

Attachment Difficulties

Definition / Supporting Information

Attachment is a display of affectional or non-affectional behaviour by children towards the parent / carer at times of distress to seek comfort. It can be significantly affected by the environment and develops as a brain developmental process.

The most commonly seen, and so called 'normal', behavioural pattern of attachment is a secure attachment, indicating a safe, secure and nurturing upbringing.

An insecure attachment of avoidant (down regulation), resistant / ambivalent (up regulation) or a disorganised pattern of attachment is far less common and may indicate an unsafe, insecure and neglectful upbringing [[NICE guideline NG26](#)]. For example, a child seeking hugs and consolation from the parent / carer after tripping over and soon calming down would indicate secure attachment, while a child with the similar experience refusing or excessively seeking the attention of the parent / carer, seeming frightened, 'frozen' or quiet may indicate insecure or disorganised attachment.

The term 'attachment difficulties' encompasses:

- Unusual or 'abnormal' attachment patterns (eg, insecure and disorganised attachment patterns)
- Attachment disorder
 - Rare, but a clearly defined mental health disorder, which can present as two distinct psychiatric entities
 - Inhibited / Reactive Attachment Disorder (RAD) – characterised by poor responsiveness, limited positive affect, withdrawn behaviour and sadness
 - Disinhibited Social Engagement Disorder (DSED) – characterised by poor social boundaries and risk-taking behaviours

The terms 'attachment disorder' and 'insecure / disorganised attachment behaviour' are often confused and wrongly used interchangeably. Using terms consistently is important so that professionals can communicate effectively [[NICE guideline NG26](#)].

Essential History

Ask about:

- Behaviours
 - Any concerns
 - At home, school or other settings as appropriate (eg, out of school clubs)
 - Safety of child / others
 - Peer interaction / interaction with adults

- Restricted, repetitive or stereotypical behaviours
- Current care circumstances and living arrangements
 - Children living 'On edge of care'
 - Living with birth parents with concerns
 - Children living 'In care' [[Children Act 1989](#)]
 - Under interim or full care order or voluntary accommodation under section 20 (living in foster care, residential home, semi independently)
 - Including asylum-seeking minors
 - Also including children adopted from care (prior to granting of adoption order)
 - Special Guardianship Order / kinship care (SGO)
 - Post-adoption
- Care history of the child
- Care history of siblings and parental education
 - Nursery, school or college
 - Learning ability
 - Current attainment levels and progress
 - Peer relationship difficulties (eg, bullying)
 - Special Educational Needs (SEN)
- Past health history
 - Chronic physical illness
 - Multiple hospital attendances / admissions
 - Chronic pain
 - Disability
 - Brain injury
- Birth history
 - Pregnancy
 - Maternal age, physical and mental health
 - Occurrence of maternal epilepsy, pre-eclampsia and / or depression
 - Medications
 - Substance use including:
 - Smoking
 - Alcohol
 - Illegal drugs
 - Access to antenatal care and social support network
 - Planned or unplanned pregnancy
 - Prematurity
 - Birth weight low for gestational age
 - Resuscitation and prolonged neonatal unit stay

- Severe perinatal illness in mother, baby or both, especially requiring prolonged separation after birth, reasons could include:
 - Jaundice requiring light therapy
 - Respiratory difficulties requiring oxygen or ventilation
 - Or feeding difficulties requiring nasogastric feeding
- Withdrawal symptoms in neonatal period (including if medication needed to be given)
- Growth
- Development (delay may indicate neglect, lack of stimulation)
 - Motor milestones / speech and language / social skills / independence skills / play
 - Balance and / or coordination
 - Hearing and vision
 - Exclude organic impairment
 - Signs of disordered development
 - Faltering growth
 - Abnormal head circumference
 - Dysmorphic features
 - Previous developmental assessments
- Family genogram (minimum 3 generations)
- Parental health and lifestyle
 - Physical, mental, emotional (including post-natal depression)
 - Sexual (if appropriate)
 - Learning disability
 - Substance misuse
 - Chaotic lifestyle
- Access to routine health surveillance
 - Immunisation
 - Dental health
 - Vision and hearing

‘Red Flag’ Symptoms and Signs

Ask about:

- Safeguarding concerns, including history of trauma
- Involvement of social care / multi-agency team
- Family stressors
 - Domestic violence
 - Parental disharmony or separation
 - Bereavement
 - Employment

- Parental health and lifestyle
- Multiple primary caregivers in same placement
- Multiple placements over short periods
- Disruption of placements due to behaviours
- Parental mental health and lifestyle
- Prolonged hospitalisation of parent or child
- Challenging behaviours:
 - Controlling and aggressive
 - Obsessive, ritualistic or repetitive
 - Anxious
 - High impulsivity levels and risk taking behaviour
- Depression
- Self-harming
- Substance misuse
- Feeding / eating disorder
- Education:
 - Poor attendance
 - Truancy
 - School refusal
 - Exclusions
 - Home schooling
 - Poor attention and concentration skills
- Balance or motor coordination difficulties

Look for:

- Behaviour in clinic:
 - Avoidant
 - Controlling
 - Activity level
 - Eye contact
 - Non-verbal communication
- Compliance with instructions from carer and professionals
- Sensory issues leading to difficulties with feeding, dressing, toileting
- Sleep difficulties
- Emotional dysregulation
- Measure and record height, weight and head circumference on appropriate growth chart
- Signs of neglect

Differential Diagnosis / Conditions

- Neurodevelopmental disorders
 - Autism spectrum disorder (ASD)
 - Attention-deficit hyperactivity disorder (ADHD)
 - Learning disability or difficulties
 - Developmental coordination disorder (DCD) (eg, dyspraxia)
 - Epilepsy
 - Foetal alcohol spectrum disorder (FASD)
- Emotional, behavioural or psychiatric disorders
 - Depressive disorders
 - Anxiety disorders
 - Post-traumatic stress disorder (PTSD)
 - Conduct disorder
 - Oppositional defiant disorder
 - Disruptive mood dysregulation disorder (DMDD)
- Genetic / chromosomal disorders

Investigations

Primary observational assessments to be undertaken by non-specialist practitioners (eg, General Practitioner (GP) Team(s) / Health Visitor / School Nurse / Key Worker / Social Worker / Teacher(s)):

- Attachment is to be assessed for its quality / pattern, not quantitatively for its intensity [[NICE quality standard QS133](#)]
- Age-appropriate primary assessment based on observed behaviours, representation of attachment relationships and coherence of the child's account of attachment relationships
- Indirect assessment by caregiver's sensitivity and response to the child's distress or fear

Diagnostic assessments to be undertaken by specialist practitioners (eg, Child and Adolescent Mental Health Services (CAMHS), Community Paediatrician, Clinical Psychologist, Educational Psychologist, Geneticist):

- Professionals should consider the need to investigate for the presence / absence of the following types of disorders
 - See 'Differential Diagnosis / Conditions' section
 - Blood tests as appropriate (eg, to confirm suspected genetic disorders)
 - Do not offer genetic screening (including measuring specific gene polymorphisms) in children and young people to predict or identify attachment difficulties [[NICE guideline NG26, recommendation 1.3.7](#)]

- Clinical Psychologist, Educational Psychologist and / or CAMHS should use specialist psychological assessment tools to diagnose insecure / disorganised attachment patterns and disorders
- Commonly used age-appropriate psychological testing tools [[NICE guideline NG26](#)] include:
 - Strange situation procedure for children aged 1–2 years
 - Modified versions of the strange situation procedure for children aged 2–4 years
 - Cassidy Marvin Preschool Attachment Coding System
 - Preschool Assessment of Attachment
 - Attachment Q-sort for children aged 1–4 years
 - Manchester Child Attachment Story Task, McArthur Story Stem Battery and Story
 - Story Stem Attachment Profile (SSAP) for children aged 4–7 years
 - Child Attachment Interview (CAI) for children and young people aged 7–15 years
 - Adult Attachment Interview (AAI) for young people (aged > 15 years) and their parents / carers

Treatment Approach

Interventions for attachment difficulties in children and young people on the edge of care

Children with, or at risk of, attachment difficulties

To be undertaken by non-specialist (but appropriately trained) practitioners (eg, Health Visitor / Social Worker / Multi-agency Team Worker):

- Pre-school age
 - Video feedback programme
 - Parental sensitivity and behaviour training
 - Positive parenting
 - Incredible years
 - Multi-agency discussion and intervention
 - Home visiting programme
- Primary and secondary school age
 - Parental sensitivity and behavioural training

Children with, or at risk of maltreatment

To be undertaken by specialist practitioners (eg, Clinical Psychologist / Psychotherapist Team(s)):

- Pre-school age
 - Ensure safeguarding concerns are addressed
 - Therapeutic parenting
 - Parent / child psychotherapy (based on Cicchetti and Toth)
- Primary and secondary school age
 - Ensure safeguarding concerns are addressed
 - Identify signs of trauma or PTSD
 - Offer trauma-focused cognitive behavioural therapy and other interventions
 - Consider parental sensitivity and behaviour training
 - Ensure safeguarding concerns are addressed

Interventions for attachment difficulties in children and young people in the care system, subject to special guardianship orders, and adopted from care

To be undertaken by non-specialist practitioner (eg, Trained Health / Social Care Professional(s)):

- Pre-school age
 - Video feedback programme delivered in foster or adoptive parental home setting
 - Parental sensitivity and behaviour training
 - Further sessional intervention or multi-agency discussion as appropriate
- Primary and secondary school age
 - Intensive training and support for foster carers, special guardians and adoptive parents before the placement and for 9–12 months thereafter
- Combined with group therapeutic play sessions for the child for the same duration
- Late primary and early secondary school-age children and young people
 - A group-based training and education programme for carers, to maintain stability in the home and help transition to a new school environment
 - Combined with group-based training and education for children and young people in the care system
 - Aims to improve social skills and maintain positive peer relationships
 - Maintained for same duration as the carers' weekly sessions
 - Modify interventions for young people when needed to allow for:
 - Physical and sexual development
 - Transition to adolescence
 - Re-awakening feelings about birth parents

Interventions for attachment difficulties in children and young people in residential care

To be undertaken by specialist practitioner (eg, Trained Health / Social Care Professional(s)):

- Identify any key attachment figures to work with
- Offer parental sensitivity and behaviour training adapted for professional carers in residential care

Further considerations

- Do not treat attachment difficulties with pharmacological interventions
- Only consider pharmacological interventions for co-existing mental health problems [[NICE guideline NG26, recommendation 1.1.20](#)]
- Safeguarding interventions and multiagency discussion / intervention should be considered in all children at any stage, whenever appropriate

When to Refer

- Attachment patterns can be reliably assessed and categorised at one year of age, maybe even earlier, and therefore early assessment is advisable
- Primary health worker (eg, GP / health visitor / school nurse) or social worker should gather information and carry out initial observations in all vulnerable children
- Refer to specialist practitioners or services for diagnostic assessment if any concerns

Refer to specialist practitioner (eg, Educational Psychology / Learning Disability / Clinical Psychology / CAMHS / Community Paediatric Team(s) / Social Care Workers) if:

- Behavioural difficulties with clear evidence of inconsistent / inappropriate caregiving (including exposure to maltreatment)
- Safeguarding concerns
- Suspected associated or co-existing conditions
 - Neurodevelopmental disorder (eg, ASD, ADHD and learning disability)
 - Beware of misdiagnosis in presence of attachment difficulties
 - Seizures / epilepsy
 - Genetic / chromosomal disorders
 - Neurodevelopmental syndromes (eg, FASD)
 - Mental health disorders
 - Significant learning difficulties

‘Safety Netting’ Advice

Only diagnose an ‘Attachment Disorder’ if attachment difficulties meet diagnostic criteria as defined in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) or International Classification of Diseases (ICD) 10 [[WHO 1992](#)]

Ensure safeguarding is maintained throughout any intervention for a child or young person with attachment difficulties

Patient / Carer Information

****Please note: whilst these resources have been developed to a high standard they may not be specific to children.***

[Your adopted child’s health needs](#) (Web page), NHS Choices

Resources

National Clinical Guidance

[Child abuse and neglect](#) (Web page) NICE guideline NG76, National Institute for Health and Care Excellence

[Children’s attachment](#) (Web page), NICE quality standard QS133, National Institute for Health and Care Excellence

[Children’s attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care](#) (Web page), NICE guideline NG26, National Institute for Health and Care Excellence

[Child maltreatment: when to suspect maltreatment in under 18s](#) (Web page), NICE clinical guideline CG89, National Institute for Health and Care Excellence

[Developmental follow-up of children and young people born preterm](#) (Web page), NICE quality standard NG72, National Institute for Health and Care Excellence

[Early years: promoting health and wellbeing in under 5s](#) (Web page), NICE quality standard QS128, National Institute for Health and Care Excellence

[Looked-after children and young people](#) (Web page), NICE public health guideline PH28, National Institute for Health and Care Excellence

[Looked-after children and young people](#) (Web page), NICE quality standard QS31, National Institute for Health and Care Excellence

[Patient experience in adult NHS services: improving the experience of care for people using adult NHS services](#) (Web page), NICE clinical guideline CG138, National Institute for Health and Care Excellence

Suggested Resources

***Please note: these resources include links to external websites. These resources may not have national accreditation and therefore PCO UK cannot guarantee the accuracy of the content.**

Cicchetti D, Rogosch FA, Toth SL. Fostering secure attachment in infants in maltreating families through preventive interventions. *Development and Psychopathology* 2006;18(3):623–649 [[PubMed](#)]

Moran, H. Clinical observations of the differences between children on the autism spectrum and those with attachment problems: The Coventry Grid. *Good Autism Practice Journal* 2010;11(2):46–59 [[IngentaConnect](#)]

Toth SL, Maughan A, Manly JT, *et al.* The relative efficacy of two interventions in altering maltreated preschool children's representational models: implications for attachment theory. *Development and Psychopathology* 2002;14(4):877–908 [[PubMed](#)]

[International Classification of Diseases and Related Health Problems \(ICD-10\)](#), 10th revision (Web page), WHO

[SEND code of practice: 0 to 25 years](#) (Web page) Department for Education and Department of Health and Social Care

Acknowledgements

Content Editor: Dr Archana Marudkar

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Nurse Reviewer: Mrs Doreen Crawford

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Paediatric Specialty Groups: [Paediatric Mental Health Group](#), [British Association of Community Child Health](#)

Update information

Created: 2018

Date last updated: -

Next review due: 2021