

**Will I Ever See You Again?**

*Attachment challenges for foster children*

*Elizabeth Jacobs, Ph.D.*



Prepared for  
2016 Northwest Arizona Symposium

Important numbers...

- How many children in foster care?
- Ages 0-5 = 41.7%
- Ages 0-3 = longest time in foster care<sup>2</sup>
- Ages 0-3 = highest reentry rate<sup>3</sup>
- Ages 0-3 less likely to be reunified<sup>4</sup>

<sup>1</sup>CASA of AZ, 2015  
<sup>2</sup>AFCARS Report, 2014  
<sup>3</sup>Dicker and Gordon, 2004  
<sup>4</sup>Jacobs, 2015

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“It is now clear that human beings of all ages are found to be at their **happiest** and to be able to **deploy their talents** to best advantage when they are confident that, standing behind them, there are one or more **trusted persons** who will come to their aid should difficulties arise”

*John Bowlby, 1973.*

**Who did you trust?**



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**Attachment defined as...**

✓ “...reciprocal process by which an emotional connection develops...(Erikson)

*...between the child and his primary caregiver which occurs between 6 and 12 months.*

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**The Cycle of Attachment**

Infant/child feels has a need: hunger, fear, frustration & elicits the help of the caregiver displaying an “attachment behavior” to get his/her attention.

↓

Caregiver correctly reads needs of child and tends to the need.

↓

Child is satisfied, returns to activity confident that help is there if needed.

Will repeat this successful attachment behavior

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**Then brings these behaviors into foster care so...**

- Children have difficulty forming attachments to their foster parents because their needs are not met.
- Bio or foster parents have difficulty responding correctly to the children because the behaviors seem odd...  
...so a new cycle is created...

The child learns not to become attached...

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David Pelzer

Research results were pretty simple...

**All children attach to caregivers in one of two ways:**

**Securely**  
Or  
**Insecurely**

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Secure Attachment

The emotional bond is positive and care is consistent. A sense of trust develops. Child may move away and explore knowing that the caregiver is available for help in case of adversity or fear. Children learn from caregiver how to handle stress. Becomes a **secure base**.  
(*Protective factor.*)

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Insecurely Attached  
*Makes future secure attachments less likely*  
(*Risk factor*)

Either:

- Insecure-Resistant: child is uncertain. Vacillates between seeking and resisting contact with caregiver.
- Or
- Insecure-Avoidant: child expects rejection from caregiver. Actively avoid caregiver.

*...or so they thought...*

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Until: A mid-1980's Discovery

Researchers discovered an additional Insecure Attachment type :

**Disorganized/Disoriented**  
– child is confused, dazed, may subtly try to hit caregiver....

Common to children who had been **abused...**

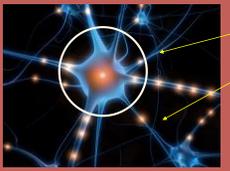
**Conclusion:** Children who are neglected and abused are more likely to have this type of attachment disorder. But not always...  
**Some children are resilient...**

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**“But wait, there’s more...”**

Neurological development also affects a child’s ability to attach to caregivers....

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**100 billion neurons at birth**

**700 - 1,000 synapses per second**

**Repeated = strengthened**  
**Not repeated = pruned**

- Abuse/neglect cause continuous (**toxic**) stress
- Child's **alarm system** remains activated.
- Synapses for **fear** and **stress** strengthened
- Synapses for **learning** and **self-controlled** pruned
- Body and brain set permanently on **high alert**
- Becomes the **foundation** of the child's brain

**Conclusion: Time is of the essence...**

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**3-Year-Old Children**

Markedly shrunken cortex

Normal Extreme Neglect

Smaller corpus callosum Smaller hippocampus

**Abuse/neglect affect brain development of young children.**  
The younger the child, the better chance to recover from this consequence

**Conclusion: This is the essence...**

**As a result of their neglect/abuse foster children come into care with...**

- ...unusual attachment behaviors they used to survive their abuse/neglect which may be misunderstood.
- ... and stress-related neural connections which have interfered with normal brain development.

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The unusual behaviors exhibited by traumatized children often lead to **psychological diagnoses** and are often treated with Psychotropic Medication further interfering with the child's developing brain.

**Classes of psychotropic medications:**  
 Anti-psychotics, Anti-depressants, Anti-manic, Anti-seizure and Stimulants

- 41.3% ≥ 4 different classes (Zito, J., et al., 2008)
- Long-term effects of these drugs are unknown. (Littell, M., 2001)

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Martin, Age 8

- Background: DV, Parental Drug use, 2<sup>nd</sup> grade.
- Very aggressive, threatens to have his father kill people, sheriff called to school numerous times.
- Psychotropic meds:
  - Depakote (>10): Anti-seizure, off-label: mania
  - Zoloft: Anti-depressant, SSRI\*. 6-17: OCD
  - Intuniv: Guanfacine, reduces BP, off-label: ADHD
  - Risperidone: Anti-psychotic. off-label: Mania

**\*Black box warning: "SSRI's may increase suicidal thoughts in children and adolescents."**

Side effects (partial list):

- Breathing diff., bruising agitation, insomnia, liver damage
- Agitation, anxiety, diarrhea, dizziness, dry mouth, gas
- Dizziness; drowsiness; dry mouth; headache; tiredness..
- Insomnia, rapid HR, hallucinations, TARDIVE DYSKINESIA

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**Then, once in care, foster children ...**

- experience multiple case managers, CASAs, judges, GALs, therapists, foster homes...
- ...experience frequent moves and/or placements.

**...and their resistance/inability to attach to others becomes an expected outcome...**

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**Now a few words about...** (What we once called...)

**Reactive Attachment Disorder (RAD)**

DSM V now divides into two disorders...

**1. Reactive Attachment Disorder:**

- Withdraw/fearful of adults
- Insufficient care (at least one):
  - \*Emotional needs not met
  - \*Repeated changes of primary caregiver
  - \*Limited opportunities to attach (e.g., institutions).

**2. Disinhibited Social Engagement Disorder**  
 Indiscriminately social toward adults  
 Same "insufficient care" as RAD

**Extreme and rare...**

### Links to Psychopathology/criminality:

- "Insecure attachment patterns in infancy and early childhood are strong predictors of psychopathology and maladaptive behavior in adolescence and adulthood." (Genuis, 1995).
- Foster children are almost 9 times more likely than home reared children to evidence psychological disturbance. (McIntyre & Kessler, 1986).
- Within the first year, 68% of children who age out of foster care system are in jail or dead. (Dr. Bruce Perry 2006)
- 80% of prison inmates in Illinois have been through the foster care system (National Association of Social Workers)
- As well as dependent, histrionic, borderline, and schizoid personality disorder (Mikulincer & Shaver, 2012)

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### Attachment (Bonding) Assessment

Evaluates the quality of the caregiver-child relationship through:

- Single or multiple interviews.
- Video-taped caregiver-child observations (Strange Situation – Mary Ainsworth)
- Observations in the home
- Courts docs
- Psychological testing
- Mental Health Assessment

...of children 0-6 years old. (0-12 mo: later attachment is predicted by the mother's sensitivity to the infant.

**Answers: "Who can best provide a secure base for this child by being predictable, consistent, and emotional: www.azpsys.com"**

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### Attachment disorder symptoms may include the following behaviors...

*(developed by clinicians)*

✓ Superficially charming	✓ Learning deficits
✓ Lack of eye contact	✓ Lacks cause/effect thinking*
✓ Overly affectionate	✓ Lack of conscience*
✓ Not cuddly	✓ Abnormal eating patterns*
✓ Control problems*	✓ Poor peer relationships*
✓ Destructive	✓ Preoccupied with fire, blood, gore*
✓ Cruel to animals*	✓ Nonsense questions/chatter
✓ Chronic lying*	✓ Demanding
✓ No impulse control*	✓ Abnormal speech patterns

*\*also symptoms of ODD\* and Conduct Disorder\**

**No current therapy for attachment disorder so use therapy for ODD/CD.**

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### Case Study - Rosie

Event	Case Plan	Age	Date	Time
Birth	Sibs reunified	0	1/20/12	Home – 9 mo.
Removed (Neglect)	Family Reunification	9 mo.	10/20/12	Foster – 4 mo.
Reunified		13 mo.	2/22/13	Home – 5.5 mo.
Removed (beaten)	Family Reunification	19 mo.	8/5/13	Foster – 19.5 -- so far

**Parents:**  
 -- Mother mentally ill, both parents: drug users, missed/positive UAs, inconsistent/no show visits, not participating in services. Had CPS involvement with older children before Rosie was born.

**Let's:**

- Compare amount of time at home vs. in foster home.
- Emotional (attachment) consequences of moving back and forth.
- What is stressful for Rosie?
- Is the Case Plan appropriate?
- What is in the best interest of Rosie?

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### Miranda (As of 5/15/2015)

- 16 ½; came into care in 2004 at age 5 -- **Neglect/Abuse**
- Sexually molested by father and mother's BFs
- All children TPRed; Miranda's four sibs adopted
- M. displays sexualized behaviors and aggression
- "Denial of placement in Maricopa Co.'s TGH" (5/15)
- All requests outside of Maricopa Co. also declined
- **10.7 years in care; 24 placements**
- Several potential adoptions; all incomplete.
- As adoption gets close; Miranda behaves in such a way that the adoption is cancelled or potential adoptive parents backs out after receiving her information.
- **FCRB reviewed notes back to 2004.**

■ **Miranda has never had anyone – ever!**

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In summary, then, "Best Interest" requires that we consider:

Problem	Amelioration
Length of abuse/neglect results in neurodevelopment problems.	Time is of the essence. Expedite case plan 0-5. Concurrent of S & A, if doubt.
Odd, unique, survival behaviors (from home or misinterpretation of events.)	Educate foster parents (& as problems arise). Involve high level therapist ( <a href="http://www.apa.org/practice/tafer.htm">www.apa.org/practice/tafer.htm</a> )
Multiple people (CMs, homes, therapists, etc.)	Move only reluctantly! What does placement need?
New placement	Continuity with previous home
Psych diagnosis/Psychotropic meds (not "by report")	Re-evaluate w/ new Psych evaluation
Loss of bond with parents,	Is visitation adequate?

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**"Best Interest" requires that we consider:**  
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Problem	Amelioration
No consistent person	Look for previous foster, teacher, scout leader, CASA, brother 
If any reason to doubt RTP	Concurrent of S & A and place in Foster/Adopt Home
Attachment to foster home vs. RTP	Bonding assessment will help determine best placement
Re-entry into foster care	Confidence that parents' progress will continue
Inadequate foster parent training	All foster parent training should be "therapeutic."
No kinship foster parent training	Require (50% returned to parent)
Systemic problems...	New programs: Hope Meadows One therapist, one child

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**Recommended Reading**

Cournos, F. (1999). *City of one: A memoir*. New York: W. W. Norton and Company.

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**Recommended Reading (2)**

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