ATTACHMENT & RELATIONSHIPS

At our core, human beings are social creatures. We are wired to connect to others as a natural part of our development and increased exploration of our environment and world. We use the word ‘attachment’ to describe the outcomes and processes associated with early life bonding experiences with caregivers. We have learned that children who experience stable and reciprocal early relationships tend to have secure attachments to their caregivers - and consequently explore and interact with the world around them with greater confidence. Other early life circumstances in which children experience inattentive parenting, instability, separation, loss, and chaotic or disrupted environments can lead to insecure attachment relationships. Through insecure relationships, children learn that the world is not always predictable and that, at times, they may not feel safe. Early attachment relationships impact a child’s ability to trust others, manage emotional responses, and establish interdependence and positive self-worth.

As such, attachment experiences are a prime contributor to relationships – across the lifespan at every stage of development. We have learned that healthy relationships can increase attachment security at **any stage** of development.

Even if an individual has experienced insecure attachments and, as a result, feels that the world is unpredictable, attachment security can be formed later in life by new experiences, interventions, family cohesion, and other supportive relationships.The core to this domain is that attachment and relationships are foundational to safe exploration of the world, emotional security, and skill building to interact and develop friendships with others. If the attachment platform is unsteady, the relational structure will also be unsteady, like a foundation in a home. Attachment relationships and other domains of healthy functioning, such as physical health, form our basement.

FASD-Informed

The brain develops through complicated interactions between genetics and brain structure, environment, and experiences. For individuals with FASD, when brain-based differences associated with prenatal alcohol exposure interact with environmental stressors, such as disrupted attachment experiences, this can uniquely impact attachment relationships with caregivers and other relational supports. For example, in infancy, the parenting behaviours of warming, soothing, cleaning, and calming create a set of sensory stimuli that helps the brain develop in a way that supports healthy social and emotional development. This development relies on attentive and nurturing caregiving in early childhood and opportunities to form and keep up with various relationships with other individuals across every life stage. Although disruption to attachment may impact social and cognitive development, building healthy relationships can continue to inform and influence attachment foundations throughout the lifespan.

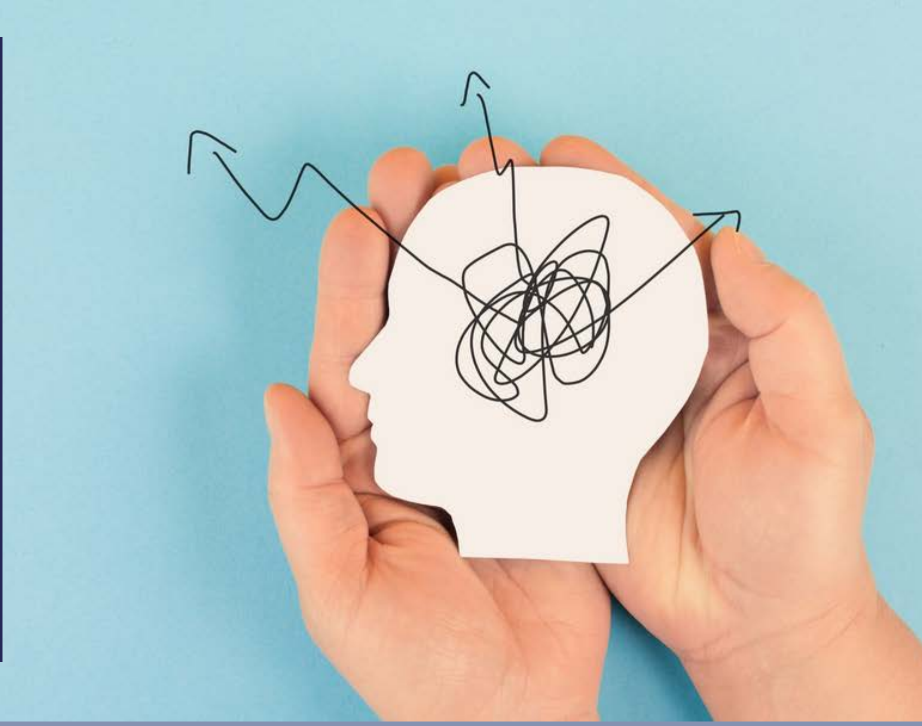
Attachment & Brain Development

Attachment is closely linked to brain development. The amygdala plays a significant role in forming attachment bonds and social relationships because this part of the brain helps us remember past relationships, regulate our emotions, and contribute to our body's response to stressful or fearful situations. This link between the brain and environment is uniquely complex for people with FASD.

Did you know?

Individuals with prenatal alcohol exposure and FASD experience higher levels of adversity beginning as early as childhood (Flannigan et al., 2021; Lebel et al., 2019; McLachlan et al., 2015).

Children with FASD more frequently experience a range of adverse childhood experiences, including disrupted attachment (Kambeitz et al., 2019; Price et al., 2017).



Home

The home environment plays a crucial role in supporting attachment and relationships. A supportive home environment can be essential for lifelong relationship building and attachment. Children with FASD are overrepresented within the child welfare system compared with other populations. In one large-scale study, Burns and colleagues (2021) found that 32.8% of children with FASD were in the care of foster or group care. For children in the welfare system, common disruptions like relocation and changes in their guardianship/caregivers can affect multiple domains of functioning, including cognitive, social, and emotional development. Frequent relocations can prevent children with FASD from developing and maintaining long-term relationships within their home environment and caregivers. Similarly, changes to guardianship can impact the consistency, expectations, and boundaries experienced by children with FASD, which can further influence how they interact with others.

> *"The attachment we have finally formed where we can joke and laugh and know we're okay, and where he will confide his concerns with me instead of hiding or confabulating."*
>
> - Caregiver of an individual with FASD

From "Double Jeopardy" to Opportunity

The combination of brain-based differences to stressors with heightened risk of adverse experiences has been described as a state of "double jeopardy" for people with FASD (Coggins et al., 2007; 2009). Understanding these differences and impacts can help us know what kinds of support are needed to foster healthy attachment and relationships across the lifespan. A shared understanding of brain-based differences and exposure to adversity allows us to reframe interpretations and expectations for behaviours. It is also essential for intervention and supports to consider and leverage the strengths of individuals with FASD, who are often characterized as kind, compassionate, and caring, all of which may contribute to forming human connection (Flannigan et al., 2021). Armed with this knowledge, we can return to the basic principles of attachment and relationship to harness the power of this foundational developmental process as we tailor intervention, support, and growth opportunities to the unique needs of each individual with FASD.

Moving Together

Attachment-based support, education for caregivers, and family cohesion can have positive impacts for individuals with FASD and their families across all stages of development. Additionally, individuals with FASD and their families have communicated the need for interventions that leverage strengths and allow individuals to live authentically and establish meaningful relationships that contribute to overall health and wellbeing.

Fostering Caregiver-Child Relationships

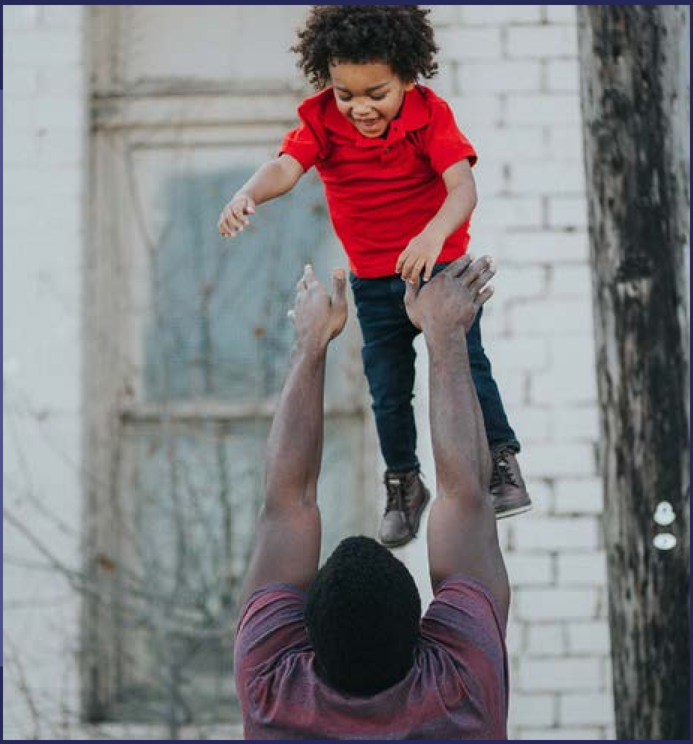
Attachment-based therapy can help children with FASD develop healthy coping skills to support attachment relationships, family cohesion, and overall wellbeing. For example, parent-child interaction therapy, which includes behaviour education and coaching for parents, has decreased parent stress and problematic behaviour among children aged 3-7 years with FASD (Bertrand, 2009). Similarly, interventions developed through a dual attachment and trauma-informed lens have the potential to impact children with FASD and their families positively (Zarnegar et al., 2016). **Core components and goals** for this therapeutic approach include:

- creating **safety** in parent-child relationships and surrounding environments;
- expanding parental **responsiveness** to the needs of the child;
- promoting parents' ability to **balance** their own needs with their child's; and
- enhancing **communication** between parents and their children (Toth et al., 2018).

Many adolescents with FASD have also experienced disrupted attachments, and it is essential to provide opportunities to re-establish meaningful and secure relationships with caregivers and other important people in their lives. Interventions have been developed that promote security between teens and their caregivers, such as the **Connect Program**, which is intended to increase caregivers' understanding of the behaviours they see and connect them to the underlying attachment circumstances contributing to these behaviours. In doing so, the program allows for the development of attachment and trauma-informed parenting skills that ensure the provision of a haven and secure base (Moretti et al., 2017).

For your consideration...

Sometimes, grandparents and great-grandparents are involved in raising children that they may not have expected to. Services and policies that seek to support individuals and families with FASD should create space to consider and respond to the needs of non-bio parents acting as caregivers.



Facilitating Family Cohesion

The family environment is another essential factor to consider in effectively supporting individuals with FASD (Jacobson et al., 2004; Reid et al., 2022; Streissguth et al., 2004). Interventions that enhance family understanding of behaviours and incorporate family expertise are linked to improved family cohesion and promote a greater sense of hope for individuals with FASD and their caregivers (Petrenko & Kautz-Turnbull, 2021). For example, **The Families Moving Forward (FMF) program** is a consultation program which emphasizes the importance of leveraging environmental supports to increase caregiver self-efficacy and cognitive appraisal, improve child adaptive behaviour, and decrease overall problematic behaviour (Petrenko et al., 2017; Petrenko et al., 2019). Similarly, the **Parents Under Pressure program** has successfully improved caregiver understanding of FASD and associated brain-based differences through an integrated home-based intervention. The program also provides caregivers with skill-building opportunities to work with their children with FASD to build mindfulness and self-regulation skills to manage strong emotions.

> *"I'm learning and growing as a parent. She is learning and maturing. We both seem committed to the process of helping her succeed. It's a slower pace and looks different than I expected it would, but nevertheless it is good and gives me hope."*
>
> \- Caregiver of an individual with FASD

Meeting Caregiver Needs

Families and caregivers are excellent sources of information regarding strengths and resiliency factors that may be incorporated into intervention planning for individuals with FASD. Stable and consistent interactions that foster positive attachment with caregivers, peers, teachers, and supportive others are essential for healthy relationships.

Here is a resource guide for caregivers of individuals with FASD: https://canfasd.ca/wp-content/uploads/2018/03/Caregiver-Resource-Guide-FASD-March-2018.pdf.

Mentoring and coaching caregivers is essential for increasing caregiver autonomy and success in supporting their children and adults with FASD. Mentors and coaches can be especially beneficial in cases where caregivers have limited knowledge or experience in caring for the unique needs of an individual with FASD. Mentors can work with caregivers to facilitate positive change and increase stability in the home environment. For instance, the Coaching Families program offers mentorship opportunities for caregivers of children with FASD, including FASD education and access to services and advocacy support (Leenars et al., 2012). Central to this program is establishing a solid working relationship between mentors and caregivers through which self-care strategies are encouraged to offset breakdowns within the family unit. Caregivers who completed this program have reported decreased stress and an increased capacity to access supports independently and needs related to housing and transportation, family parenting, community development, and community resources (Leenars et al., 2012).

Did you know?

Caseworkers provide *critically important* resources for children in child welfare settings, and it is essential that caseworkers receive necessary FASD-informed training and support, such as lower caseloads, to effectively fulfill their role.