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Autism and Attachment: A need for Conceptual Clarity

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START

Outline

- A word on Autism
- What do we mean by ‘Attachment’
- What are ‘attachment difficulties’?
- Autism and Attachment
- Our current work

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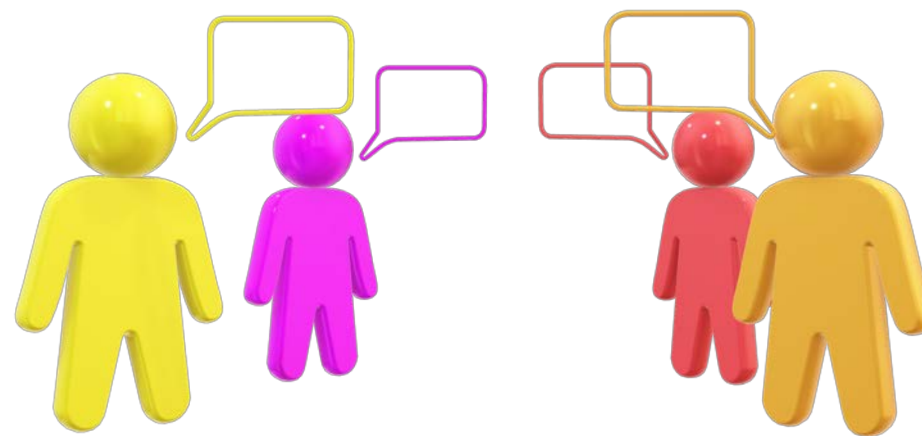
Preface: A word on Autism..



What do we mean by ‘Attachment’?

Measuring Attachment Patterns (1-2 years)

Strange Situation Procedure: Ainsworth and colleagues (1969; 1978)
The following are the sequential episodes of the assessment:

1. The child and caregiver enter the room.
2. The child is afforded the opportunity to habituate to the room and explore/play with while the caregiver is present.
3. A “stranger” then enters the room and gradually seeks interaction with the child.
4. The caregiver leaves the room and the infant is left in the room with the “stranger.”
5. [Reunion 1] The caregiver returns to the room and the stranger leaves. At the end of this episode, the caregiver leaves.
6. The child is now alone in the room.
7. The stranger renters the room and interacts as indicated by the child’s needs/signals.
8. [Reunion 2] The Caregiver returns and the stranger leaves.

Ainsworth's Attachment Patterns & Prevalence

Classification	Description	Prevalence
Avoidant (A)	Orientate attention away from caregiver	~ 20%
Secure (B)	Seek access to caregiver directly and is soothed by this contact	~ 70%
Ambivalent/Resistant (C)	Maintains attentiveness of caregiver through anger or helpless. Reunion does not sooth	~ 10%

And (D)isorganisaised

Main and Soloman (1986;1990)

Indices of Disorganisation:

- Sequential display of contradictory behavioral patterns;
- Simultaneous display of contradictory behavioral patterns;
- Undirected, incomplete, and interrupted movements and expressions;
- Stereotypies, asymmetrical movements, mistimed movements, and anomalous postures;
- Freezing, stilling, and slowed movements and expressions;
- Direct indices of apprehension regarding the parent;
- Direct indices of disorganization or disorientation.

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Consensus Statement on (D)

- Strange Situation and Training
- Contextual Factors
- Disorganization and maltreatment
- Disorganisation **as a risk factor**
- Individual clinical level diagnosis?
- Misapplications

Disorganized attachment in infancy: a review of the phenomenon and its implications for clinicians and policy-makers

Pehr Granqvist, L. Alan Sroufe, Mary Dozier, Erik Hesse, Miriam Steele, Marinus van Ijzendoorn, Judith Solomon, Carlo Schuengel, Pasco Fearon, Marian Bakermans-Kranenburg, Howard Steele, Jude Cassidy, Elizabeth Carlson, Sheri Madigan, Deborah Jacobvitz, Sarah Foster, Kazuko Behrens, Anne Rifkin-Graboi, Naomi Gribneau, Gottfried Spangler, Mary J Ward, Mary True, Susan Spieker, Sophie Reijman, Samantha Reisz, Anne Tharner, Frances Nkara, Ruth Goldwyn, June Sroufe, David Pederson, Deanne Pederson, Robert Weigand, Daniel Siegel, Nino Dazzi, Kristin Bernard, Peter Fonagy, Everett Waters, Sheree Toth, Dante Cicchetti, Charles H Zeanah, Karlen Lyons-Ruth, Mary Main & Robbie Duschinsky

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What are Attachment Difficulties?

Attachment Difficulties?

"Although particular types of attachment classification (especially disorganised attachment) may indicate a risk for later problems, these classifications do not represent a disorder. "NICE Guidance, (2015) Page 5

*"The term 'attachment difficulties' refers to an insecure or disorganised attachment or **diagnosed attachment disorders**. The latter may be an inhibited/reactive attachment disorder or a disinhibited attachment disorder, now termed 'disinhibited social engagement disorder' in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) (American Psychiatric Association, 2013)." NICE Guidance, (2015) Page 17 Full document.*

Attachment Disorders

*"**Reactive attachment disorder** is characterized by grossly abnormal attachment behaviours in early childhood, occurring **in the context of a history of grossly inadequate child care** (e.g., severe neglect, maltreatment, institutional deprivation). **Even when an adequate primary caregiver is newly available, the child does not turn to the primary caregiver for comfort, support and nurture, rarely displays security-seeking behaviours towards any adult, and does not respond when comfort is offered**. Reactive attachment disorder can only be diagnosed in children, and features of the disorder develop within the first 5 years of life. **However, the disorder cannot be diagnosed before the age of 1 year** (or a developmental age of less than 9 months), when the capacity for selective attachments may not be fully developed, or in the context of Autism spectrum disorder." ICD11, 2018*

*"**Disinhibited social engagement disorder** is characterized by grossly abnormal social behaviour, occurring **in the context of a history of grossly inadequate child care** (e.g., severe neglect, institutional deprivation). **The child approaches adults indiscriminately, lacks reticence to approach, will go away with unfamiliar adults, and exhibits overly familiar behaviour towards strangers**. Disinhibited social engagement disorder can only be diagnosed in children, and features of the disorder develop within the first 5 years of life. **However, the disorder cannot be diagnosed before the age of 1 year** (or a developmental age of less than 9 months), when the capacity for selective attachments may not be fully developed, or in the context of Autism spectrum disorder." ICD11, 2018*

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Emergence of Attachment Disorders

"The term "attachment" refers exclusively to what can be observed. The use of that term helps make the distinction between what takes place intrapsychically, and what can be observed in the child's actual relations with outside persons. Thus, in a nosology based on phenomenology, the terms "attachment" and "disorders of attachment" are more suitable than use of the term "objective relations," especially in describing abnormalities of development in the nonverbal child, who cannot reveal the contents of his mind to a diagnostician. Attachment refers exclusively to observable behavior. The term "attachment" as applied to infancy probably has its deepest roots in ethology [151; birds and fish attach to moving objects at a critical period during early development and later express instinctually organized mating rituals to those same objects. Bowlby [161, borrowing from Tinbergen and others, and Ainsworth [17] defined stages and processes of attachment in the human infant." Call, 1984 Pg 190

CHILD ABUSE AND NEGLECT IN INFANCY: SOURCES OF HOSTILITY WITHIN THE PARENT-INFANT DYAD AND DISORDERS OF ATTACHMENT IN INFANCY

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Abstract—The human infant is prepared during fetal life and arrives on the scene ready to participate actively as a partner with the parent in structuring his own development. Parents are normally prepared for this participant activity by achieving a high degree of sensitivity to the signals of distress of and by the infant's affective engagement with them. The meaning of ordinary distress signals is in instances of child abuse and neglect determined by an unconscious mythology which the parent has about the infant, and also by what the parent finds unacceptable in oneself and projects onto the infant. The recent research on mother-infant attachment is reviewed. Landmarks for normal attachment behaviors from birth to age 3 are defined within seven different age groupings, and the psychiatric syndrome, "Reactive Attachment Disorder of Infancy," is described and is found almost universally in failure to thrive without organic cause babies. The diagnosis of Reactive Attachment Disorder is preferable because it leads to appropriate preventive and interventive action.

Conceptualizing RAD

"…the idea that RAD is actually the display of conduct problems (CD) or callous/unemotional (C/U) traits subsequent to child maltreatment became reified in clinical arenas. Papers in academic journals began to appear that purported to demonstrate the connection between CD or CU and attachment problems (Hall & Geher, 2003; Parker & Forrest, 1993), as well as clinical studies aiming to demonstrate the effectiveness of treatments for this CD/CU-conceptualization of RAD (Becker-Weidman, 2006; Wimmer, Vonk, & Bordnick, 2009). The problem is that the CD/CU-conceptualization of RAD does not coincide with developmentally-derived definitions of attachment behavior, nor DSM or ICD nosologies, nor with data from well-designed prospective studies of maltreated children (see Allen, 2016 for a review). " Allen, 2018 Page 25

"If one is to suggest an "attachment disorder" or attachment problem exists, it is necessary to assess a specific attachment construct and describe significant aberrations of that construct as being disordered or problematic. The reason is quite simple: practically any behavioral or emotional problem may be explained by an attachment theory conceptualization." Allen, 2018 Page 26

Autism and Attachment

Attachment Patterns in Children with Autism

Rutgers and colleagues (2004)

- Children with autism (n = 287) lower rates of secure attachment (r = .24)
- Cognitive ability appeared more important (r=.37)
- In total 53% were identified as securely attached according to the SSP (n = 72)

Teague and colleagues (2017)

- ~ 47% children with autism classified as securely attached according to the SSP (n = 186)

McKenzie and Dallos (2017) review

- Challenged the prevalence literature

(D)isorganisation and Autism

"Some studies have identified very high levels of disorganized attachment among children with autism, but have then removed recorded instances of behaviour attributed to autism before re-analysing the data, resulting in significant re-classification of attachment patterns (Capps, Sigman, & Mundy, 1994; Willemsen-Swinkels et al., 2000). In the case of the Capps et al. study, for example, all of the children with autism were initially found to display disorganized attachment patterns, but re-classification resulted in secure attachment patterns being increased from 0% of children to 40%. Such re-classification should be viewed with caution. As we have seen, autism and attachment difficulties result in similar symptoms and even very experienced clinicians find identifying which symptoms are attributable to autism extremely challenging" McKenzie and Dallos, (2017) Page 5.

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Stereotypies and repetitive behaviors: Context and frequency

“During Episode 2, the child shows atypical vocalizations and has her “arms extended” and moves her wrists in a way that is described by Main as “autistic.” Then during Episode 4, when the mother leaves, the child expresses some atypical vocalizations and complex hand mannerisms. Main likewise does not consider these stereotypies a signifier of “true disorganization.” During Episode 8, however, Main observes that the child engages in hair twisting upon the entrance of her mother. Since this is the first instance of this behavior, and it occurs directly on reunion with the caregiver, Main considers this to be indicative of disorganization”

Phrone Postures

“In all cases, Main gave cases where a child fell prone a “True D” score though the score it received depended on the specific posture. It appeared that if the child was fully prone, this led to the assignment of a greater “D score” on the 1–9 scale than if the child was observed lying on their side or leaning.”

Original Article

Attachment and autism spectrum conditions: Exploring Mary Main’s coding notes

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Abstract

Distinguishing autism spectrum behaviors from behaviors relating to disorganized attachment can be challenging. There is, for instance, a notable overlap between both conditions in terms of behaviors deemed stereotypical. In addition, there are also similarities regarding some atypical social overtures. Responding to this overlap has been the subject for much debate in the literature. Disorganized attachment was first introduced and conceptualized by the attachment researcher, Mary Main. Main is considered the leading authority on coding this phenomenon. During the course of archival research, we obtained Main’s notes on coding attachment in a group of 15 children with autism spectrum conditions (hereafter ASC). Drawing on these texts, this article explores Main’s reasoning when making distinctions between ASC and attachment at the behavioral level. Our approach is informed by Chang’s argument for the potential of “history as complementary science.” Analysis indicates that, for Main, frequency and timing were important differential factors when attributing a behavior to either ASC or the child’s attachment pattern.

Can assessment tools differentiate autism and attachment problems?

Research on Symptom Profiles

Sadiq et al (2012)

- Comparing children with RAD (n= 35) and autism (52)
- Significant differences between both groups on ADIR
- Clinical range for RRB 80% in autism group versus 20% in RAD
- Over 60% of RAD group scored in the clinical range on the social communication domain of the ADIR.
- RAD group pragmatic language use context, rapport and social relationships than the ASD.

Dickerson Mayes et al (2017)

- Comparing children with RAD (n = 20) and autism (n = 486)
- Checklist for Autism Spectrum Disorder (CASD)
- *"Restricted and obsessive interests, repetitive stereotyped play (e.g. lining up objects), stereotypies (e.g. hand flapping and spinning), craving movement (e.g. excessive running, jumping, and swinging), distress with crowds, fascination with repetitive movements (e.g. fans), picky eater (limited food preferences and/or hypersensitivity to food texture), normal motor and delayed speech milestones, and unusual fears (e.g. elevators, tornadoes, and small spaces)"*

Coventry Grid/Interview (Moran 2010; Flackhill et al., 2017)

- Conceptualisation of Attachment: *"Attachment problems/difficulties are used in this paper, and by Moran in 2010, to refer to a broader group of children than those with an attachment disorder. Rather, it refers to all kinds of attachment difficulties severe enough to affect the ability to develop mutually supportive relationships with family and friends." Flackill et al (2017) Page 62*

- Aim: *"…to stimulate discussion among clinicians and researchers about the need for tools which provide differential diagnosis between autism and attachment problems." Flackill et al (2017) Page 62*

- Emotional feel of the therapeutic relationship with children with attachment problems and more matter of fact feel to therapeutic relationships children with autism (Moran, 2010)

- Some Considerations

Our current work

Interview work

Interviews

- Sample: 8 GPs and 17 HCPs
- Minimum of 3 years post-qualification experience
- Interview Topics: Background, Case Conceptualization, Hypothetical Case study, Referral Pathways
- Duration: Between 30 minutes and 1 hour 11 minutes

Index of Suspicion

"The second bit in [the city] there is a huge amount of, whatever you want to call it, adverse childhood experiences, developmental trauma, attachment and that kind of stuff" PTND01

"ADHD on its own is quite rare because a lot of our children also have additional factors like they have adverse childhood experiences with lots of neglect, lots of domestic issues, we have lots of social care issues in [the city] so a lot of the children have got additional factors as well" PTND04

"Given the complex nature of our assessments we do sometimes get young people referred who have come with existing concerns around attachment. We rarely get children referred with Attachment Disorder diagnoses but attachment difficulties are relatively often mentioned" PTND12

"I mean something like 10 percent of children have a neuro developmental disability of one sort or another. So it's quite common in the population but then we know. Something probably higher than 10 percent of children will have a degree of significance. I don't know what the figure would be for how common various types of trauma are. Yeah it's not uncommon either. So they just go things that are common in our society in our population. And seem important to consider both and also to think potentially how they interact but you are a different teams have different perspectives and they are probably sort of thinking about I think some of the different expert teams" PTND14

Cautious approach to attachment

“some paediatricians think that a lot of looked after children any problem is automatically labelled as attachment, without looking for neurodevelopmental problems some of the kids can’t see and can’t hear, and they say it’s attachment so that’s keeping complete open mind really and knowing the framework of resilience and the risk and developing brain, and what they might have been exposed to”PTND01

“And obviously we'd be thinking about attachment, but I almost never put everything down to attachment unless I'm very very very sure. But I never am [laughs], almost never.”PTND17

“I think sometimes the name attachment disorder can be placed on a young person and maybe then may mask the other more subtle difficulties or presentations the young person presenting with so I suppose I'm mindful that you thinking about balance picture of the child's neuordevelopmental needs and how that may present us features similar consistent with an attachment. But I don't think my concern would be that one would rule out the other and be seen by professionals or by carers as 'the' difficulty and that would therefore limit people's understanding or consideration of other comorbidities like autism or neurodevelopmental “.PTND13

“I think it's hard sometimes to understand. Somebody says an autism spectrum disorder. I know what that means because there's agreed criteria. My experience is we often get children or young people sent to us with attachment difficulties without there being a combined understanding of what that is. We all have attachment seeking behaviours..” PTND15

Uncertainty and trepidation

"they look very similar, sometimes despite everything we might not be able to tell with 100% certainty what is what really and then if we can't do that then identifying the immediate problems that need addressing and then keep reviewing and see how things go really." PTND01

"..I to be honest with you I was not so certain. Especially when she was so disappointed and she said you don't understand and you missed the whole point. Because part of what we do when we give a diagnosis is we also think would the diagnosis be helpful for the young person or the child or would it not be helpful? And when she felt so strongly she said very strongly it could have been helpful for her so it puts me in a, there was something inside me which felt did you do the right decision or did you not I hope I did I really hope it will encourage her to go and search emotional support instead" PTND06

"I don't think that the literature is and the research is good enough to be able to say, OK if you've got an attachment difficulty this will work for you and if you've got an autism spectrum disorder this will be good for you I think it's a lot more murky and grey than that with how children present with how diagnoses overlap."PTND08

Continuum of 'Attachment' problems

"So you wouldn't expect to see it in a child unless there was some reason so a mum that's had a really difficult delivery or she has post-natal depression. That might be something you know OK there's a link. Or a child that's been removed put into care or there's been significant domestic abuse or violence or things or neglected parenting. So you sort of have the context behind why you're seeing it, but a child that does that sort of push pull thing" PTND04

"If mother had mental health difficulties or there was domestic violence or any other traumas where mother was not able to tune in with the baby and be emotionally present you would think that that might kind of lead to attachment difficulties later on coming from a critical background themselves you know the parents that kind of thing…[…]… So relationships difficulties with parents especially mother kind of very cold kind of distant relationship not seeking comfort from parent when these is a need for soothing calming. Kind of hostile responses to parents. Yeah lack of boundaries from parents lack of understanding yeah I would parents kind of you know I would look at the developmental history as well what was happening with the family especially the mother when she was pregnant with the child and then after the birth."PTND05

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Clinical Discourse and Attachment theory

"So we thought there was attachment issues but underneath it we saw where the attachments were secure and actually that was more about issues with parental management and boundaries. But underneath that that was solid attachment."PTND03

"I guess it depends on which form of attachment difficulty you've identified. But you might be looking at for something around kind of more ambivalent interaction style with parents, so kind of not really reacting when being picked up by a primary carer a person you'd expect an attachment bond to have formed with being a bit indifferent when left alone by a primary carer, not reacting if kind of being left alone in this room with a stranger you might expect also a pattern of you may separately also see a pattern of ambivalence, ambivalent response where sometimes the child is approaching for comfort and affection, and other times kind of moving away and that's quite inconsistent so you'd be keeping an eye out for that early on. And you might also kind of be looking out for observations of children who are kind of consistently and persistently trying to get adults' attention or kind of trying to behave in such a way that they are particularly well behaved or particularly physically well behaved. Or doing other behaviours in order to keep adult attention on them at all times." PTND12

Differentials

“..but then they also described hypervigilance and trying to control interaction and being a dominant trying to control children”PTND01

“Yeah so attachment trauma type thing so this is a young [child] who struggled to be separated from mum so going to school, was quite anxious in the context of actually mum being home and abused.” PTND02

“So really we were looking at all the behaviours that were demonstrated such as grabbing a item and thrown across a room taking something and injuring somebody inadvertently. So we looked at whether what the rationale was for the behaviour. So what why did that child choose to throw a pencil at somebody. Was it because [they] wanted your attention? Was it an impulsive act that [they] just couldn't stop? Was it and trying to get out of a situation that was too busy and noisy?” PTND03

Differentials (continued)

"So relationships difficulties with parents especially mother kind of very cold kind of distant relationship not seeking comfort from parent when these is a need for soothing calming. Kind of hostile responses to parents. Yeah lack of boundaries from parents lack of understanding yeah I would parents kind of you know I would look at the developmental history as well what was happening with the family especially the mother when she was pregnant with the child and then after the birth" PTND05

"His hand flapping. Which you don't really see outside of autism. So the interview scored below the threshold but given that you've seen hand flapping and still have some concerns on observation I would consider whether they may be under-reporting or interpreting behaviours they've seen differently" PTND09

"That we're convinced that she does oh that's a tough one cos in the team we definitely weren't so some of our cases, you come to the end of the assessment, and you're like definitely or some of them they might walk in hand flapping. You think OK know where we're going with this one but this one she was more tricky. And it did take a lot of discussion to come to conclusion." PTND10

Attachment & Neurodevelopmental

“But I think if I think you can meet criteria for autism but also have a high functioning kind of presentation and also have very real experiences of loss as a young person that affect in an attachment way how you feel safe and secure in the world. And how you feel noticed or otherwise by people in the world so this child may well have a mixed presentation given the way we kind of spoke with the parents last week. PTND07”

“we’ve got some that’ve had a dual diagnosis of attachment and autism. Particularly kids who have had quite a troubled start and have been adopted. But I suppose there’s lots of things if you get one diagnosis, sometimes it can stop you getting another one which then prevents support. Which can be really challenging.” PTND10

..”there's a bit of sense of the family history and then there's some formal assessment around developmental disorders. Because they're not mutually exclusive. And this is something we struggle with at the moment because. ACEs has got very trendy and ACEs are massively important and impact on brain development and I've been saying.. Well many of us have been saying this for two decades. And it's good that social care take this on board. But what I'm tending to find at the moment is people are treating attachment and autism is mutually exclusive. Which bothers me. Because they're not. ADHD is maybe a little more complicated. Because sometimes you can have the full phenomenology of ADHD but actually we think really this is largely the environment and might be contained without actually. Being real really a diagnosis of ADHD. But we have the jury slightly out on that one. PTND17

Structured Assessments

“So he [the child] clearly met criteria for autism on the ADOS and the ADI but given these ongoing difficulties that he’d had early on and struggling and what Mum was describing I also did the Coventry Grid interview alongside the ADOS and the ADI. And we looked at that and actually what that showed was that he was scoring equally high on both autism and attachment...[…]… It wasn’t one or the other it looked like it was really both.”PTND02

“I would want to offer the family an extended play-based assessment that might take pieces from the ADOS. In terms of using it to explore how it is that he manages different play-based situations. And different breaks in situation to see over time does he warm? What’s it like when he’s frustrated? Observe him in school by an unseen adult. I wouldn’t tend to do an unstructured attachment assessment and I wonder whether or not it would be seen by his family as maybe they might see it as a bit insulting as well. Pathologizing as well because they might conceptualise that type of thing as being part of what as another insulting attempt to undermine their parenting although it may have some usefulness but I think you could probably get enough attachment information by doing an extended play based assessment.” PTND07

“we don't use any standardized assessments in the same way to think about attachment. At the beginning of every assessment I spend time with the family members they care about you know doing a Genogram. Working out what the family tree is what relationships are within the family what those early life experiences might have been. I suppose OT so she'll shout at me for not and standardized but it's not some vital assignment the part of the time with the O.T. is to think about you know how she has to form a relationship what's your understanding of emotions. How does she relate to those things with that kind of strand of the individual work was to think about her ability to form relationships in that way perfect.”PTND15

Persuading Parents of Attachment Formulation

"Clearly some people find it quite uncomfortable because parents already thinking we're blaming them and constantly reassuring them that we're trying to find an explanation not blame." PTND01

[the child] doesn't meet criteria for autism and Mum was very, very, angry with me shouting this isn't fair you don't know what you're talking about..[...]... So I we then talked about domestic violence and I sort of said you know I know that there has been domestic violence we know that sometimes that can impact on the way that children present...[...]... Mum moved from then being very angry to being very sad and tearful. I talked with her very much about look this isn't about blame this is about how can we understand things and what supports do you and your family need" PTND02

Her first response was really? But she was very happy to we explored the possibility of why I didn't think it was ADHD. We explored why I didn't think it was autism we explored why I didn't think it was a learning problem or a development delay PTND04

Some Considerations

How is 'attachment' being used here?

What is 'attachment' giving you in the case conceptualization?

Thank you!

References

Ainsworth, M. & Wittig, B. (1969). Attachment and exploratory behavior of one-year-olds in a strange situation. In B. Foss (Ed.) *Determinants of Infant Behavior*: Vol. IV, (pp. 113–136) London: Methuen.

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. N. (1978). *Patterns of attachment: A psychological study of the Strange Situation*. New York: Psychology Press

Allen, B. (2018). Misperceptions of reactive attachment disorder persist: Poor methods and unsupported conclusions. Research in developmental disabilities, 77, 24-29.

Call, J. D. (1984). Child abuse and neglect in infancy: Sources of hostility within the parent-infant dyad and disorders of attachment in infancy. Child abuse & neglect, 8(2), 185-202.

Coughlan, B., Marshall-Andon, T., Anderson, J., Reijman, S., & Duschinsky, R. (2019). Attachment and autism spectrum conditions: Exploring Mary Main's coding notes. Developmental child welfare, 1(1), 76-93.

Granqvist, P., Sroufe, L. A., Dozier, M., Hesse, E., Steele, M., van Ijzendoorn, M., ... & Steele, H. (2017). Disorganized attachment in infancy: a review of the phenomenon and its implications for clinicians and policy-makers. *Attachment & human development*, *19*(6), 534-558

Flackhill, C., James, S., Soppitt, R., & Milton, K. (2017). The Coventry Grid Interview (CGI): exploring autism and attachment difficulties. Good Autism Practice (GAP), 18(1), 62-80.

Main, M., & Solomon, J. (1986). Discovery of a new, insecure-disorganized/disoriented attachment pattern. In M. Yogman & T. B. Brazelton (Eds.), *Affective development in infancy* (pp. 95–124). Norwood, NJ: Ablex.

Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganised/disoriented during the Ainsworth Strange Situation. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the preschool years* (pp. 121–160). Chicago, IL: University of Chicago Press.

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References

Mayes, S. D., Calhoun, S. L., Waschbusch, D. A., & Baweja, R. (2017). Autism and reactive attachment/disinhibited social engagement disorders: Co-occurrence and differentiation. Clinical child psychology and psychiatry, 22(4), 620-631.

Moran, H. (2010). Clinical observations of the differences between children on the autism spectrum and those with attachment problems: The Coventry Grid. Good Autism Practice (GAP), 11(2), 46-59.

McKenzie, R., & Dallos, R. (2017). Autism and attachment difficulties: Overlap of symptoms, implications and innovative solutions. Clinical child psychology and psychiatry, 22(4), 632-648.

National Institute for Health and Care Excellence (NICE) (2015). Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care. (NICE Guideline 26). Available at https://www.nice.org.uk/guidance/ng26/evidence/full-guideline-pdf-78486774807 [Accessed 7 Feb 2020]

Rutgers, A. H., Bakermans-Kranenburg, M. J., van Ijzendoorn, M. H., & van Berckelaer-Onnes, I. A. (2004). Autism and attachment: a meta-analytic review. Journal of Child psychology and Psychiatry, 45(6), 1123-1134.

Sadiq, F. A., Slator, L., Skuse, D., Law, J., Gillberg, C., & Minnis, H. (2012). Social use of language in children with reactive attachment disorder and autism spectrum disorders. European child & adolescent psychiatry, 21(5), 267-276.

Teague, S. J., Gray, K. M., Tonge, B. J., & Newman, L. K. (2017). Attachment in children with autism spectrum disorder: A systematic review. Research in Autism Spectrum Disorders, 35, 35-50.

World Health Organisation (2018) The ICD-11 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines. Geneva: World Health Organization. Available at https://icd.who.int/browse11/l-m/en [Accessed 7 Feb 2020]