The power of the everyday: supporting children and young people's recovery and growth through attachment-informed and trauma-sensitive care

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Synopsis of article

This paper provides a brief explanation of how difficulties in early attachment relationships and/or traumatic experience can affect a child's developing brain. It describes how these adversities can affect children across all areas of their functioning: behaviour, relationships, and learning. The particularly damaging long-term effect of these very early difficulties on children's capacity to develop skills in self-regulation is explained. The relationship with a child's immediate carers is emphasised as the key component for recovery and positive growth. The power of everyday interactions and routines to provide therapeutic experiences is explored. Such work is difficult and draining and the importance of intensive support for the carers themselves is highlighted. Foster carers are central to the task of helping children in care to flourish but they require support from other agencies as well as training and consultation for themselves.

Introduction

In this paper I will argue that children in care are most likely to recover from adversity and to flourish in their future lives when they develop warm and enduring relationships with the adults caring for them. This simple reality is, however, not always easy to achieve. Most children in care have experienced profound difficulties during their earliest years and this can affect their behaviour and development. Carers need a variety of supports to help them tune in to their children and stay connected to them through whatever difficulties they may face together.

In this paper I will outline key ideas from attachment theory and describe the potential impact of trauma on children. Such knowledge can help carers to create a therapeutic environment for children where everyday experiences can help children heal and thrive. Knowledge alone, however, is not enough. Carers themselves need emotional holding;

they require the space to think and reflect, and they have the right to expect practical and active support from all the professionals involved with the child, whether from social work, health or education.

Attachment and what it means

Although the word 'attachment' is widely used, it is often misunderstood. It is not the same as love – although for most children they are likely to love and be loved by their attachment figures. Attachment is a special kind of relationship that is associated specifically with safety. All baby mammals depend on an adult of their species for survival – they show a variety of attachment behaviours, such as crying, reaching out or following the adult, that are designed to elicit protection and comfort. We can all show attachment behaviour when we are anxious but it is most intense in the early months and years of life. Nevertheless, all through our lives, we continue to turn to others, with whom we feel safe, for comfort and protection. It is important to be clear, however, that in infancy and childhood the attachment is **from** the baby or child **to** their adult caregiver. Adults bond with the children they care for and it is through this connection they are able to provide for the children's needs. If an adult attaches to a baby or child it implies that they are seeking comfort or protection from that child which fundamentally distorts the relationship.

How babies get their needs met

Full-term babies are born able to regulate their basic physiological functions such as breathing and heartbeat but are otherwise relatively helpless compared to most newborn mammals. Babies therefore have to control the adults around them in order to survive. If they get good enough care they can trust adults and be ready to learn from them. When an adult responds regularly and sensitively to the baby's needs, they become a secure base from which a child can happily explore the world and a safe haven to which the child can return when anxious or distressed. This is the basis for secure attachments.

If their caregivers cannot tune into them in this easy way then babies have to find strategies to make these adults meet their needs. In most cases children are able to adapt their behaviours in an organised way to fit with the type of caregiving they experience. Some children, for example, may suppress their distress because they sense that their caregivers will be distanced from them if they show negative emotions. Others

may not be quite sure that their caregivers will always be around for them, and so feel less able to relax and explore, and may appear quite clingy. Although they may influence the way children develop and relate to others, these types of organised insecure attachment strategies are relatively common and most children will have no serious negative outcomes from them.

A more complicated problem faces children who are unable to organise a coherent and organised strategy to engage their caregivers. In particular, children who experience their caregivers as the source of the fear from which they seek protection face an irreconcilable dilemma. Babies and young children are totally dependent on the adults around them. When those adults are regularly experienced as very frightening or frightened this creates extreme stress for children but they have no-one else to turn to for safety and comfort. Every child in care, however difficult their early life, has successfully managed to engage the adults around them to provide enough care to keep them alive. This has often, however, been at the cost of developing a very controlled and controlling way of relating to people and a constant and emotionally exhausting state of hyper-awareness. Such strategies, that have enabled children to survive, can distort their relationships with other people even when they are in safe environments with trustworthy adults.

Why attachment matters

For babies and small children when this special relationship goes well they are able to easily achieve a whole range of skills. A secure attachment to an adult caregiver can enable them to be confident and curious in exploring their environment, learn to understand the minds of other people, and develop the ability to manage their emotions. Only about 60 per cent of children have this easy, comfortable experience but children can still do well in their lives even if their early attachment experiences were insecure. Children who experience the type of disorganised attachment described above, however, are at much greater risk of long-term, adverse outcomes such as violence, delinquency, homelessness or psychiatric problems.

> *“Attachment is a special kind of relationship that is associated specifically with safety”*

Attachment and development

The quality of early attachment can have a profound effect on the developing brain. We learn more before our first birthday than we will ever learn again and the experiences of the first few years of life are very important in creating the architecture and capacities of our brains. Although these early years are crucial, our brains continue to develop until well into our twenties and there is a rapid growth spurt in our teenage years. It is harder, though still possible, to change the way our brains react as we grow older and many children in care are able to respond to the sensitive, attuned attention of their foster carers. It is easier to change an organising rather than an organised brain. This means that the second period of reorganisation and growth in adolescence can offer children, whose early childhood was very damaging, a potent second chance to recover and flourish.

All babies experience stress when they are hungry, tired or uncomfortable. As a parent or carer responds to the child's distress by holding, rocking and talking, the baby is in close proximity to the adult's body and tunes in to the physiological signs of stress experienced by the adult. As the adult begins to calm down, the baby also relaxes and stress is relieved for both of them. This experience, repeated several times daily over the first year of life, in combination with the provision of basic needs, teaches children how to manage their own stress. This co-regulation of stress is the basis for developing basic trust in oneself and others and can provide a powerful foundation for later emotional well-being. No parents or carers are perfectly attuned to their children and at times the interaction between baby and adult may result in a co-escalation of distress where both become more and more upset. Such occasional lapses cause no permanent developmental difficulties.

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If the usual experience for babies, however, is of being left to manage their distress alone or they are faced with adults who react to their stress in a helpless or aggressive way, then they may struggle to develop the ability to regulate their own stress. This can create a fundamentally distrustful attitude to relationships and considerable emotional insecurity. Older children and adolescents may find damaging or dangerous ways to cope with stress such as self-harming behaviours, using drugs or alcohol to block their

feelings, or engaging in sexually-harmful relationships. The underlying meaning of such behaviours may not be recognised and professional concern can often be focused on how to stop or punish them rather than tackling the root causes through providing attuned, stable and healing relationships.

In order to function successfully as adults in human society, children have to develop a moral capacity to guide their decision-making in complicated situations. This requires both an increasingly sophisticated understanding about emotions and the ability to control impulse and the rage engendered by thwarted desire. For most people their early relationship experiences have embedded these skills so deeply within them that they are not consciously aware of how their morality developed. They just 'know' what is right or wrong and experience the uncomfortable feeling of guilt when they choose to do something that goes against their conscience.

Shame

For their first few months, in good emotional environments, tiny babies experience closely-attuned adults who rarely, if ever, have to impose limits or boundaries upon them. Although there may be breaks in this attunement when an adult is unable to be immediately available or fails to understand the child's needs quickly enough, these are usually rapidly repaired and the child's trust in the adult is maintained. Once a child becomes mobile this easy attunement is continually broken as adults intervene to ensure the safety of the child and prevent damage. These sudden, often intense, ruptures in the connection with their adult caregivers that accompany the setting of limits, create distress and a sense of shame for young children. Where adults are able to rapidly and sensitively repair this connection, then children learn to accept discipline and feedback that can modify their behaviour. This also provides the basis for more formal learning experiences when children will have to accept failure as part of their acquisition of skills. Children who have had a positive infancy with closely-attuned adults are more able to tolerate these ruptures. If, however, adults consistently fail to impose appropriate boundaries or leave young children to struggle with the distress evoked by the rupture in connection without initiating any repair, then, as they grow older, children may become overwhelmed by shame whenever they experience feedback.

Such toxic shame is common among children in care and may underlie some of the difficult behaviour they display. While it is important that such behaviour is addressed and limits imposed, carers need to ensure that they maintain their connection to the

children they look after even when they have to discipline them. This is a difficult balance for carers to achieve and this difficulty is amplified if they have not had the experience of close attunement with children when they were infants. Learning to cope with shame and feedback without becoming devastated is, however, essential for success in both school and workplace, as well as in managing the complex task of sustaining positive relationships.

The evolving emotional literacy and the successful management of shame that occur through their attachment relationships allow most children to develop a conscience that guides their moral choices. They can experience appropriate guilt about unacceptable behaviour without being overwhelmed by shame that damages their sense of themselves as good people. Adults caring for children with impaired early attachment experiences may find that their children can display very difficult or even shocking behaviours towards others with no apparent remorse. Attempts to deal with such behaviour through shame or punishment are likely to escalate difficulties or lead to lying and concealment. Rather than motivating change or developing remorse, the experience of toxic shame is likely to evoke an aggressively defensive reaction. Ultimately the damage created within their early relationships is most likely to be healed through compensatory close relationships that allow children to develop the regulatory and emotional skills required to function effectively in society.

What is trauma?

A trauma is a very distressing event or series of events that are outside the normal human experience. Trauma usually involves feelings of intense terror and helplessness. Children are likely to be traumatised by being abused themselves or by witnessing one parent being verbally or physically abusive to the other. If this happens often, or goes on for months or years, this complex trauma can be particularly damaging. Trauma in the first decade of life is most likely to cause long-term difficulties. Although babies and very young children who experience trauma may have no conscious memories of what has happened, their bodies may remember and react powerfully to reminders of trauma. The effects of trauma can be seen across all areas of children's functioning: brain development; bodily and sensory responses; social relationships and learning (Perry and Szalavitz, 2007).

Responses to trauma

Our bodies and brains have two different ways of reacting to terrifying events: hyperarousal (fight or flight) and dissociation (freeze). Either response can be activated in an attempt to ensure survival. When there is a chance of escape, either by running away or fighting back, then the brain may flood the body with adrenalin, which has several physiological effects, including increased heart rate and blood flow to muscles and limbs. This provides a temporary surge in energy and strength that can be used to deal with the threat. When escape is unlikely, an alternative and opposite physiological response may occur. Heart rate reduces and blood flows to the central organs away from the extremities. This increases the chance of survival in the event of serious injury. When we are terrified, our brains function differently to ensure our survival. We react without conscious thought and are unable to focus beyond the immediate moment. If children are frequently exposed to traumatic events, their baseline bodily responses may become reset so that they react very quickly and negatively to situations that other people may see as harmless.

Triggers

All our sensory experiences are filtered by the lower brain and, if threat is detected, then an immediate physiological response is activated. This filter is relatively crude. We may, for example, react with a surge of adrenaline to unexpected sensory experiences, such as a loud noise, before we have had time to consciously realise that there is no actual risk. When a genuine peril exists, the brain is able to make a permanent connection between danger and the sensory experiences associated with it, so that future threat can be avoided. This can occur without the repetition required for most learning.

A terrified child experiencing trauma may link all the sights, sounds, smells, tastes and touch, present at that moment in the environment, to the traumatic event itself. Encountering these particular sensory experiences at a later time may evoke the same terror that the child felt during the actual traumatic event. These experiences have become triggers and they may provoke very challenging behaviour. The child, however, may be completely unaware of the reason for their reaction and may feel crazy and out of control. Since the triggers are often not in themselves threatening, adults and other children may also experience the child's reactions as unpredictable and dangerous.

The developing brain

Where children receive the appropriate balance between soothing and stimulation they then develop the capacity to exercise conscious control over their emotions and behaviour. The higher parts of their brains such as their cortex and limbic system develop well and this allows them to make positive choices in all aspects of their lives. Where such experiences have been missing these parts of the brain remain underdeveloped and children are more likely to show impulsive and aggressive behaviour. Trauma can also adversely affect children's development. If children are exposed to terror and rage in their interpersonal relationships then their brains develop in such a way that they can manage this hostile environment. The lower part of their brains become over developed and reactive. This also means that children are more likely to be aggressive and impulsive when stressed, even if they have had good early experiences and have developed some regulatory skills. Many children in care, however, have had difficult or neglectful experiences with attachment figures and also suffered early and persistent trauma. These children may have the double disadvantage of poorly-developed, higher brain regulatory capacity and an over-alert and reactive lower brain primed to respond reflexively and aggressively to danger.

How can carers help?

Difficulties in early attachment and exposure to trauma are not the same and they affect the brain in different ways. Nevertheless children with these adverse experiences need similar opportunities to recover and flourish. What has been harmed by poor relationships can be healed by good ones and carers are best placed to provide the attuned, sensitive care that underpins therapeutic relationships. Older children and adolescents continue to need the adults caring for them to be 'good enough' attachment figures particularly if they have not had good early experiences. Some children may behave emotionally and socially in ways that are appropriate to much younger children and have yet to develop basic regulatory skills. Carers need to find ways to encourage the formation of healthy attachments that fit the developmental age of their children yet respect their chronological age. Within this relational safety they may be able to help children learn more about feelings, begin to understand the impact of their behaviour and experience empathy for others. Traumatised children need a sense of safety before they are able to move on and this too usually comes from the development of an attachment to a safe, predictable adult. They also require help with

their emotions and in understanding and making sense of their own responses. Although some children may benefit from specialised help to address their traumatic experiences directly, this is unlikely to be useful unless they also experience healing relationships with the adults involved in their daily lives.

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It is the power of everyday experiences that can create such relationships. Even the simple provision of reliable and regular care through the rhythms and routines of each day can begin to create trust for children who have never dared rely on others for anything. Food, for example, has a symbolic meaning for many of us that transcends its function as nourishment for the body. Children in care may also have a complicated, and often negative, relationship with food. When carers are sensitive to this history, they may be able to use food as a powerful tool to symbolically communicate their preparedness to provide a more nurturing experience than was available to their children in early childhood. Other key points in the day or significant times of the year offer similar possibilities for transforming children's negative experiences of relationships into therapeutic opportunities. Tuning into children in such ways demonstrates more powerfully than any words that adults can be trusted (Emond, R., Steckley, L. and Roesch-Marsh, A. 2016).

Hurt and distressed children who have been let down by adults, however, are likely to mistrust and attack any offer of care. It is important that carers are able to understand the pain behind this rejecting behaviour and survive such assaults without withdrawing or retaliating. By remaining in touch with and regulating their own emotional responses, carers can help children learn to process their own negative emotions. This replicates the early co-regulation of stress that occurs for babies when attuned adults, who are themselves affected by their child's distress, are able to respond sensitively to their cries.

Childhood should be a time of joy and hope. Even amidst the challenges and difficulties facing many children in care, they too need and deserve positive, fun experiences. It is easy to focus on the adversity they may have suffered and the negative consequences this has brought to their lives. When, however, carers are able to recognise and

encourage their strengths and talents, children are much more likely to become resilient. Creating positive memories together and reframing difficulties as opportunities are some ways that carers can help build children's competence and problem-solving capacities. It can, however, be hard for children whose early experiences have been so very damaging to be able to hold on to and internalise positive experiences. Carers need to act as memory-keepers, not only at a concrete level by making and holding on to mementoes of such positive experiences, but also by helping their children to hold them in mind by remembering them and reliving them in their conversations.

What do carers need?

When carers are able to maintain a loving attitude characterised by playfulness, acceptance, curiosity, and empathy they are most likely to be able to sustain a stable, therapeutic relationship with their children (Hughes and Baylin, 2012). This can, however, be difficult to achieve when carers are continually faced with bewildering and rejecting behaviour from children they only want to help. Carers have their own needs and these must be attended to so that they can respond to the demands of their children without being overwhelmed. Not only should all carers have training that helps them make sense of the meaning of children's difficult behaviour but they should have easy access to specialist services that can support them to respond therapeutically to their individual child or children. Consultation to carers rather than individual therapy with children in care may often be the most effective intervention from child mental health professionals. The task of caring for children in extreme distress is also personally depleting. If carers are to survive emotionally intact they need regular, reflective space where they can explore the impact children have on them. Even when these support mechanisms are absent many carers continue to strive to provide high quality care to children but often this is at unacceptable personal cost. Some eventually choose to give up fostering, while others are unable to sustain placements and feel they have let children down.

Although direct carers play the central role in helping children to recover from adversity, they also need help from other professionals involved in children's lives. Easily available and responsive support from social workers that is emotional as well as practical can be crucial in strengthening and maintaining placements. Professionals from other agencies, in particular health and education, can also either contribute to a child's recovery or undermine the work of carers. For traumatised children the adults in their lives cannot be neutral – they are either part of the problem or part of the solution. A committed and

concerned teacher, for example, who endeavours to understand why a child is struggling may help transform school into a positive haven. Equally, however, school may become the place where a child's poor self-image is relentlessly reinforced by inflexible and insensitive adults who refuse to look beyond surface behaviour.

Conclusion

Children's earliest experiences affect the way they grow and develop. Positive emotional and social experiences support healthy development. The negative effects of early adversity, however, can be serious and enduring. The damage caused by poor attachment experiences or trauma may be alleviated if children are able to develop positive and enduring relationships with sensitive, attuned adults. In such contexts children may be able to develop the key regulatory skills required for successful adulthood but this will take time and their carers may experience very challenging behaviour during the process. Providing consistent support to carers makes it more likely that children's placements are stable and successful. Stability of placement is associated with more positive, long-term outcomes for children. Robust emotional, cognitive and practical support for foster carers is a clear ethical responsibility but it also makes economic sense. Disrupted placements cause damage to all those involved and the impact can spread much wider through an increase in disturbed and disturbing behaviour in schools and the community. Preventing poor outcomes in adulthood for children in care reduces the burden on all social agencies, as well as reducing the likelihood of another generation of children entering the care system. :

About the author

Judith is a lecturer at CELCIS (Centre for Excellence for Children in Care in Scotland). She is the Vice Chair of Scottish Attachment in Action, a network of professionals committed to improving the understanding of attachment and its importance in providing the best care for all children. As well as her belief in the importance of attachment, she also focuses on the need to adopt an approach to vulnerable children that is informed by a trauma perspective, but which also recognises the importance of recognising and developing resilience.

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