

## Activity to Extend the Learning

**Title:** Infant Attachment from the CASA Perspective

**Developed by:** Ben Wilkins, LCSW Dallas CASA (bwilkins@dallascasa.org)

**Based on Material From:**

- Goldsmith, Oppenheim and Wanlass. (2004) Separation and Reunification: Using Attachment Theory to Inform Decisions Affecting the Placements of Children in Foster Care. *Juvenile and Family Court Journal*. p. 1 – 12.
- Sroufe, Duggal, Weinfield & Carlson. (2000). Relationships, development and psychopathology. In A.J. Sameroff, M. Lewis & S.M. Miller (Eds.), *Handbook of developmental psychopathology* (2nd ed.). New York: Plenum Publishers.
- Carlson, V., Cicchetti, D., Earls, F., Farrell, M., Macovei, O., Nystrom, P., et al (1989) Disorganized/disoriented attachment relationships in maltreated infants. *Developmental Psychology*, 25, 525 – 531.

**Audience:**

- X Experienced CASA/GAL Volunteer
- X New CASA/GAL Volunteer
- o Other: \_\_\_\_\_

**Goal of Activity:**

For participants to increase their knowledge of attachment theory and learn to use it as a basis for decision-making in their work as a CASA.

**Learning objectives:**

For participants to be able to:

1. Identify developmental consequences of the attachment relationship.
2. Describe the parenting behavior most conducive to healthy infant attachment.
3. Apply the concepts of attachment theory to CASA decision-making.

### **Notes for the facilitator:**

This workshop builds on the material in the core curriculum regarding attachment, providing volunteers a chance to practice using an understanding of attachment as a basis for making decisions about CASA recommendations. Notes for the facilitator are included at the end of this activity beginning on page 9.

### **Materials and equipment needed:**

- Sign-in sheet to verify attendance
- Extra pens
- Markers
- Sticky Notes
- The five-page workshop handout, “Infant Attachment from the CASA Perspective”
- Flipchart page with diagram of attachment process, see “Resources for Infant Attachment”.
- Flipchart pages labeled, “Questions/Ideas for Further Discussion,” and “Attachment Definitions.”
- Slips of paper for Activity 3, part 2, see “Resources for Infant Attachment”.
- Signs for Activity 3, part 2, see “Resources for Infant Attachment”.
- Tape or sticky-tac to post the signs.

### **Outline of Activity:**

Activity 1: Ground participants in what they intuitively understand about infant attachment. (*Anchor- Kinesthetic/Auditory*)

Activity 2: Provide participants with information about attachment theory as it relates to child development, and allow participants a chance to discuss and ask questions about the material. (*Content. -Visual/auditory*)

Activity 3: Working with a brief case study, explore how attachment theory can guide CASA recommendations. (*Application. Kinesthetic/Auditory*)

Activity 4: Discuss how participants will use the concepts learned in their future work with CASA. (*Future use. Auditory.*)

## **Infant Attachment from the CASA Perspective**

### **Activity 1: What Does Attachment Mean To You?**

Take a moment to consider what the phrase attachment means to you. Using the sticky notes in front of you, write down a brief definition of the term and post it on the flip-chart labeled, "Attachment Definitions." We will review our definitions as a group.

### **Activity 2: Learning the Basics**

Read the following section, "The Basics of Attachment Theory," and listen as the facilitator reviews the highlights with you. Working in trios, discuss your responses to the following questions.

- 1) What about the information is most surprising to you?
- 2) What questions do you have about attachment theory and its importance for your work as a CASA?

We will hear a sample of your responses in the larger group.

## **The Basics of Attachment Theory**

### **The Attachment Relationship**

Infants are born with many needs that they are unable to meet alone. They need nutrition, safety, medical attention and soothing, all of which must be provided by caregivers. The style of caregiving children receive has major implications for their development and well-being.

In the best situations, infants receive prompt, sensitive care from emotionally available caregivers. As infants develop, those who have received this type of supportive care begin to expect that it will be available to them whenever needed. As they begin to crawl and then walk, they explore their environment in progressively growing circles away from their caregivers. They trust that they can do so securely because, if anxiety or discomfort is encountered, the caregivers will be available for protection and soothing. Infants who can engage their environment with a sense of security receive more age-appropriate stimulation, and are thus more likely to experience healthy physical,

cognitive and emotional development. A history of prompt, sensitive care also allows children to expect that relationships can be fulfilling and can provide protection in a world that is at times confusing and frightening.

The relationship between the child and her or his caregiver is called the *attachment relationship*. Components of a healthy attachment relationship include:

- The child experiences and expresses basic needs.
- The child's needs are consistently met by an emotionally available caregiver who is able to interpret the child's expressions and provide the care that corresponds to the child's needs. The child regards the caregiver as a *psychological parent* and will turn to that person for soothing, protection and nurturance.
- The child develops expectations that sensitive, supportive care will be available from the psychological parent.
- The child's trust in the psychological parent provides a secure base for exploration and development.
- The child's experiences allow her or him to view the world as a safe place, relationships as fulfilling and as the child as deserving of love and protection. Such perceptions are called *world views*, and grow increasingly more complex as children develop.

In order for caregivers to forge a healthy attachment relationship with an infant, they must be able to read the infant's signals and interpret the underlying need and respond quickly and effectively. Parents are less likely to provide effective care if they are distracted by personal stressors, including addiction, depression or other psychopathology. Similarly, foster parents overwhelmed with too many children and the demands of social service workers and other professionals may not be emotionally available to meet the needs of a child struggling to adapt to a new situation.<sup>i</sup>

### **The Benefits for Children**

A healthy attachment relationship does not provide children with complete protection from psychological distress and pathology. However, research suggests that healthy attachment relationships buffer the effects of psychological distress and trauma in children. Children with healthy attachments children are more able to manage stress, regulate their own emotions, rebound following periods of turmoil, develop high self-esteem and interact well with others.<sup>ii</sup>

### **The Effects of Child Maltreatment and Separation**

When children are maltreated, they are less likely to develop secure attachment relationships, and the implications for their development are profound. Maltreated children have higher rates of behavior problems, attention disorders and mood disorders.<sup>iii</sup> Also, many maltreated infants display serious disturbances in their

attachments to caregivers. <sup>iv</sup> Maltreated children may refuse to turn to caregivers for protection and comfort and may have difficulty tolerating closeness. Caring for maltreated children may be very stressful for substitute caregivers such as foster parents, who may feel overwhelmed in the face of the children's problems and lack of responsiveness to their efforts to help. Disrupted placements are common, and may in turn lead to the development of Reactive Attachment Disorder, a severe form of attachment-related difficulty that must be diagnosed by a qualified clinician.

Children in foster care have been separated from their families due to abuse and neglect. It is tempting for CASA volunteers, foster parents and other child welfare professionals to believe that the separation is a wholly positive development in the children's lives, as it provides them with much needed protection. However, children removed from their parents care experience deep pain, confusion and emotional distress, even when the separation was necessary, and even when it is temporary. Children separated from caregivers typically protest the separation through acting out or expressions of anxiety. If the separation persists, the protests can turn to despair, and then finally to emotional detachment. Unless a healthy attachment relationship is established or re-established, the behavioral and emotional problems experienced by the children may have serious, lasting impact.

### **Special Considerations for CASA**

A basic understanding of attachment theory is an invaluable tool in making decisions about CASA recommendations. However, it's important to understand that identifying attachment problems, especially those involving psychiatric diagnoses, is the job of professional mental health practitioners. It is also important to keep in mind that observations and caregiver reports can be misleading. For instance, a parent who cheerfully plays side by side with a child during a supervised visit does not necessarily have the emotional self-control and maturity to provide adequate parenting, and a child who plays well with an adult may not see the adult as a psychological parent. Similarly, the actions of a foster child who returns home from a supervised visit with his or her biological parents and becomes sullen, destructive or oppositional do not necessarily indicate that the child has an unhealthy attachment relationship with the parents and no longer wishes to visit them. Your role as a CASA is to understand the types of situations which are most conducive to healthy attachment and to advocate for them.

### **Activity 3: The Case of Jamaal**

Part 1: Read the following case scenario, concerning a child named Jamal. On the slip of paper provided, indicate which outcome you feel is in Jamaal's best interest: returning to the first adoptive family or remaining with the second. You do not need to put your name on the paper. Keep in mind that there is no wrong or right answer.

Part 2: The facilitator will collect the papers and will randomly redistribute them among the group. The possible outcomes for Jamaal's case are printed on signs posted around the room. When you receive someone else's response to the first part of this activity, proceed to the sign posted that corresponds to the paper you've been given. Take a moment to confer with others in your group about why someone might have chosen this response. Elect one person in your group to be a spokesperson. When the facilitator calls on your group, the spokesperson should briefly discuss the possible rationale for this choice.

### **Case Scenario: Jamaal**

When Jamaal was born, he and his mother tested positive for cocaine. Child Protective Services assumed care of Jamaal and placed him in a foster home. Jamaal's mother eventually dropped out of contact with CPS, and his father was never identified. Both parents' rights were terminated, and the permanency plan for Jamaal became adoption.

Jamaal's first placement after the hospital was a foster family who hoped to adopt. A developmental specialist who visited Jamaal several times noted that he was receiving excellent care, and that the foster parents were able to soothe and comfort Jamaal when he was upset. The specialist noted that Jamaal seemed to derive particular benefit from the attention he received as the only child in the home.

By the time Jamaal was free for adoption, he had been in the foster home for nine months. Due to paperwork demands and a busy court docket, the adoption finalization hearing was scheduled for three months out. In the meantime, a neighbor of the foster parents phoned Child Protective Services with allegations that Jamaal was being neglected in the home. While the case was investigated, Child Protective Services removed Jamaal and placed him in a temporary shelter.

When Jamaal had been in the shelter for the maximum two weeks allowed, Child Protective Services placed him in another foster home, although that home was not adoption-motivated. After a week, Child Protective Services located yet another foster home that hoped to adopt, and they moved Jamaal to that family. The new foster parents had an eight-year-old girl of their own, as well as twin six-year-old foster sons. Due to a miscommunication, the new foster family believed that Jamaal, who was by that time year old, was free for adoption. They quickly fell in love with Jamaal and expressed

interest in adopting him. However, they had concerns about Jamaal's development. They noted that he tended to stare around the room blankly, and that he would not respond to attempts at social interaction or caregiving. They observed him to be apathetic and emotionally disinterested. None of these problems had been present when Jamaal lived in the first foster home. Despite these problems, the new foster parents were committed to providing him with the best care. After several weeks, Jamaal began to respond more playfully and affectionately with the new family.

The allegations against the first foster parents were found to be unfounded, and the foster parents maintained their commitment to adopting Jamaal. However, Child Protective Services took the position that Jamaal was doing well in the new home and should not be moved again. The matter was discussed at a series of meetings and hearings in which the first foster parents begged for Jamaal's return, pointing out that he'd spent the first nine months of his life in their home and had thrived there, and that he had displayed signs of adjustment problems in the new foster home. Several months passed, during which Jamaal continued to grow closer to his new foster parents, seeking comfort from them when hurt or scared and even learning to call them "Momma" and "Dada.". Jamaal had not seen his former foster family during the removal period. At the next court hearing, the CASA volunteer was called on to give a recommendation regarding which family would be allowed to adopt Jamaal. The decision would be difficult, as one family was certain to be heartbroken, and Jamaal's well-being hung in the balance.

#### **Activity 4: Looking Forward**

Read the following section, "What You Can Do as a CASA." Think about the children you are serving as a CASA. If you are not currently assigned to a child or sibling group, think about the kind of assignment that you hope to have in the future. Turn to a partner and discuss how your understanding of attachment theory will guide your work as a CASA. We will hear a sample of your responses in the larger group.

## What You Can Do as a CASA

- Continue to learn about infant attachment and its implications for children in foster care.
- Consider attachment theory in each case, whether the child has been in foster care for ten months or ten years. Ask yourself, “Whom does the child see as a psychological parent?” How have the child’s attachment relationships affected his or her development? From an attachment standpoint, what does the child need now and in the future?
- Point out the attachment issues in the case, and challenge others to consider them when making decisions.
- Let decisions be based not on what’s fair for caregivers, but on what’s best – or least-detrimental – for the child.
- Above all, focus on prevention by creating opportunities for stable placements and minimizing placement changes whenever possible.

---

<sup>i</sup> Goldsmith, Oppenheim and Wanlass. (2004) Separation and Reunification: Using Attachment Theory to Inform Decisions Affecting the Placements of Children in Foster Care. *Juvenile and Family Court Journal*. p. 1 – 12.

<sup>ii</sup> Goldsmith, Oppenheim and Wanlass. (2004) Separation and Reunification: Using Attachment Theory to Inform Decisions Affecting the Placements of Children in Foster Care. *Juvenile and Family Court Journal*. p. 1 – 12.

<sup>iii</sup> Sroufe, Duggal, Weinfield & Carlson. (2000). Relationships, development and psychopathology. In A.J. Sameroff, M. Lewis & S.M. Miller (Eds.), *Handbook of developmental psychopathology* (2<sup>nd</sup> ed.). New York: Plenum Publishers.

<sup>iv</sup> Carlson, V., Cicchetti, D., Earls, F., Farrell, M., Macovei, O., Nystrom, P., et al (1989) Disorganized/disoriented attachment relationships in maltreated infants. *Developmental Psychology*, 25, 525 – 531.

---

# **Infant Attachment from the CASA Perspective Facilitator's Guide**

## **Workshop Focus**

This workshop is intended to expand the volunteer's understanding of attachment theory beyond what is covered in the CASA/GAL Training Program.

## **Facilitation Alerts**

- Because the volunteers attending the workshop may not know each other, begin with a brief opportunity for introductions. One idea is to ask each person in the room to state her or his name and tenure as a CASA volunteer, but you should choose the introduction format most appropriate for the group in attendance and the length of time available.
- The activities in this workshop take about 65 minutes, not counting breaks and introductions. To give yourself plenty of time, schedule this workshop for 90 minutes.
- Training activities are designed to be done in pairs, trios, small groups, or the large group. Keep as much of this variety as possible. Ideally, four to six participants are seated at a table where they can easily work together or divide into pairs or trios.
- Post a flipchart page at the front of the room with the heading "Questions/Ideas for Further Discussion." Note issues unrelated to workshop on this flipchart page and make a plan to address them later.

## **What to Take to This Workshop**

- Sign-in sheet to verify attendance
- Extra pens
- Markers
- Sticky Notes
- The five-page workshop handout, "Infant Attachment from the CASA Perspective"
- Flipchart page with diagram of attachment process, illustrated below.
- Flipchart pages labeled, "Questions/Ideas for Further Discussion," and "Attachment Definitions."
- Slips of paper for Activity 3, part 2, illustrated below.
- Signs for Activity 3, part 2, illustrated below.
- Tape or sticky-tac to post the signs.

---

## Customization

- Set MS Word to find “CASA/GAL” and replace with the appropriate term for your program.
- Review the case study in Activity 3 for any terms or details which should be fine-tuned for your area.

## What You Need to Know About the Activities

### Activity 1: What Does Attachment Mean to You?

Anchor. Auditory/Kinesthetic. Suggested Time: 10 minutes.

Purpose: To anchor participants in what they intuitively understand about attachment and to develop their understanding of the concept further.

Have the flipchart titled, “Attachment Definitions” posted prominently in the room. After reading the definitions posted, note that there are many valid definitions of attachment in the larger sense, but that when discussing infant and child development, it is helpful to think of attachment as *a relationship between children and their primary caregivers that allows the infant to feel secure and to have the best chances of optimal development*. Ask the group to decide whether any of the items fit into that more specific definition and discuss why.

### Activity 2: Learning the Basics.

Content. Visual/auditory. Suggested time: 25 minutes.

Purpose: To increase participants’ understanding of attachment theory and to allow them a chance to discuss the concepts.

Allow participants 10 minutes to read, “The Basics of Attachment Theory.” Briefly paraphrase the main points of the reading, taking no more than five minutes. Draw the participants’ attention to the flipchart page with the diagram of the attachment process, using it to illustrate the concept of repeated supportive care leading to expectations of safety and trust. Ask participants to take five minutes to share their responses to the two questions in their trios, and then allow another five minutes to respond to questions as a group. Watch them time carefully. If participants ask questions you are not able to answer, discuss how they can find the answers to their questions, either through additional reading or through consultation with another child welfare professional. Be certain to use the Questions/Ideas for Further Discussion chart when appropriate.

---

### **Activity3: The Case of Jamaal**

Application. Kinesthetic/Auditory. Suggested time: 20 minutes.

Purpose: To apply the concepts of attachment theory to CASA/GAL work.

Posters with the words “Return to First Foster Family” and “Remain in Current Foster Family” should be posted in the room. Allow participants five minutes to read the one-page case study. As they read, distribute the slips of paper asking them which option they believe to be in Jamaal’s best interest. Request that they fold these in half so that they can’t be viewed and hand them to you. Shuffle the papers and redistribute. Comment that participants may receive a slip of paper indicating an outcome different than they one they had chosen as being best for Jamaal. Note that, in such a circumstance, the participant has an opportunity to consider and understand the viewpoints of others, which helps with communication and advocacy. Allow participants five minutes to stand at their designated posters discussing the reasons that the outcome would be in Jamaal’s best interest, and ten minutes for group discussion.

### **Activity 4: Looking Forward**

Future Use. Auditory. Suggested time: 10 minutes.

Purpose: To identify how the concepts from the workshop will be useful in the future.

Five the participants five minutes to discuss their responses with a partner, and allow five minutes for group discussion. When participants describe their future use of the concepts, thank them for their contribution without evaluating its effectiveness.