

ATTACHMENT AFTER ADVERSITY

Building resilience through relationships

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INTRODUCTION

Every child's life is full of challenges. This is a normal part of growing up. In fact, experiencing moderate adversity and stress under the supportive care of adults can lead to positive growth¹. However, for children and youth without an adequate support system, such as those separated from their biological parents, adversity often occurs more frequently and can be especially overwhelming. For these children, life challenges and the stress associated with them often extends beyond their capacity to cope. This pervasive stress can cause them to perpetually live in 'survival mode', which can impact their development long-term. throughout their lives.²

And yet, we see that stresses and challenges are not the only predictors of future health and well-being³. There are countless stories of individuals who experience similar hardships, such as a car accident, illness, poverty, or the loss of a parent, and have very different outcomes. Some individuals "bounce back" from adversity with ease while others continue to experience emotional pain, sadness, and a sense of uncertainty long after the event has passed⁴. Why do some people adapt well over time to life-changing situations and stressful conditions while others continue to struggle for years? What makes the difference?

Resilience is an individual's ability to return to a positive state after experiencing adversity⁵. It is not a trait that a person either has or does not have. It is the process of adapting well when faced with adversity and involves behaviors, thoughts and actions that can be learned and developed by anyone. Although we do not know everything about why some people have greater resilience than others, we do know it is influenced by both nature and nurture^{6,7,8}. Nurture in the form of healthy attachments⁵, which is the profound and enduring emotional bond that connects two people^{9,10}, is one of the most important influencers of resilience.

There are multiple types of attachment relationships, some healthier than others¹¹. Unfortunately, some children, such as those outside of parental care or with a history of maltreatment, may have experienced unhealthy relationships leading to less than optimal attachments to their caregivers¹². However, there is hope for children outside of parental care

and those with a history of maltreatment. Healthy caregiver relationships can be built, even with non-biological caregivers. This healthy attachment can be a key ingredient to help a child bounce back after adversity.⁵ When a caregiver connects with a child and provides a healthy, supportive caregiving environment, they support the development of resilience.¹²

Adversity has been a regular part of life for most children and youth who have experienced maltreatment or life outside of parental care. As individuals dedicated to serving at-risk children and families, we must learn how to build resilience through relationship to help them build better futures.

Using research on adversity and attachment, we can see what a history of adversity might look like, how it shapes a child's expectations for what a relationship is, and how our long-term nurture can successfully carry that child into adulthood. No matter a child's history, there is always hope for an improved wellbeing through relationship.





Vulnerable Children: the Consequence of Early Adversity

Early adversity occurs when a child experiences a threat to his or her wellbeing. Childhood adversity has been studied at length. Research shows that childhood adversity can occur across social and physical environments¹⁴. Socially, adversity may appear in the form of maternal depression or verbal abuse. Environmentally, lack of resources, such as poverty, and neglect fall under adversity.^{15 16 17} The timing at which early adversity is experienced can also impact the way a child responds to adversity and how the child develops into adulthood^{18 19 20}. One landmark investigation focused on ACEs, or Adverse Childhood Experiences. There are 10 types of ACEs²¹ which researchers and professionals use to understand a child's history.²⁰ These experiences occur frequently in childhood, are significantly stressful, and have long-term impact.^{20 22}

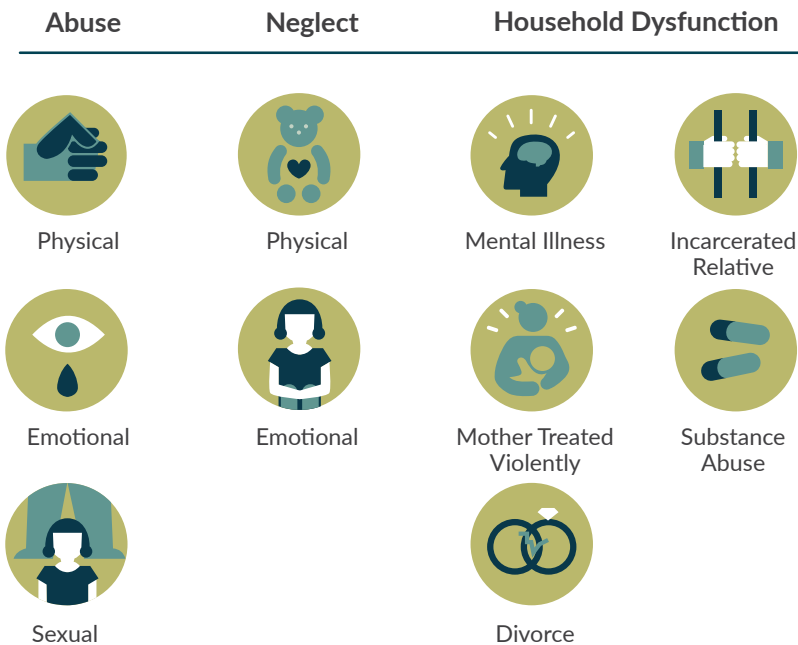


Fig 01. The three types of ACEs: abuse, neglect, and dysfunction
(Adapted from the Centers for Disease Control and Prevention on 1/10/2020).

Most people only experience two or fewer ACEs during childhood. These individuals usually have few or no long-term negative health outcomes.²⁴ However, depending on the severity of adversity, even exposure to one ACE could predict later challenges. As the number of ACEs increases, so does the risk of health problems, emotional disorders, substance abuse, and high-risk behaviors.²⁰ In one study, researchers found that individuals with four or more ACE's had higher rates of health problems, drug abuse, violence, and poor mental health compared to those with zero.²¹ Exposure to ACEs lays the foundation for disruption in brain development that can lead to cognitive impairments, high-risk behavior, disease, and functional limitations which can shorten a person's life.^{20 25}

Although the most significant effects of ACEs might appear over a long period of time, some are more immediate. Short-term consequences from ACEs can include psychological, emotional, cognitive and behavioral problems^{26 27 28}, difficulty adapting and adjustment issues,^{29 27 30} inattentiveness,³¹ delays in memory and learning,^{32 33} and decreased critical thinking, planning, decision-making, and social interaction abilities.³⁴

Understanding ACEs is important for children and youth in children's homes, foster care, and other alternative care environments because separation from a parental figure qualifies as an adverse experience. Therefore, by definition, children outside of parental care have experienced at least one adverse childhood experience. Most of these children have experienced several other ACEs as well, such as abuse or neglect.^{20 35 36} Further, we know that multiple care placements is a form of adversity in itself, and lack of consistent care increases the risk of negative outcomes.^{34 37} Experiencing multiple adversities can affect a child's physical, emotional, and neurological development, and overall wellbeing throughout the lifespan.³⁸

As people who care for vulnerable children, it is important to understand both a child's history and how their body and mind respond to it. ACEs are stressful experiences and a child instinctively learns to protect themselves the best he or she can.

When children experience stressful events, their bodies and young minds can respond in one of three ways: seeing the stress as positive, tolerable, or toxic.¹

POSITIVE STRESS, is the healthiest version.

Positive stress can look like the nervous jitters athletes feel right before their big game, or feeling alert while public speaking. This is constructive for healthy development and can actually be part of building resilience.^{39 3}

TOLERABLE STRESS, is stress that your body can take, but only to a limit. This type typically has a clear end to it. For example, something like a car accident, while certainly stressful and dangerous, has a clear beginning and end. If a child were to tell you about what happened in the accident, he would understand that the accident started, ended, and is now in the past. Alternatively, feelings of grief from the death of a loved one can be processed and resolved over time. However, part of what makes stressful incidents tolerable is support from a loving, engaged caregiver.^{41 42 43 44} If distressing feelings continued for a long period of time without help from a caregiver, the stress of that grief or challenge could quickly grow toxic.

TOXIC STRESS occurs when a child experiences adversity, especially multiple ACEs, without help from a nurturing long-term caregiver.¹ Their young minds experience intense stress and they have to work through it all by themselves. This is something their developing brains are not prepared to do alone.⁴⁵ This soon grows toxic because there is no foreseen end to the stress.¹ For example, extreme poverty is a long-term experience that a young child often does not have the power to change. Lack of resources may lead to a consistent state of deprivation that a child must hopelessly endure. Running on a cyclical loop, children often cannot break the cycle without outside help.



Fig 02. Toxic Stress (Adapted from the Harvard Center on the Developing Child 01/10/2020).

If a child experiences toxic stress, they may be inclined to engage in unhealthy coping strategies.¹ For example, one study found that the more ACEs a child experienced, the more likely they were to smoke in adulthood.⁴⁶ Additional research has found that the risk of illicit drug use and promiscuity increases with the number of ACEs experienced in childhood.⁴⁷

What many parents and caregivers of vulnerable children do not know, however, is the impact an attachment figure can have on breaking this toxic stress loop.⁴³ Although unhealthy caregiver relationships can serve as a source of toxic stress, healthy relationships with a caregiver may contribute to a child's ability to overcome hardship.

Resources for Further Exploration



[We Can Prevent ACEs](#) (Center for Disease Control)

[ACE's and Toxic Stress: Frequently Asked Questions](#) (Harvard Center on the Developing Child)

[The Changing Brian: Created to Heal](#) (Christian Alliance for Orphans)

*Losing a healthy, long-term caregiver may
be part of the problem, but gaining one can
be part of the solution.*



Resilience: How We Overcome Obstacles

Challenges are a certainty in life. Almost every person will at some point in their lives experience illness, the loss of a dream, the death of a loved one, or other common adversities. Some individuals will experience many other difficult hardships as well. As individuals serving vulnerable children and families, the question is:

How can we prepare children to overcome challenges successfully, leading them to become healthy, thriving adults who can conquer obstacles in their lives?

What is resilience?

Resilience is an adaptive response to serious adversity.⁶ It is dynamic and can change across time, age, and culture.⁴⁸ Evidence of resilience is seen in how the brain, immune response, and genes respond to challenging external experiences.⁷ By studying people who are psychologically healthy after experiencing hardship, we can understand the many factors that contribute to resilience.^{5 49} Definitions of resilience vary, but include:

- The capacity to recover from grief in an appropriate manner⁵⁰
- Avoiding criminal behavior⁵¹
- A good outcome in the face of adversity⁷
- The ability to resume positive functioning following adversity⁵²
- The capacity to resist adversity, manage to cope with uncertainty, to recover successfully from trauma⁵¹
- The ability to maintain or regain mental health⁴⁶
- The factors and processes that prevent risks from leading to maladaptive behaviors or psychopathology resulting in reasonable outcomes despite adversity^{53 54}
- An adaptive, effective performance of the person confronted with adversity⁵⁵
- Factors that reduce mental health problems after adversity⁵⁶



How do we build resilience?

Unlike having brown eyes or large feet, resilience is not a fixed trait. As with most elements of human development, resilience is formed by the interaction of both nature and nurture.^{60 61 62 3} Given the appropriate setting and supports, resilience can be developed.⁶³ Protective factors can offer a buffer to adversity and contribute to resilience.⁶⁴ Further, the greater the number and intensity of protective factors he or she has, the more likely a child is able to overcome difficult experiences in life.⁵⁴ These include:

Internal Factors

- Developing a sense of mastery over life, a belief in one's ability to overcome hardships.^{6 65}
- Strong executive function and self-regulation skills, allowing individuals to manage behavior and emotions, as well as develop strategies to cope with challenges^{66 67}
- Success in social relationships⁶⁸
- Optimism⁶⁹
- Future orientation⁷⁰
- Positive self-esteem⁵⁴
- Distress tolerance⁵⁴
- Emotional expression⁵⁴
- Self-reflection⁷¹
- Genetic factors⁷²

External Factors

- A stable relationship with at least one caring adult⁵
- Competent caregiving^{66 68}
- Faith and cultural traditions^{73 67}
- Effective education^{66 74}
- Involvement in sports, music, and other activities⁷⁵
- Friendships and support networks⁶⁶
- Coping with manageable threats that promote growth⁷⁶

Effective resilience building takes time, commitment, and consistency. A simplified, consistent early intervention will be more successful than a complex intervention that is used inconsistently or briefly then discontinued.⁴⁷ Positive change can develop in the small things and daily adjustments can accumulate and snowball towards improvement. Confidence in our ability to overcome obstacles can only exist if we have had practice in doing so successfully.⁷⁴ Over time, we are able to grow our capacity to bounce back from increasingly difficult challenges. One way to bolster resilience is to shift our gaze towards one of the most consistent things in a child's life: their primary caregiver.⁵

Resilience is not magic

Resilience is sometimes perceived as the single key to child well-being, as though building resilience will guarantee children can successfully surmount all of the obstacles in front of them. It is important to note that even robust resilience is not a cure-all.⁷⁷ For example, one study found that individuals from less-advantaged backgrounds continued to have compromised health even if they successfully overcame adversity by excelling academically, making friends, and staying out of trouble.⁷⁸ This suggests that we must strive to limit children's exposure to significant stress, especially that which comes from persistent systemic factors like fragmented care, discrimination, and poverty.⁷⁹

Instead of thinking of resilience as the cure for the effects of adversity, it might be more helpful to think of adversity and protective factors as two sides of a balance.



More adverse experiences, such as loss of a parent, multiple care placements, or abuse, lead to a greater likelihood of negative outcomes. More positive experiences, such as a secure relationship with a primary caregiver, faith involvement, and participation in extracurriculars support a greater likelihood of positive outcomes. Establishing systems,

including in our governments, communities, organizations, and homes, that seek to limit childhood adversity and develop protective factors for children are vital for individual and systemic change. Although we know resilience cannot solve all problems related to adversity, we know that investing in children by supporting the development of protective factors related to resilience is one way we can increase the likelihood that children will experience positive outcomes.

Resilience in Children Separated from Parental Care

Exposure to childhood interpersonal trauma, such as abuse, neglect, or loss of a caregiver, is associated with lower levels of resilience. Further, children with these experiences often lack the support and protective factors needed to build healthy resilience. However, research has found that many children with a history of adversity have increased levels of resilience,⁸⁰ especially once they are removed from the circumstances of ongoing adversity and placed in supportive, stable, family-based care.^{81 82 83}

In fact, supportive parenting⁸⁴ and continuous, stable relationships with caregivers⁸⁵ are among the most important factors associated with positive outcomes after adversity. When healthy attachment is developed, research suggests it can contribute to vulnerable children showing resilience.⁵ Using the principles of attachment theory, caregivers can learn how to improve the quality of their child's attachment and ways to support resilience through the small, consistent changes that can be made on a daily basis.

Although healthy attachment is only one factor that leads to resilience, it may be one of the most vital.^{5 86} More than just conjecture, we can see this through biological means. When we measure the stress response of children through their hormones, we see that the presence of a primary caregiver can buffer (or lessen the severity of) a physiological response to a stressful situation.⁸⁷ This indicates that healthy attachment can strengthen a child's resilience.

Resources for Further Exploration



[Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience](#) (Harvard Center on the Developing Child)

[Adverse Childhood Experiences Can Be Connectors to Joy](#) (Martha Londagin)

[The Road to Resilience](#) (American Psychological Association)



Secure Attachment as a Core Component of Resilience

What is attachment, and how does it work?

Attachment is described as a 'lasting psychological connectedness between human beings'.⁸⁸ Though it can encompass any relationship, we typically think about the connection between infants/children and caregivers.

For children, attachment is the emotional bond that develops as a stable caregiver consistently meets the child's needs and comforts the child during times of distress. Over time, a child develops this attachment to a specific person whom she trusts to take care of her. This adult becomes that child's "attachment figure" because the adult consistently responds to her needs.⁸⁹ This attachment figure is then supported by a network of individuals (i.e., significant other, grandparents, siblings, community) who are vital in building an attachment network with the infant. It takes not only a family but also a village to raise a child. Humans are biologically predisposed to form and sustain these enduring, nurturing, attachment relationships with others.⁹⁰

In other words, infants and their caregivers are hardwired and created to be connected and they instinctively engage in behaviors that build this connection.⁹¹ For caregivers, this may look like responding to an infant's needs in an attuned, sensitive, and appropriate manner and seeking to comfort infants when they are distressed (rocking, singing, etc.).⁸⁶

In the same respect, when infants are separated from their caregivers, they become anxious and go to great lengths (e.g., clinging, crying, agitatedly searching) to reestablish proximity and prevent further separations.⁹² These behaviors are universal across cultures.^{93 94} John Bowlby, creator of attachment theory, highlighted four key attachment-related behaviors seen between children and caregivers⁸:

- **Proximity Maintenance** - Children desire to be physically near the person or people to which they are attached.
- **Safe Haven** - When facing threat or challenge, children turn to their attachment figures for comfort.
- **Secure Base** - An attachment figure serves as a point of safety and stability from which a child can explore his or her environment.
- **Separation Anxiety** - Children experience anxiety when their caregiver is absent.

Over thousands of interactions with a specific caregiver, the infant develops a mental model for relationship which creates the framework for how that infant will connect to others and think about herself throughout her life. This model is the foundation from which she builds all of her other relationships.⁹⁵ Further, the quality of the attachment relationship between an infant and her caregiver may impact other areas of development throughout the lifespan, such as emotional regulation, behavior, language, cognition, and her sense of self.^{96 97 98 99} This is why an infant's relationship with her caregiver is so vital for development.



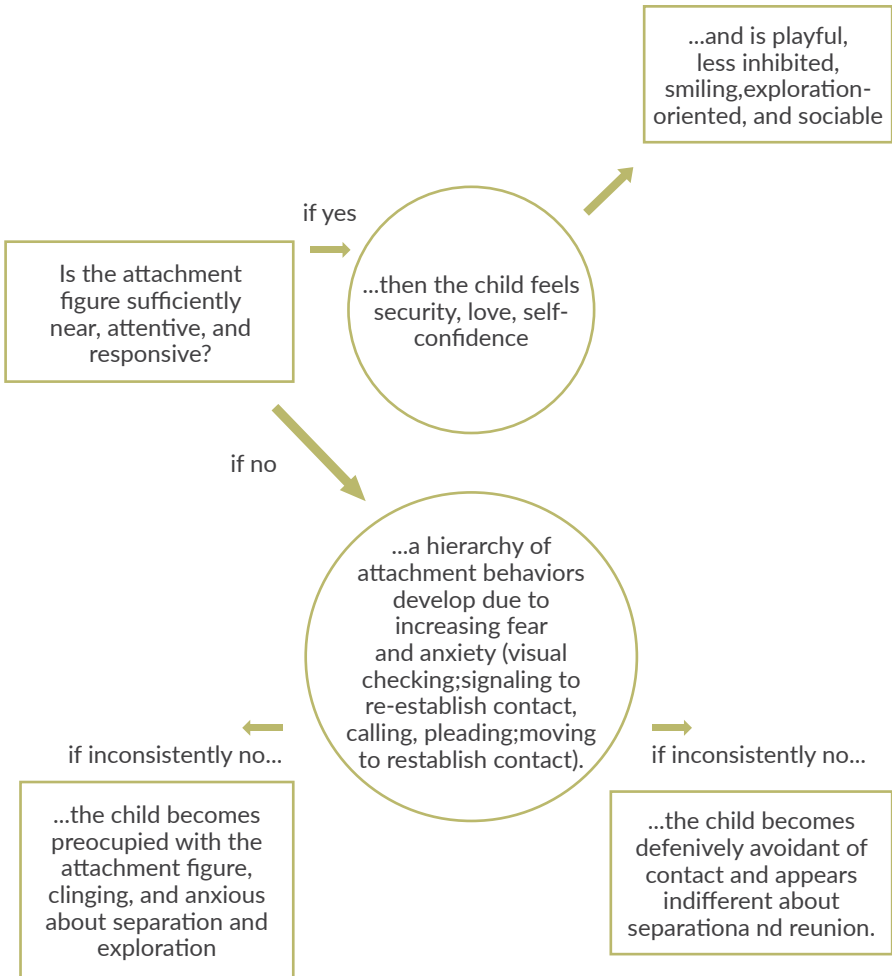
Attachment styles

All infants are born with the instinct to develop an attachment relationship with a caregiver.^{8 100} Attachment styles are characterized by different ways of interacting and behaving in relationships. During infancy, attachment styles are focused on the way children and caregivers interact. Some caregivers are able to consistently and sensitively meet both the physical and emotional needs of their infants.¹⁰¹ Others may struggle with the emotional side of caregiving by either ignoring or being inconsistent in meeting the emotional needs of their infants. These differences in caregiving affect the infant's mental model of attachment and the infant adapts their behavior in response. In adulthood, attachment styles are used to describe patterns of attachment in other relationships, including romantic partners, friendships, and relationships with their own children.¹⁰²

*We are biologically hardwired
to crave connection.*



The Development of Attachment



The above figure demonstrates how individual differences in attachment patterns may develop. There are four attachment styles that have been developed to describe these attachment patterns. ^{96 104 105 106}

Fig 03. The Development of Attachment 103 (Adapted from "Adult Romantic Attachment: Theoretical Developments, Emerging Controversies, and Unanswered Questions" on 1/10/2020).

Infant Attachment Style (Adult Attachment Style)	History with caregiver	Infant's Strategy when upset	Outcomes
Secure (Free Autonomous)	Consistent, warm, and sensitive responses to emotional needs, attuned	Seeks proximity to caregiver, cries when upset, uses caregiver as a secure base to explore the environment	Able to receive emotional care, give emotional care, be autonomous in relationships, and negotiate needs
Insecure-Avoidant (Dismissing)	Does not respond to emotional needs, emotionally distant, or rejecting when the child is distressed.	Does not cry or show distress when upset, does not seek much contact or comfort from caregiver out of fear at antagonizing the caregiver with distress	Problems with intimacy, overly focused on independence, emotionally distant, critical
Insecure-Ambivalent (Preoccupied/Entangled)	Responses inconsistently to emotional needs, intrusive or clingy	Cries and is difficult to soothe in order to keep the caregiver present and focused on her	Clingy and over-dependent, worries that their partner does not love them, becomes very distraught when relationships end
Disorganized (Unresolved)	Caregiver is frightened, frightening, and/or unpredictable; other traumatic experiences	No clear strategy. Possible fear of the caregiver. Behavior can be confusing and contradictory.	Problems with emotional regulation, forming and maintaining relationships, managing stress

Secure Attachment

If a caregiver consistently, warmly, and sensitively responds to their infant's emotional needs, that infant will develop a sense of felt security, self-worth, and confidence.^{96 99} Over time, the infant learns that during times of distress, they can depend on their caregiver to meet their needs and serve as a secure base. Therefore, the infant's strategy is to seek out the caregiver when becoming upset. Children who are securely attached are able to better regulate their emotions, feel more comfortable exploring their physical and social environments, and tend to be caring and empathic.¹⁰¹ When they grow to adulthood, securely attached people are able to give and receive emotional care in relationships, be independent and autonomous in their relationships, and can confidently

negotiate their needs.^{98 100} Further, secure adults do not display excessive jealousy or distance in relationships, which are both hallmarks of insecure attachment.¹⁰⁰

Insecure-Avoidant Attachment

If a caregiver regularly minimizes an infant's emotional needs (for example, distracting from feelings by saying "look at the toy!") or is rejecting when an infant expresses distress ("Don't cry. You are fine."), that infant learns to suppress the natural instinct to seek out a caregiver for comfort when afraid, upset, or ill.^{96 99} These children learn that acknowledging and exhibiting emotional distress leads to the caregiver rejecting them. As a result, their strategy when upset is to not cry or express their feelings. Though they may not outwardly display a desire for nurture, affection, closeness, or love, these children still want to be near their attachment figures. In fact, physiologically, they have an equally strong reaction to being separated from their caregivers and experience as much anxiety as other children.¹⁰⁷ As adults, people with anxious-avoidant attachment may have problems with intimacy, often invest little emotion in relationships, are unwilling or unable to share thoughts or feelings with others, and may be overly focused on themselves, largely disregarding the feelings and interests of others.⁹⁸

Insecure-Ambivalent

For this attachment style, caregivers are inconsistent in responding to the infant's emotional needs.^{96 99} For example, at times the caregiver may be attuned, nurturing, and effectively respond, while at other times when the infant is distressed that same caregiver may be emotionally unavailable, intrusive, or insensitive. These infants are often distrustful of their caregiver, but also cling to them and act desperate. The infant has learned that the best way to get their needs met is to cling to the caregiver to keep the caregiver present. As adults, people with anxious-ambivalent attachment are anxious and often worried that others do not reciprocate their feelings, which may lead them to be overly dependent and clingy.^{98 108}

Disorganized Attachment

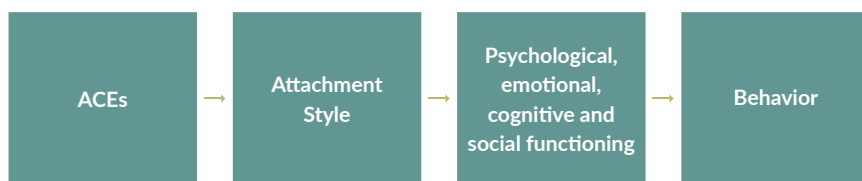
When faced with something frightening, a child instinctually seeks safety by going to their caregiver. However, in some situations, that caregiver may also be the person who is a source of fright to the child (because the caregiver is frightening or frightened his- or herself). Disorganized attachment arises from caregiving behaviors that are unpredictable and scary in some way, including abuse, neglect, or unresolved trauma.^{108 109} The caregiver is simultaneously the source of fear and the only available source of reassurance, which is confusing to the child.¹¹⁰ For the other attachment styles, infants display a rather consistent pattern of attachment behaviors and have an organized strategy of responding to their caregiver when they are upset in order to maintain optimum proximity to that caregiver. In other words, children with secure, insecure-avoidant, and insecure-ambivalent attachments form adaptive strategies to get their needs in times of (dis-) stress met, even if their caregiver is less than perfect. Children showing disorganized attachment behaviors often do have a secondary organized strategy, but they may succumb to elevated stress levels and display momentary disorganization in presence of their caregiver, for example brief dissociative-like symptoms such as freezing or stilling.¹¹¹ As adults, people with disorganized attachment have poor emotional regulation, difficulty forming and maintaining relationships, and may struggle to manage stress.⁹⁸ These adults simultaneously seek and reject emotional intimacy with others, because close relationships make them feel vulnerable.⁹⁸ Children who have experienced adversity, including abuse, neglect, and separation from parental care, often develop negative expectations about the availability and trustworthiness of relationships and are more likely to develop insecure and disorganized attachment styles.^{112 113}



It is important to note that having an insecure style of attachment does not mean that a person has an attachment disorder or other mental health problems. ¹¹⁴ This is a point of misunderstanding for many parents and professionals in the field, with practitioners frequently confusing insecure and disorganized attachment with attachment disorders. That being said, risk factors that are associated with insecure attachment are also related to increased likelihood of mental health problems and could lead to an attachment disorder. ¹⁰⁸

How do Early Childhood Adversity and Attachment Interact?

Attachment styles, adverse childhood experiences, resilience, and cognitive, emotional, and behavioral problems are correlated. However, the causal relationships, interactions, and pathways between these variables are difficult to disentangle.^{65 115 116} A simplified version of how these variables interact is presented in the below model.^{117 118 119} [For more information see Masten, A. S., & Cicchetti, D. (2010). Developmental cascades [Editorial]. *Development and Psychopathology*, 22(3), 491–495.



Early childhood experiences impact a child's attachment style. A child's attachment style impacts other areas of development including psychological, emotional, cognitive and social functioning. How well children function in these areas then affects their behavior. These variables can have either a positive or negative impact on a child's developmental trajectory.⁶⁵ For example, childhood adversity increases the likelihood of insecure and/or disorganized attachments.^{111 120 121} Insecure and/or disorganized attachments leads to psychological, emotional, cognitive and social deficits.^{113 122} These deficits, in turn, are the risk factors associated with problem behaviors. The more risk factors someone has, the more likely it is that that individual will exhibit problem behavior.^{65 110 123} In contrast, children who experience fewer adverse experiences are more likely to have a secure attachment style. Secure attachment predicts better psychosocial functioning, which in turn predicts more positive behavior. From this perspective, attachment theory offers an explanation as to why childhood adversity is so detrimental and ultimately contributes to a range of behavioral problems and poor outcomes.¹¹²

Fig 04. ACEs and Attachment. 112 (Adapted from "Linking adverse childhood effects and attachment: A theory of etiology for sexual offending" on 1/10/2020).

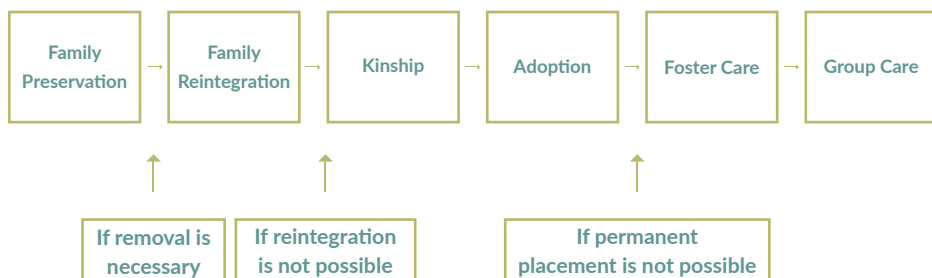


Building Resilience Through Attachment After Early Adversity

Now that we understand that attachment is vital to resilience, how can we help children who have been separated from parental care or who have experienced unhealthy caregiver relationships? We must provide them with secure caregiving relationships in whatever way we can.

Promoting Attachment Across Different Types of Care

Scripture and science both clearly suggest children develop best in families.^{6 124 125} Ideally, children will be raised by healthy biological parents who care about and invest in their children's wellbeing. However, we live in a broken world and not all biological parents are healthy or capable of caring for their children. In those instances, parents may need support to be successful or it may be necessary to remove the child from parental care for their safety and wellbeing. In these cases, we want to find a placement for a child in accordance with his or her best interests.¹²⁶ Depending on the type of caregiver relationship a child has, the ways we promote attachment may vary. There's no one type of care that fits for every child who has been separated from parental care. Wherever possible, we always want to work to prevent those separations through family preservation. If separation needs to occur for the safety and wellbeing of the child, our first priority should always be working towards supportive family reintegration. If investigating that option proves that it's not a safe, secure, and stable situation for the child, then we begin to look at alternative family options. Those can include kinship care, which is care by a relative or family-like person who is permanently invested in the wellbeing of the child. This can also be a wonderful permanent solution for children as it often keeps them connected to their family, culture, and other key anchors that support them in the transition to a new family.



Children in the Care of Biological Parents: Family Preservation and Reintegration

In healthy, intact family settings, biological parents can be a built-in mechanism for attachment, increasing a child's ability to overcome obstacles. Unfortunately, not all parent-child relationships are healthy and serve as a protective factor. That being said, removing children from their biological parents can be disruptive, traumatic, and may have long-lasting, negative effects.¹²⁷ Whenever possible, efforts should be made to keep families together and prevent unnecessary separations. When removal is necessary, focus should be on minimizing the separation and working towards reunification with biological parents.¹²⁸ Both of these situations highlight the importance of providing support and education in order to empower biological parents to care for their children well. Some parents may require a substantial amount of support to be successful. One action we can take is to assist parents with increasing attachment- promoting behaviors. (Interventions such as the Video-Feedback Intervention to Promote Positive Parenting and Sensitive Discipline (VIPP-SD)¹²⁹ , Attachment and Biobehavioral Catch-up¹³⁰ , and Group- Attachment Based Intervention (GABI)¹³¹, have been used to promote attachment between children and biological parents).

Permanent Placements: Kinship and Adoptive Families

For some children, rebuilding relationships with their biological parents is not an option. In these situations, it is vital to find alternative families with whom children can form stable attachment relationships. A permanent kinship care or adoption can provide family options for these children.

Fig. 05 Adapted from Van IJzendoorn, M.H., Bakermans-Kranenburg, M.J., Duschinsky, R. & Skinner, G.C.M. (2019). Legislation in search of 'good-enough' care arrangements for the child: A quest for continuity of care. Jim G. Dwyer (Editor): The Oxford Handbook of Children and the Law. Oxford University Press. DOI: 10.1093/oxfordhb/9780190694395.013.5

Research has found that these types of permanent relationships lead to improvements in a child's mental models of attachment.¹² Further, adopted children have higher rates of secure attachment than both children in foster care and those in institutional care.¹³²

Around the world, permanent kinship care (sometimes referred to as kinship/relative legal guardianship or kinship adoption) seems to be the most common type of care for children who have lost both parents.¹³³ This may look like a child permanently living with a grandparent, aunt, or other biological relative who becomes their legal guardian. It can also be care by a non-relative who knows the child and family well, like a neighbor, friend, or teacher. Frequently, an inaccurate assumption is made that children should naturally form healthy attachments to their kin carers. However, many kin caregivers lack the skills, experience, and resources needed to effectively care for the children placed with them. For kin caregivers to be successful, they may need additional support and training in order to build a trusting relationship with the children in their care. (Interventions such as Connect¹³⁴ have been used to promote attachment between children and kin caregivers.)

Non-kinship adoption is another possibility to provide a safe, permanent, family-based solution for children that are unable to live with their biological family. Non-kin adoptive parents face a unique set of challenges when it comes to developing attachment relationships with their adoptive children. Most adoptive parents do not know their child prior to placement, meaning they are starting from scratch in building an attachment relationship. Like all attachment, this begins with cultivating trust through consistency. Fortunately, most non-kin adoptive parents receive some training on topics like attachment, trauma, and child development prior to bringing their child home. That being said, learning about attachment and actually developing an attachment relationship with a child that has a history of adversity are very different. It is important for non-kin adoptive parents to have continuing support to help them build attachment relationships with their adoptive children long after placement. (Interventions such as Trust-Based Relational Intervention (TBRI)¹³⁵ and VIPP have been used to promote attachment between children and adoptive parents.)



Children in Foster Care

Foster care placements are a bit more complex in terms of facilitating attachment, as they are typically far less permanent and serve as a temporary family care solution while exploring more permanent options. Research suggests it is not sufficient to simply be in a family, but that a child must know they belong permanently in order to have optimal outcomes.¹³⁶ When discussing attachment, knowing a relationship will last is critical. However, even in a temporary setting, foster parents can begin to show children what a caregiver relationship can look like.¹³⁷ Although they may not be a permanent caregiver for the child, they can begin to alter the child's mental framework for relationships by providing safety, warmth, responsiveness, and other key elements the child may have lacked in previous caregiver relationships. Further, they often may be able to maintain some level of relationship with the child, even after the placement has ended. (Interventions such as Attachment and Biobehavioral Catch-Up (ABC)²⁷ and Filming Interactions to Nurture Development (FIND)¹³⁸ have been used to promote attachment between children and foster parents.)

Children in Group Care

Decades of research asserts that the ideal place for a child to be raised is within the context of a loving, nurturing family.^{128 139 140 141 142} Family should always be our first priority when considering placement, as we know it most naturally provides what is in the best interest of the child. That means we should thoroughly consider whether family strengthening, family reintegration, kinship care, adoption, or foster care can meet the needs of a child before considering small group care. However, where healthy family systems of care are not yet fully developed, children may need access to high-quality, family-like, small group care. In these situations, what can we do to support their attachment and resilience? Research shows that training caregivers to use appropriate and responsive caregiving behaviors, as well as learning how to attune towards a child's emotions can support the caregiver-child relationship. (Interventions such as Attachment, Regulation, and Competency¹⁴³ and the St Petersburg (Russian Foundation) Orphanage Intervention Project¹⁴⁴ have been used to promote attachment between children and residential caregivers.) We used to believe that attachment occurred only in infancy. Thankfully, we now know it is possible to build

and heal attachment across the lifespan.^{124 125 145} Further, an attachment relationship can be built with a non-biological parent.^{125 128} For children outside of parental care and those that love them, this is important and hopeful information. With that said, it is important to keep in mind that each child and youth outside parental care arrives to their new family with a history of having the most important relationship in their life severed during a formative period. That has lasting consequences and success in building attachment will look different for each child. There is no perfect attachment that we can point to as the goal. Rather, we work to establish patterns that allow the child to take one step at a time closer to connection and trust, creating a framework of what future relationship can be.

Although different care settings might mean we approach building attachment slightly differently, the most important factor is that we approach it as soon as possible. Child welfare systems across the world are mired in bureaucracy and complexity; reforming them into something that readily meets the best interest of the child takes time. Although it is vital that we seek to build better systems with more permanent family options, we cannot wait until those systems are optimized to begin promoting attachment and resilience. The children in the care system right now need to build their capacity to connect and overcome, as they will likely be out of the system before substantive improvements are made. We must hold the tension between pursuing family permanency for each child while recognizing that will not be possible for every child in the near future.

The following chart highlights research-based interventions that are available to support attachment across the continuum of care. This is not an exhaustive list, but these are respected resources.

Intervention	Family Preservation	Kinship Care	Adoption	Foster Care	Small Group Care
<u>Attachment, Regulation, and Competency (ARC)</u>					✓
<u>Attachment and Biobehavioral Catch-Up</u>	✓		✓	✓	
<u>Connect</u>	✓	✓	✓	✓	
<u>Filming Interactions to Nurture Development (FIND)</u>				✓	
<u>Group-Attachment Based Intervention (GABI)</u>	✓				
<u>Trust-Based Relational Intervention (TBRI)</u>	✓	✓	✓	✓	
<u>Video-Feedback Intervention to Promote Positive Parenting and Sensitive Discipline (VPP-SD)</u>	✓		✓		



What Matters Most: Key Themes from Interventions

There are several evidence-based interventions (listed below) that have been shown to improve attachment security in children, including those who are not in the care of their biological parents. As we examine the components of these interventions together, key themes emerge regarding what is particularly helpful in improving attachment security. Although it would be ideal to have a full intervention available to every child and family at-risk, that is not always possible. Most research is based on specific processes with careful parameters, but even if it is not possible to implement every facet of a program, there are typically elements we can borrow and begin to implement today. These small things can begin to make a difference in building a child's attachment.



Connection

The first step in supporting attachment and resilience is connection, which requires time together. Frequently, we can jump to strategies and action

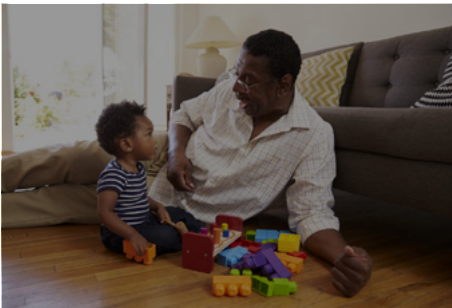
- Sustained, focused time together absent from interruptions
- Eye contact
- Listening and reflecting words or expressions of emotion
- Healthy physical touch



Serve and Return

Serve and return is back and forth interplay with a child as they interact with their environment. Serve and return may look like:

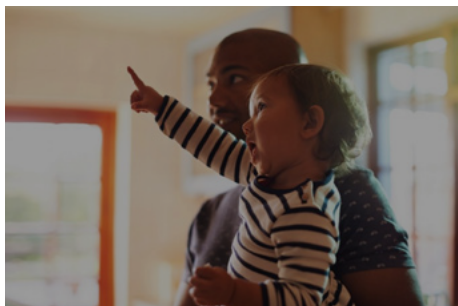
- Responding to a child's cries with consoling words
- Naming what a child is feeling or doing
- Verbal or non-verbal conversation
- Taking turns



Joint Attention

Joint attention is a shared focus between two individuals. Joint attention might look like:

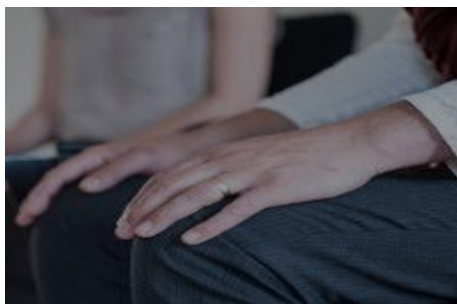
- Following your gaze to where a child points
- Reading books together
- Building with blocks together



Following the Child's Lead

Following a child's lead can occur when caregivers share a child's focus and wait for them to initiate the start or end to certain activities. Following the child's lead may look like:

- Honoring a child's request, such as "all done" or, "let's play"
- Letting the child decide the imaginary play story
- Mirroring a child's actions



Caregiver Mindfulness

Caregiver mindfulness allows adults to reflect on their own behaviors, thoughts, and feelings to help improve the existing parent-child relationship. Caregiver mindfulness may look like:

- Perspective taking to become aware of how their adult behaviors are perceived by a child
- Understanding their own relationship histories and how it may impact the relationship with their child
- Calming and meditation strategies
- Practicing the skills to stay calm in times of stress so that they can recognize their child's needs



Coaching and Feedback

Feedback from a supportive coach is part of several attachment-based interventions. It can be difficult to assess ourselves accurately, but having a clear, supportive coach to assist us in our growth can make all the difference. Coaching and feedback may look like:

- A parent and coach viewing video footage together of parent-child interactions, identifying what the parent did well, and encouraging her to do more of it
- Coaches modeling what helpful responses can look like
- Coaches providing ideas and tools for how a parent might proceed
- Coaches working with a parent to consider his child's perspective or experience

We know that secure attachment is connected to higher levels of resilience^{78 151} and insecure attachment is connected to lower levels of resilience.⁵⁴⁸ Although resilience is composed of more than just secure attachment, it is a foundational component of resilience, and entirely worth our investment to support the wellbeing of the children we serve.⁵

Resources for Further Exploration

[Serve and Return](#) (Harvard Center on the Developing Child)

[Joint Attention](#) (Before Their First Words)

[Mindful Parenting](#) (Juliann Garey)

*By increasing a child's protective factors, we
can tip the scale, building their capacity to
overcome obstacles and experience wellbeing.*



7 Actions Steps to Building Resilience Through Relationships



We want all children to have the opportunity to develop properly and succeed in life. For individuals who have experienced early adversity, this may be a more challenging prospect. For them, the balance has been stacked with hardship. However, it is certainly not impossible to support their success. By increasing a child's protective factors, we can tip the balance in the opposite direction, building their capacity to overcome obstacles and experience wellbeing. We know one of the most effective ways to do this is through a secure attachment with a stable, permanent caregiving network. If we care for vulnerable children and want to support their resilience, there are simple actions we can start with to better support their ability to overcome obstacles.



1. Build a Social Network

Children don't grow resilience on their own. Resilient children (and adults) can almost always point to at least one supportive adult who has invested substantially in their well-being. The difference between a difficult challenge and a toxic one is often the presence of a caregiver to walk the journey with a child. ¹⁵¹

How to build a social network in a child's life:

- **Prioritize family care.** One of the biggest difference makers in outcomes for children exposed to early adversity is placement in a family. Decades of research show that family provides the natural love, nurture, and protection children need to thrive. Having consistent, permanent access to an invested, nurturing, permanent caregiver is vital for recovery. Whether it is family strengthening, reintegration, kinship care, adoption, or foster care, prioritize the family. Family network matters. Beyond the gains presented by connection to healthcare providers, family often provides relationship beyond parent-child. Siblings, grandparents, aunts, and uncles, as well as the built-in social network of a family's connection to a community, are important benefits, as well.
- **Encourage diverse relationships.** Facilitate opportunities for children to develop a wide range of relationships with peers and other adults while understanding that a strong support network contributes to resilience. Even beyond parent relationships, children do best when connected to extended family, neighbors, mentors, friends, and community members. Especially for those youth separated from family care, non-parent relationships can support resilience.
- **Encourage lifelong connections.** Attachment is relevant from 'the cradle to the grave'. It is important to be able to fall back on attachment relationships in times of stress throughout the lifespan, including into adulthood.

We want all children to have the opportunity to develop properly and succeed in life. For individuals who have experienced early adversity, this may be a more challenging prospect. For them, the balance has been stacked with hardship. However, it is certainly not impossible to support their success. By increasing a child's protective factors, we can tip the balance in the opposite direction, building their capacity to overcome obstacles and experience wellbeing. We know one of the most effective ways to do this is through a secure attachment with a stable, permanent caregiving network. If we care for vulnerable children and want to support their resilience, there are simple actions we can start with to better support their ability to overcome obstacles.

Questions for Consideration:

- 1. How can we interact with the community (ex. churches and ministries) in order to connect them with families or vulnerable children?***
- 2. What are some ways that we can connect with a child's social network and inform them on how to strengthen their support?***
- 1. When a child has little to no social network, what can we do to expand the child's connections with others?***

Resources for Further Exploration

The Most Important Influence on Child Development (Weisner)

Benefits of Community Involvement in Early Childhood (Children's Bureau)

Social Relationships and Their Developmental Significance (Rhodes)

2. Create Structure and Healthy Expectations

Oftentimes, children who have experienced early adversity have lacked the structure and routine that allows them to know what to expect. This is even more common for children outside parental care. Constant inconsistency and instability lead to a prolonged stress response which limits growth and development. Creating structure and developmentally appropriate expectations can foster a child's belief that he or she has what it takes to survive and thrive. How to create structure and healthy expectations in a child's life:

- State expectations clearly. Make no assumptions about what a child knows to be appropriate. Communicate any expectations explicitly, and in more than one way when possible (i.e. with words, a visual chart, and modeling). As people who care for children from hard places, we want to maximize their chances of success. It is vital to ensure that they know what to expect and what is expected of them.
- Promote mastery. Mastery over a task or skill, whether it be cleaning a room, tying a shoe, or completing a homework assignment, will build up a child's belief that they can overcome. Over time, they will assume they have the skills and resources to face most challenges and will eventually be ready to be contributing members of society. For some children, this can be more difficult than for others. In these situations, it is critical that a primary caregiver support the process by being present for the task. Although the caregiver should not complete the task for the child (as that would rob him of the victory), a parent's presence can provide the comfort, support, and courage to persevere. Repeated sufficiently, the child will typically be able to complete the task without parent involvement.
- Celebrate competence. Too frequently, we breeze by "little" victories, assuming they don't really matter. But small things, repeated across time, can lead to significant impact. Helping a child to acknowledge his or her victory, even seemingly insignificant tasks of daily life, can cultivate a belief in competency. This is often the lynchpin that is required to make true mastery a reality.

Questions for Consideration

1. *Each child receives corrections differently. How can a caregiver quickly gain insight into a child's needs with regard to correction*
2. *How can we identify when we are giving too much support or too little?*
3. *How might this affect the child's mastery?*
4. *In what ways can we identify our expectations while maintaining a positive attitude? How do these expectations change depending on each individual?*

Resources for Further Exploration

[Importance of Instructional Scaffolding](#) (Castagno-Dysart, Matera, and Traver)

[The Discipline Dilemma](#) (Lerner)

[Creating Structure and Rules](#) (Centers for Disease Control and Prevention)



Creating structure and developmentally appropriate expectations can foster a child's belief that he or she has what it takes to survive and thrive.





3. Promote Protective Factors

Resilience is not fixed but can be grown by developing protective factors in a child's life. ³ Given the right setting and supports, a child's ability to overcome obstacles can be developed.⁶¹ Protective factors can offer a buffer to adversity and contribute to this process.⁶²

How to promote protective factors in a child's life:

- Educate children about resilience. Help children to understand what resilience is, that it is good, and that overcoming obstacles is a normal part of life. Identify opportunities to highlight 26 examples of resilience in their own lives, and to reframe obstacles as opportunities for building resilience.
- Model internal protective factors. Expressing optimism and future orientation can help a child to take on the same mindset. Speaking respectfully about oneself can indicate positive self-esteem, another protective factor. More is "caught than taught."

Support faith and cultural traditions. Traditions that ground us in the framework of the larger community and social network promote resilience. Providing opportunities for children to learn about and participate in family devotions, church, and holiday celebrations are simple action steps that can build the ability to overcome obstacles.

Questions for Consideration

1. *What are some practical ways to encourage caregivers and vulnerable children to focus on growth instead of shortcomings?*
2. *How can we identify obstacles that vulnerable children may be facing and create a positive solution out of the situation?*
3. *414042How can scripture, prayer, or other faith traditions be used to positively affect habits of the mind?*

Resources for Further Exploration

[Resilience Guide for Parents and Teachers](#) (American Psychological Association)

[Developing Coping Skills](#) (The Understood Team)

[Encouraging Optimism in Children](#) (Eileen Kennedy-Moore)



4. Allow Managed Adversity

When caring for or serving a child who has experienced early adversity, our initial inclination is often toward protection. This is right and good but can be taken too far. Children need the opportunity to experience some adversity, with the support of an engaged, consistent caregiver, to gain a belief in their ability to overcome hardships, which is vital for responding well to future challenges.

How to allow managed adversity in a child's life:

- Don't fear failure. Oftentimes, small failures early on lead to more success long-term. Of course, we want to protect children from decisions or situations that present danger of long-term harm. However, falling from age-appropriate playground equipment, having a conflict with a friend, or getting a poor grade on an assignment can be natural consequences that promote learning.
- Model distress tolerance. Our ability to tolerate hardship should grow over time, as we mature into adults. This requires practice and examples. Show through your words and behavior that challenge doesn't have to mean crisis.
- Be available to co-regulate. Sometimes- especially in new situations- children don't have the ability to regulate their emotions in the face of adversity. Through connection, nurture, assisting with emotional expression, and redirection, we can help children regulate their emotions and build the scaffolding for them to do so independently.

Although managed adversity with the support of a caregiver can build resilience, more severe forms of adversity and adversity experienced outside of a healthy caregiver relationship are detrimental to child development. Resilience is not a cure all, and abuse, neglect, violence, and exploitation are never permissible. For children experiencing those types of hardship, immediate intervention is needed.

Questions for Consideration

1. *What skills do your children need to outweigh their next big challenge?*
2. *What are some simple activities that can be introduced for the purpose of practicing positive reactions to stress?*
3. *How do we manage our own stress? How can we improve our personal stress management to create a better example for vulnerable children?*

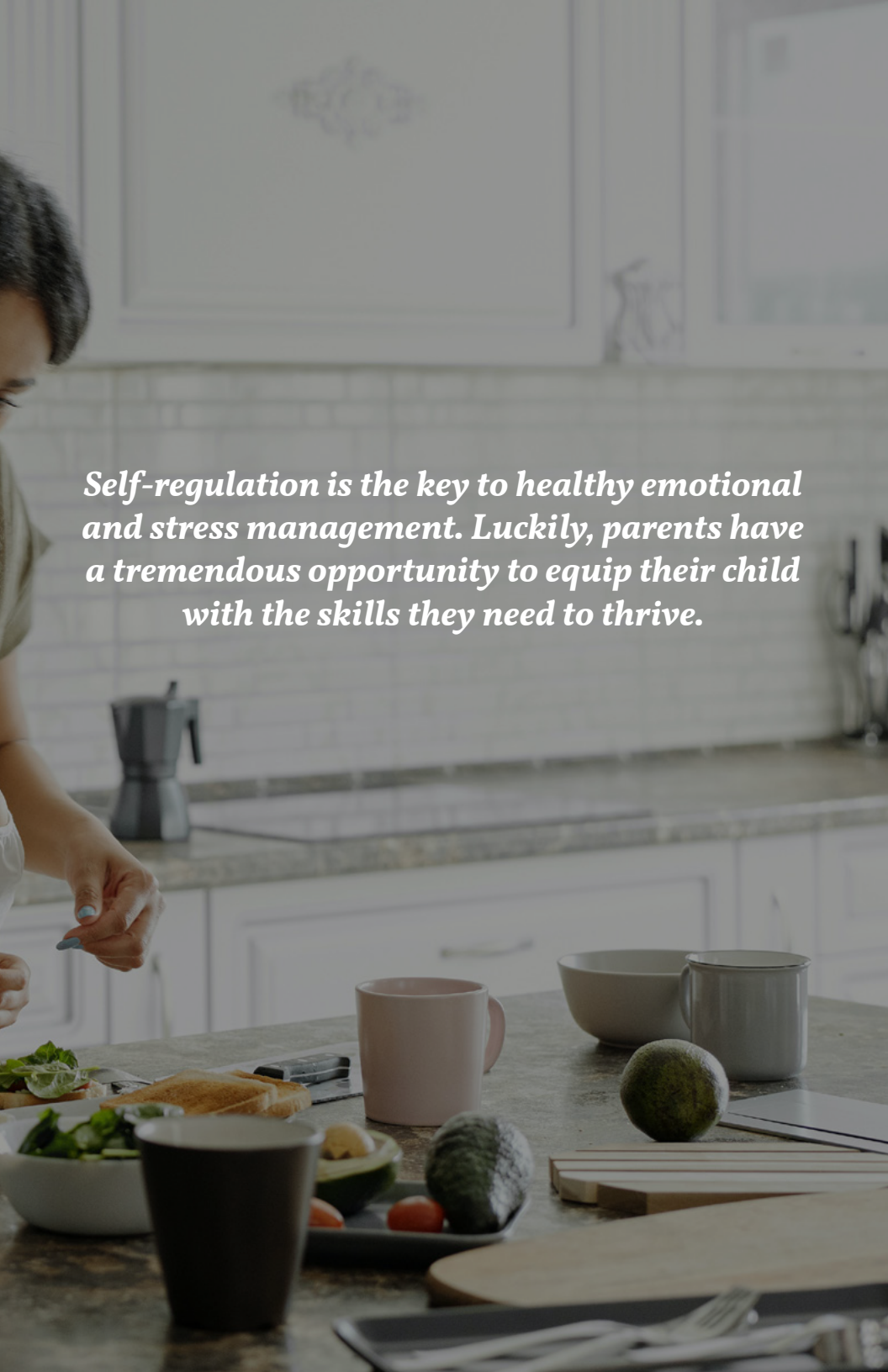
[The Science of Resilience](#) (Harvard University)

[The Whole-Brain Child](#) (Daniel J. Siegel)

[Parenting that Works](#) (Amy Novotney)





A woman is seen from the side, focused on preparing food in a kitchen. The counter is cluttered with various items: a bowl of green salad, a plate with bread and vegetables, a whole avocado, a tomato, a lemon, a pink mug, a grey mug, and a bowl. In the background, there's a white subway tile backsplash and a grey moka pot on the counter. The overall atmosphere is calm and domestic.

Self-regulation is the key to healthy emotional and stress management. Luckily, parents have a tremendous opportunity to equip their child with the skills they need to thrive.

5. Facilitate Self-regulation

When children are young, whether chronologically or developmentally, they often need parental support to regulate their emotions. For children who have experienced early adversity, this may persist later in childhood than a typically-developing child. Nonetheless, we want to equip any child with the skills to self-regulate, understanding this is a key factor promoting resilience. How to facilitate self-regulation in a child's life:

- Emotional regulation begins with emotional awareness and expression. Teach a child about feelings by practicing naming feelings, acting them out, drawing them, or other emotion-focused activities. Then practice expressing challenging or intense emotions in appropriate ways. Practicing when a child is calm will create the framework for utilizing his new skills when dysregulated.
- Make space for problem solving. Frequently, adults are quick to intervene when a child faces a new situation or barrier. Create space for a child to independently identify potential solutions and explore whether they are effective. Even if he or she fails several times, providing support and encouragement without offering answers will build a child's perseverance, confidence, and problem-solving skills, which will be valuable to overcoming any obstacle in life.
- Encourage and model self-reflection. The ability to reflect on and analyze one's own emotions, thoughts, and behavior can assist individuals with maintaining a calm state in the face of adversity. The ability to remain calm allows us to use the entirety of our brain (including the parts dedicated to regulation and critical thinking), rather than the tiny part activated during a stress response. This makes us more likely to identify and enact solutions without panicking.

Questions for Consideration

1. *How can you give your child choices and empower them to develop new routines and shared meaning?*
2. *What are some simple activities that can be introduced for the purpose of practicing positive reactions to stress?*
3. *What aspects of your own self-regulation can you teach vulnerable children?*
4. *What areas might need improvement or further introspection?*

Resources for Further Exploration

[Self-Regulation Skills: Why They are Fundamental](#) (Committee for Children)

[Strategies for Teaching Kids Self-Regulation](#) (Wells)

[How You Can Help Children Solve Problems](#) (Church)



6. Teach Caregivers Parenting Skills

In an ideal world, everyone would learn what healthy parenting looks like from his or her own parents. In reality, many children lack stable, nurturing caregivers and may eventually become parents with a misinformed viewpoint of what raising children looks like. This cycle often persists across generations of a family. Fortunately, parenting skills can be taught and a change in behavior from one parent toward his or her children can change the cycle for good.

How to teach caregivers parenting skills:

- Show examples. Some concepts, such as serve and return and following the child's lead, are easily taught. Some parents may not have seen these practices in action. Showing examples of these ideas, whether through role playing or via video, will help parents conceptualize good practice.
- Learn together by doing. The value of peer learning is tremendous and offers a small group the ability not only to learn from an instructor but from each other. Learning as a small group offers opportunities to normalize, validate, and ask questions that might not arise in a one-to-one teaching situation. Further, participants have the opportunity to practice concepts via role-playing, which creates the framework for them to utilize learning in real life.
- Provide mentors. Oftentimes, classroom learning fails once we are faced with real-world situations. Mentors can support, encourage, and help troubleshoot solutions for problems that arise.

Questions for Consideration

1. *How can we help parents and primary caregivers see the connection between consistency and a sense of felt safety?*
2. *Do we teach parents and primary caregivers about the importance of their role? How could we do this?*

3. *How can we facilitate or create opportunities for mentorships and peer learning? What events or gatherings may be useful?*

Resources for Further Exploration

Serve and Return: 5 Steps for Brain-Building (Harvard Center on the Developing Child)

Introduction to the Attachment and Biobehavioral Catch-Up Intervention (ABC Intervention)

Stress and Resilience: How Toxic Stress Affects Us, and What We Can Do About It (Harvard Center on the Developing Child)



7. Support Caregiver Health

Research suggests that one of the most significant predictors of child wellbeing is caregiver health. It is difficult to remain connected and attentive for a parent who is anxious, depressed, or angry. Investing in caregiver well-being will improve outcomes for the children they care for.

How to support caregiver well-being:

- Make a plan. Help caregivers to create a self-care plan, taking into account their physical, emotional, spiritual, and social wellbeing. Ask them to consider the support services (like counseling, church, or daycare) that will make their self-care plan possible.
- Create connection. We are wired for connection, and that includes caregivers. Help caregivers identify supportive relationships. Consider establishing a group for connecting parents in similar situations or in a geographic location.
- Help caregivers understand their health is linked to their child's health. Many caregivers are unmotivated to care well for themselves. Helping them understand that their health impacts those around them can reframe the importance of their wellbeing.

Questions for Consideration


1. *What are we doing currently to support parent and caregiver health?*
2. *What are some red flags for caregivers to recognize that they are beyond their stress limit and need to take care?*
3. *What are some quick immediate steps caregivers can take when they realize they have reached their limit?*

Resources for Further Exploration

[Parent Health as a Predictor for Child Health](#) (Murphy)

[5 Realistic Ways to Practice Self-Care as a Parent](#) (Cleveland Clinic)

[Community-Based Parent Support Programs](#) (Trivette and Dunst)



*One of the biggest predictors of
child wellbeing is caregiver health.*

CONCLUSION



Exposure to early adversity is correlated with myriad negative outcomes.

However, we know that we can help build a child's ability to overcome obstacles through increasing their protective factors. Although research is still emerging, it seems that one of the most important, impactful factors may be healthy attachment with a permanent caregiver. The presence of a strong, supportive caregiver relationship seems to make the difference between hardships being temporarily stressful or causing lasting damage.

For children separated from parental care, the outlook is especially challenging.

By definition, they lack the natural protection that comes from parents in healthy families. Thankfully, research suggests that protective attachment relationships can be built after separation from parental care, whether with the biological parents or with parents in alternative families through kinship, adoption, or foster care. Although relationships are complex, we see that simple, key elements, such as serve and return and caregiver mindfulness, can begin to make a difference in the health of the child-caregiver relationship.

In order to support appropriate development and wellbeing in children, we must place a focus both on limiting adverse childhood experiences and on building their capacity to overcome obstacles. Both are important to improving outcomes for children, no matter their age. While a child's past hardships cannot be erased, it's never too late, and there is still hope for a bright future.

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