

The Implications of Attachment Challenges in Treatment

1. Introduction and Objectives

1.1 Introduction

Welcome to the National Adoption Competency Mental Health Training for Mental Health Professionals. This lesson is: The Implications of Attachment Challenges in Treatment.

In this lesson, we will discuss the impact of severe neglect and orphanage or institutional care on attachment and mental health, and goals related to supporting children and their parents or guardians in reparative work.

1.2 Section 1: Lesson Objectives

At the end of this lesson, you will be able to:

- Assess the impact of early insecure attachment on brain structure and social, emotional, verbal, and cognitive development
- Integrate common treatment goals for reparative work in your clinical practice with children, youth, and families

2. Areas of Development Affected by Attachment

2.1 Areas of Development Affected by Attachment

Attachment underlies individuals' capacity to form and maintain healthy emotional relationships, but it also is the cornerstone for developing the range of developmental abilities and skills. In this lesson, we will focus on the practical implications of attachment challenges for children and their relationships.

2.2 Why is Attachment So Important?

Why is attachment so important? As we have said, attachment is the foundational building block for all healthy development in children and remains a central need throughout life.

Secure attachment to caregivers increases the likelihood that children will achieve these important areas of development:

- Brain development
- Cognitive development
- Trust
- Empathy
- Positive sense of self-identity

- Emotional regulation
- Personal self-efficacy
- Development of conscience
- Positive affect

2.3 Attachment and Brain Development

Infants' experiences in their first two years of life determine how their brains will develop. From the third trimester of pregnancy until age 2 is the critical period for brain development, particularly in the right hemisphere. The social and emotional communication with caregivers fuels the baby's right brain development and is the foundation for regulating emotions and behaviors.

Severe neglect at this time can result in reduced brain size, decreased density of neurons, underdevelopment of brain structures, and toxic neurochemistry. Nationally, 48% of child maltreatment victims are 2 years old or younger, and the majority of them have experienced neglect of some type (U.S. Children's Bureau, 2018).

3. Stability and Change in Attachment Patterns

3.1 Stability and Change in Attachment Patterns

An important question to ask is whether a child's attachment pattern is set or is subject to change over the course of their life.

3.2 Maintenance of Attachment Patterns

A secure attachment in infancy sets the stage for healthy development, but supportive caregiving needs to continue for this security to be maintained.

A study that classified attachment patterns of 12-month-old infants studied these individuals again at age 20. They found that 72 percent of secure and insecure attachment patterns remained the same. For those who experienced a change, negative life events, such as loss of a parent, parental mental disorder, or abuse by a family member, were associated with this change in attachment pattern (Waters, et al., 2000).

3.3 Rebuilding Attachments

If insecurely attached infants are placed with more attuned caregivers, the potential for developing healthy attachments increases. Also, as children develop, they are influenced by many other relationships, such as teachers or peers.

Researchers have studied the transformation of insecure attachment patterns in many children who were removed from birth homes and placed with foster or adoptive parents.

For example, after 8 months in placement, two thirds of infants placed with foster mothers who had an insecure attachment pattern developed disorganized attachments. However, two thirds of infants whose foster mothers had a secure pattern of attachment developed secure attachments.

3.4 Context of Attachment Patterns

Click on each button to hear a few things to keep in mind regarding attachment that relates to the social and historical context of the child.

1. We know that a child's social competence can be impacted by insecure attachment. How social competence is defined, however, is determined by the context within which the child is reared.
2. Social competence will not look the same for all children and, in fact, may look very different depending on their family and community of origin. Children who are placed in a new community are at risk of being misdiagnosed when their social competence does not match the expectations of their adoptive or guardianship family.
3. In the discussion of attachment disorders from the previous lesson, it is important that clinicians not misinterpret learned social behaviors as clinical symptoms. Additionally, it is important to put the information above in the context of past trauma and intergenerational grief and loss.
4. One of the ways in which trauma is transmitted is its impact on attachment with the next generation. With this in mind, a clinician can help parents and guardians understand and mitigate the impact of family histories that may include experiences of famine, genocide, forced removal, war, or other traumatic events for children.

4. Effects of Maltreatment and Deprivation on Attachment

4.1 Effects of Maltreatment and Deprivation on Attachment

In addition to attachment challenges, children or youth adopted intercountry or domestically who have experienced abuse or deprivation may experience impacts in brain development resulting in developmental delays.

Let's discuss the impact of institutionalized care, including orphanages and boarding schools, on a child's mental health and development.

4.2 Dr. Delia Pop

To provide us with a deeper understanding of the impact of children raised in institutions, let's listen to Dr. Delia Pop explain how it affects a child's development. Dr. Pop led the first closure of institutions for children in Romania in the early 2000s.

[Video Transcript]

What are the effects of institutions on children?

DR. DELIA POP: Research shows that children under the age of three, raised in institutions have poor or indiscriminate attachment. It shows that children raised in institutions have generally a lower IQ. Children raised in institutions have little understanding of family and social relationships. Their ability to behave and to be independent in the outside world is very limited by their limited experiences in institutions.

Research also showed that one in five children raised in institutions end up being in trouble with the law. One in three children raised in institutions are homeless. They have absolutely no support and no network of family to enable them to become independent as young adults.

When an infant is born, there are about 100 million neurons that are connecting who are connecting at very high speed. In the first two years of development there are 15 million connections made on a regular basis. Up to one thousand trillion connections in the first two years of life. All these connections are basically in response to one to one interaction and to the environment where the baby, the infant, is raised.

The brain is developing on the basis of that one-to-one contact and on the environment. And the connections who are most used are strengthened, and those connections not used are pruned--they die. Imagine now a baby raised by a parent would receive a lot of stimulation. When the baby cries, the mother or the father, the primary caregiver, comes in contact and responds to that need. The brain learns, and the baby learns and grows, and it forms a positive attachment with the primary care giver.

In an institutional environment, where you have 20 members of staff caring for a hundred babies, it is absolutely impossible, no matter how good is the physical environment or how much the carers give into supporting these young babies.

All and all, institutions fail children. They cannot provide the environment, the stimulation, and the right support a child needs to develop into a functioning, well-rounded, young person.

[End of Video]

4.3 High Rates of Disorganized Attachment

As Dr. Pop stated, research consistently shows that children who are raised in institutions are deprived of opportunities to develop stable and continuous attachment relationships because of the limited amount and poor quality of contact with their caregivers.

Children living in institutions show especially high rates of disorganized attachment: 73% as compared with approximately 10% in the general population (van IJzendoorn, et al., 1999).

4.4 Paul and Lisa Myhill

For children adopted intercountry, the level of deprivation varies across institutions within the same country and across caretakers. Some countries have improved institutional conditions and developed foster care programs for some children, often moving them to these homes prior to adoptive placement.

Now let's watch a video featuring Paul and Lisa Myhill, who adopted their daughter, Faith, from a Chinese orphanage. Pay careful attention to the type of care received and the implications for Faith's development.

[Video transcript]

[Woman sitting on the floor with six babies]

PAUL: In my experience I've seen some of these adoption approved orphanages with caregiver ratios at night as bad as 75 children to 1 caregiver.

LISA: It's an insane number, ratio.

PAUL: In many cases the feeding of these infants in Chinese orphanages involves the propping up of bottles on to pillows beside them.

LISA: If it falls out it falls out.

PAUL: The taking in of food is not matched to another human-being being a provider--

LISA: The children don't get any kind of one on one care at all.

PAUL: --because there's simply not enough people--

LISA: That one adult is by far not making it in the room--

PAUL: --to love them, to care for them.

LISA: -to hold them, to touch them, talk to them--

PAUL: To give them attention they need.

LISA: --like a child would need.

PAUL: My daughter, Faith, more than likely spent the first 11 months of her life staring at a ceiling with very little human contact.

LISA: It's affected how her brain was wired.

PAUL: She cannot view the world now, even as a 9 year old, the same way we view and assess the world.

LISA: She has what's called Sensory Processing Disorder. And the first time I ever told her that she cried.

PAUL: Children weren't designed to be raised in institutional orphanages.

LISA: She's 9 now. We've been trying to love her and take care of her and letting her know it's all going to be okay.

[End of Video]

4.5 Post-Orphanage Behavior

Children or youth with experiences such as Faith's will often present a myriad of post-institutional challenges that will result in parents seeking therapeutic support from providers like yourselves.

In his work, Dr. Boris Gindis describes Post-Orphanage Behavior Syndrome, as a cluster of learned behaviors that could have been adaptive and effective in orphanages but became maladaptive and counter-productive in the new family environment.

4.6 Behaviors

Behaviors of this syndrome include:

- Poor self-regulation
- Mixed maturity (appearing younger and older at different times)
- Self-parenting
- Learned helplessness
- Controlling and avoiding behavior
- Self-soothing and self-stimulating behaviors
- Hypervigilance
- Feeling of entitlement
- Extreme attention seeking
- Indiscriminate friendliness with strangers

4.7 Developmental Deficits

Children with experiences of institutionalization or severe neglect are likely to have delayed or arrested physical growth, deficits in cognition, and delays in other areas of development, such as language.

When children's basic needs are not met, all areas of their development suffer, with more extreme deprivation leading to more severe and long-lasting effects.

A review of 29 studies on children adopted from orphanages in Romania, Russia, and China found that the most consistent predictor of ongoing problems is the length of time spent in orphanage care. Infants adopted before 6 months of age are usually able to catch up, but those in care a year or more have the highest risk for chronic problems (Meese, 2005).

4.8 Diagnostic Considerations

It is important for therapists to realize that Post-Orphanage Behavior has shared symptoms with many psychiatric disorders, from ADHD and Autism to Reactive Attachment Disorder. It can mask, co-occur with, or be reinforced by, other serious disorders.

It is essential that therapists understand these distinctions and look at root causes for the child's behavior. Please see the Resources tab for more information.

4.9 Potential Challenges Reflection

List several challenges that children adopted from institutional care may experience.

4.10 Potential Challenges Response

You may have thought of the following:

- Children who spend the first few years of their lives in institutional care often show delayed or arrested physical growth in weight, height, and head circumference
- Studies have shown delayed cognitive performance of children in institutional care
- Research demonstrates that motor delays, language delays, social emotional delays, and delays in activities of daily living are common for children who lived in an orphanage before adoption

Mental health professionals need to be prepared to assess for, and provide treatment strategies and referral recommendations to, address these challenges. Another critical aspect of this work is to help parents set realistic expectations for these realities, understanding the lifelong impact while providing the hope they need to address the challenges.

4.11 Impact of Boarding Schools

When we think of the impact of institutional care on children, we often think of orphanages in other countries. However, in the US, we have our own history of forced removal of Native Americans into boarding schools, which functioned like orphanages. Watch and listen to these Native American individuals talk about the devastating impact that their forced removal from families into boarding schools had on their identity, attachment to families and tribes, as well as mental health and well-being.

[Video transcript]

[MUSIC PLAYING]

[TEXT ON SCREEN] *The Native American Rights Fund NARF is pursuing strategies to support the healing of Boarding school survivors and Native American children, families, communities, and Tribal Nations.*

JERYLYN DECOTEAU: The boarding school policy was far-reaching and devastating as any, maybe more than any, because of the complete and utter destruction of the culture.

SEAN FAHRLANDER: They couldn't stop it from happening. So they would take them from further away and make it harder for them children to leave and go home.

SUSIE SILVERSMITH: It was my first haircut. I cried when I saw my hair on the floor. Tears still well up in my eyes when I remember the way it laid on the floor. Without my Navajo language, I was broken and unable to celebrate my heritage to express myself. Taking my identity from me made me very powerless.

BESSIE SMITH: I managed to learn how to stuff all the-- I'm sorry. The loneliness that came. Because I could not talk to my mother or my father. And we were not comforted by the boarding school matrons or teachers. The pain and the loneliness and the anger will always be with me.

[TEXT ON SCREEN] NARF is working with its partners, tribes, and survivors to bring this Boarding School story into the light nationally and internationally.

SARAH EAGLEHEART: We are dealing with the erasure of our people.

JERYLYN: This government has been working on destroying tribal societies and institutions for 500 years.

ELICIA GOODSOLDIER: I work with youth on the Pine Ridge Indian Reservation quite often. And so many of them tell me that they walk around with a heavy load on their shoulders. They feel heavy all the time. And I truly believe that what that is is they're carrying the traumas of their ancestors, and they're carrying the traumas of their parents and their grandparents. And then they have to carry their own traumas.

BROOKE AMMANN: It's like our great beautiful blanket kind of got all chopped into pieces during that boarding school time or that time when we were trying to assimilate. And we have a lot of the pieces left, and now we're trying to put them all back together. And we're putting them all back together, but it's probably never going to look exactly like our blanket was before. But it will still keep us warm. It'll still help us. It will still sustain us.

JERYLYN: And it hurts to know that I can't give them the things that my parents could have given me if not for boarding school.

[TEXT ON SCREEN] NARF is fighting for accountability, healing and reconciliation for Native American peoples.

BRETT SHELTON: Only by bringing it into the light can we begin to heal from it. That's the first step, that we're moving forward.

[CHILDREN CHANTING]

JERYLYN: If our tribal cultures are going to stay alive other than existing as pockets of poverty and sadness, we have to heal. Telling the story and then help finding resources to turn things around, that's what the coalition wants to do.

JOHN ECHOHAWK: The eventual outcomes we would hope would come out of the Boarding School Healing Project would be healing programs that are put together by our own Indian people and our own Indian communities.

SEAN: We're changing the paradigm of education each day. We're saving the language one child at a time. How do you preserve a language? You create a speaker.

SARAH: This healing is not just happening on the native side. It's not just for us that needs to heal over this history. It's also the non-native community that's really struggling with this healing.

BESSIE: Much more important that we share with our children, that we tell them stories. It's not a very easy thing to do, but be strong. People my age need to be strong and just think about where we've been and teach it to our children.

[TEXT ON SCREEN] Be a Modern Day Warrior

Join in the movement for healing and reconciliation and invest in NARF's work today.

narf.org

[MUSIC PLAYING]

[END OF VIDEO]

5. Treatment Goals in Attachment Work

5.1 Treatment Goals in Attachment Work

As discussed in our guiding principles, the belief that attachments can be rebuilt and strengthened is essential to your work with children and their parents.

As a clinician, your goal is to help parents to create a healing environment for their children in which they are attuned and responsive to their children's needs and open to using therapeutic parenting strategies. With this in place, the work to repair the attachment can begin.

5.2 Common Goals

What are common goals in clinical work toward healing children whose attachment patterns reflect significant trauma? Let's consider six goals:

1. Build relational presence
2. Promote felt safety
3. Modify the child's internal working model
4. Maintain important attachments in the child's life
5. Address parents' unresolved attachment issues
6. Build a positive relationship between parents and their children

In the remainder of this lesson, we will focus on these in more detail.

5.3 Goal 1: Relational Presence

Goal 1: Relational presence

Relational presence is defined as being present with another person without an agenda. Simply being fully in the moment with another person.

Let's listen to Dr. Bruce Perry, as he validates the impact of this on children and youth who have experienced trauma.

[Video Transcript]

DR. BRUCE PERRY: What makes children get better following a trauma is connection to other human beings. Human being who are present, who are patient, who are kind, who are sensitive. And they don't need to be necessarily psychologically insightful. They don't need to know anything about trauma. All they need to know is that they're right there with this child. They're trying to be comforting. They're trying to be supportive. They're trying to encourage.

Those kinds of interactions end up being much more therapeutic and healing than many of the other things that we try to do with kids.

[End of Video]

5.4 Empathic Attunement

A part of being present for a child is being attuned to their needs and feelings. Foster and adoptive parents need to become attuned to the depths of their child's hurt, fear, and desperation. Being able to empathize with their child and to understand the defensive and avoidant strategies they have used to cope are important for providing healing experiences.

With empathic attunement, they can begin to put words to their child's painful feelings and enable them to "feel felt by" the parent.

This helps the child to connect with their caregiver and begin to trust.

5.5 Goal 2: Promote Felt Safety

Goal 2: Promote felt safety

Dr. Karyn Purvis describes felt safety as adults arranging the environment and adjusting their behavior *"so that children can feel in a profound and basic way that they are safe in their homes and with their parents."*

She observes that, while parents know their children are in a safe environment, all too often, the children do not actually FEEL or experience this safety. Instead, their minds and bodies send and receive signals indicating the presence of perceived threats or danger. They continue to feel vulnerable and fearful, and to react from a defensive stance.

5.6 Traumatic Separation Experiences Undermine Felt Safety

Traumatic separations that children have endured from caregivers to whom they were attached, siblings, including orphanage mates, or significant others compound children's feelings of vulnerability and powerlessness to defend themselves. They may resist attaching to new caregivers out of fear of additional loss.

Sometimes children who have experienced multiple, unpredictable separations have strong fears of being taken away from their new families many years after adoption.

In the module on trauma, we will explore strategies that promote felt safety.

5.7 Jonathan

Until parents can help their children replace their state of fear with a foundation of trust, they are likely to continue to misinterpret the safety and love that actually surrounds them.

For example, consider the behavior of Jonathan, age 6, adopted from foster care, who refuses to go to bed at night and does so in a very disrespectful way to his mother, Anna.

Anna knows that he will be safe in his bed. But what does Jonathan know?

It is important to find out if Anna and Jonathan share the same understanding or perception.

Does going to bed and being in his room all alone trigger memories or feelings of fear or terror?

Does he have an emotional traumatic memory associated with bedtime or sleeping that has no words or conscious memory to fully articulate?

5.8 Goal 3: Modify the Child's Internal Working Model

Goal 3: Modify the child's internal working model

Research indicates that children's internal working models can be altered and transformed either positively or negatively.

Helping children to transform their negative beliefs and feelings regarding attachment relationships is a key goal for their parents and clinicians providing attachment-based therapies.

5.9 Internal Working Model

Click on each tab to learn more about the internal working model.

Particular Expectations: The internal working model of an individual will contain particular expectations and beliefs about:

- The individual's own and others' behavior
- Whether or not the individual is loveable and worthy of love
- Whether or not others are available, interested, and able to help, protect, and support the individual
- The degree to which grief and loss regarding prior relationships are present

Change and Development: These models are termed "working" because they are subject to change and development according to changing experiences in relationships. The models are established in the first few years of life.

Retains Flexibility: Bowlby observed that as children get older, the models retain some flexibility but become increasingly resistant to change. Children's behavior becomes organized around their expectation of themselves and others and as they grow older, these expectations tend to influence the way they relate to others and the way others relate to them.

5.10 Nurturing Without Expecting Reciprocity

To change children's and youth's negative expectations of self and others requires that adoptive parents and guardians sustain sensitive responding in the face of apparent hostility and lack of trust.

Parents must be willing to persist providing nurture without an expectation of reciprocity.

This is challenging for parents as the reciprocity that is expected is often not attainable at the early stages of parenting.

Therapists will need to support parents to reinforce messaging to the child that they are loveable, competent, and worthy of love, even when the child does not reciprocate these feelings.

5.11 Goal 4: Maintain Important Attachments When in a Child's Best Interest

Goal 4: Maintain important attachments when in a child's or youth's best interest.

Most children and youth who are removed from birth families and have spent time in foster care have developed attachments, whether secure or insecure. Remaining connected to some attachment figures from a child's or youth's past, when this is deemed to be healthy for them, may minimize their loss and trauma.

A goal in your attachment work is helping parents or caregivers understand and accept the importance of these connections in their child's healing and to support families in working through the challenges that may impede the maintenance of their children's significant healthy attachments.

It is important for parents and professionals to honor the child's previous attachments through communicative openness about their adoption, regardless of whether contact is continued. For example, parents can talk with their children about memories of their birth family or other connections and address their questions or concerns.

Keep in mind that communicative openness does not refer to the level of contact between birth and adoptive families, but to open and honest communication between children and their parents about past relationships, experiences, and other adoption-related issues.

5.12 Developed Attachment

Once an attachment has developed, it is not wholly replaceable by a new relationship, nor should it be. This reality is illustrated by the experience of an adoption therapist in her work with an adoptive mother who reported:

"Things are going pretty well now, but could you make her forget about her birth mother? She talks too much about her. It's been almost two years since she came to live with us, and she needs to move on and forget about her birth mother!"

The therapist knew that the adoptive mom's own mother died about a year ago and felt she knew her well enough to respond this way:

"What if your friends suggest to you that you should quit talking about your mother, that it's been long enough for you to move on now?"

The adoptive mom started to cry, saying, *"That is what I'm doing, isn't it?"*

5.13 Ongoing Sense of Connection

It is critically important that parents and caregivers understand their children's ongoing sense of connection to birth parents, former foster parents, or other significant attachment figures, even when their relationships may have been problematic or hurtful.

Trying to make children relinquish their psychological ties to their birth parents is likely to result in perpetuating their pain as well as potential idealization and fantasies related to birth parents and could impact developing attachments to their adoptive families.

5.14 Responding to Parents Reflection

Ty is 10 years old and was just adopted from foster care. His parents don't understand the importance of maintaining contact with a previous foster parent with whom Ty lived for three years. How might you respond to Ty's parents?

5.15 Responding to Parents Response

Did you consider any of the following: Click each speech bubble to hear suggestions.

1. *"It's important to understand that children who are adopted at older ages bring with them strong attachments from the past that must be honored."*
2. *"You may worry that allowing Ty to continue to see his foster parents will somehow confuse him or interfere with his ability to attach to you, but I can assure you that is not the case. Remember you can love and care about more than one person."*
3. *"Preventing him from having contact might serve to isolate him or push him further away rather than helping him feel connected to you."*

5.16 Goal 5: Address Parents' Unresolved Attachment Issues

Goal 5: Address Parents' Unresolved Attachment Issues

Part of the clinician's role is helping parents and caregivers to identify and address those issues within the marital relationship or from their past, whether unresolved or previously resolved, that are resurfacing and preventing them from being attuned to, and sensitive to, the needs of their child.

Parental factors, such as a sense of guilt for the birth parents' loss, unrealistic expectations of the child, and unresolved issues of infertility or loss, can interfere with their ability to parent effectively. For example, a study found that when the adoptive mother perceived a lack of attachment by the child, there was an eightfold increase in adoption disruption. When the mother felt she was getting something back from the child, she was more likely to develop an attachment herself and remained committed in the face of challenges.

Handout: *Assessing Attachment in Parents*, authored by Deborah Gray, provides a list of questions clinicians can use to help parents explore their own emotional challenges.

5.17 Adult Attachment Style

Adoptive parents with a high degree of sensitivity and secure attachment styles are better able to respond to maltreated children's past loss or trauma issues, and these placements are less likely to disrupt.

We have learned much about the impact of a parent's attachment style on the attachment security of children through research using the Adult Attachment Interview, developed by Mary Main. Handout: *Adult Attachment Styles* describes the classifications of adult's attachment styles and their relationship with parenting.

This speaks to the importance of assessing parental attachment history when working with families. Many studies have found a consistent relationship among attachment styles, parenting behavior, and child attachment status.

5.18 Goal 6: Build a Positive Relationship Between Adoptive Parents and their Children

Goal 6: Build a positive relationship between adoptive parents and their children

Remember the two types of interactions that build attachment - the arousal-relaxation cycle and the positive interaction cycle. Both of these types of interactions help to strengthen attachment relationships between children and their caregivers. You have an important role in helping parents develop strategies for focusing on these functions more so than on challenging behaviors.

This can be a challenge when parents have been trying to manage difficult behaviors for a long time, but can be powerful for the child, particularly if they can begin to enjoy playful interactions with parents.

Clinicians can provide suggestions for simply being playful with children. Often parents who have been overwhelmed with stress forget about the simple ways they can lighten the mood and encourage play, for example by playing a board game, having a picnic dinner, camping in the backyard, having a family talent show, or just being silly. Other fun activities include participating in community activities such as crafting, dancing, kayaking, canoeing, or traditional tribal activities.

These interactions can provide opportunities for connection without relying on conversation.

5.19 Belonging, Claiming, and Entitlement

Another important aspect of building a positive relationship is through belonging, claiming, and entitlement. Click on each number to learn more.

1. Parents need to provide experiences that support the child's sense of belonging in the family.
2. Parental entitlement - the sense that this child is a part of their family and they have the right or authority to parent the child - is important for new parents to achieve.

3. Parents also need to give “claiming” messages to their adopted children - messages that confirm the child is indeed a member of their family. Statements like, “*You wrinkle your nose when you laugh like your dad does*” or, “*You like vanilla ice cream like I do*” send messages to the child that they are part of the family.
4. Please see the Resources tab for the article, *Entitlement and Claiming*, which provides additional information that can be shared with parents.

6. Conclusion

6.1 Wrapping Up

The work of rebuilding attachments is challenging and requires active participation from parents as well as sustained commitment. It also requires a belief that secure attachments can be rebuilt. As the clinician working with the family, you are in a position to lead the attachment work that children and parents need.

6.2 Your Journal

Please click on the journal page to write down your reflections on this lesson.

6.3 Journal Reflection

Reflecting on this lesson, what are your key takeaways and how might you apply these in your practice?

6.4 Journal Response

Click the “Print Results” button to print and save your answers.

6.5 Conclusion

Congratulations! You have successfully completed The Implications of Attachment Challenges in Treatment.

In the next lesson, we will discuss assessment and additional clinical goals in supporting children and adoptive parents or guardians in reparative work.