

Attachment Therapy

"Courage doesn't always roar. Sometimes courage is the quiet voice at the end of the day saying, "I will try again tomorrow."

Radmacher

Does the child you care for or are responsible for demonstrate behaviours that are difficult to understand or impossible to regulate, boundary or limit? Does s/he respond to these parenting tasks with opposition, defiance, non-cooperation or anger?

Children who have experienced multiple transition, multiple little 't' traumas (including abuse), rejection or neglect in their early childhood can develop insecure or disorganised attachment patterns. These patterns can influence the development of an impaired Internal Working Model (IWM) of the world, or more simply; how they view and respond to care-giving and care-receiving relationships.

Children with these experiences can develop and employ a range of defensive strategies in the face of perceived danger and threat. The perceived threat can simply be a new caring environment that provides love and nurture rather than violence and abuse. These strategies have previously provided a sense of safety for the child, however, within safer, positive and nurturing environments, these dysfunctional strategies block the child's receptiveness to new experiences and leave the child in a state of high arousal.

Previous parenting experience of birth children is not enough to change these children's behaviour as love alone is not enough and indeed can be the perceived threat that is the antecedent to the behaviour. Caring for and living with these children can be emotionally exhausting and the need for support is vital. Creative approaches need to be employed.

Positive placement outcomes are more likely to occur when children can learn to show increased reciprocity towards carers, and their carers can show more understanding to the root of their child's behaviour and respond accordingly.

The Attachment Service

This is a four-phase process offering a creative way to support children with insecure or disorganised attachments to forge fresh attachments to their current and/or new carers.

Phase One: Information gathering - This process enables us to achieve a clear understanding of a child's attachment journey and encourages a strong sense of inter-agency unity in working together to promote positive placement plans. During this phase we develop psychodynamic formulations from which our initial hypotheses emerge.

"You are mistaken if you think we have to lower ourselves to communicate with children. On the contrary, we have to reach up to their feelings, stretch, stand on our tiptoes."

Janusz Korczak 1925



Phase Two: *Assessment* - This phase comprises of individual sessions for both the child and their carer(s) to consider their attachments, understanding of attachments, Internal Working Models, conflict resolution and emotional literacy. The information is tested against the psychodynamic formulation and hypotheses are altered in line with our findings.

Phase Three: *Intervention* - Individual work is carried out with the child, usually in the form of non-directive play therapy and psycho-educative input, support and sometimes therapy provided to the carer(s). This is followed by joint work with the child and carer(s) to promote proximity, safety, attunement, compromise and sensory integration.

Phase Four: *Bridging/maintenance* - This phase provides support to permanent carers throughout their introductions and into placement as required.

