTACHMENT**

### **Lack of Connectedness Can Retard Emotional Development**

"Child development principles inform us that reciprocal connectedness begins with the earliest caregiver child interactions in infancy. As a caregiver responds to a child's distress with cooing noises, rocking, and feeding, the child develops a reciprocal connection with that caregiver. This is reflected in the eye-to-eye contact and responsiveness of facial expressions in infant and adult (peek-a-boo is a playful testing of this mutual responsiveness). This fundamental connectedness makes the world seem predictable and safe. Without this connectedness, the child will not develop normally. Infants who do not form at least some minimal connectedness can become despondent, fail to thrive, or even die.

These early connections allow a child to feel safe, learn cause and effect, develop judgment, and develop morally. Connectedness is necessary for the healthy cognitive, emotional, and behavioral development of children. 'When a child is put in foster care, it's very possible that we are going to disrupt this fundamental attachment and in consequence then, that we may disrupt this child's fundamental need-to-be-near that person who makes the world seem safe. Putting a child in foster care can be damaging, in and of itself because of its disrupting the basic developmental process.' This may result in a child's lack of ability to feel empathy for

herself and others. This empathy for others is the basis of moral development. The effects of breaking this connectedness manifest in several ways and may have long term repercussions caused by developmental delays affecting a child's moral, cognitive, emotional, and behavioral development.

The child's emotional development can also be retarded and may even regress under the stress of removal from her family. The overwhelming emotional distress caused by the family's breakup can overwhelm a child's coping strategies leading to maladaptive behaviors and ruminations of self-hatred and self-destructiveness. Since children's coping strategies have a more narrow range than those of adults, removal can lead to behaviors that in older children can manifest as acting out anti-socially or self-destructively. Behavioral development may also suffer as a result of removing a child from her parents. Children who experience such a loss go through the same stages of grief—denial, bargaining, anger, depression, and resolution—as if someone had died. Children grieve differently and grieve longer.

. . . Children of all ages suffer the effects of traumatic separation. Even adolescents are affected, though they often deny it. Nevertheless, it is often manifested by their behavior, their affect, and their strained interpersonal relations with others, including surrogate authority.”

Edwards, *Judicial Oversight of Parental Visitation in Family Reunification Cases*, *Juvenile and Family Court Journal*, Summer 2003, p. 3. <[http://www.parentaldefense.org/uploads/Visitation\\_Judicial\\_Oversight.pdf](http://www.parentaldefense.org/uploads/Visitation_Judicial_Oversight.pdf)> [as of January 17, 2012].

See also Putnam *The Developmental Neurobiology of Disrupted Attachment: Lessons from Animal Models and Child Abuse Research*, in *Enhancing Early Attachments: Theory, Research, Intervention, and Policy* (Berlin et al., eds., Guilford Press 2007), pp. 79-99.

### **The Effects of Deprivation During Time Sensitive Brain Development Begin In Utero and Continue Into the Twenties**

“As we noted earlier, the brain evolved from the inside out, and it develops in much the same order. The lowest, most primitive region—the brainstem—completes much of its development in utero and in early infancy. The midbrain and limbic systems develop next, elaborating themselves exuberantly over the first three years of life. Parents of teenagers won't be surprised to learn that the frontal lobes of the cortex, which regulate planning self-control, and abstract thought, do not complete their development until late in adolescence, showing significant reorganization into the early twenties.

The fact that the brain develops sequentially—and also so rapidly in the first years of life—explains why extremely young children are at such great risk of suffering lasting effects of trauma: their brains are still developing. The same miraculous plasticity that allows young brains to quickly learn love and language, unfortunately, also makes them highly susceptible to negative experiences as well. Just as fetuses are especially vulnerable to particular toxins depending on the trimester of pregnancy in which they are exposed, so are children vulnerable to the lasting effects of trauma, depending on when it occurs. As a result different symptoms may result from trauma experienced at different times. For example, a toddler with no language to describe the painful and repetitive sexual abuse he experiences may develop a complete aversion to being touched, wide-ranging problems with intimacy and relationships and pervasive anxiety. But a ten-year-old who is subjected to virtually identical abuse is more likely to develop specific, event-related fears and to work deliberately to avoid particular cues associated with the place, person and manner of abuse. Her anxiety will wax and wane with exposure to reminders of the molestation. Further, an older child will probably have associated feelings of shame and guilt—complex emotions mediated by the cortex. That region is far less developed in the toddler, therefore related symptoms are less likely if abuse begins and ends earlier in life.

At any age, however, when people are faced with a frightening situation their brains begin to shut down their highest cortical regions first. We lose the capacity to plan, or to feel hunger, because neither are of any use to our immediate survival. Often we lose the ability to “think” or even speak during an acute threat. We just react. And with prolonged fear there can be chronic or near-permanent changes in the brain. The brain alterations that result from lingering terror, especially early in life, may cause an enduring shift to a more impulsive, more aggressive, less thoughtful and less compassionate way of responding to the world.

This is because systems in the brain change in a ‘use-dependent way,’ as we noted earlier. Just like a muscle, the more a brain system like the stress response network gets ‘exercised,’ the more it changes and the more risk there is of altered functioning. At the same time, the less the cortical regions, which usually control and modulate stress, are used, the smaller and weaker they get. . . . Such use-dependent changes in the relative power of different brain systems—just like the use-dependent templates one forms in one’s memory about what the world is like—are critical determinants of human behavior.

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A foundational principle of brain development is that neural systems organize and become functional in a sequential manner. Furthermore, the organization of a less mature region depends, in part, upon incoming signals from lower, more mature regions. If one system doesn’t get what it needs when it needs it, those that rely upon it may not function well either, even if the stimuli that the later developing system needs are being provided appropriately. The key to healthy development is getting the right experiences in the right amounts at the right time.”

Perry and Szalavita, *The Boy Who Was Raised as a Dog: and Other Stories From a Child Psychiatrist’s Notebook*, (Basic Books, 2006) pp. 64-67, 70.

*See also Perry, Aggression and Violence: The Neurobiology of Experience.*

[http://teacher.scholastic.com/professional/bruceperry/aggression\\_violence.htm](http://teacher.scholastic.com/professional/bruceperry/aggression_violence.htm) [as of January 17, 2012].

*See also Szalavitz and Perry, Born for Love: Why Empathy is Essential – and Endangered* (HarperCollins 2010), pp. 310-311.

## **ATTACHMENT AND THE CHILD WELFARE SYSTEM**

### **Attachment Challenges for Children in the Child Welfare System**

“When children are removed from their homes due to maltreatment or neglect, the legal system attempts to provide a safe environment while simultaneously developing a service plan for the child to return home. During the time that the children are apart from their parents their attachment to their caregiver may be impaired while, in some cases, the child begins to form a secure attachment to the new caregivers. . . . Because of its lasting impact on children’s ability to form healthy relationships throughout life, the importance of secure relationship with caregivers cannot be overestimated.

Permanency decisions must take into consideration what is arguably the most significant psychological variable impacting a child’s development: a secure attachment to a sensitive, responsible, and reliable caregiver.”

Goldsmith et al., *Separation and Reunification: Using Attachment Theory and Research to Inform Decisions Affecting the Placements of Children in Foster Care*, *Juvenile and Family Court Journal*, Spring 2004.

### **Infants in Foster Care are at Particular Risk for Attachment Disorder and Lifelong Damage**

“Multiple foster care placements present a host of traumas for very young children. When a baby faces a change in placement fragile new relationships with foster parents are severed, reinforcing feelings of abandonment and distrust. Babies grieve when their relationships are disrupted and this sadness adversely affects their development. . . .

We know from the science of early childhood development that early relationships and attachments to a primary caregiver are the most consistent and enduring influence of social and emotional development for young children. Infants and toddlers who are able to develop secure attachments are observed to be more mature and positive in their interactions with adults and peers than children who lack secure attachments. . . . Those who do not have an opportunity to form a secure attachment with a trusted adult suffer grave

consequences. Their development can deteriorate resulting in delays in cognition and learning, relationship dysfunction, difficulty expressing emotions, and future mental health disorders.”

Zero to Three Policy Center Fact Sheet, *Restructuring the Federal Child Welfare System: Assuring the Safety, Permanence and Well-Being of Infants and Toddlers in the Child Welfare System*, January 2007, pp. 5, 8.

[http://main.zerotothree.org/site/PageServer?pagename=ter\\_pub\\_childwelfare](http://main.zerotothree.org/site/PageServer?pagename=ter_pub_childwelfare) [as of January 17, 2012].

See also Perry, *Children and Loss*, ChildTrauma Academy. <http://www.childtrauma.org/index.php/articles/trauma-a-ptsd/42-children-and-loss> [as of January 17, 2012].

### **Multiple Placements Impact and Impair Healthy Development and Attachment**

“Separation from parents, sometimes sudden and usually traumatic, coupled with the difficult experiences that have precipitated placement, can leave infants and toddlers dramatically impaired in their emotional, social, educational, and physical development. Multiple foster care placements present a host of other traumas for very young children. When a baby faces a change in placement, fragile new relationships with foster parents are severed, reinforcing feelings of abandonment and distrust. Even young babies are capable of grief when their relationships are disrupted, and this sadness adversely affects their development. Early secure attachments with a stable primary caregiver play a central role in a young child’s social, emotional, and cognitive development. Children who have experienced abuse or neglect have an even greater need for sensitive, caring, and stable relationships. Placement decisions should focus on promoting security and continuity for infants and toddlers in out-of-home care.

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There are several strategies that can help prevent multiple placements. However, these recommendations may involve a change in the operations of the local child welfare system.

- Make the first out-of-home placement with a view toward permanency. Whenever possible, assure that the foster family is also a potential adoptive home.
- Develop a transition plan for any change in placement. Arrange for the sending and receiving caregivers to exchange information and spend time together with the infant or toddler. Make the change in placement gradually as the baby’s behavior is monitored.
- Provide training and support for foster parents and child welfare staff to help them understand and mitigate the distress experienced by a baby when a change in placement occurs.”

Cohen and Youcha, *Zero to Three: Critical Issues for the Juvenile and Family Court*, (April 2004) 55 *Juvenile and Family Court Journal* 2, pp. 16-17. <http://www.ncjfcj.org/content/view/577/433/> [as of January 17, 2012].

### **The Myth of the Resilient Foster Child**

“The concept of resilience is often misunderstood to mean that a ‘resilient’ child is capable of developing secure relationships despite adverse environmental factors such as separations, abrupt moves, and losses. . . . Recent developmental research suggests a different view of resilience, however. Rather than characterizing resilience as an inherent trait *within* a given child, resilience is viewed as a process whereby, through interactions *between* the child and her environment, a child develops a capacity to successfully adapt to adversity (Egeland, Carlson, & Sroufe, 1993). . . . Thus, resilience is not a fixed quality ‘in’ the child but a process that characterizes the child’s interactions with the environment in which protective factors outweigh risk factors.

Perhaps the most significant protective factor during the early years is a secure attachment to a stable, sensitive, and supportive caregiver (Weinfield et al., 1999). . . . Because resilience is not a fixed trait but a product of the child’s interaction with the environment, it can change for the worse if the interactions between the child and the environment deteriorate. Second, resilience is the product of the balance between risk and protective factors. If the balance tilts toward risk factors, either because they increase or because protective factors decrease, the child may lose his or her resilience. . . . Thus, rather than believing that children who have experienced multiple moves with seemingly minimal adverse emotional consequences are resilient and

somehow immune, it should be evident that disrupted caregiving may place children at risk for further trauma and consequently decrease the child's capacity for resilience."

Goldsmith et al., *Separation and Reunification: Using Attachment Theory and Research to Inform Decisions Affecting the Placements of Children in Foster Care* (Spring 2004), 55 *Juvenile and Family Court Journal* 2, p. 7-8.  
<<http://www.ncjfcj.org/content/view/full/577/433/>> [as of January 17, 2012].

See also Perry et al., *Childhood Trauma, the Neurobiology of Adaptation, and "Use-dependent" Development of the Brain: How "States" Become "Traits"* (Winter 1995), 16 *Infant Mental Health Journal* 4, pp. 271-291.  
<<https://childtrauma.org/index.php/articles/articles-for-professionals>> [as of January 17, 2012].

Frequent visitation with a biological parent or a long-term caregiver is essential to maintaining a child's existing attachments. Please see our pages on [Visitation](#) and [Transitions](#) for more information on the importance of preserving and the best way to maintain a foster child's existing attachments.

## **CAREGIVER BEHAVIORS CRUCIAL TO ATTACHMENT**

### **Factors Crucial to Bonding**

"The acts of holding, rocking, singing, feeding, gazing, kissing and other nurturing behaviors involved in caring for infants and young children are bonding experiences. Factors crucial to bonding include time together (in childhood, quantity does matter!), face-to-face interactions, eye contact, physical proximity, touch and other primary sensory experiences such as smell, sound, and taste. Scientists believe the most important factor in creating attachment is positive physical contact (e.g., hugging, holding, and rocking). It should be no surprise that holding, gazing, smiling, kissing, singing, and laughing all cause specific neurochemical activities in the brain. These neurochemical activities lead to normal organization of brain systems that are responsible for attachment...

The most important relationship in a child's life is the attachment to his or her primary caregiver, optimally, the mother. This is due to the fact that this first relationship determines the biological and emotional 'template' for all future relationships. Healthy attachment to the mother built by repetitive bonding experiences during infancy provides the solid foundation for future healthy relationships. In contrast, problems with bonding and attachment can lead to a fragile biological and emotional foundation for future relationships...

*Timing is everything.* Bonding experiences lead to healthy attachments and healthy attachment capabilities when they are provided in the earliest years of life. During the first three years of life, the human brain develops to 90 percent of adult size and puts in place the majority of systems and structures that will be responsible for all future emotional, behavioral, social and physiological functioning during the rest of life. There are critical periods during which bonding experiences *must be present* for the brain systems responsible for attachment to develop normally. These critical periods appear to be in the first year of life and are related to the capacity of the infant and caregiver to develop a positive interactive relationship...

The impact of impaired bonding in early childhood varies. With severe emotional neglect in early childhood the impact can be devastating. Children without touch, stimulation and nurturing can literally lose the capacity to form any meaningful relationships for the rest of their lives. Fortunately most children do not suffer this degree of severe neglect. There are, however, many millions of children who have some degree of impaired bonding and attachment during early childhood. The problems that result from this can range from mild interpersonal discomfort to profound social and emotional problems. In general, the severity of problems is related to how early in life, how prolonged and how severe the emotional neglect has been.

This does not mean that children with these experiences have no hope to develop normal relationships. Very little is known about the ability of replacement experiences later in life to 'replace' or repair the undeveloped or poorly organized bonding and attachment capabilities. Clinical experiences and a number of studies suggest that improvement can take place, but it is a long, difficult and frustrating process for families and

children. It may take many years of hard work to help repair the damage from only a few months of neglect in infancy.”

...

The capacity and desire to form emotional relationships is related to the organization and functioning of specific parts of the human brain. Just as the brain allows us to see, smell, taste, think, talk and move, it is the organ that allows us to love -- or not. The systems in the human brain that allow us to form and maintain emotional relationships develop during infancy and the first years of life. Experiences during this early vulnerable period of life are critical to shaping the capacity to form intimate and emotionally healthy relationships.”

Perry, *Bonding and Attachment in Maltreated Children: Consequences of Emotional Neglect in Childhood*, ChildTrauma Academy, 2001. <<http://www.childtrauma.org/index.php/articles/articles-for-caregivers/64-bonding-and-attachment-in-maltreated-children>> [as of January 17, 2012].

See also Levy & Orlans, *Attachment, Trauma, and Healing: Understanding and Treating Attachment Disorder in Children and Families* (Child Welfare League of America Press 1998), pp. 27-40.

### **Strategies for Attachment**

“Parenting Tips for Attachment:

- Make Eye Contact
- Smile and Talk to Your Child
- Express Warmth and Touch
- Be Sensitive and Responsive
- Get in Tune with Your Child
- Follow your Child’s Lead in Play
- Read Together
- Avoid Overstimulation

... Key Strategies to Foster Attachment:

#### **Make yourself available.**

Young children can rely on you and come to trust you only if you are present. Do your best to manage your schedule and life so you are physically available to children when they need you. This may mean making tough lifestyle choices. Work within your circumstances to find time to be available to your children. Also, try to make sure you are mentally engaged in being available and attentive to your children when with them, not just a warm body that is present.

#### **Increase your knowledge and experience interacting with young children.**

Fostering positive, attentive interactions with young children that build secure attachments requires knowledge and experience. Find specific opportunities to interact with your own or other young children by volunteering in child care or school settings, attending play or social groups, going to interactive classes with your child, etc. Pay attention to their likes, needs, desires and behaviors. Also, take advantage of opportunities to increase your knowledge by taking classes, reading books, watching videos or otherwise learning about parent-child relationships.

### **Be attentive to your child's cues.**

Fostering a secure attachment begins with attending to your child's needs. Attention begins with focusing on your child and perceiving his or her cues that care or comfort is needed (cues such as crying, holding arms out to you, etc.). Then you need to interpret the signal correctly (understand what he or she wants) and respond in a way that comforts or assists the child. Children may express a physical need (a bottle due to hunger) or a social need (toddlers' need for someone to respond to them). Attentiveness means "tuning in" to your child's signals and recognizing when he or she needs to be held, needs to talk, needs a new toy, needs a new diaper or is tired and needs to rest.

### **Provide a quick, consistent response to your child's needs or cues.**

Children learn trust when someone responds promptly and consistently to their needs, especially during the first year of life. Infants, especially, simply do not understand "waiting" for someone. Adult responsiveness and encouragement reinforces a child's actions and behaviors. Such responsiveness is essential to healthy child development. When an infant smiles, an adult needs to smile in return. Sounds, cries, facial expressions and actions all need responses so a child learns to interact with the world. The child develops focus, interest, excitement, wonder and curiosity as adults respond. A child who does not receive responses can become apathetic and lose curiosity, interest and excitement.

### **Express warm, positive and caring responses as you interact with children.**

Whether changing a diaper or answering a question, you need to give children a warm and understanding experience with you. The extra word of reassurance, the caring touch or hug \_ [sic] these shape a child's experience of security. Children who experience harsh or rejecting types of interactions regularly can develop insecure attachments. Be nurturing. Be understanding. You should give children love, affection and touch abundantly as you interact with them."

Brotherson, *Keys to Building Attachment with Young Children*, Extension Bulletin FS-631, North Dakota State University Extension Services (April 2006). <[http://www.education.com/reference/article/Ref\\_Keys\\_Building/](http://www.education.com/reference/article/Ref_Keys_Building/)> [as of January 17, 2012].

See also Arredondo and Edwards, *Attachment, Bonding, and Reciprocal Connectedness: Limitations of Attachment Theory in the Juvenile and Family Court*, Journal of the Center for Families, Children, and the Courts (2000), p.113-114. <<http://arredondomedia.wordpress.com/2000/01/01/attachment-bonding-and-reciprocal-connectedness-limitations-of-attachment-theory-in-the-juvenile-and-family-court/>> [as of January 17, 2012].

## **APPLICABLE STATUES**

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### Welfare and Institutions Code Section 361.5 (g):

Whenever a court orders that a hearing shall be held pursuant to Section 366.26, it shall direct the agency supervising the child...and the adoption agency...to prepare an assessment that shall include:

(E) The relationship of the child to any identified prospective adoptive parent or guardian, *the duration and character of the relationship, the degree of attachment of the child to the prospective relative guardian or adoptive parent, the relative's or adoptive parent's strong commitment to caring permanently for the child*, the motivation for seeking adoption or guardianship... [Emphasis Added]

## **APPLICABLE CASE LAW**

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*In re Marilyn H.* (1993) Cal.App. 4th 295, 305, 309, 310.

"The objective of the dependency scheme is to protect abused or neglected children and those at substantial risk thereof and to provide permanent, stable homes if those children cannot be returned home within a prescribed period of time. . . . Although a parent's interest in the care, custody and companionship of a child is a liberty interest that may not be interfered with in the absence of a compelling state interest, the welfare of a child is a compelling state interest that a state has not only a right, but a duty, to protect. . . . The Legislature has declared that California has an interest in providing stable, permanent homes for children who have been removed from parental custody and for whom reunification efforts with their parents have been unsuccessful. . . . Once reunification services are ordered terminated, the focus shifts to the needs of the child for permanency and stability. . . . It is presumed, at that point, that continued care is in the best interest of the child."

*In re Brittany K.* (2005) 127 Cal.App.4th 1497, 1505.

"[I]n any custody determination, a primary consideration in determining the child's best interests is the goal of assuring stability and continuity. . . . When custody continues over a significant period, the child's need for continuity and stability assumes an increasingly important role. That need will often dictate the conclusion that maintenance of the current arrangement would be in the best interests of that child. . . . After the termination of reunification services, the parents' interest in the care, custody and companionship of the child are no longer paramount. Rather, at this point 'the focus shifts to the needs of the child for permanency and stability, and in fact, there is a rebuttable presumption that continued foster care is in the best interests of the child.'"

*In re Joseph T.* (2008) 163 Cal.App.4th 787, 800.

"The passage of time is a significant factor in a child's life; the longer a successful placement continues, the more important the child's need for continuity and stability becomes in the evaluation of her best interests."