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POOR ATTACHMENT AND THE SOCIOEMOTIONAL EFFECTS DURING EARLY CHILDHOOD

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POOR ATTACHMENT AND THE SOCIOEMOTIONAL EFFECTS DURING
EARLY CHILDHOOD

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Ashiko Emura Newman

June 2017

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ABSTRACT

A significant focus is placed on positive outcomes for children in today's society. However, mental health clinicians attest that poor attachments, during early childhood, are likely to have negative effects on a child's long-term outcomes. By using the post-positivist paradigm, 10 mental health clinicians were interviewed and each provided their perspectives regarding the negative social skills and emotional regulations of young children, when parents fail to appropriately bond with their children, during their early years. Their ideas were formulated, connected, and structured to develop a theoretical statement. The resulting theory focused on the parent's ability to develop and strengthen the parent/child relationship, through a range of interventions. Parent's inability to form positive attachments were influenced by a variety of issues, such as, depression, drug and/or alcohol dependency, poverty, poor relationships with the child's parent, mental illness, violence, etc. These factors resulted in poor social dynamics with the parent; thereby, hindering their bonding. Children with poor attachments tend to display poor socioemotional affects, such as, poor social, coping, and problem solving skills, tantrums, clingy, withdrawn, or aggressive behaviors, etc. These negative effects, often impacts the child throughout their developmental years.

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I would like to thank the participants who devoted their time and attention to participating in the interviews. Your insight and commitment to your clients made these interviews informative.

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Thank you Lord for gracing me with life, health, and strength!

DEDICATION

This project is dedicated to the loves of my life. Thanks mom, dad, mama, and daddy for your support. Thanks mom and dad for watching the kids and showing me love. Your love and prayers has touched me in ways that you will never understand. God knew that I needed strong parents, because I would be far away from my biological ones and he gifted me with two of the best. Thanks mama for blessing me with life. Although we are far apart, you are always near to my heart. I love our talks and your daily support to continue with my schooling.

To my warrior husband, Kenya Newman Sr. and my mighty warriors of God, Kenya Jr., Aniyah, and Jalen Newman, you all are the greatest gifts that I have ever received. I thank God, daily for blessing me with such precious treasures. Your worth is far beyond the most precious jewels in the world. I am here today, because of sacrifices that you have all made. This journey has been long and hard, but with God, we made it through. I look forward towards our future and I'm waiting with great expectancy to see the goodness that God has in store for us. Our journey continues, my loves.....

Colossians 1:9-11 "...I do not cease to pray for you, and to desire that ye might be filled with the knowledge of his will in all wisdom and spiritual understanding; that ye might walk worthy of the Lord unto all pleasing, being fruitful in every good work, and increasing in the knowledge of God' strengthened with all might, according to His glorious power..."

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CHAPTER ONE: ASSESSMENT

Introduction

Chapter one addresses attachment within the parent/child relationship and explains poor attachment and the socioemotional affects it has during early childhood. This chapter explains and provides a rationale for using the post-positivist paradigm to conduct this study. It also provides a literature review focusing on attachment during early childhood and the theoretical orientation of the study. Lastly, this chapter explains the study's potential contributions to both micro and macro social work practice.

Research Focus and/or Question

The focus of this research project is attachment and how negative attachments impact children's socioemotional development. The researcher studied the effects of parenting as it relates to attachment. When infants develop healthy bonds and attachments to their parents or caregivers, it provides them with the platform to soar in their development. Children with healthy attachments tend to meet developmental milestones in cognitive functioning, fine and gross motor skills, language development, and visual development (Parenting Today Staff, 2011). While these milestones can be effected by other influences; such as environmental factors, genetic defects, and physical and cognitive delays, the

initial nuclear relationship, provided an outlet for children to flourish, even when other factors threaten development (Lewis, et al., 2015).

When children fail to develop positive attachments to their parents or caregivers during infancy, children often suffer in their socioemotional growth. A mother, father, or caregiver's inability to form positive attachments are generally affected by a number of factors; such as, depression, drug or alcohol dependency, poverty, poor relationships with the child's parent, mental illness, violence, (Alhusen, Hayat, and Gross, 2013), etc. No matter the reason, poor attachments can have serious implications for children, as they age.

During early childhood, the negative effects can be seen through poor social, coping, and problem solving skills, tantrums, clingy, withdrawn, or aggressive behaviors, etc. Not only do these behaviors impact relationships, they can impact a child's capacity for learning as they age from the infancy stage, into early childhood, and beyond (Lewis, et al., 2015).

Paradigm and Rationale for Chosen Paradigm

This study was conducted using the post-positivist paradigm. According to Morris (2013), the post positivist approach takes an inductive exploratory approach which allows a researcher to understand an objective reality. Although, one can never truly obtain an objective reality, the researcher was able to come close, by gathering qualitative data in a naturalist setting, one in which participants lived out the research topic and data; therefore, it closely reflected the complexity of the human experience.

The post-positivist approach was the most appropriate approach to address the problem focus, as the researcher had the ability to gain insight and knowledge from professionals who work directly with children and families. The researcher received direct information regarding the complexity within the parent/child relationship when secure attachments are not formed. This qualitative data allowed the problem focus to evolve and allow the line of questions to evolve as participants were interviewed.

Literature Review

The most basic task in child rearing is developing a sense of basic trust with the infant so that they can experience the security and safety in the relationship. This security provides a foundation for healthy social, emotional, cognitive and personality development. The literature review defined attachment, identified patterns of attachment styles and discussed the impact insecure attachment had on socioemotional development. Lastly, it suggested intervention strategies that may assist with parent/child attachment issues (Colonnesi et al., 2012).

Attachment

When children are born, they are at the mercy of their caregivers and are completely dependent on them to meet all their needs. This dependence, leads a child to form attachments to their primary caregiver, typically, the mother. When a child's needs are consistently met, they will form a secure attachment to their caregiver; however, even if those needs are minimally met, the child will

form an attachment, but this often leads to a less secure type of attachment (Colmer, Rutherford, and Murphy, 2011).

Attachment is an affectional tie that binds a person to their companion. Attachment theory was formulated by John Bowlby (1969), and emphasized the importance of interactions between children and their caregivers that result in emotional bonding. According to Bowlby (1969), children who form attachments to their caregivers, have the capacity to form enduring socio-emotional relationships. While this person is usually the mother, attachments can form with fathers, grandparents, foster parents, or other caring, responsive persons (Zastrow and Kirst-Ashman, 2013). Secure relationships that are established with caregivers will support emotion regulation and establish the foundation for social and emotional development throughout the child's life (Lewis et al., 2015).

Early childhood behaviors, such as, crying, smiling, signaling, and interacting with the caregiver, all effect the organization of the attachment behavioral system. Attachments are formed in conditions of vulnerability and are affected by distances and separations from the child's caregiver or parent. The caregiver's response to the child produces security or insecurity (Turner, 2011).

Patterns of Attachment

As infants and caregivers interact, the degree to which they attach may be effected by the quality of the relationship that is established. Parent/child attachments can be divided into four types: secure attachment, anxious/avoidant

attachment, resistant attachment, or disorganized attachment (Ding, Xu, Wang, Li, Wang, 2014).

Depending on the type of attachments children form, different attachment types may produce different internalized issues and may lead to different developmental outcomes for children. Attachment types can be a strong predictor for mal-adaptive behavior for school-aged children. Children with avoidance type attachment in infancy were more likely to exhibit aggressive behaviors. Children with resistant type attachment in infancy were more likely to exhibit withdrawn behaviors. Children with disorganized type attachment in infancy were believed to be the most insecure of all types and often exhibiting mixed internalized and externalized behaviors (Ding et al., 2014). Children with secure attachments develop secure peer relationships, engage in creative play and show a range of positive mental health indicators (Colmer, et al., 2011).

Impact of Socioemotional Development

Secure attachments are formed by a combination of responses and positive interactions and these interactions should be consistent. Interactions during the first three years of life can affect cognitive development and impact physical, emotional and mental health of children as they age and develop (Colmer et al., 2011).

Typically, a parent's emotional response, will be the model in which children learn about emotion. As parents model appropriate emotion regulation through conversations or actions, children learn to control emotions and or share

with their parents about emotion. Insecurely attached children learn to mask their emotional distress or exaggerate them in order to capture the parent's attention; therefore, making up for a parent who is not consistently responsive (Laible, 2010). Such mal-adaptive behavior, leads to poor social skills and poor emotional regulation.

Insecure attachments may lead to risk of adverse behavioral patterns, as early as pre-school age. Internalized problems; such as, depression, anxiety, and psychopathology are also the result of insecure attachments during early childhood. These issues may lead to peer exclusion, social rejection, continued anxiety, prolonged depression, low self-esteem, and difficulties adjusting as they progress through school age and adolescent years. Poor socioemotional responses can remain a constant hindrance, even throughout adulthood (Lewis, et al, 2015).

Interventions

Early intervention is believed to be the best intervention strategy to assist with this persistent issue. While most intervention programs focus on assessment and intervention after a child is born and an insecure attachment is observed or identified, it may be useful to consider the level of maternal fetal attachment a mother has to her child during pregnancy as a predictive measure to determine infant and toddler development. Previous studies found that mothers who report poor health practices during pregnancy often report poor quality of fetal attachment. The quality of maternal attachment during pregnancy

may have long-term implications after the child is born, as mothers reported sadness, loss, and concerns for their child's future (Alhusen, et al., 2013).

Should intervention occur during pregnancy, it may minimize the risk of poor attachments once the child is born.

Intervention methods vary greatly and are generally geared towards improving the parent/child relationship and decreasing conduct problems. Interventions programs should work with both the child and the caregiver. Parents should be educated on overall child development, promotion of developmental skills, and understanding, managing, and assessing infant competencies. These skills will help increase attachment quality and socioemotional development. By applying these skills to their daily routines; such as, bath time, diaper changing, feeding, bedtime, play, etc. (LeCannelier, Silva, Hoffman, Melo, and Morales, 2014), bonding with their infant can be strengthened. Although Bowlby describes attachment styles as relatively stable, relationship patterns can change over time, due to secure working models; such as, appropriate intervention programs and decreased stressors (Alhusen et al., 2013).

In summation, attachments are affectual ties that bind people together. When those ties don't develop positively in the parent/child relationship, it may lead to poor patterns of attachment; such as, anxious/avoidant, resistance, or disorganized attachments. This may lead to poor social skills, poor emotion regulation, negative behavior, and/or poor impulse control. However, secure

attachments can develop as parents and caregivers provide consistent positive responses and interactions with their children. They can also utilize intervention programs that will educate them on child development and provide an atmosphere that encourages positive interaction. These strategies may improve overall development, social skills, and emotional well-being for children. When children's social skills and emotional regulation aren't secure, it can have an impact that effects a child throughout their lifespan.

Theoretical Orientation

The theoretical orientation for this research topic is attachment theory. According to Bowlby's attachment theory, "the quality of interactions between infant and caregiver(s), beginning at birth, motivated specifically by the child's needs for safety and protection, are central to lifespan development" (Turner, 2011). This theory emphasizes the importance of parental interactions and how it effects the child's emotional bonding.

Attachment is thought to develop in four stages. Stage one, pre-attachment, occurs during the first two months of life. During this stage infants learn to distinguish between people and things and they respond to people by smiling and vocalizing (Turner, 2011). Through this, children are learning social skills and developing trust or mistrust with their parent or caregiver.

Stage two, attachment in the making, occurs from age two to eight months. During this stage, they are distinguishing the differences between their caregivers and strangers. They learn to play with enthusiasm or excitement

during playtime and they are upset when their caregiver leaves them behind. They are developing emotional attachment and learning to explore (Turner, 2011). Children who are discouraged from exploring will often develop poor social and emotional attachment. This will teach the child that their caregivers and other adults cannot be trusted.

Stage three, true attachment, occurs from age eight to 18 months. During this stage, children will search out their caregivers. As their mobility increases, they will explore, but will maintain periodic eye contact with their caregivers. They are also more attentive to their caregivers' reactions and respond accordingly. They can also interpret their caregiver's reactions and anticipate how the caregiver may respond to their level of distress (Turner, 2011). Proper guidance will lead to confidence to explore and trust others and they will learn how to please their parents.

Stage four, reciprocal relationships, begin at age 18 months. Children begin to show signs of affection and will seek love, attention, and physical contact with their caregivers and they are sensitive to their caregivers' feelings (Turner, 2011). Even if positive attachments are not formed, children will look to their caregivers for affection and attention. Children will seek negative attention, through poor behavior, in order to gain the attention of their parents or caregivers.

Attachment theory allows one to understand the importance of secure attachments and how it leads to healthy development for children.

Understanding the importance of secure attachments is a critical component, as attachment affects behavior, cognitive, social, and emotional development, whether positively or negatively. When children do not receive quality interactions with parents or caregivers during infancy, this may set the tone for all future relationships throughout their lifespan.

Potential Contribution of Study to Micro and/or Macro Social Work Practice

This research can contribute to both micro and macro social work practice. With additional insight into the issues of insecure attachment and its effect on socioemotional development, practitioners and social workers can develop parenting programs or increase awareness in the community, which may provide parents with effective bonding techniques that may improve development and emotional security in their children. Contributions to micro practice are vital for family stability. Education and empowerment provides can parents with the necessary tools to make life altering changes that will positively affect their families; therefore, improving communities.

At the macro level, this research can be the basis for increased funding at treatment centers and community programs, in order for the information to reach the ears of parents and caregivers. It can also lead to additional treatment programs which focus on parent/child relationships for children suffering delays and maladaptive behaviors, due to the lack of attachment.

Summary

Chapter one covered the research topic and explained poor attachment and the socioemotional affects it may have during early childhood. The chapter provided rationale for using the post-positivist paradigm to conduct the study. It also provided literary reviews focused on attachment during early childhood. It provided the theoretical orientation of the study and explained the study's potential contributions to both micro and macro social work practice.

CHAPTER TWO

ENGAGEMENT

Introduction

Chapter two discusses the engagement phases of the research. It discusses the research focus and engagement strategies for the Gatekeepers of the selected sights. Chapter two discusses the self-preparation needed for the research and details the diversity, ethical, and political issues that may arise. Lastly, this chapter discusses the role of technology in the engagement process.

Study Site

For the purposes of this study, the research was conducted at an agency in Southern California that provides mental health and treatment services to clients in the High Desert and surrounding Mountain regions of Southern California. The agency offers a wide variety of treatment services for children 0 – 12th grade, including the Screening, Assessment, Referral, and Treatment (SART) Program, which offers specialized services for children 0-6 years old. The program addresses behavioral concerns, difficulties in the pre-school setting, and issues in the client's home environment. The agency provides Individual/Family Psychological Therapy, Parent/Child Interaction Therapy (PCIT), Theraplay, Occupational Therapy, Sensory Processing, and Speech and Language Therapy (Desert/Mountain Children's Center).

In addition, the agency offers School-Aged Treatment Services (SATS) Program, which offers school based therapy to school aged children, ages 6 to age 22. Children may receive individual or group counseling with a clinician. Treatment plans are developed to ensure that the client's specific needs are addressed. For children with more intensive needs, the agency offers Children's Intensive Services (CIS) Program, which is an intensive four to eight week, in-home, therapeutic service to clients at risk of hospitalization or have been hospitalized. This service offers crisis resolution for the entire family and strives to keep the family unit intact, by providing self-help and living skills to clients and parenting skills to the family. Furthermore, the agency provided Therapeutic Behavior Services (TBS) program, which is an intensive, one-on-one behavioral coaching program to clients experiencing emotional or behavioral challenges in the home. This service assists clients and their families to learn skills that will reduce and manage challenging behaviors (Desert/Mountain Children's Center).

This writer interviewed clinicians from the SATS and SART programs to address developmental concerns and interventions for children during early childhood, which provided the writer with an understanding of intervention strategies for aging children. This allowed for a diverse outlook on the issues of attachment for children during early childhood and beyond and discuss the success of current programs and/or the need for additional programs.

Engagement Strategies for Gatekeepers at Research Site

Engagement with the agency began with contacting the agency's director. We discussed the purpose and problem focus of the study and the writer provided a written synopsis of the study (Morris, 2014). The researcher provided a time line for the study and discussed organizational barriers; such as, confidentiality, fingerprint clearances, protocols, and political influences that may interfere with gaining approval to remain on site for the length of the research study. Information regarding the research was obtained through interviews with therapeutic clinicians.

Self-Preparation

In efforts to adequately prepare for the research, the researcher reviewed interview questions that were appropriate for the study. The researcher set a time frame for each interview, yet remained sensitive to the clinicians work schedule and limited availability. The researcher also created alternative means of contact; such as phone interviews, as several clinicians were not unavailable for a face-to-face meeting. By allowing flexibility, clinicians felt respected for their time. The researcher gathered information about the agency and their services, prior to conducting interviews. SART offers a range of services and the clinicians are assigned to specific units or programs.

Diversity Issues

Diversity issues included issues of socioeconomic class, culture, race, and gender. Bonding with children can be affected by socioeconomic factors, poverty, drug and alcohol dependency, and depression. Unfortunately, these issues are prevalent in low income areas. Also, cultural influences can affect bonding. Some cultures are resistant to “spoiling” a child; therefore, are resistant to tend to a child when they cry. Unfortunately, this practice can lead to insecure attachment and bonding. Households headed by single mothers may also create issues of diversity, due to a lack of paternal support or presence.

Institutional racism was a diversity issue, as it is often a factor for the parents and clients that receive services within the selected agency (Morris, 2014). Many families do not have access to services and oftentimes, referrals to this agency are generated from people other than parents. This often places a stigma on parents, especially minorities. Although there is diversity within ethnic groups, many minority families feel judged or labeled due to use of services. This writer discussed diversity within the client population and the clinician’s attitudes or perceptions of their clients were not affected by the diversity of their clients. However, they did report that parents often feel the stigma of utilizing services, as they often feel as though their parenting is in question.

In addition, the researcher ensured that there was diversity amongst the participants, regarding race, age, and gender. Although these factors often impact a person’s view of attachment, development, and expected behaviors of

young children, the participants held a consistent view of developmental and behavioral expectations for their clients.

Ethical Issues

Ethical issues were considered during all stages of the research.

Participants were presented the Informed Consent document. The document was carefully explained by the researcher and signed by all participants. In addition, confidentiality was explained, as well. Likewise, to ensure confidentiality of the participants and their clients, the researcher did not include specific details that would lead someone to assume the identity of the person discussed. Neither the client's, nor the participant's, personal information was disclosed in the study and no identifiable characteristics about the participants was disclosed in the data. To ensure anonymity of the clinician's clients, the participants did not divulge the identity of any clients. To ensure anonymity of the participants, the informed consent documents was signed using an "X" to verify that the document has been explained.

For the purposes of this study, digital audio recordings was used; however, all recordings were deleted immediately following the data collection process. In addition, email correspondences were deleted immediately following data collection. Another ethical issue connected to confidentiality was Mandated Reporter responsibilities. Given the topic and focus of the research, suspicions of abuse and/or neglect would have been reported, had they arose; however, there were no incidents of suspected or neglect reported by the participants.

Political Issues

Political issues can be very problematic for the research site of this study. Funding is a major issue. Funding has an impact on both micro and macro practices within the agency. Political policies influence funding sources and how these funds are allocated. The agency may be concerned about the findings of the study. If the findings determine that current programs are not effective, this can impact future funding for the programs to continue. The researcher discussed the purpose of the study with the program director, which is to continue with appropriate interventions or develop new programs that will address the specific research topic.

Should research findings imply a need for new service programs, this may require additional funding. Without additional funding sources, these programs cannot be established. Funding can determine the agency's ability to develop new programs, which impacts individual families within the community. Funding will dictate if this agency or other child welfare agencies can implement intervention programs to address the research topic.

The Role of Technology in Engagement

The role of technology in the engagement process was useful. Telephone calls and emails were made to the research site to schedule appointments and meetings. Human contact was important and face-to-face interviews occurred in order to develop a foundation of trust and commitment. However, the researcher also utilized phone conferences, as a means to interview participants, when their

schedules did not permit in-person meetings. Additionally, the researcher utilized, Atlas-ti7, a computer program, to interpret and analyze the data and render results.

Summary

Chapter two discussed the engagement phases of the research. It discussed the research focus and strategies of engagement for the Gatekeepers of the selected sights. Chapter two also discussed the self-preparation needed for the research and detailed the diversity, ethical, and political issues of the research topic. Lastly, the chapter discussed the role of technology in the engagement process.

CHAPTER THREE

IMPLEMENTATION

Introduction

Chapter three discusses the implementation phases of the research. It discusses the study participants and how they were selected. This chapter also addresses data gathering, phases of data collecting, data recording, and concludes with an overview of the qualitative analysis.

Study Participants

For the purposes of this study, this researcher conducted in depth qualitative face-to-face and phone interviews with clinicians that provide therapeutic services through the SART program, which assists children from birth to six years of age. Their professional insight lead to an understanding of human development. The clinicians review and revise case plans, which asks parents about their pregnancy, attitude during pregnancy, relationship with the child, and their relationship status. The selected participants work with children individually and with their families and have firsthand knowledge of the effects children face, when proper attachments are not established in early childhood. Additionally, these participants identified areas in which children are delayed and identify available treatments that are available within the agency.

Selection of Participants

The research study consisted of 10 clinicians from the SART program. The method of sampling that was utilized in this research was convenience sampling, as participants were selected only from the desired population (SART program) who possessed unique insight and knowledge into the social and emotional development of children during early childhood. The program supervisor was contacted and the clinicians volunteered to participate. Because these clinicians offer services to the targeted age demographic, they can offer unique insight into the parent/child relationship, attachment styles of the children, and any developmental delays that were observed or identified.

The department supervisor sent a mass email to clinicians in the SART unit and requested that interested participants contact this researcher in order to volunteer to participate. Each participant contacted the researcher by email to inquire about the study and agreed to participate. Average age of the participants was 35, with an average of 5 years of experience at the agency. Participants included two males and eight females. The racial demographics were 50 percent Caucasian (5), 30 percent African American (3), and 20 percent Hispanic (2). Participants were from diverse backgrounds, with several years of professional experience working with children, prior to their employment with the agency.

Data Gathering

Data collection began with the researcher contacting each participant to schedule face-to-face or phone interviews: five face-to-face interviews and five phone interviews were conducted. Having awareness of cultural influences, gender and racial biases, and other issues that hindered rapport building, was helpful in making necessary adjustments during the interview. Participants engaged well and did not have difficulty warming up during the interview.

Data was gathered by using a series of descriptive, structural, and contrasting questions to determine the participant's enjoyment of working with young children, their ability to identify understanding of human development, their ability to identify a child's characteristics when there is positive or negative attachment, and to identify appropriate intervention methods. By engaging in interviews and studying documentation, a naturalist approach to data collecting was achieved. Interview questions were determined in advance and evolved, as needed.

Phases of Data Collection

Data collection for post positivist research occurs in two phases. First, the researcher interviewed the participants. Face-to-face interviews were conducted at the agency with five participants and this was the most comfortable platform for participants to relax and interact. Phone interviews were conducted with five participants, which allowed for flexibility and encouraged participation; however, it was not the preferred method. The researcher engaged the participants,

discussed the problem focus, maintained focus of the participant, and finally terminated the interview. Lastly, data was transcribed and both the researcher's and the participant's thoughts, ideas, and findings was recorded.

Data Recording

Data was recorded using an audio recording device and note taking during the interview. In order to ease the participants comfort level, the data recording method was discussed at the start of the interview. Likewise, participants were asked to sign the Informed Consent document and the Debriefing statement was provided. Participants who participated in phone interviews were emailed the statements and asked to sign and return the Informed Consent document. The researcher utilized two separate journals. One journal was used to document the details of the interviews, including the participant's identifying information and the time and location of the interview. The other journal was utilized to process the researcher's thoughts, ideas, biases, and values.

Data Analysis Procedures

The post-positivist paradigm combines qualitative data and analysis. Data analysis began by transcribing each interview and identifying clusters amongst the responses. The data was analyzed to determine the clinician's observations of social and emotional deficits when positive attachment is not achieved. The bottom-up approach of was utilized to interpret the data in order to generate a theory from the findings. Open coding was utilized to analyze and categorized

the content, axial coding was utilized to identify relationships between the categories, and selective coding involved developing a theoretical statement amongst the categories.

Summary

Chapter three discussed the implementation phases of the research. It described the study participants, which are clinicians that provide therapeutic and other services to children and families, during early childhood. This chapter also discussed data gathering tools; such as interviews, phases of data collecting, data recording and means of data analysis through open coding.

CHAPTER FOUR

EVALUATION

Introduction

Chapter four discusses the qualitative analysis and interpretation of the data using open, axial, and selective coding. In addition, it provides recommendations for micro and macro practice, based on the research findings.

Data Analysis and Interpretation

Data was analyzed using a bottom up approach and began with open coding, where the researcher processed the information provided by the participants and identify relevant themes or categories that emerged. The researcher then took chunks of a statement or paragraph that fit together and developed relevant codes (Morris, 2014). Interviews were transcribed and downloaded into Atlas Ti7 for analysis.

Once open coding was applied, axial coding was used to develop relationships between these themes. The researcher analyzed the data using quadrants to specify the relationship between topics. The researcher then explored the validity of these themes and reassessed any interpretations that may have been formed (Morris, 2014).

Next, selective coding allowed the researcher to develop a theoretical statement based on the core category. This statement linked all the themes and

categories. This method did not “force” the data, rather, it related the categories in a logical and consistent manner (Morris, 2014).

Open Coding

Open coding involved analyzing the interviews and breaking down the ideas into codes or categories (Morris, 2014). The interviews resulted in 10 open codes, which included understanding of human development, acceptance of population, child’s characteristics when there is positive attachment, child’s characteristics when there is negative attachment, contributing factors to poor attachment, parent buy-in, engagement and rapport with parents or caregivers, intervention, challenges of treatment, and re-establishing attachment.

Acceptance of Population. Participants were asked about their acceptance of the population to determine if there were any underlining biases that would affect their opinion of the clients. All participants reported that they enjoy working with children and a parent’s parenting style, does not impact their ability to work with a family. One clinician reported that her initial interests was to work with the high school population and was reserved about working with youngsters; however, she now reports that, her experience has been challenging, but a blessing (Participant 1, personal communication, June 2016). Biases can affect a clinician’s outlook on their client’s behavior or family dynamic. Clinician’s treatment plans and interactions are not disrupted by biases or transference issues.

Understanding of Human Development. All participants interviewed stated that they had adequate knowledge of human development and recognizing client's developmental ages and stages. Each clinician reported that they had the knowledge and skill to identify developmental characteristics of child when there is normal attachment versus poor attachment to parents or caregivers. Participant 4 stated, "Yes, I do feel that I have an understanding and would be able to see some things that would stand out in... the development process" (Personal communication, August 2016). Having an understanding of human development is an important skill for a clinician to gain, if they are to adequately identify a child's social and emotional skills when there is either positive or negative attachment. Without this knowledge, a clinician would not have the skill necessary to identify developmental milestones, during early childhood and/or distinguish if delays or maladaptive behaviors are the result of poor attachment or if they are contributed to other factors.

Child's Characteristics when there is Positive Attachment. Participants reported, there are certain characteristics within the parent/child dynamic, which are observed when a secure attachment is developed, such as, warmth and loving affection, open communication, active listening, security, happiness and contentment around the parent or caregiver, and healthy exploration. Participant 5 stated, a secure attachment sets "a foundation of security that they [the child] can depend on the adult that's with them, so that they can go to them with issues, as they age" (Personal communication, August 2016). Participant 10

stated, “when they have to separate from their caregiver , there is not a lot of trauma. There’s not a lot of stress... because they know that their caregivers are coming back” (Personal communication, December 2016). When children develop a healthy or positive bond with their parents or caregivers, during early childhood, the child develops healthy socioemotional skills; such as, meeting developmental milestones, developing positive peer friendships, self-regulation of emotions, positive exploration and separation, etc.

Child’s Characteristics when there is Negative Attachment. Participants reported that they observed negative characteristics and behaviors when there is poor attachment; such as, emotional sensitivity, insecurity, anxiety, anger, poor social, coping, and/or problem solving skills, tantrums, failure to follow directions, and/or clingy, aggressive or withdrawn behavior. In addition, children displayed attention seeking behaviors, even if it’s positive or negative attention. Parents are often disengaged with the child and show little attention, during playtime. Participant 1, explained an interaction in which she observed a disengaged parent interact with her child. She stated that a client was playing with a toy truck and he turned to his mother to show her the toy and said, “Truck”. The mother did not look up or acknowledge the client and he turned and looked disappointed. This child often seeks to engage with his parent and when he is rejected often displays attention seeking behaviors (Personal communication, June 2016). Developing poor attachments, during early childhood, often leads to negative

socioemotional skills and poor dynamics and interactions between the child and the parent/caretaker.

Contributing Factors to Poor Attachment. Clinicians reported several factors that affect attachment; such as, foster care placements, adoption, divorce, family history, relationship with the other parent, and/or poor/lack of communication. Clinicians also reported internal factors, drug and/or alcohol dependency, depression, poverty, and mental illness. Participant 10 stated, “parents may be distracted by drugs, alcohol and/or mental illness and this becomes a challenge for bonding and ongoing treatment” (Personal communication, Dec 2016). Clinician 9 reported, “depression and mental illness are a contributing factors, as they often leave a parent with limited capability to focus their attention towards the needs of the child. Attachment is often disruptive when a child’s core needs go unmet for extended periods of time” (Personal communication, December 2016). Recognizing the challenges individuals face can lead clinicians to develop appropriate treatment plans.

Parent Buy-in. All clinicians interviewed agreed that parent buy-in was important and a critical part of intervention; however, not all parents are willing to participate. Participant 6 stated, “the biggest obstacle would be the parent themselves, being able to wrap their mind around not doing things their way” (Personal communication, September 2016). Participant 1 explained, issues exist with treatment, when parents rely on the clinician to fix their child, rather than, take personal accountability for treatment outcomes and show interest in

making personal changes, which contribute to the problem (Personal communication, September 2016). Participant 2 explained, “Sometimes the parent, they just are like, OK. I’m just going to drop them off and this is going to help them. I’m just going to take them here and you handle it. This is your job. I don’t need to be involved” (Personal communication, June 2016). Initially, parents may be resistant to taking part in treatment and fail to realize their contributions to the problem; however, it is imperative that they understand they are a critical part of the program’s success. For bonding to occur, parents, caregivers, and foster parents, must be willing to participate and follow through with program recommendations, in order to develop secure attachments with their children.

Engagement and Rapport with Parents or Caregivers. Clinicians report that engagement and rapport building skills are valuable and necessary skills to effectively engage with clients and families. Participant 6 reports, that developing positive rapport provides an outlet for clinicians to address pertinent issues and correct problematic behavioral or parenting patterns. This is valuable for clinicians who are working with parents, who feel as though their parenting is in question (Personal communication, September 2016). Participant 5 states, “I think that they feel pretty comfortable with me right away. I don’t present myself as intimidating. I don’t like to be fake. I just like to be real and try and talk to them as much as I can to make them feel as comfortable as I can” (Personal communication, August 2016). Clinicians should show genuineness of concern

for the family and find ways to de-escalate moods, when parents feel stigmatized or judged for participating in treatment.

Interventions. There were several intervention strategies that clinicians reported as effective for re-establish attachment. Clinicians stated that the agency provides individual and group therapy for children, in order to improve social skills. Another effective treatment reported by participants was theraplay, which may occur at the agency or at the home. Clinicians work with the parent to develop appropriate interactions and teaches appropriate boundaries, such as, sharing, respect, taking turns, and modeling. Participant 1 reports that Parent-Child Interaction Therapy (PCIT), which occurs at the agency, is very effective, as PCIT aims to improve the parent/child relationship, which improves attachment. Assessments and evaluations are completed pre and post treatment and are important for determining program effectiveness (Personal communication, June 2016). This treatment modality also utilizes play therapy with the parent and child and teaches the parent to follow the lead of the child. Parents utilize positive attention giving and active ignoring of minor behavior to create appropriate boundaries and structure. Clinicians also reported that they utilize craft activities, reading with parent, talk therapy, etc.

Challenges of Treatment. There are challenges that clinicians face when providing services. One of the challenges include clients that are non-verbal, as “they don’t know how to express how they are feeling” (Participant 1, personal communication, June 2016). When faced with non-verbal clients, clinicians rely

on non-verbal cues and behaviors to dictate mood and needs. Another barrier to treatment is a client's inability to build trust, due to trauma or insecure attachment. Participant 6 reported that one of the biggest obstacles could be the parent themselves, as they may not have the willingness to make changes within themselves (Personal communication, September 2016).

Reestablishing Attachment. Participant 1, identified a young client, who experience six different placement changes, prior to the age of three and was adopted by the seventh foster family. The family participated in ongoing services, including PCIT, and the child bonded with his adoptive family (Personal communication, June 2016). Attachment is difficult to re-establish beyond early childhood; however, it is not impossible. Attachment can be re-established using interventions, such as, PCIT and play therapy, adoption, and reconciliation of the family system. Children with Child Welfare involvement, are at greater risk for attachment issues, due to family history and multiple placement changes. Participant 9 reports that children with a trauma history and those experiencing maladaptive behaviors are also at risk for poor attachment (Personal communication, December 2016). Therapeutic intervention provides an outlet for children and parents to learn new skills, by providing tools to regulate and minimize behaviors. If the behaviors decrease, it allows the parent and the child to develop a healthier attachment, as undue stress is alleviated or minimized, allowing bonding to occur.

Axial Coding

Axial coding involved linking the connections between the open codes. The chart below shows how the codes are connected to poor attachment. Clinicians reported that there were particular characteristics that they observed when poor attachment was identified. Characteristics, such as, emotional sensitivity, anxiety, anger, poor social, coping, and/or problem solving skills, tantrums, failure to follow directions, and/or clingy, aggressive or withdrawn behavior impact the socioemotional development of children during early childhood and may impact their future development, as they age. In addition, they reported factors which contribute to poor attachment, such as, foster care placements, adoption, divorce, blended family, family history, relationship with the other parent, poor/lack of communication, drug and alcohol dependency, depression and mental illness impacts parenting skills and affects the parent/child bond, which impacts development. Finally, clinician reported affective interventions to help facilitate bonding and attachment, through modalities, such as, PCIT, group, individual, and theraplay.

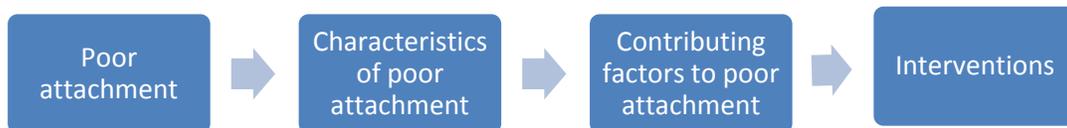


Figure 1. Poor attachment.

Selective Coding

Upon review of open and axial coding, the researcher developed a theory that internal and external factors impacts a parents ability to positively bond with their children. This in turn leads to poor attachment, during early childhood, and may lead to poor socioemotional outcomes for young children.

Implications of Findings for Micro and/or Macro Practice

This research has implications for micro and macro practices. These implications consist of providing adequate interventions and services for clients and their families. In addition, attachment should be addresses in parenting and prenatal classes. The parent or caregiver may have limited resources and knowledge on attachment and how negative attachment may have lasting effects for children. Clients may be at risk of cognitive delays, poor academic performance, maladaptive behaviors, and mental health challenges. Clinicians can educate family members by discussing the impacts on their mental health status, social skills, and emotional regulation and link them to appropriate resources within the community, so that they can combat the internal and external factors that affect their daily living.

Summary

Chapter four discussed the evaluation phase of the research. The researcher used open, axial, and selective coding to analyze the qualitative data

and a theory was developed. In addition, it provided recommendations for micro and macro practice, based on the research findings.

CHAPTER FIVE: TERMINATION AND FOLLOW UP

Introduction

This chapter will focus on terminating plans with the research study site and participants. In addition, it discusses sharing the research findings with participants and the agency, and discusses the dissemination plan.

Termination of Study

Research participants were notified of termination at the time of initial engagement. After the interviews were complete, participants were thanked for their time.

Communicating Findings to Study Site and Study Participants

The final research findings will be mailed to the agency, addressed to the SART unit, and shared with the clinicians who participated in the study.

Ongoing Relationship with Study Participants

Due to confidentiality, there will not be ongoing relationships with study participants. No further communication will occur directly with the participants.

Dissemination Plan

Final results of the study will be provided to the study site, by mail.

Access may be provided to the site, after the research is published and recorded in the CSUSB library.

Summary

Chapter five discussed the termination phase of the research study. It also discussed communication of the research findings, ongoing relationships with participants, and the dissemination plan.

APPENDIX A
DATA COLLECTION INSTRUMENTS

INTERVIEW QUESTIONS:

What is your understanding of human development?

What is your understanding of attachment and can you identify different attachment styles?

Do you enjoy working with children?

What are some of the challenges of your job?

Can you describe the specific services that you provide as a clinician in the SART program?

What are your day-to-day experiences with your clients?

What does a typical family session look like?

How does a parent's participation and interest impact therapy?

What are the characteristics of interactions between parents and children, when there is a strong bond between the two?

What are the notable differences when there is poor attachment?

Describe the social skills of children with poor attachment.

Can you identify positive coping skills for children in this age range?

What is the ratio of clients that successfully terminate from the program?

What interventions are in place to support and strengthen the parent/child relationship?

Does the program offer parent training?

APPENDIX B
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT:

The study that you have just completed was designed to reveal the negative effects of poor attachments in the parent/child relationship. By addressing the negative socioemotional effects of poor attachments; such as, withdrawn and/or aggressive behavior, poor social, problem solving, and coping skills, acting out, and other maladaptive behaviors, we can realize the importance of the initial relationship between a child and their parent or caregiver. Poor attachments often lead to problematic behaviors in early childhood, which impacts a child's success as they progress through adolescence. I am interested in determining the factors which lead to poor attachments and to determine if current programs are available which assists them with bonding and attachment to their children. This is to inform you that no deception is involved in this study.

Thank you for your participation. If you have any questions about the study, please feel free to contact Ashiko Newman 760-927-6141 or Dr. Teresa Morris at 909-537-5561.

If you would like to obtain a copy of the results of this study, please contact Ashiko Newman (email: 000558115@coyote.csusb.edu) or Dr. Teresa Morris (email: tmorris@csusb.edu) after June 2017.

APPENDIX C
INFORMED CONSENT

INFORMED CONSENT:

The study in which you are asked to participate is designed to study the effects of parenting as it relates to attachment. Poor attachments to caregivers often has a negative effect on a child's socioemotional development, during early childhood, which impacts emotional well-being and social skills. The study is being conducted by Social Work Master's student Ashiko Newman of California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-committee, California State University, San Bernardino.

PURPOSE: The purpose of the study is to examine the effects of attachment and reveal how negative attachment can impact children's socioemotional development.

DESCRIPTION: Participants will be asked a few questions about their knowledge of human development, characteristics of positive and negative attachments, developmental delays observed as a result of poor attachment, and questions regarding the emotional status and social development of clients with a poor attachment in the parent/child relationship.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported via an internet link or mailed to the research site.

DURATION: Interviews will take approximately 15-20 minutes to complete.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Ashiko Newman 760-927-6141 or Dr. Teresa Morris at 909-537-5561.

RESULTS: Please contact Ashiko Newman (email: 000558115@coyote.csusb.edu) or Dr. Teresa Morris (email: tmorris@csusb.edu) or Desert Mountain SELPA for the results of the study after June 2017.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here

Date

APPENDIX D
INSTITUTIONAL REVIEW BOARD APPROVAL

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) Ashiko Newman
Proposal Title Poor Attachment and the Socioeconomic Effects
SW 1681

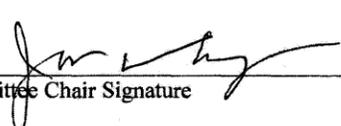
Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

- approved
 to be resubmitted with revisions listed below
 to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing
 missing informed consent debriefing statement
 revisions needed in informed consent debriefing
 data collection instruments missing
 agency approval letter missing
 CITI missing
 revisions in design needed (specified below)
- _____



Committee Chair Signature

6/21/2016

Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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