Attachment Separation And Loss
Communicating with people and links to responding in loss and separation situations

In order to communicate effectively with others, it is helpful to consider how they prefer to in our interactions. There are many theories on how people receive information. If we do not pay attention to how others receive, interpret and use information we are less likely to be successful relating to how adults learn, including Kolb who views learning as a process with discreet stages, which have to be mastered before the next stage, can be reached.
How do you communicate?

Given this practitioners need to consider how they communicate with parents and understand how communication can be affected by stress, anxiety and anger

What helps?

Building trust is important to parents in being able to address aspects of their lives and parenting that may be causing concern

Understanding what the parent may be trying to say through their behaviours and non verbal communications as well as listening to what they say

What skills are needed? Listening and building empathy

• Establish rapport and build respectful, trusting, honest and supportive relationships with parents, carers children and young people, carers, which make them feel valued as partners

• Use clear language to communicate with parents, carers, children and young people, including people who find communication difficult, or are at risk of exclusion or under-achievement

• Be able to adapt styles of communication to the needs and abilities of service users who do not communicate verbally, or communicate in different ways

• Develop relationships using the most appropriate forms of communication (for example, spoken language, visual communication, body and sign language, information and communication
• Know when to seek assistance in communicating e.g. interpreters and use of assistive technologies.

• Hold conversations at the appropriate time and place, understanding the value of regular, reliable contact and recognising that it takes time to build a relationship

• Actively listen in a calm, open, non-judgmental, non-threatening way and use open questions. Acknowledge what has been said, and check you have heard correctly.

• Ensure that parents and other family members know they can communicate their needs and ask for help.

**Summarising and Explaining**

• Summarise situations in the appropriate way for the individual (taking into account factors such as background, age and personality)

• Present genuine choices to parents, children and young people explaining what has happened or will happen next, and explain what they are consenting to

• Decide together how to involve parents or carers in any choices and decisions to be made

**Importance of respect**

Be self-aware. Know how to demonstrate a commitment to treating all people fairly. Be respectful by actively listening and avoiding assumptions. Make sure your actions support equality, diversity, rights and responsibilities of parents, carers, children and young people

Work with parents needs to pay attention to their stage of development and be tailored to their communication style. There are a number of core skills that enhance communication between service users and their worker, which sit within four domains.
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<tr>
<th>DOING</th>
<th>BEING (Personal qualities)</th>
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<tr>
<td>BEING (Ethical commitment)</td>
<td>KNOWING AND UNDERSTANDING</td>
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**Doing:** - using a variety of interviewing techniques, tools, and listening and creative techniques. Also going at the parents pace, using person-centered communication

**Being (personal qualities):** - engaging and building relationships, building trust and safety, being caring, empathic, honest, sincere and warm

**Being (ethical commitment):** - eliciting parent’s views, providing information, maintaining confidentiality (where possible), providing uninterrupted time, being reliable, respectful and non-judgmental

**Knowing and understanding:** - having knowledge and understanding of how your role affects communication and how experiences affect communication and development
Practitioners need to consider aids to communication that are appropriate for parents with additional communication needs

Understanding of Development (S.P.I.C.E.S)

Development is continuous and lifelong, but most dramatic in early life.

Understanding the way the children and young people develop can be very complicated, in fact we all develop at different rates, stages and with different life experiences that will influence the way we mature and determine our understanding and view of the world, other people and ourselves.

As children grow we know that there are 6 main areas of development. This does not stop when you become an adolescent or indeed in adulthood.

We are learning and developing all the time. The six main areas of development come into the following basic categories: -

Social Development

How we interact with others, skills in communication. This can often take a backward step during adolescence alongside the changes that are going on in some of the other areas of development.

Physical Development

We are all aware of the vast physical changes that are happening for our teenagers. Some are visible and others are not. This category can often take over all thinking for some and affects their view of themselves.

Intellectual Development

During a time when there are so many other developmental changes going on for a teenager, they are also going through the most vital part of their educational grounding for life. This can
create enormous stress for some teenagers. This might also include the development of other life skills both educational and practical.

**Cultural Development**

This category is not just about race and religion, it also includes the awareness of the values and beliefs within daily life, particularly within the family and the impact that these have on the child/young person as an individual person.

**Emotional Development**

This category covers areas such as caring, coping and empathy. Our emotional responses to different situations e.g. bereavement, divorce, successes and failures and the way in which we learn to feel and cope with them builds this category. Emotions during teenage years can be very acute whilst going through the teenage stages.

**Self esteem Development**

This might appear to be related to religion but is primarily linked to the teenager’s view of themselves and their view of the world. “Who am I?” “What or who do I want to be?” “What is it all about?” This is the category that links with self-esteem and their view of themselves and others. In order for a child to reach their full potential attention must be given to self-esteem. Children need affirmation of their uniqueness: for their curiosity; their growing abilities.

Children need every stage of their development to be recognised and encouraged.

A fairly easy way to remember these categories is to observe that the first letter of each category spells **S.P.I.C.E.S**.
Remember all children, young people and adults develop at different rates – don’t compare, it only leads to unnecessary anxiety.

Consider a given chronological age and explore your expectations of a child/young person of that age.

Now consider the child’s developmental stage in each of the above areas. Work through each area, explore why you think the child/young person is at a certain stage and identify behaviours that indicate this to you.

Consider how you might work with the child / young person in each of the areas rather than just in terms of chronological age and expectations.
What shapes our responses to the world?

Understanding internal working models and how they help us to understand behaviour

What shapes our understanding?

- Three internal working models
  - Taught
  - Thought
  - Felt

Our taught model of the world

As human beings we learn from the moment we take our first breath to the moment we take our last. We learn initially from our primary caregivers. As we grow and are exposed to others in the community we learn and receive messages that shape our understanding of the world and who we are in it.

What messages do you remember being taught by your parents/carers?
Our thought model of the world

As we grow and receive messages from a variety of sources we begin to develop the ability to think about what makes sense to us. This coincides with developmental changes during the stages of maturation. This is often seen in children in the middle stages of childhood when they continuously question everything and everyone. Our thought internal model allows us to piece together information and make decisions about what is important to us. Our thought self also helps us to develop our own sense of what we value, belief and choose for ourselves.

Our felt model of the world

Our felt model of the world is triggered by our brains ability to read situations and respond to situations. If our experiences are scary our amygdala triggers and prepares our body for survival. This is more commonly referred to as the flight fight process. During periods of stress the brain releases cortisol that is the chemical that helps the body to prepare and respond to danger. When cortisol is high it blocks our ability to utilize our thought internal model and the messages are blocked. This helps us to understand behaviour of children and young people who are stressed and why they do not always follow instructions or respond in ways we would hope.
All three internal models interact with each other and the world all of the time. Our felt model is usually the one that drives our behaviours that others find hard to understand.

How do you respond to stresses? Have you seen responses to stress in parents you have worked with?

Understanding the Fight/flight mechanism

To understand the Fight or Flight response it helps to think about the role of emotions in our lives. Many of us would prefer to focus on our logical, thinking nature and ignore our troublesome emotions, but emotions have a purpose.

Our most basic emotions like fear, anger or disgust are vital messengers: they evolved as signals to help us meet our basic needs for self-preservation and safety. It would be dangerous to be indecisive about a threat to our survival so the brain runs information from our senses through the most primitive, reactive parts of our brain first.

These areas of the brain control instinctive responses and they don’t do too much thinking. This more primitive part of our brain communicates with the rest of our brain and our body to create signals we can’t ignore easily: powerful emotions and symptoms.

The Fight or Flight response is a physiological response triggered when we feel a strong emotion like fear. Fear is the normal
emotion to feel in response to a danger or threat. Fear also has a close relative we call anxiety. The Fight or Flight response evolved to enable us to react with appropriate actions: to run away, to fight, or sometimes freeze to be a less visible target.

So it is important to think of this as a normal response, but one that can be triggered too often, by things that we perceive to be a threat to us. A good analogy is the smoke alarm. A smoke alarm is designed to alert us to the danger of fire but it cannot distinguish between steam from the shower, burnt toast or a house fire. While the first two examples are not real threats the third is but the response of the alarm is the same: an irritating, uncomfortable and difficult to ignore alarm!

But for most of us life isn’t about fighting or escaping predators or enemies anymore. The Fight or Flight response was designed to deal with feeling fear for our lives, but it is much more likely to be triggered by more complex and subtle concerns: internal threats in the form of worries. When we feel anxious or fearful about a presentation, job interview, exam, or social situation the Fight or Flight response is triggered in our body and we experience a range of strong, physical symptoms designed to temporarily change the way the body is functioning to enable rapid physical response.

**Increased activity will occur in the body**

- Circulation increases blood supply to brain, muscles and to limbs
- Brain activity changes: we think less and react more
instinctively
• Heart beats quicker and harder
• Blood pressure rises.
• Lungs take in more O2 and release more CO2.
• Liver releases extra sugar for energy.
• Muscles tense for action
• Sweating increases to speed heat loss
• Adrenal glands release adrenalin to fuel response

Decreased activity will occur in the body
• Digestion slows down or stops – stomach and small intestines reduce activity. We might feel sick, or be sick
• Mouth does dry – constriction of blood vessels in salivary glands.
• Kidney, large intestine and bladder slow down. We often feel we want to go to the toilet: this is the body’s way of “lightening the load” o Immune responses decrease.

Understanding Emotional Intelligence
Daniel Goleman helps us to understand the impact we have on others Self-awareness and self regulation; Empathy; development Motivation and its role
Attachment styles and engagement

Attachment theory is a concept in developmental psychology that concerns the importance of "attachment" in regards to personal development. Specifically, it makes the claim that the ability for an individual to form an emotional and physical "attachment" to another person gives a sense of stability and security necessary to take risks, branch out, and grow and develop as a personality.

Naturally, attachment theory is a broad idea with many expressions, and the best understanding of it can be gained by looking at several of those expressions in turn.

Attachment is...
An emotional bond between an infant and primary caregiver
Bowlby defined attachment as a "lasting psychological connectedness between human beings." Childhood, he suggested, played a critical role in the formation of attachments and early experiences could have an impact on the relationships people form later in life.

Research by Ainsworth, Bowlby, Main and Solomon suggest that how a child is attached to their caregiver has an influence through childhood and in later life. Attachment theories help us to understand behaviour and relationships both in children but also throughout the life cycle.

![Attachment Diagram]

**Secure attachment**

Ideally, from the time infants are six months to two years of age, they form an emotional attachment to an adult who is attuned to them and who is sensitive and responsive in their interactions with them. It is vital that this
attachment figure remains a consistent caregiver throughout this period in a child’s life.

During the second year, children begin to use the adult as a secure base from which to explore the world and become more independent. A child in this type of relationship is securely attached.

**Avoidant attachment**

It may be that a child’s attachment figure is emotionally unavailable and, as a result, are insensitive to and unaware of the needs of the children.

They have little or no response when a child is hurting or distressed. These attachment figures discourage crying and encourage independence. Often the child quickly develops into “little adults” who take care of themselves.

These children pull away from needing anything from anyone else and are self-contained. They have formed an avoidant attachment with a misattuned attachment figure.

**Ambivalent attachment**

Some attachment figures are inconsistently attuned to their child. At times their responses are appropriate and nurturing but at other times they are intrusive and insensitive.
Children with this kind of care experience are confused and insecure, not knowing what type of treatment to expect.

They often feel suspicious and distrustful of their carer but at the same time they act clingy and desperate. These children have an ambivalent/anxious attachment with their unpredictable attachment figure.

**Disorganised attachment**

When the attachment figure is abusive to a child, the child experiences the physical and emotional cruelty and frightening behaviour as being life-threatening.

This child is caught in a terrible dilemma: his/her survival instincts are telling him/her to flee to safety but safety is the very person who is terrifying them.

The attachment figure is the source of the child’s distress. In these situations, children typically disassociate from their selves. They detach from what is happening to them and what they are experiencing is blocked from their consciousness. Children in this conflicted state have disorganized attachments with their fearsome attachment figure figures.
**Carer Styles and temperaments**

Children and young people learn to communicate in different ways with different adults according to how they are parented.

There are many theories of parenting but we will focus on three basic styles of parenting that are useful to consider when supporting parents. Parents at one time or another use all three styles, but tend to rely on one approach when under stress or when feeling uncertain about what to do.

The first style of parenting uses reward and punishment to enforce his or her requests. Children are given detailed instructions and expected to follow them. There is little or no room for the child to creatively solve problems, or disagree with the parent’s instructions. Research shows that children brought up in these families seldom thrive. Either their spirits are broken or they give up, or more often, they rebel. This rebellion usually happens during the teenage years, when the child has developed enough power to fight back. Because the autocratic style has been typical for many generations teenage rebellion has become accepted as normal. This is a mistake, because teenagers do not have to rebel to become independent.

The next parenting style allows the child to do its own thing. In these households there is little respect for order and routine. Few limits are placed on anyone’s freedom. Some of the main consequences for children raised within this style are that they do not learn that there are boundaries or limits on their behaviour, they do not develop respect for the rights of others, and may feel insecure. They have almost no sense of belonging. Since they
have not learned to co-operate and compromise, they are often difficult to live with. These youth have difficulty adjusting when the world outside the family begins imposing rules on their behaviour.

The third style of parenting is a middle ground between the first two styles.

This parent is the leader who sets standards for a child’s behaviour, monitors and gently but firmly enforces these limits, encourages co-operation and stimulates learning. When this happens the child learns to take more and more responsibility. As they grow older the parent gradually releases the limits. Eventually as a young adult, they seem able to be independent.

D. Baumrind suggests that there are 3 parenting styles that interact together to create respectful parenting. In social care practice we often see child and young people whose caregivers have not been able to effectively use all three styles and as a consequence have learnt to respond in ways that may not be helpful to them.

**Permissive** – “OK, whatever you like”

**Authoritarian** – “you will”

**Authoritative** – Let’s discuss it”

**Permissive parenting**

The parent consults with the child about policy decisions and gives explanations for family rules. The parent makes few demands for household responsibility and orderly behaviour.

The parent presents himself or herself to the child as a resource
for the child to use as the child wishes, not as an active agent responsible for shaping or altering the child’s ongoing behaviour.

The parent allows the child to regulate his or her own activities as much as possible, avoids the exercise of control, and does not encourage the child to obey externally defined standards. The parent attempts to use reason but not overt power to accomplish his or her ends.

**Authoritarian**

The parent values obedience as a virtue and favours punitive, forceful measures to curb self-will at points where the child’s actions or beliefs conflict with what the parent thinks is right conduct.

The parent believes in inculcating such instrumental values as respect for authority, respect for work, and respect for the preservation of order and traditional structure.

The parent does not encourage verbal give and take, believing that the child should accept the parent’s word for what is right.

**Authoritative**

The parent encourages verbal give and take and shares with the child the reasoning behind their policy to direct the child’s activities but in a rational issue-oriented way.

The parent values both expressive and instrumental attribute both autonomous self-will and disciplined conformity. Therefore, the
parent exerts firm control at points of parent/child divergence, but does not hem the child in with restrictions.

The parent recognises his or her own interests and special ways. The authoritative parent affirms the child’s present qualities, but also sets standards for future conduct.

The parent uses reasoning as well as power to achieve their objectives. The parent does not base his or her decision on group consensus or the individual child’s desires; but also does not regard him or herself as infallible, or divinely inspired.

**Outcomes of Respectful Parenting**

Respectful parenting takes into account the child’s age and levels of understanding and usually has elements of authoritative, authoritarian and permissive styles which are used at the right time and in the right context e.g. setting clear boundaries around routines for a three year old at bedtime or allowing an adolescent space to learn from experience.

Research suggests that if children have a balance of parenting styles they will be able to develop the following attributes:

- Positive self-concept
- Be able to communicate honestly and openly
- Be able to demonstrate compassion
- Develop problem solving skill
- Exercise appropriate self control
- Have acceptance of self and others
- Take responsibility for their own actions
Child Temperaments and the impact of parenting styles  (D. Baurmarind)

Temperaments are our preferred style of responding to situations and develop through our attachments and interactions with others and the wider world. As with parenting styles, children have preferred styles of responding, which are often referred to as temperament. Children are born with characteristics, which can predispose them to responding in particular ways. Children will use each of the preferred styles in order to get their needs met. At times of anxiety, stress or upset the child is likely to default to their strongest preferred style. The child’s way of responding will either compliment or compound relationships with caregivers dependent on the fit with the carer’s own temperament and the style of parenting adopted. There are three general styles of child temperament.

The easy temperament

Children with an easy temperament are likely to be easy going, calm and able to adapt easily to different situations. Easy going children appear to be resilient and do not get upset easily. At times of stress they may become more compliant or retreat into their own world. Characteristics noted include:

- Calm
- Happy
- Regular in sleeping and eating habits
- Adaptable
- Not easily upset
The difficult temperament

A child with a difficult temperament can present as being fussy in relation to how they like things e.g. food separated on the plate, dressing in a certain order, sensitive to smells and sounds or only liking the feel of certain materials. The difficult temperament may be seen in the child’s reluctance to adhere to routines around eating and sleeping and they may find it difficult to feel comfortable in unfamiliar surroundings. All children have the ability to be difficult but these children, when faced with stress or uncertainty, find it very hard to manage their feelings or respond well to comforting and attempts to calm and soothe.

- Characteristics noted include:
  - Often fussy
  - Irregular feeding and sleep patterns
  - Fearful of new people and situations
  - Easily upset
  - Highly strung
  - Intense in their actions

The slow to warm up temperament

Children with slow to warm up temperaments take time to adjust to situations. They do not generally like to be rushed and the more they feel hurried the slower they are likely to go. If faced with new situations they take a while to adjust and do not usually like to be in the spotlight unless they feel very comfortable and in control.

These children may cry when taken to parties, show discomfort when laughed at or be reluctant to in engage in
activities with others they do not know.

**Building co-operation not resistance**

Have an open mind about the service user and be prepared to give them “the benefit of the doubt”

Put yourself in their shoes and look at everything from that point of view

Figure out what is important to the service user at this time and see this view as a valuable asset although this very point of view may get them into difficulty now and then. Maybe when they recognise this, they will be more willing to change

Do not argue or debate with the service user. You are not likely to change their mind through reasoning. “If that was going to work, it would have worked by now”.

Check how realistic your expectations for them are, given their limitations and circumstances at this time. You may change your views later on, as will the child, young person or parent.

Look for past successes, however small, ordinary, or insignificant. Ask how they achieved them. This question alone becomes a subtle compliment

Look for any small current success and ask how they accomplished them and what it would take for them to repeat or expand these into other parts of their life. It indicates your confidence in their ability to solve problems

Look for positive motivation behind the service users’ behaviour
and comment on it. They will begin to believe it themselves

Be willing to apologise to the service user for any mistakes or misunderstandings. It takes strength, self-confidence and professional integrity to be willing to apologise, but, paradoxically, it gives you power in the relationship

If a service user is not home or is unavailable for meetings it may not necessarily be a sign of resistance. For many individuals, being on time is not an important factor in life. If they are expected to be on time make this explicit giving reasons and potential consequences should they not adhere to agreements

Always use a gentle and soft voice. Use positive, not negative words and non-threatening gestures

Most service users respond better when you provide services that are related to immediate problems, such as housing, food, nappies, day care

Exerts taken from Family Preservation, Insoo Kim Berg, Solution Focused Brief Therapy

**Things to remember as a worker**

- Be aware of your body language
- Encourage by nodding and with silences and eye-contact
- Ask for clarification and explanations from family member’s rather than assume you understand what they are trying to tell you
- Use open, closed and multiple choice questions to encourage family members to give greater information
Positive ways to build a working relationship with family members

1. You are a guest in the family’s home so behave like one

2. Give the family members control of their situation

3. Start with small talk not problem focused talk. Family members will tell you their difficulties without you prompting them

4. Use simple jargon free language. The clearer you make your point the more likely a parent is to understand and act on it

5. Be positive and considerate. Parents know that things they are doing are not working they do not need to be reminded of this all the time

6. If you arrange a time to visit ensure that you keep it. If you are going to be late let the family know

7. Point out the positives you see in the family. If parents can see that they are doing some things right they will have hope that things can improve

8. Sometimes it helps to roll up your sleeves and get stuck in with family’s on practical tasks. Whilst doing this parents often give you lots more information because it does not feel as threatening as when you sit down and talk with them

9. Regardless of the situation in the family always go in with hope and optimism

Factors Associated with Poor Outcomes

- Parents refusal of help
• Denial or minimization
• Denial of other major problems – substance abuses
• Limited capacity for change – mental illness or learning difficulty
• Lack of empathy
• Lack of attachment