

# **Bonding Assessments: What Defense Attorneys Should Know**

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# TPR decisions and dilemmas...

- **“Breaking the cycle” vs. breaking bonds**
- **Risk/harm to child if the bond to the biological parent is severed**
- **Risk/harm to child if bond to the foster parent is severed**
- **How long can the child wait?**
- **Prognosis for healing: Will *any* placement be successful for this child?**
- **Best interests: short-term? long-term?**
- **What should we tell the child?**



# What is “Attachment”?



# Bonding vs. Attachment

- **“Bonding”** refers to the parent’s tie to the infant which develops in the first few hours of life.
- **“Attachments”** are unique, lasting emotional ties between infants and their caregivers.

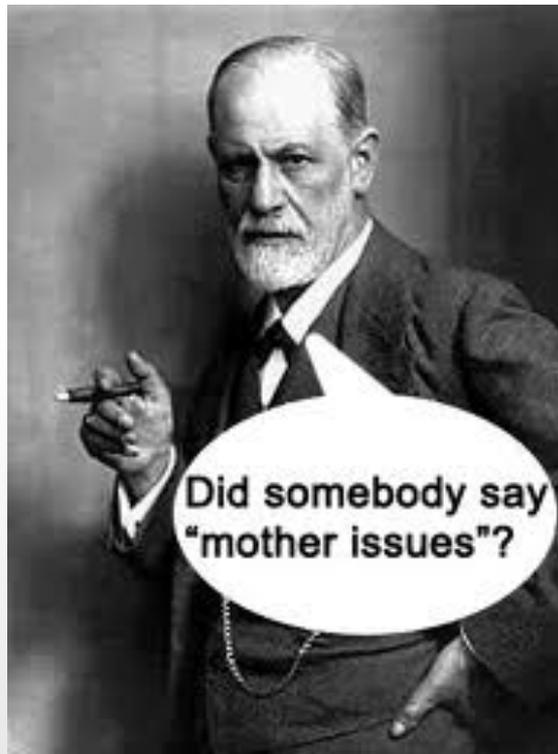
# Attachment is...

**“An affectional tie that a person... forms between himself and another specific (person)- a tie that binds them together in space and endures over time.”**

**(Mary Ainsworth)**

***“The relationship between the mother and child is the prototype for all future relationships.”***

**-Freud**



# DMM Definition of “Attachment:”

“Attachment refers to the *self-protective and progeny-protective strategy* used when there is *actual or perceived danger or threat of danger.*”

(Crittenden & Ainsworth, 1989)



# Attachment Styles

## Secure Attachment:

Adults will keep me  
safe



## Insecure Attachment:

I will keep MYSELF  
safe AT ALL COSTS



# Why do we care about Attachment?



# Developmental Attachment

- Keeps humans alive!
- Provides a protective factor against environmental stress and trauma
- The basis of healthy growth and development
- Shapes inner working model of social relationships
  - template for future relationships
  - blueprint for perceiving self (good vs. bad), others (trust vs. mistrust), environment (safe vs. unsafe)

# “Inner Working Models”

## Positive Working Model



Basic Trust  
I am good  
I am Worthy  
I am competent  
Others can be trusted  
The world is safe  
Vulnerability  
Connection  
Safety/Security  
Commitment  
Truth  
Validation

## Negative Working Model



Basic Mistrust  
I am bad  
I am Unworthy  
I am impotent  
Others can't be trusted  
The world is unsafe  
Defense & Alienation  
Disconnection  
Threat  
Abandonment  
Lies & “Tricks”  
Rejection

# **Secure Attachment helps us...**

- Attain full intellectual potential
- Think logically (cause & effect thinking)
- Develop a conscience
- Become self-reliant; self-soothing
- Cope with stress and frustration; modulate affect; handle fear and worry.
- Develop relationships; have empathy

# Consequences of Insecure Attachment *can* include:

- Poor self-esteem and self regulation
- Aggressive/rejecting behavior toward peers
- Withdrawn/isolating relations with peers
- Low frustration tolerance
- Less positive affect
- Lags in cognitive, developmental and academic competence
- Elevated levels of behavioral symptomatology, anxiety, mood disturbance

# Attachment Development

# Attachment across the lifespan

- Attachment impacts personality
- Attachment is a lifelong process
- Behavioral manifestations change over the course of development
- Impaired attachment (when left untreated) can result in personality disorders
- Attachment is repairable with intervention: children can learn how to attach
- Recent research suggests people can change the security of their attachment style into adulthood.

# Process of Secure Developmental Attachment

- Repeated cycles of need fulfillment: parents successfully reduce uncomfortable emotions and meet child's needs
- Enables child to feel soothed and safe when upset
- This experience is encoded in implicit memory as expectations and then as mental models of social relationships
- Helps the child feel an internal sense of security in the world at large

# Normal Infant Trust Cycle



- Parent responds with food, comfort, nurturance, eye contact, sound, rocking motion, & warmth of human contact
- Child learns adults can be relied upon to meet his needs

# Secure (“Healthy”) Attachment

- The child recognizes, prefers, and shows emotional response to a caregiver
- The emotional bond between caregiver and child is *reciprocal*
- The child is wary of unfamiliar people
- Has been defined as “a lasting psychological connectedness between human beings”
- Secure Attachment allows the child to “launch” into adulthood with a cohesive, non-shaming sense of “self” and others.

# Secure Attachment

- Caregivers are generally attuned, responsive and available
- Child, at a core level, comes to perceive themselves as safe, lovable, and *worthy of love and connection*
- Child comes to perceive caregivers as a reliable means of protection, support, and need provision
- Able to trust others and view the world as fairly safe

# Behavioral Markers of “Healthy” Attachment in Children

- Proximity Seeking: insists on maintaining close proximity to preferred caregivers.
- Secure Base: uses caregivers as a secure base for exploration.
- Safe Haven: flees to caregiver as a safe haven when frightened or alarmed.
- Separation Protest: protest caregiver leaving

## Characteristics of Attachment





Harlow's Monkeys

# Insecure Attachments

- Adaptive in nature
- “Survival strategies”
- Repeated daily interactions with caregivers lead babies to develop reasonably accurate representations of how the attachment figure is likely to respond to their attachment behaviors.
- Create self-fulfilling prophecies when indiscriminately applied to new relationships

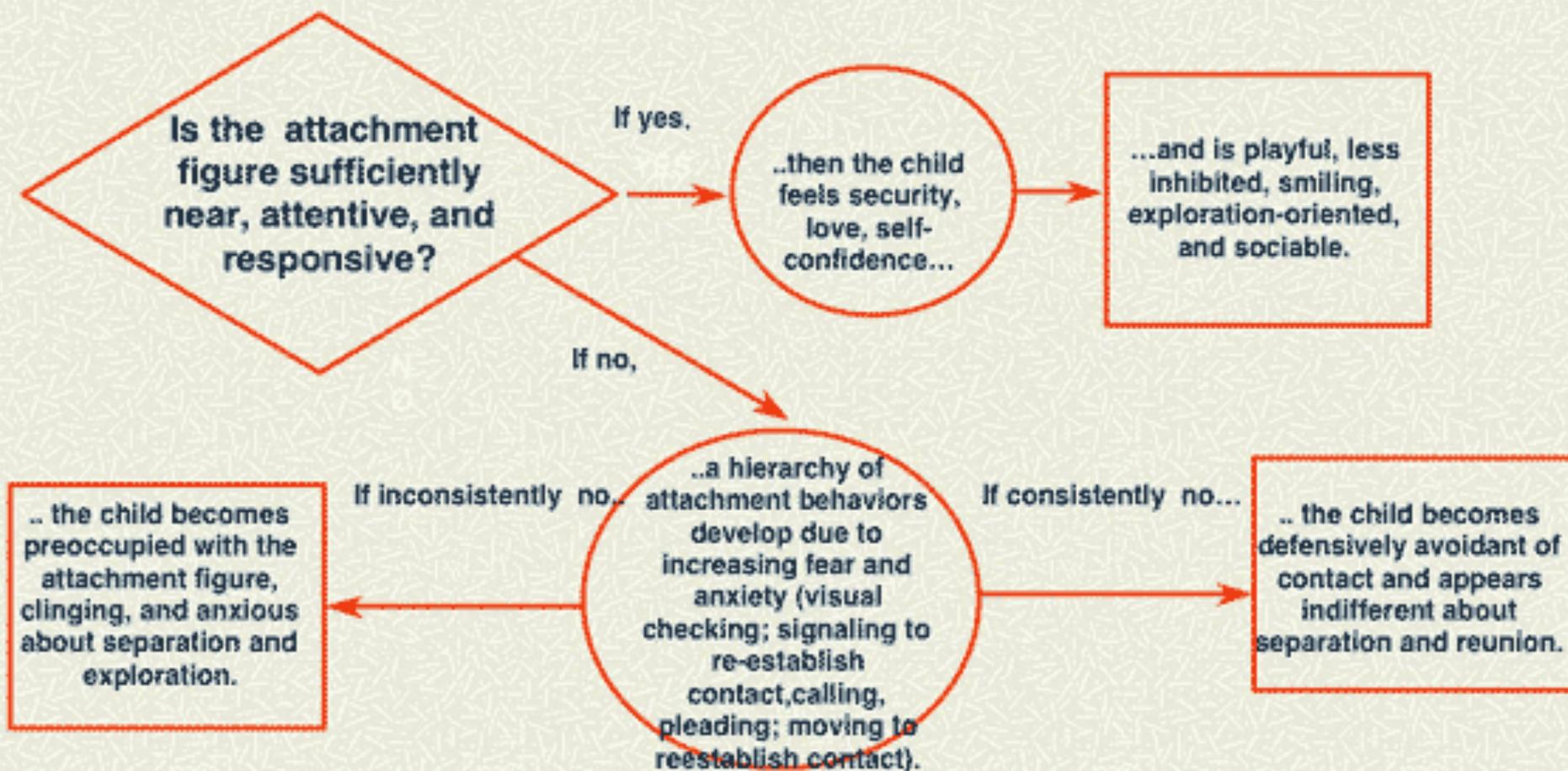
# Insecure Attachment

- Occurs when caregivers are generally unavailable and/or rejecting
- Child develops an inner working model of themselves as unworthy, unlovable, or “bad”
- Child learns over time the type of behavior they must exhibit in order to elicit the needed response from their caregiver/s or otherwise get their needs met
- Represents a risk factor for psychopathology

# Sub-Types of Insecure Attachment

- Avoidant: Child presents as detached; doesn't seem to notice or care where their caregiver is *even though internally they are feeling the need for comfort*. Emotional distancing serves to reduce anticipatory anxiety of rejection/abandonment.
- Anxious/Ambivalent: Child is clingy, whiny, difficult to console.
- Disorganized Attachment: often reflects significant trauma (next slide)

# The Development of Attachment



# What is a Bonding Assessment?



# **Bonding Assessment**

An assessment whose goal is to determine the nature and quality of the child's attachment relationships to birth and/or foster parents.

I'm not judgmental. I  
just have excellent  
assessment skills.



som<sub>ee</sub>cards  
user card

# A Bonding Assessment asks:

- What is the child's capacity for healthy attachment?
- Who and what does the child need to feel safe in the world?
- Who occupies the position of "psychological parent" or Primary Attachment Figure? (Who is *most* central in the child's emotional life?)
- What is the quality of that attachment relationship?

## **Bonding assessments also answer questions like:**

- Who are the child's important secondary attachment figures? What are the qualities of those attachment relationships?
- Can the primary attachment be transferred?
- What are emotional and psychological risks/benefits to the child if the PAF relationship is severed? What are the benefits?

**I DO NOT  
TRUST WORDS.**

**I EVEN  
QUESTION ACTIONS.**

**BUT I NEVER  
DOUBT PATTERNS.**

-@DerrickJaxn

# What does the evaluator look for?

- Patterned, observable behavior  
(Approach/avoid)
- Unconscious or subconscious behaviors that are not easy to fake (body language)
- Discrimination: behavior exhibited in relationship to known caregivers differs from that exhibited toward the unknown evaluator (“stranger”)
- Explorative vs. self-protective behaviors

# Caregiver Attachment Behaviors

- Attunement: Sensitivity to signals, anticipation of needs
- Responsiveness: Appropriate response to signals in a timely manner
- Reliability: physical and psychological availability
- Acceptance vs. rejection of the child's needs
- Cooperation vs. interference with on-going behavior

**Soooo... You're telling me there's a chance.**



**When should you ask for  
a bonding assessment?**

# Selling points...

- ❑ The child was placed with the parent during the first 2 years of life. (the first 4 is even better)
- ❑ Few transitions in care
- ❑ The parent has taken responsibility and can provide the child with a corrective narrative
- ❑ Mutual respect between parent/s and foster parent/s
- ❑ The parent is 1. Available, 2. Responsive, 3. Reliable
- ❑ The parent has maintained a relationship with the child
- ❑ The parent doesn't have an Axis II Personality Disorder
- ❑ The child hasn't been diagnosed with RAD
- ❑ The parent was not the primary abuser
- ❑ The parent has/had a healthy relationship with his or her own parent/s
- ❑ The parent has a positive support system
- ❑ The parent is actively working in therapy

# Ask yourself...

Is my client shaming? **Is it FOGgy?** (Fear, Obligation, Guilt)

If you feel FOG, her children feel it too.

FOG is toxic to child development.

**OBJECT to the assessment.**

*And please,*

convince her to do a voluntary TPR.

Personality Disorder	Pattern
Dependent	Dependent, People-Pleasing
Anti-social	Deceptive
Borderline	Dependent, Victim, Angry, Distancing
Passive-Aggressive	Passive-Aggressive
Paranoid	Suspicious, Prideful, Victim
Schizoid, Schizotypal	Distancing
Histrionic	Charmer
Narcissistic	Prideful, Entitled, Defensive
Avoidant	Self-Effacing
Obsessive-Compulsive	Indecisive, Perfectionist
Depressive	Depressed, Hopeless

**Proceed with caution: FOGgy Axis II parents breed attachment disorders**

# Narcissistic Abuse:

- Emotional abuse of children by parents who require the child to give up their own wants and feelings in order to serve the parent's needs for esteem.
- Ex: Shaming the child for calling their foster parent “mom.”
- Ex: Excessive focus on the child’s hair, hygiene, external appearance.
- “It’s not *what* she says, it’s *how* she says it.”
- “Pawns” and “dolls”

**OBJECT TO THE ASSESSMENT**

# **Common characteristics of adults shamed in childhood**

Excerpted from: **Andrea E. Lamont, Graduate Student Journal of Psychology, 2006, Vol. 8, Teachers College, Columbia University Sidebar: Jane Middleton-Moz, therapist and author.**

1. Afraid of vulnerability and fear of exposure of the self.
2. May suffer extreme shyness, embarrassment and feelings of being inferior to others. They don't believe they make mistakes. Instead they believe they are mistakes.
3. Fear intimacy and tend to avoid real commitment in relationships. These adults frequently express the feeling that one foot is out of the door prepared to run.
4. May appear either grandiose and self-centered or seem selfless.
5. Often feel that, "No matter what I do, it won't make a difference; I am and always will be worthless and unlovable."

# Adults shamed as children cont...

6. Frequently feel defensive when even a minor negative feedback is given. They suffer feelings of severe humiliation if forced to look at mistakes or imperfections.
7. Frequently blame others before they can be blamed.
8. May suffer from debilitating guilt These individuals apologize constantly. They assume responsibility for the behavior of those around them.
9. Feel like outsiders. They feel a pervasive sense of loneliness throughout their lives, even when surrounded with those who love and care.
10. Project their beliefs about themselves onto others. They engage in mind-reading that is not in their favor, consistently feeling judged by others.
11. Often feel ugly, flawed and imperfect. These feelings regarding self may lead to focus on clothing and make-up in an attempt to hide flaws in personal appearance and self.
12. Often feel angry and judgmental towards the qualities in others that they feel ashamed of in themselves. This can lead to shaming others.

# Adults shamed as children cont...

13. Often feel controlled from the outside as well as from within. Normal spontaneous expression is blocked.
14. Feel they must do things perfectly or not at all. This internalized belief frequently leads to performance anxiety and procrastination.
15. Experience depression.
16. Block their feelings of shame through compulsive behaviors like workaholics, eating disorders, shopping, substance abuse, list-making or gambling.
17. Lie to themselves and others.
18. Often have caseloads rather than friendships.
19. Often involve themselves in compulsive processing of past interactions and events and intellectualization as a defense against pain.
20. Have little sense of emotional boundaries. They feel constantly violated by others. They frequently build false boundaries through walls, rage, pleasing or isolation. [http://bpdfamily.com/bpdresources/nk\\_a108.htm](http://bpdfamily.com/bpdresources/nk_a108.htm)

If you're considering a bonding assessment, **read the visitation notes** first.

# **Request a bonding assessment:**

**IF the supervised visitation notes suggest a SECURE attachment.**

## **Caregiver behaviors associated with SECURE attachment:**

- Sensitive, attuned, and responsive care
- Clear, consistent, developmentally appropriate expectations and supervision
- Warm, positive, and responsive verbal interaction
- Treats the child as a unique individual
- "Holding the child in mind" (i.e., awareness of and ability to reflect on the parent's own feelings and responses to the child)

# Child behaviors associated with **SECURE** attachment:

- Comfort exploring in presence of an attachment figure
- When hurt, going to an attachment figure for comfort (i.e., not a stranger)
- Seeking help when needed
- Willingness to comply with requests with minimal conflict
- No pattern of controlling or directing the behavior of caregivers (no role-reversal)

**Proceed with caution:**

**IF the SV notes suggest an  
“insecure” attachment.**

# Caregiver behaviors associated with INSECURE attachment:

- Interfering with the child's attempts at exploration (i.e., intrusive, overly controlling)
- Unclear, inconsistent, developmentally inappropriate expectations and supervision
- Ignoring the child's needs and cues
- Inconsistent, unreliable responsiveness
- Hostile, threatening, and frightening behaviors



# Caregiver behaviors associated with INSECURE attachment:

- Prioritizing the parent's needs over the child's (i.e., self-absorbed)
- Behaving like a child or treating the child as though he/she is in charge (i.e., role-reversal)
- Marked withdrawal, fright, hesitation or timidity around the child
- Sexualized or overly intimate behaviors





"Not now, Timmy, Daddy's self-absorbed."



Dave Spenters

"PLEASE EXCUSE MY MOTHER, THIS IS MY FIRST INTERVIEW."

# Child behaviors associated with INSECURE attachment:

- Excessive dependence
- Marked shyness, withdrawal, or unfriendliness
- Failure to seek contact, comfort when needed
- Indiscriminate friendliness or contact seeking
- Punitive, bossy behaviors



# Child behaviors associated with INSECURE attachment:

- Disoriented or frightened in presence of the parent (ex: approaching while looking away, blank stare, freezing, or rocking)
- Promiscuous, sexualized behavior
- Over-concern with the parent's well-being (i. e., role reversal)



Attachment type	Caregiver Behaviours	Child Behaviours
Secure	<ul style="list-style-type: none"> <li>• React quickly and positively to child's needs</li> <li>• Responsive to child's needs</li> </ul>	<ul style="list-style-type: none"> <li>• Distressed when caregiver leaves</li> <li>• Happy when caregiver returns</li> <li>• Seek comfort from caregiver when scared or sad</li> </ul>
Insecure – avoidant	<ul style="list-style-type: none"> <li>• Unresponsive, uncaring</li> <li>• Dismissive</li> </ul>	<ul style="list-style-type: none"> <li>• No distress when caregiver leaves</li> <li>• Does not acknowledge return of caregiver</li> <li>• Does not seek or make contact with caregiver</li> </ul>
Insecure – ambivalent	<ul style="list-style-type: none"> <li>• Responds to child inconsistently</li> </ul>	<ul style="list-style-type: none"> <li>• Distress when caregiver leaves</li> <li>• Not comforted by return of caregiver</li> </ul>
Insecure - disorganized	<ul style="list-style-type: none"> <li>• Abusive or neglectful</li> <li>• Responds in frightening, or frightened ways</li> </ul>	<ul style="list-style-type: none"> <li>• No attaching behaviours</li> <li>• Often appear dazed, confused or apprehensive in presence of caregiver</li> </ul>

# Protective factors...

- Detainment occurred after age 4
- Child was breast fed
- Co-sleeping at child's request (no sexual activity)
- Positive secondary attachment relationships/
- Connection to extended family
- Parent is "secure":

**The best predictor (with 80% accuracy) of a child's attachment classification at six years of age is the birth mother's attachment classification before the birth of her child (Siegel, 1999).**

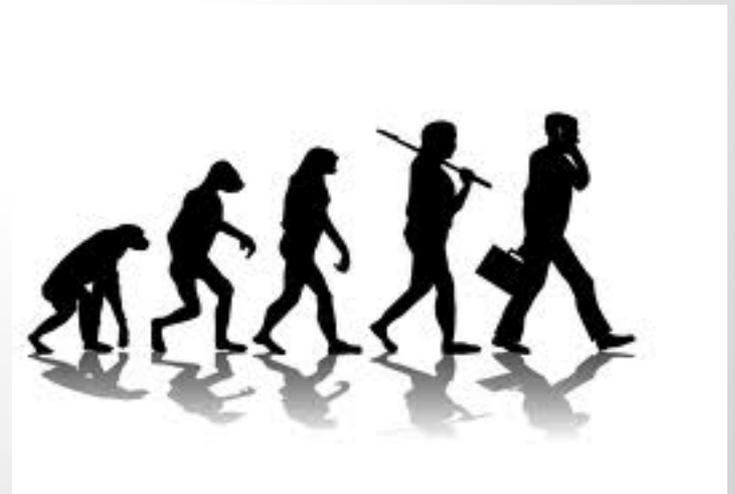
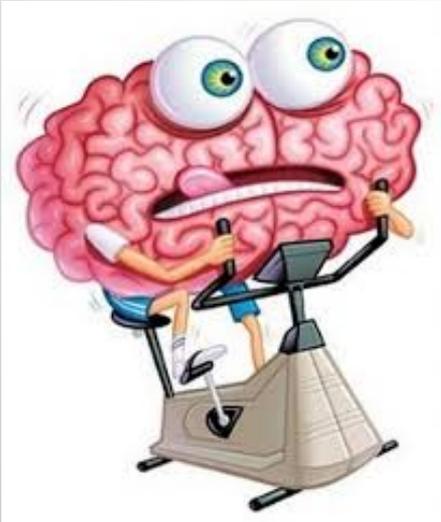
# **SIGNIFICANT Risk Factors:**

- Neglect, DV
- Child was detained before age of 2(-4)
- Child was traumatized before age 2(-4)
- The parent was traumatized before the age of 2(-4).
- The parent grew up in foster care.
- Child had “failure to thrive.”
- You never see the parent take her newest baby out of the car seat.
- DV in the home when the child was an infant.

# Developmental Attachment Trauma

# The Intentions of the Human Brain

**#1: SURVIVE... #2: THRIVE...**  
**AT ALL COST And Develop**



# Trauma Theory

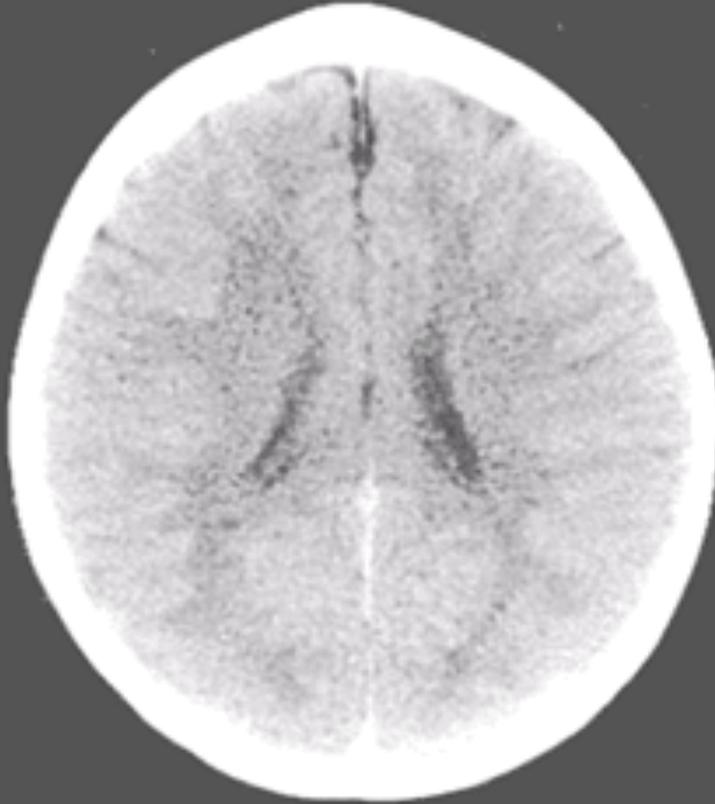
- Trauma can disrupt the healthy development by overwhelming a person's ability to cope.
- Trauma is defined as: an overwhelming sense of terror, helplessness, and horror in response to real or perceived threat to the life or physical integrity of the child or someone important to that child
- The brain releases chemicals that help the body to respond to the threat (fight, flight, freeze)

# Types of Trauma:

- Type I: Acute trauma: A single event that lasts for a limited time
- Type II: Chronic trauma: multiple traumatic events, often over a long period of time
- Neglect: Failure to provide for a child's basic needs is perceived as trauma by an infant or young child due to dependency on adults for care.

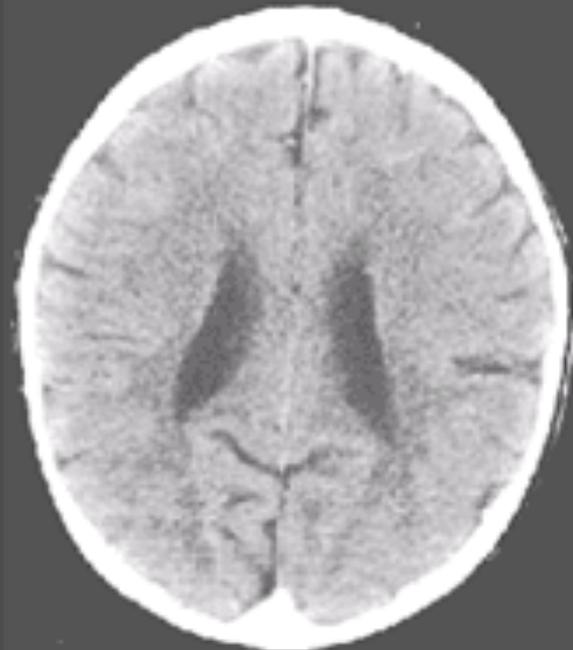
# “Brain Injury”

3-Year-Old Children



Normal

Child Trauma Academy



Extreme Neglect

1997 Bruce D. Perry, M.D., Ph.D.

The hippocampus is a brain structure... crucially involved in the formation of memory for facts and events. (“thinking brain”)

At birth and in early childhood this structure is not fully grown...

...memory of birth is unlikely.

**the brain structure for emotional memory, the amygdala (“lizard brain”), is mature in infancy...**

The outcome of these two facts:

**... an emotionally significant event during infancy may affect the way a child behaves later in life despite them not being able to remember the actual event.**

-David Sant

# Complex Trauma

- Specific kind of chronic (Type II) trauma in which multiple traumatic events begin at a very young age and are caused by adults who should have been caring for and protecting the child

Ex: ongoing sexual abuse, domestic violence, physical abuse

# Complex Trauma continued

- Trauma that happens in childhood at the hands of a caregiver is doubly destructive because it destroys the attachment relationship that the child would normally need to depend on to manage the trauma of the abuse.
- The resolution of attachment issues is a central component of trauma recovery.

# **Complex Trauma & Disorganized Attachment**

- Trauma at the hands of a caregiver creates a double bind for the child who is faced with two opposing needs.
  - 1) The need to develop and maintain attachment to caregivers.
  - 2) To need to defend himself emotionally, physically and mentally from the very people they are supposed to rely on
- When parent is a figure of both fear and reassurance, child can develop a disorganized attachment style.

# Relationship between Trauma and Attachment

- Secure attachment serves as a buffer that mediates the post-trauma response (especially with Type I Trauma)
- Type II trauma more likely to result in Insecure Attachment
- Attachment protects against Trauma, but Trauma can hurt Attachment
- Development is derailed due to unmet safety and security needs

# DISORGANIZED (Ambivalent) Attachment

## “Trauma Bond”

1. Contradictory responses (“I hate you, don’t leave me.”) Responding to caregivers with a mixture of approach/avoidance (“push/pull” dynamics, emotional manipulation)

*and*

2. Resistance to comforting

*or*

3. “Frozen watchfulness” (Dissociation)

# Disorganized Attachment

- Caregiver behaviors are bizarre, threatening, unpredictable, violent or frightening
- Infant feels insecure, and cannot organize a strategy for insuring protective access to their caregivers.
- Under distress, child exhibits contradictory behavioral patterns, freezing, stilling, and slowed movements and expressions, clear signs of fear of the parent, clear signs of disorganization and disorientation.

# Continuum of Attachment

- Attachment problems  $\neq$  RAD
- Disorganized attachment and attachment insecurity are NOT disorders, but can increase risk of other disorders
- Reactive Attachment Disorder: A pattern of social relatedness based on a LACK OF an early attachment relationship

# Reactive Attachment Disorder (RAD)

Can include:

- control issues
- self destructive behavior
- destruction of property
- inappropriately demanding/clingy behavior
- stealing, lying
- passive aggression
- “sneaky” behavior
- hoarding, gorging
- inappropriate sexual attitudes and behaviors
- cruelty to animals or younger children

# **Attachment Classification Can Change based on:**

- Emotional support, direction and structure provided by caregiver
- Stressful life events in the family
- Quality of home environment
- Environmental support
- Changes in mother's emotional functioning
- Changes in mother child interactions

**“It is loving that saves us,  
not loss that destroys us.”**

**-G. Vaillant, 1985**

# Role of Corrective Experience

- Experience changes or “grows” the brain
- The brain develops by forming connections.
- Interactions with caregivers are critical to
- brain development.
- The more an experience is repeated, the stronger the connections become.
- Important that the child perceives the experience as “different”.
- Goal is to *challenge* and *correct* (rather than reinforce) the underlying negative working model.

**Thank You!**



