

Attachment



TEACHMEET 21ST APRIL 2016

Normality

Holidays are over
Back at school
Where I'm safe, fed and secure.
Questions asked, answers given
About what we did
Others talk about foreign holidays,
summer camps.

My days spent roaming the streets
Contrast sharply with others'
idyllic tales.
Scavenging for food,
Emptying bins,
Scouring skips,

Whilst my Mum wallows in an alcoholic haze of bliss,
Only thinking of her next drink, her next fix, an anaesthetic to
numb the pain.

A tortured soul unable to connect

Except

For moments of lucidity,

She is the mum of old,

Food on the table,

Trips to the park,

McFlurry and nuggets.

Marred only by the question of how long will this period of
bliss last.

Oh how I long for a life of normality.

Except

What is **NORMALITY**?

It is ***different*** for you and me.

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Our Starting Point



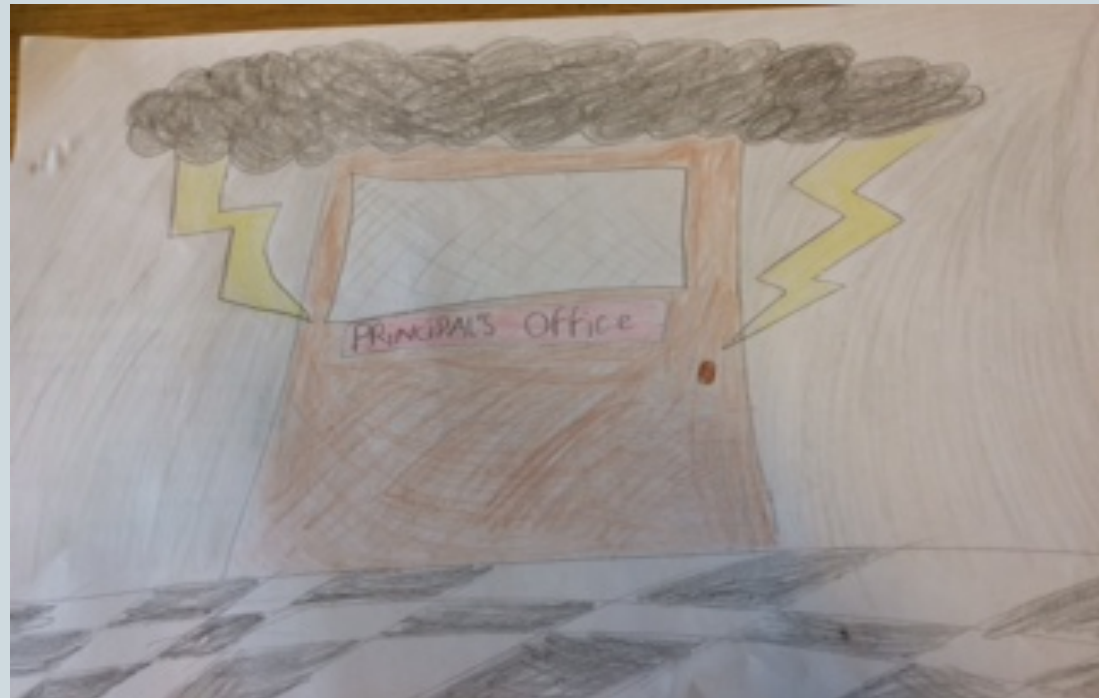
‘ Children are not slates from which the past can be rubbed by a duster or sponge, but human beings who carry their previous experiences with them and whose behaviour in the present is profoundly affected by what has gone before.’

Bowlby 1951, page 114

‘What about me?’



Children & young people who have experienced relational trauma & losses are at risk of being misunderstood, developing mental health difficulties & of exclusion.



Behaviour is communication



Fear and Panic

**Unmet
Needs**

**High
levels of
Anxiety**

Dysregulation

Developmental needs

**Trust
issues**

**Toxic
Shame**

Identification markers for attachment disorder



- Lack of impulse control
- Self destructive behaviours
- Intense displays of behaviour (rage)
- Preoccupation with fire or evil
- Aggression towards others
- Inappropriate sexual conduct and attitudes
- Cruelty to animals
- Oppositional
- Cannot tolerate limits & attitudes
- Victimises others
- Bossy
- Excessively demanding and clingy
- Marked mood changes
- Stealing
- Deceitful
- Hoarding
- Sleep disturbance
- Enuresis (wets self)
- Encopresis (soils self)
- Hyperactivity
- Abnormal eating habits
- Incessant chatter & persistent nonsense questions
- Lack of cause and effect thinking
- Learning disorders
- Language disorders
- Perceives self as victim
- Huge sense of self-importance
- Perceives others as unsafe and dangerous
- Not affectionate on parents' terms
- Frequently sad or depressed
- Feelings of hopelessness
- Inappropriate emotional response
- Superficially engaging and charming
- Lack of eye contact
- Indiscriminately affectionate with strangers
- Lack of long-term friends
- Unstable peer relationships
- Blames others for own mistakes or problems
- Victimised by others
- Lacks trust of caretaking or control by others
- Accident prone
- Consistently irresponsible

Cycle of Bonding and Attachment

**First Year of Life
Healthy Attachment**

NEED

(Hungry, Lonely, Wet etc)

TRUST

(World is safe, I'm OK,
Adults are OK)

RAGE

(Anger, Hopeless,
Helpless)

RELIEF

(Food, Eye Contact, Smiles etc)



Courtesy Photo

Cycle of Bonding and Attachment

First Year of Life
Unhealthy Attachment

NEED

(Hungry, Lonely, Wet etc)

**LACK OF
TRUST**

(World is not safe, I'm not
OK, Adults are not OK)

RAGE

(Anger, Hopeless,
Helpless)

**LACK
OF
RELIEF**

(Abused, Neglected,
Abandoned, Pain)

Secure Attachment



When a child is upset or distressed they trust that they can approach an adult directly and positively, knowing that their distress will be recognised and responded to unconditionally with comfort, understanding & affection.



The capacities of attachment



Permanence

Constancy

Children who are at risk of having attachment difficulties



- **Were adopted or in foster care**
- **Mother may have suffered from post partum depression**
- **Born prematurely**
- **May not have received ‘ positive enough’ parenting**

Key Supports

Tone

**Time
In**

Seating

Play

Routine

**/Consistency/
Boundaries**

Waiting

**Visual
Timetable**

Inclusivity

Modelling

How can I as a teacher help such a child?



- Primarily, relate & build rapport to the child based on **his or her's emotional age , not chronological age.**
- Be aware of a child's anxiety levels & triggers.
- Use visual cues and explain the routine of the day. Give adequate advance notice of change.
- **Be consistent, calm and firm in your approach.**
- Actively listen, replay back to the child what you have heard in their language.
- Making statements rather than asking questions e.g. I'm wondering/thinking you are/perhaps ...
- Always provide a child with two choices. No ultimatums.
- Use short straightforward sentences e.g. First and then.

How can I as a teacher help such a child?



- Be explicit with all expectations. Break things down, don't assume prior knowledge.
- Keep responses positive e.g. Yes, you can do a jigsaw puzzle after your work is done.
- Use a **multi-sensory approach** in your teaching .
- Supplement social stories with real life experience, real pictures and photos.
- Provide opportunities to learn how to calm/soothe through resources and modelling.
- Use **transitional objects** to support pupil being 'kept in mind'.
- Be inclusive – ensure that your displays, your discussions etc cover all family types.
- Be sensitive in curricular planning e.g. RSE.

The Statistics



**4,500 children
are born
prematurely
every year**

**About 15% of new
mothers suffer
post natal
depression**

**6,500
children in
the care of the
State
(foster and
residential units)**

**1991-2010
4,850
intercountry
adoptions, of
which 49% of the
children were
from Russia/
Romania**

Finally



‘ For a long while in education we have been neglecting the very tool that will support behaviour and learning: relationships’

Louise Bomber



Emotional, Mental and Psychological well being

Further Information



<http://www.theyellowkite.co.uk/>

