

Understanding attachment (developmental trauma) and its impact on learning

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Our job is to teach the children we have. Not the ones we would like to have. Not the ones we used to have. Those we have right now. All of them. Dr Kevin Maxwell

Aim to raise awareness of:

- What attachment difficulties are;
- How they adversely affect pupil and school success;
- What schools can do about this.

Video clip: *The impact of a teacher: From something to Nothing.* Ian Wright

What is attachment?

The theory of attachment, first proposed by psychologist John Bowlby in the 1950s, centred around the **vital importance** of children making a secure bond with their main care-giver within their first three years of life. Babies are born with a biological drive to seek protection from an adult figure. They display proximity seeking behaviours in order to get the attention of their caregiver and the caregiver's response in those early interactions, results in the child developing an attachment style that is either **secure or insecure**. Bowlby suggested that **a child's initial dependence on others for protection provides the experiences and skills to help them cope with frustrations, develop self-confidence and pro-social relationships** - all necessary to promote positive engagement with learning.

The attachment relationship is important for future long-term outcomes where **secure attachment is viewed as a protective factor** which can enhance social and emotional well-being and **insecure attachment is seen as a risk factor in relation to well-being and learning outcomes**. In addition, research has continued to link attachment to both school readiness and school success. (Commodari 2013, Geddes 2006).

Attachment difficulties can happen because of:

- A traumatic event that affected a child's continuity of experience;
- The caregiver being unable or unwilling to meet the child's needs, e.g. as a result of neglect, parental mental health issues, exposure to domestic violence and/or abuse, abandonment, loss or bereavement. This can be on-going.

Attachment difficulties can particularly affect children:

- Living in areas of social and economic deprivation;
 - In care or on the edge of care; "72% of those adopted in 2013-14 entered care due to abuse or neglect. Their experiences in early life can have a lasting impact which can affect the child many years after adoption." DfE (2014)
 - With a disability or with complex medical conditions;
 - Who have moved home frequently during the early years and live with uncertainty, e.g. Forces families, those with parents involved in the justice system etc.:
 - Who are refugees or asylum seekers who have been traumatised by conflict or loss;
- BUT insecure attachments may occur within non-vulnerable groups as well

Attachment difficulties can manifest in social, emotional and learning difficulties. It may mean that these children have missed out on the development of crucial skills for life and learning, such as social and friendships skills and the ability to control their emotions and impulsiveness. This potentially has significant implications for a child's ability to engage and trust in new relationships, for example with teachers and school staff, and may result in difficulties with processing information; the ability to organise self and work; transitions and working with others. This may then lead to poorer educational outcomes, risky health behaviours and social problems. Addressing Adversity (Young Minds)

Research increasingly recognises the strong link between **attachment** and **Adverse Childhood Experiences (ACEs)**. **ACEs** are a complex set of related traumatic early life experiences that directly affect a child or the environment in which they live. A study completed by Sabates and Dex (2012) examined the Millennium Cohort to quantify the prevalence of ACEs in families. This included recording factors strongly associated with **attachment difficulties** i.e. parental mental or physical ill health or disability, drug or alcohol misuse, domestic violence, neglect and/or abuse, abandonment, living in poverty, overcrowding, bereavement or loss, and/or teenage parenthood. The paper identified that:

- 41% of the millennium cohort were not exposed to any risks.
- In 31% of families, the child was exposed to **one risk factor only**, a level of risk that previous studies have found to be mostly unproblematic for child development.
- **28% of families were facing two or more risks**. Analyses of outcomes suggests that being **exposed to two or more risks in first years of life is likely to disadvantage children's cognitive and behavioural development**.
- **Three risk factors** were faced by between **6.9 and 7.5%** of families.
- In just over 1% of families, children were exposed to five or more risk factors.

Estimating the prevalence of the 'toxic trio'. July 2018 Children's Commissioner for England: *We find that 100,000 children in England (0.9% of all children in England) are living in households where all three of the so-called 'toxic trio' are present: domestic violence, alcohol or drug dependency and severe mental ill-health to a severe extent, while 420,000 children (3.6% of all children in England) are in a household where a randomly-selected adult faces all three 'toxic trio' issues to a moderate/severe extent.*

Childhood exposure to traumatic experiences has the **potential to alter brain development**. Although **genetics** predispose individuals to develop in certain ways, it is **experiences** that have a significant impact on **how these predispositions are expressed**. During foetal development, neurons in the brain are created. Brain development, or learning, is the process of **creating, strengthening and discarding connections called synapses between the neurons**, that form the pathways that prepare the brain to expect certain experiences and to respond to those.

At its peak, the cerebral cortex of a healthy toddler may create **2 million synapses per second**. By the time they are 2 years old, a child's brains have approximately **100 trillion synapses**. Based on their environmental experiences, **some synapses are strengthened and remain intact** but others are gradually discarded. It is through the processes of creating, strengthening, and discarding synapses that the brain adapts to its environment.

If a child lives in a chaotic or threatening world where their carers respond with abuse or provide no response, the neuronal pathways that are developed and strengthened under these negative conditions, prepare children to cope in that environment. Their ability to

respond positively may become impaired and can result in behaviours that, although judged by the young person to be necessary for their wellbeing, are barriers to their later social, emotional and learning success in school. Negative effects of toxic stress can include poor emotional regulation, poor working memory, poor immune system and an unhealthy sense of self, which can lead to other possible psychological issues

In most classrooms, there will be children for whom secure attachment did not develop and the attachment pattern which replaced it was “**insecure**” or “**disorganised**”. These **non-securely attached** pupils may be dealing on a daily basis with thoughts and feelings of loss, control, rejection or abandonment, rage, identity and helplessness. For them, feeling safe and secure is far more important than attaining success in learning and their cognitive processes will have required them to adapt their behaviour in an attempt to:

- Survive;
- Mitigate or tolerate the adversity;
- Establish a sense of safety or control;
- Make sense of the experiences they have had.

In school, these pupils tend to be viewed as underachievers who may display SEMH needs and who often fail to respond to action taken by the school to improve outcomes. Indeed, sanctions for the negative behaviour that may be observed if individual needs are not identified and met, often only serve to reinforce their feelings of negativity and low self-worth.

Identification

There is no one set of emotions, thoughts and behaviours that defines attachment difficulties; each child will have adapted differently to their toxic experiences. However, they may:

- **Indicate delayed developmental milestones.** If the necessary experiences are not provided during the child’s early years, the initial neuronal pathways developed in expectation of these experiences will be discarded and the children may not achieve the usual developmental milestones. For example, babies need to experience face-to-face baby talk and hear countless repetitions of sounds to build brain circuitry that will enable them to start making sounds. If their sounds are ignored repeatedly, their language may be delayed. These types of delays may extend to **all types of normal development for neglected children**, including their cognitive-behavioural, socio-emotional and physical development
- **Indicate diminished executive functioning.** This consists of three components: **working memory inhibitory control** and **cognitive flexibility**. The changes caused by maltreatment can create deficits in all areas which can result in lower academic achievement, decreased IQ and weakened ability to maintain attention. As a result of their need to **avoid stressful** situations, school attendance may suffer.
- **Exist in a persistent fear state.** Pupils are likely to be both **hypervigilant and hyper aroused**. When children are exposed to stress, their brains sensitise the pathways for the fear response and create memories that automatically trigger that response without conscious thought. They tend to be constantly alert for potential sources of danger and this impacts on their ability to prioritise learning tasks. They will be also sensitive to non-verbal cues, such as eye contact or a touch on the arm and more likely to misinterpret them and be unable to achieve the relative calm necessary for learning. They are often **unable to take the risks** necessary to learn anything new and are not able to accept **making mistakes** or be able to **tolerate criticism** in case this threatens their

perceptions of self. They may be judged as reluctant to develop independence and self-organisation.

- **Be unable to self-regulate their emotions and behaviour** due to **structural and chemical changes in the areas of the brain involved in emotion and stress regulation**. Learning to control strong emotions such as anger is something that develops through the interaction and experience of 'co-regulation' with a caregiver; where this hasn't happened, children cannot learn to self-regulate.
- Have **diminished impulse control** and use self-harm, alcohol or drugs to attempt to escape from uncomfortable and distressing feelings. As a result, they may be **disruptive, destructive and unpredictable** but are unable to understand or explain why they respond in a certain way. They may display a limited range of emotions such as terror or rage and have **reduced capacity for curiosity and joy**.
- **Have complicated social interactions** and may find it more challenging to navigate social situations and adapt to changing social contexts. They may perceive threats in safe situations more frequently and react accordingly. For example, they may misinterpret a peer's neutral facial expression which may cause them to become aggressive towards their peers.
- Struggle to **build and maintain positive relationships** with others as developing reliance on another person is judged to be unsafe or unreliable, so they can show hostility towards others, or alternatively, can be possessive where their caregiving has been inconsistent.
- **Lack empathy** for others as this is normally learned through early relationships by mirroring behaviours, so when early relationships are inconsistent or neglectful, empathy does not develop. This makes it difficult for them to understand when or why their actions may have upset or hurt others. Conversely, they can be extremely sensitive to those who have experienced trauma.
- **Indicate shame-based behaviours** such as **lying, denying or blaming others**. These behaviours are intended to be a self-defence when shame is overwhelming for the pupil in order to reduce their feelings of **worthlessness and low self-esteem**.
- Fear transitions such as being dropped off at school, moving classes etc and be more likely to have **high levels of anxiety** leading to health issues including headaches, digestive and mental health problems.
- Experience **altered sleep patterns** or **eating patterns** and so are tired, irritable and lack stamina.
- **Be exploited** by others due to their need to belong and tend to have social links with those who they can control and/or those who accept or promote anti-social behaviour.
- **Display behaviours they have acquired from their abuser** or as a need for survival e.g. intimidation, violence, early sexualised behaviours, withdrawal, absconding. etc.

There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they are falling in. Archbishop Desmond Tutu

Ways forward

"There is no more effective neurobiological intervention than a safe relationship, the relationship works to bring the brain back into regulation." Bruce Perry, PhD, MD, researcher & child psychiatrist

Children had three key needs for development — to feel competent, autonomous and a sense of belonging. If we can support those three needs in our education system, we don't need to have an add-on program or strategy, or a prize," Dr Street.

A school ethos that embraces an understanding of what has happened to individuals is far more likely to avoid exacerbating stress and trauma that can result in negative behaviours being displayed. The focus therefore needs to be **a commitment to building trust and relationships** especially for those pupils who appear to reject this. For pupils living with prior and ongoing trauma, each day can bring a new struggle and there is much evidence that teachers can make a difference.

Every brick in the middle of a strong wall has six other bricks around it, supporting it, holding it up. Without them, the wall is weak and collapses. All Things Pastoral. Oct 2018
Staff need to recognise in themselves signs when their capacity to cope with negative behaviour is ebbing and they require support to maintain their own well-being and to implement agreed responsive action. This relies upon a **no-blame, collaborative school ethos where no individual staff member feels they must demonstrate the ability to deal with complex social, emotional and mental health needs** on their own.

Promoting pupils' skills in self-regulation requires staff to **see behaviour as a symptom of the problem, not the problem**. This is not to say that violence or breaches of safety do not incur consequences, but that the consequences include a depth of investigation and a great deal of support. **Behavioural responses need to be regarded as demonstrations of skills gaps** that are getting in the way of the pupil being successful and to respond to this requires all **staff to be aware of individual differences in emotional and cognitive development** and never use shame/public humiliation to gain compliance. Instead the aim needs to develop relationships that actively demonstrate to pupils that **staff can be trusted** not to overreact to behaviours but instead to respond with **consistency and calmness**.

Staff often overemphasise pupils' personal characteristics as the reasons for their behaviour and **under-emphasise the context** in which the behaviour occurs. To change this, staff must always challenge their own negative thinking about pupils as this can reduce their ability to respond to incidents in a measured way. Negative staff behaviours that need reflecting on include;

- Predicting failure without providing the support required to enable the pupil to be successful;
- Failing to identify and avoid triggers that make the pupil feel threatened;
- Ignoring positives and focusing on negatives;
- Putting pupils in unwinnable positions;
- Perceiving themselves as powerless to influence situations.

Resource. *Case study Marcus: Understanding Why*

It is of key importance that teachers **adopt a non-confrontational approach** to behaviour management that is based on positive teacher-student relationships, respect for the dignity and rights of individuals, choices about consequences of behaviour and encouragement for pupil self-discipline. This requires **the use of positive language to convey the message that there is no power hierarchy; instead all are working towards the same goals, that is pupil success**. To enable change from a discipline-based policy aimed at gaining compliance, to one that is based upon social justice is not easy and is not quick. It requires staff to be provided with regular training to understand the impact trauma can have on

pupils and to be skilled at providing supportive and successful environments. Only from a secure foundation can other aspects of support that measurably develop social skills, self-esteem, emotional literacy, autonomy and independence be developed.

Schools need to recognise the universal truth that sanctions often only serve to meet the needs of adults but are generally ineffective in changing behaviour although may buy short term compliance. Teachers may consider they have dealt with the situation but, the underlying triggers, emotions that caused it to remain at best unchanged and at worst any positive relationship is damaged. Sanctions do not change behaviour, as in most cases, **negative behaviour is an attempt by the pupil to have their intrinsic needs met**. It is therefore important that teachers reflect on individual pupils' behavioural responses and identify what need the pupil is trying to meet in order to identify the skills they need to be taught. When pupils cannot regulate themselves, adults need to step in, so to consider creating calm down zones in the classroom to allow space and privacy.

Resource. *How attachment can affect a young person's behaviour and thinking.* Fagus

Schools need to **evaluate their processes** for responding to the developmental needs of pupils with emotional and behavioural impairments – just as they provide for pupil's with learning needs. This needs to support pupils to build the skills that are a struggle for them and to include them in the process. This will require prioritising resources and processes that **enable the identification** and **sufficiency of responses** and must also include examining the impact of school policies on providing a safe and nurturing environment for all pupils, for example. the **safeguarding policy to encourage self disclosure, pupil voice mechanisms** to obtain the views of all pupils, behaviour policy to ensure it isn't placing barriers in the way of inclusion for pupils with attachment difficulties and other trauma related conditions and the **anti-bullying policy to reduce intimidation and isolation**.

Schools work best when adults believe in children and children believe they believe in them. Dave Whitaker

All staff need to treat every pupil as equally of value and accept all pupils into their class without predetermined conditions such as the ability to comply or succeed. Emotional investment is characterised by **pupils feeling valued** by adults, of being regarded as **significant** and of having a **sense of belonging** in their school. For those who with attachment difficulties who may lack self-regulation and feel unable to compete academically or socially with their peers, it is easy for them to take the view that they are of less importance.

Schools need to ensure the presence of a least one unconditionally supportive adult who can provide ongoing support to at-risk pupils. This requires establishing **nurturing, respectful, valuing and empathic relationships** and is particularly life changing for challenging and vulnerable pupils. This support needs to have the aim to satisfy at risk pupil's innate need to feel **safe enough** not to escape into '**fight, flight or freeze**' mode. Only when this trusting relationship is in place will the pupil be able to focus its energies and impulses on learning.

To promote resilience, pupils need to perceive themselves as successful in some field e.g. academic, sporting, art, music and/or friendship-related. To enable this requires schools to scrutinise, identify and remove the stresses the environment places upon individual pupils with SEMH needs and to ensure they see themselves as making progress. Schools that are

effective in meeting the needs of pupils with SEMH purposefully **integrate pastoral, social and emotional learning into the school curriculum** to provide opportunities for pupils to:

- Talk about personal experiences;
- Develop skills in regulating emotions and managing emotional distress;
- Acquire practical problems solving and communication skills in individual or small group time.

Listening to what pupils are saying and what they don't say, offers insight into their experiences and help to explain why they react in a specific way to certain situations.

Staff also need to be aware that pupils who have difficulty regulating emotions, will have times such as Christmas and theme days where unexpected behaviours are triggered and to mitigate the challenges presented by potentially difficult curriculum areas in advance e.g. creating family trees, NSPCC assemblies, Mother's Day, PSHE topics on substance abuse, criminal justice system etc.

The school needs to demonstrate that it actively **builds communication and trust with parents from the very beginning** and works with them to identify and break down individual challenges to success. This needs systems where parents are confident that **their anxieties will be listened to** and where information provided by them is valued and shared with all who provide teaching and care to their child. Staff need to be trained to resist the urge to dominate parent and pupil discussion during meetings and to understand the importance of sharing positive news.

Schools cannot do this alone. **They need to build a sufficiency of external agency, community and voluntary support**, to respond to the needs of at-risk pupils and their families and to ensure that this provision is rigorously evaluated for its impact on improving outcomes for all. In addition, schools need to be able to signpost families to sources of support from external agencies. This could be indicated through sharing information on newsletters, websites and noticeboards about supportive charities such as *Contact a Family*, who provide useful factsheets as well as up to date information on relevant benefits that can be claimed. Hosting sessions from organisations that provide advice and guidance to families in need can also build partnerships and enable support to in-need families. e.g. Citizens Advice,

Repair and rebuild. When things go wrong as they inevitably will on occasions, it is important that teachers and pupils understand their mutual responsibility to repair the damage that has been done to allow them to move on. Restorative practices are hard to do well and need investment in time but provide a safe place for those who have been harmed to share the impact it has had on them and allow those who have caused the harm to understand. This enables all to take responsibility for their actions and to work together to locate solutions that are seen by all as being fair and beneficial.

Resources *The Attachment Research Community – Attachment Aware School*
<https://www.youtube.com/watch?v=uMbhb2I4ut0>

References

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Resources

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- Attachment Aware School Audit*. Stoke on Trent <https://preview.tinyurl.com/ycma52uq>
- Understanding why*. This downloadable publication includes a chart *How a child might behave and why* plus several useful case studies. <https://preview.tinyurl.com/y7gq9rrr>
- Attachment Disorder Mindmap* (TES) <https://preview.tinyurl.com/y8v8frwz>
- Ian Wright – Impact of a teacher* <https://www.youtube.com/watch?v=MfWNA95aF2M>
- The ARC – Attachment Aware School – 6 mins* <https://preview.tinyurl.com/y7usr8el>
- Every child needs a champion*. A short TED Talk by Rita Pierson, a teacher for 40 years, delivers this call to educators to believe in their students and connect with them on a real, human, personal level. (7 mins) <https://bit.ly/2C08yBO>
- Behaviour management*: Bill Roger's top ten tips <https://preview.tinyurl.com/ybzdgdakj>
- Leading and developing parental engagement: A tool to help you audit and improve your practice*. NCSL (Includes the 5 whys) <https://preview.tinyurl.com/qfb8du2>
- Case studies in *Understanding Why* <https://preview.tinyurl.com/y7gq9rrr>