

Ten top tips for writing accurately about attachment

NB: We use the word "parent" to include both parents and carers

1. Don't use the word "attachment" when the word "relationship" will do.
2. Remember that attachment strategies are only activated under conditions of perceived threat/danger. If there is a moment of threat (e.g.: a loud noise, an unfamiliar toy, another child intruding, the child being frustrated in some way – for example by having a toy taken away, or falling down), pay particular attention to how the child reacts. Is it safe for the child to display sadness / fear / upset / anger / need for comfort? What is the parent's response if they do so? Is the child able to approach the attachment figure for comfort? Is the child soothed by the attachment figure, before returning to normal play? If the child is offered care or comfort, how do they respond? Do they allow themselves to be comforted and calmed?
3. It is normal for children to behave differently in different environments (e.g.: home, nursery, school, office). Remember the interaction between the environment and the behaviour. For example, Victoria Climbié smiled throughout her hospital stay, which was interpreted as evidence that she was a happy and resilient girl. But is it normative for a child in pain, separated from her attachment figures, to be smiling?
4. Do not attempt to diagnose an attachment strategy. It's not necessarily useful to write about a child demonstrating a "Type A strategy/ insecure avoidant strategy". Accurate coding takes a great deal of specialist training. Instead, focus on describing the behaviour which you observe and the pattern and context in which it is observed. How is the child attempting to meet their needs for safety, comfort, proximity and predictability? How attuned and predictable is the parent/carer to the child's needs?
5. Remember that secure attachment is not always best! The key to survival is about using the most effective attachment (i.e. self-protective) strategy in a given context. Around 30 - 40% population have an insecure attachment strategy - this is not necessarily a reason for intervention.
6. It is helpful to focus on describing an accurate, child's eye view, of the patterns of interaction between carer/parent and child. Try to offer an analysis of how you think the child was feeling, and how they were able/not able to get their needs met. For example, a child clinging to their parent is often interpreted as evidence that the child has a "strong" attachment with that parent. Depending on the context, it could instead be evidence that the child is afraid of reprimand if they do not cling, or they may be comforting the parent,

or it may be evidence that they are only able to use the parent as a source of comfort if they take the active role in making contact.

7. Try to avoid terms like "attachment problems" (too vague) and "strong" or "weak" attachment (meaningless). Don't use diagnostic terms ("attachment disorder") unless there is a formal diagnosis.
8. Remember that children can have multiple different attachment strategies in relation to multiple adults - the strategy lives in the relationship, not in the child. Questions such as "Is the child able to use adults in appropriate ways to achieve comfort and soothing when they are afraid, sad or angry?" are useful.
9. Bear in mind the availability of other attachment figures - extended family, professionals, carers. How is the child able to get their needs met within those relationships? Can the child adapt their behaviour to different carers or different settings, or are they fixed in a rigid set of patterns? Whatever your conclusions, leave room for the possibility that strategies can change over time. The child's (and the parent's) attachment (self-protective) strategies can change as a consequence of bio-psycho-social changes, the process of maturing, new relationships, effective therapy, the removal of significant sources of danger or threat, and many other factors in the environment.
10. Observation of interactions between parents/carers and children has the potential to be much more accurate than simply asking the parent/carer to describe the relationship. This will elicit the parent/carer's interpretation of the relationship, which is relevant and important, but it's not necessarily accurate.

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