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Smith College

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ABSTRACT

The following thesis investigates the work done by early childhood educators for attachment-impaired children in the classroom setting. The experiences shared by the educators in this open study may guide and inspire other helping professionals as they develop strategies for working with children for whom it is difficult to build relationships.

This study employed open-ended interview questions to gather narrative data from twelve experts who work or have worked in preschool programs. Through direct interviews with the relevant professionals this study examined their efforts to service this challenging population. The overarching request made of participants was to "describe [a] case of a child presenting attachment limitations with whom it was particularly difficult to build a relationship." Participants were asked to maintain confidentiality in their answers.

The research found that the teachers were significantly affected by their experiences. Those who had been in the field longer demonstrated a calmness that was useful when working with this population. Unique and remarkable techniques were utilized to try to engage the children and when the methods were actively reparative in approach the child more often responded positively and developed a more secure attachment. The participants also described learning how important it is for relationship-building to be a priority in the classroom. Lastly it is clear that educators and clinicians must continue to seek out support in one another's professional experiences.

THE EXPERIENCE OF EARLY CHILDHOOD EDUCATORS ON WORKING WITH
CHILDREN WHO HAVE ATTACHMENT IMPAIRMENTS

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

Aethena Enzer-Mahler

Smith College School for Social Work
Northampton, Massachusetts 01063

2009

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CHAPTER I

INTRODUCTION

This study will examine how early childhood educators try to promote healthy relationships with children who present attachment limitations. Attachment limitations can encompass any number of behaviors and causes, including, but not limited to: insecure attachment patterns; trauma history; pervasive developmental delays; and anxiety. While there is literature that discusses the possibility of transforming an ordinary classroom into a more therapeutic setting and literature that explores attachment patterns in young children and their lasting effects, there very little research that investigates the techniques being used to by typical classroom teachers when working with these challenging children. This study will ask educators to describe a case from their work with a child with whom it was particularly difficult to build a relationship and will research the impact these children have on the educators. This inquiry will ideally start to expand the current literature by providing an increased understanding of this complex area.

Effective work with children who demonstrate attachment limitations in the classroom should ultimately help to strengthen the child's ability to form relationships. As much of the literature on attachment theory indicates that insecure attachments can hinder later development in many areas including: social, cognitive, emotional, and ones self-concept as well as limiting the child's ability to learn (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969; Conroy, Dunlap, Clarke, & Alter, 2005; Cook, Blaustein, Spinazzola, & van der Kolk, 2003; Davies, 2004; Hester, Baltodano, Henrickson, Tonelson, Conroy, & Gable, 2004; Spivack, Marcus, & Swift, 1986; Webster-Stratton,

2001). With the possibility of life-long negative effects from insecure attachments, it is the responsibility of the helping professionals who work with these children daily, to try to help develop their relationship patterns.

The following thesis investigates the work of early childhood educators who have experienced attachment-impaired children in their classrooms. Early childhood educators can include any preschool teachers, special education teachers working with this age group, Head Start educators and administrators who work with these children in a classroom setting. The experiences shared by the educators in this open study will hopefully engage other helping professionals when considering additional methods for working with children for whom it is difficult to build relationships. It may be beneficial to both other educators and mental health clinicians to hear each other's perspectives.

CHAPTER II
LITERATURE REVIEW

Introduction

The purpose of this study is to explore the experiences of early childhood educators working with children who have difficulties in developing secure attachments and healthy relationships. This study will focus on children who exhibit behaviors and attachment patterns that make it more challenging for relationships to form with adults and peers. These children may demonstrate a variety of behaviors including but not limited to: aggressive behaviors or physical aggression; inability to use adults as a source of help or comfort; difficulty with affect regulation; emotional immaturity; inability to balance dependence and independence. Children who demonstrate these or other similar behaviors are challenging to work with; even if these responses diminish over time they can be particularly challenging in a classroom setting. This study asked for case examples of a child presenting attachment limitations, one with whom it was particularly difficult to build a relationship.

This literature review will examine the following related topics: attachment patterns and development; typical preschool child development; risks of insecure attachments; effects of preschool education; the classroom as a milieu for therapeutic interventions. This review also describes preschool programs that are specifically designed as therapeutic programs and some methods for integrating therapeutic techniques into the classroom. The possibility of early childhood teachers serving as potential attachment figures is also discussed. Prior work indicates that children who

experience attachment impairments are challenging to work with in all settings, regardless of the training educators or clinicians may have received.

Attachment Patterns and Development

Attachment theory provides a useful perspective for understanding early relational patterns in children. John Bowlby conceived of attachment theory and the work of Mary Ainsworth and others have validated and refined it. Starting at birth, babies seek out human connections (Lieberman, & Van Horn, 2008). Bowlby described attachment theory as having a biological basis, helping all animals, including humans survive by keeping close to a caregiver to maintain a sense of security (Davies, 2004, & Bowlby, 1969). A greater proximity to the caregiver ensures better caretaking and protection. Bowlby delineated five component instinctive responses beginning in infancy that lead to greater proximity, thus mediating attachment: sucking, smiling, clinging, crying and following (Mitchell, & Black, 1995). These functions lead to the healthy development as "babies and young children thrive when they feel secure in their parents care as they experiment with their bodies, relationships and physical environment" (Lieberman, & Van Horn, 2008, p. 1).

In the mid-1960's Mary Ainsworth began examining Bowlby's attachment theory with a series of studies. These studies led to a more specific understanding of attachment and how different attachment patterns manifest themselves within children. Ainsworth created an experimental procedure called the "Strange Situation" (Davies, p.11). This work observed the reactions of children ages 12-48 months who were left alone briefly and then reunited with their mothers. Based on the observations, Ainsworth identified

the characteristics of three major styles of attachment: secure; insecure-avoidant; and insecure-ambivalent (Ainsworth, Blehar, Waters, & Wall, 1978; Davies, 2004). Later, the third type of insecure attachment was identified as insecure-disorganized, by Mary Main (Davies, 2004).

These early attachment styles are established in childhood through infant/caregiver relationships and represent strategies that have developed over time (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969). Bowlby pointed out that the child develops a working model of attachment based on how he/she has been cared for and responded to within the primary attachment relationship. These experiences have an important influence on attachment and behavior later in life (Davies, 2004). For the purpose of this paper it is necessary to understand the different attachment styles a child may have and how this affects their ability to interact with adults and other children. These styles have been identified by the work of Ainsworth and Main, each will be described briefly including how each style approaches building an attachment and the behaviors associated with it.

A securely attached infant shows confidence in the attachment relationship and during the Strange Situation study the level of distress varied in response to the separation, but when the mother returned "they tended to greet her positively, to look relieved and happy, and to move close to her" (Davies, 2004, p 12). Secure attachments have a positive impact on later development, as children who have a history of secure attachment are more confident about exploring their environment and more open to learning. This tends to continue as the child grows, developing into positive self-esteem, ease in making friends, confidence, and ability to work through hurt or anger. Also if

faced with severe stressors which create a move towards an insecure attachment, children with secure attachment rebound more easily. "Overall, ongoing secure attachment is a protective factor that promotes adaptive development throughout childhood and into adulthood" (Davies, 2004, p. 13).

Insecure-avoidant infants showed very little attachment to the mother during the entire Strange Situation procedure. The infant played independently, did not appear distressed when the mother left, and ignored her when she returned. These infants actively avoided contact, even when the parent tried to get their attention. Avoidant infants tend to not show that they are upset, rather they appear somber, expressionless, or self-contained. The avoidant pattern should not be equated with nonattachment, but instead viewed as a defensive strategy for the baby to stay close to the parent, while protecting itself from overt rejection. Insecure-avoidant preschoolers continue to reduce involvement and focus on play with minimal responses, neutral affect and have higher levels of hostility and unprovoked aggression. Instead of expressing distress and asking for help, they are likely to sulk or withdraw and later in life these children can be isolated when in groups, avoided by peers and dismiss the importance of love (Davies, 2004).

Infants classified as insecure-ambivalent showed behavior during the Strange Situation study that conveyed a strong need for attachment, but a lack of confidence in its availability (Davies, 2004). The ambivalent infant clings, has difficulty settling, and only plays a little before becoming upset and failing to return to exploration. An ambivalent pattern predicts later disturbances in the child's capacity for autonomous behavior, for example the ambivalent toddlers remain preoccupied with attachment at the expense of exploration (Davies, 2004). Later in life the ambivalent child exaggerates conflict, is

easily overwhelmed and distressed. These children lack assertiveness, may get picked on by peers, are passive and unable to recognize personal responsibility in relationships.

The third type of insecure attachment is disorganized, identified by Mary Main and her colleagues (Davies, 2004). The disorganized infant shows contradictory behavior when reunited with the mother after separation. The infant may greet the mother happily and raise its arms to be picked up and then turn away, become motionless and dazed. Disorganized infants appear to lack an organized strategy for "eliciting comforting when they are under stress...this contributes to their internal sense of disorder and has an ongoing negative impact on their ability to self-regulate" (Davies, 2004, p. 17). Over time these children present as disoriented, fearful and chaotic, while at times hyper-vigilant. These children can be disconnected and develop a preoccupation with guilt.

Attachment patterns begin to develop at birth and these styles tend to endure.

According to Cassidy (1990),

patterns of attachment in the Strange Situation in infancy have proven a powerful measure: they have repeatedly been shown to be stable, and have been related both to prior aspects of the infant-mother relationship as well as to a wide variety of later aspects of infant and child functioning (p. 94).

In order to understand how to work with children who experience a range of attachment styles, it is important to look at what attachment and development looks like in the typical preschool age child.

Development of the Typical Preschooler

By the time a child reaches preschool age he/she is evolving from the egocentric toddler with a limited understanding of the self and the world, into a child who is capable

of logical thinking, self-control and empathy. The preschooler is beginning to move from the world of magical thinking into thought that is more logical, showing an understanding of cause and effect and ability to distinguish between fantasy and reality. During this age a child's capacity for self-regulation and impulse control also grows as the child learns interpersonal coping skills and internalizes unconscious defenses and cognitive controls. Through the attachment relationship, the preschool child learns to manage anxiety using internal and external resources. Although the typical preschooler is moving towards a more independent self there is still a need for secure attachments to provide security when the child is under stress, especially as the child learns social competence through peer interactions (Davies, 2004; Fraiberg, 1959; Furman, 1998; Koplow, 2007).

The well-functioning preschool child is generally able to show at least partial mastery over these developmental issues, but still remains vulnerable to frequent regressions. Ideally, a child enters preschool with a belief in the permanence of objects and in the constancy of people, carrying an internal image of a caregiver, even when not in their presence, to help comfort themselves in times of stress. A strong and secure relationship with a caregiver should help the child construct a sense of himself or herself as a separate and autonomous person. Strong and stable attachment relationships at home allow the preschooler to develop trust in the surrogate caregivers at school and to seek and accept help when needed while still confidently, independently exploring their classroom (Davies, 2004; Fraiberg, 1959; Koplow, 2007).

Through scaffolding from adults, the preschool child learns new skills in both cognitive and social/emotional areas. Lesley Koplow (2007), looking at theories of child development from Piaget and others, observes,

Typically, 3- and 4-year-old children are still dependent on the adult but are increasingly able to move away in order to explore and master the world around them. They learn best when they learn actively, through a variety of hands-on experiences. They integrate what they learn by symbolically re-creating experiences in play, art, and language (p. 56).

However it is observed that children who have a secure attachment with their caregivers acquire these skills most easily. Greenspan and White (1985), remind us that the emotional environment that the child is raised in will affect their interest in the world, including the degree to which they practice using their motor skills, sensory apparatus, and their emerging intellect to meet challenges. "Children who are apathetic and depressed because of extreme social and emotional deprivation will often also lag behind in their sensory-motor and cognitive growth" (Greenspan, & White, 1985, p.5). It is important to understand the ways that emotional deprivation and insecure attachment patterns affect the typical development and behavior of a preschooler, and to recognize the lasting effects an attachment pattern may have on a child's life.

When Attachment Goes Wrong: What's a preschooler to do?

According to the afore mentioned research it is clear that children can thrive when they have secure attachment relationships and opportunities to explore their worlds within protective family and community structures. There is also additional research that these psychosocial supports affect the actual physiology of his or her developing brain (Koplow, 2007). Early emotional experiences create essential pathways for learning and create a blueprint that can promote or arrest the development of cognition and socialization for years to come (Koplow, 2007). It is important to understand the key role

that children's psychosocial development plays in their ability to integrate from the family into the larger community and continue their cognitive development.

Goldsmith (2007) cites "that the inability to effectively modulate emotion has a negative impact on the primary developmental tasks for preschoolers: learning to engage effectively with peers, manage impulses, and function in a group setting" (p.208).

Children who are experiencing difficulty with their attachments may evidence that in a number of behaviors in a preschool classroom or when interacting with other people outside of their home. Many of these behaviors create a challenge for the child to expand the necessary skills for development.

It is likely, according to Koplow (2007), that attachment-disordered or neglected children will have difficulties with the early achievements, which occur through safe and encouraging environments, and without these may demonstrate impoverished symbolic abilities. "For example, delays in speech and language development are often present in children with histories of disrupted attachments, as well as delays in ability to generate symbolic play" (p. 11). Play is an important aspect of young children's development as it is the way they make sense of their world. Winnicott reminds us of the importance of a holding environment in which children can develop their play while trusting in the maternal environment. Children must be able to rely on their caregivers to ensure their safety and meet their basic needs, then children are free to devote emotional energy to their own developmental process (Davies, 2004; Koplow, 2007; Mitchell & Black, 1995). In addition to delays in development children may assume an aggressive stance to defend themselves from feelings of deprivation and vulnerability. If the aggression is not adequately contained within the parent-child relationship, it cannot be contained by the

child and is likely to come out in social situations away from the parents (Koplow, 2007).

The development of children's behavior problems is complex, and no single factor can account for their evolution. Hester, Baltodano, Henrickson, Tonelson, Conroy, & Gable (2004) believe that the factors of the characteristics of the child, the parent, and the interaction between the parent and child all exert significant influence on the development of problem behaviors. These behaviors can include hitting, biting, and extreme tantrums, all of which cause disruption in the child's development (Anderson, Long, Leathers, Denny & Hilliard, 1981; Hester, Baltodano, Henrickson, Tonelson, Conroy, & Gable, 2004; Wiener, 2007).

Children who have experienced a disruption in the attachment relationship, for example due to abuse or neglect or removal from the home, may experience impairments in a variety of domains, including attachment as described in a report put out by the National Child Traumatic Stress Network (Cook, Blaustein, Spinazzola, & van der Kolk, 2003). These impairments can span all domains of development and can include, but not be limited to: sensorimotor development; affect regulation; behavioral control, poor modulation of impulses, oppositional behavior; difficulty understanding and complying with rules; low self-esteem; difficulty in attention regulation and executive functions; difficulty enlisting other people's help; social isolation; interpersonal difficulties (Cook et al, 2003). A few of these impairments lead to a vicious cycle inhibiting the skills needed to create secure attachments thus making it difficult for a child to gain the resiliency needed to form a new attachment pattern.

Attachment studies have demonstrated that children who have histories of insensitive care develop complementary models of themselves as unworthy and

ineffectual in eliciting care. Children carry these feelings into the nursery classroom. And these behaviors translate into a child who can be exceedingly challenging to work with in a school environment. With some children there is a developmental paradox. The child is precociously independent, dependent, disconnected and competent. At the same time, he or she has diminished sense of agency and is emotionally immature (Koplow, 2007).

These behaviors can persist for children and have long-term impacts.

Clinical observations suggest that young children exhibiting signs of socially unacceptable behavior tend to maintain these behaviors into adolescence and adulthood. Behaviors that begin in preschool have been shown to be indicative of later problems (Conroy, Dunlap, Clarke, & Alter, 2005; Spivack, Marcus, & Swift, 1986; Webster-Stratton, 2001). Preschool children who demonstrate significant problem behaviors have a 50% chance of experiencing future problems, "such as peer rejection, drug abuse, depression, juvenile delinquency, and school dropout during their adolescent years" (Hester, Baltodano, Henrickson, Tonelson, Conroy, & Gable, 2004).

Conroy et al, state that left untreated the challenging behaviors exhibited by these young children will most likely deteriorate and as these children grow up the outcome is even bleaker. "Researchers have found that unaddressed challenging behaviors increase in both rate and severity over time and that early behavior problems are linked with more severe conduct disorders in adolescence and adulthood, such as substance abuse, unemployment, criminal behavior, and diagnosis of psychiatric disorder" (Conroy et al, 2005, p. 157). Children who are unable to build attachment relationships with peers and adults are at risk for the long-term, however these children are also experiencing the effects in their current lives.

Studies show moderate to serious mental health problems in 7- 25% of preschool aged children, often in the form of a diagnosis of oppositional defiant disorder (Conroy et al, 2005; Webster-Stratton, 2001). In addition, 22% of girls and 39% of boys in Head Start scored in the clinical range for both externalizing and internalizing problem behaviors (Kaiser, Cai, Hancock, & Foster, 2002). Luckily the converse is also possible.

According to the results from the Perry Preschool Project, a preschool intervention program for disadvantaged children, mentioned by Greenspan, S. & White, K, (1985), "although IQ gains were negligible, the children served stayed more within the structure of the school system and society, needed less special education, and were less involved in school drop out, delinquency, and teenage pregnancy" (p.5). Due to the fact that a number of early childhood programs are seen as being beneficial to at-risk preschoolers (Anderson, Long, Leathers, Denny & Hilliard, 1981; Bradley, Kolers & Cohen, 1988; Howes & Ritchie, 1998; Kliman, 1975; Oats, Gray, Schweitzer, Kempe & Harmon, 1995; Tse, 2006; Wiener, 2007) it is important to understand the function of preschool classrooms in general and their possible effects on the children enrolled.

What preschool can do for you!

The landscape of early childhood education has changed greatly in the past few decades. Public and private programs, therapeutic or play-based programs have all been rethought and revamped in the recent past. These changes bring new resources and new challenges to the field and to the children (Koplow, 2007). Today early childhood educators are more likely to have a master's degree in education than they were ten years ago. Children are more likely to attend programs with peers who have different strengths

and weaknesses. "Fragile children...are more likely to be able to receive support services within the mainstream school environment as an alternative to self-contained special education classrooms and to have these services funded by the city or state where they live" (Koplow, 2007, p. ix).

Preschool classrooms and teachers have ability to provide young children with the environment in which they can grow social/emotionally and cognitively. Classrooms can provide routines that are supportive, consistent and comforting and places where children can explore through interactions with their peers and open-ended play. And classrooms can provide time, which allows them to play out conflicts that are confusing in order to better integrate them and a curriculum that reflects their own developmental agendas (Curtis & Carter, 2008; Koplow, 2007). Early childhood education provides preschoolers with a safe haven, full of invitations to connect to teachers. "All children need us to listen to the outcomes of recent brain development research that find relationships to be the building blocks that create potential for cognitive learning" (Koplow, 2007, p. x).

Developmental theorist Lev Vygotsky's argues the need for classrooms to be social environments, where children learn best through interactions with others. Vygotsky believed that what children can do with the assistance of others is even more indicative of their mental development than what they can do alone (Brandsford, 2000). The ability to work with peers and adults in the social context of a classroom is supportive to the individual's cognitive development, but also reflects their ability to use relationships with primary and secondary attachment figures as a force that promotes additional development, something that is clearly visible in the early childhood classroom.

Classrooms as an opportunity for milieu intervention

There have been many pilot projects that have addressed problematic behaviors of preschool age children (Anderson, Long, Leathers, Denny & Hilliard, 1981; Bradley, Kolers & Cohen, 1988; Kliman, 1975; Goldsmith, 2007; Oats, Gray, Schweitzer, Kempe & Harmon, 1995; Koplow, 2007; Rickel, Smith, & Sharp, 1979; Rosenblitt, 2005, Wiener, 2007). Many of these efforts however do not address the relational foundation behind behaviors; numerous approaches are used to disrupt challenging behaviors without identifying the relationship as central to the methods. Because of the centrality of relational function in preschools, all programs probably address this area, at least subconsciously. It is important to recognize that most programs, just by engaging with the children, are putting the relationship in the foreground of their intervention, whether they are aware of it or not. This creates an abundance of programmatic opportunities to address children's relational limitations.

A school environment can be an ideal setting in which to promote adaptation, or alleviate dysfunction in young children. The school is one of the most forceful socializing agents offering opportunities to assess and promote competence in young children. Schools and educators have the ability to recognize maladaptive behaviors and address them early in the school years, rather than waiting for the problem to become so severe that it is brought to the larger mental health system (Rickel, Smith, & Sharp, 1979).

Rickel, Smith & Sharp (1979), completed a study with children enrolled in the Title I Preschool Programs housed in the Detroit public schools. The study divided all children identified as high-risk into two groups, the experimental and the control group.

Both groups received two fifteen-minute sessions weekly with one-on-one aides for eight months, but it was the quality of the experience with the aide that shaped the study. The project demonstrated that behavioral and learning problems can be identified in preschool-age children and “that these maladaptions respond to intervention...using prescriptive techniques with supervision” (p. 110). Overall the children in the experimental group received higher scores on their posttest, which measured personal-social responsiveness, aggression and acting-out, and adjustment difficulties, than the children in the control group. These findings supported the assertion made by Rickel, Smith, & Sharp (1979), that teachers' judgments of emotional problems were found to be very much like the judgments of clinicians and that classrooms have the possibility of providing therapeutic interventions.

Classroom environments also provide the opportunity for children to be a participant in a group, something that can cultivate a therapeutic process. Teachers in the classroom setting have the possibility to address the needs of individual children within the collective of the group. The educator is faced with the challenge of balancing the needs of the individual with the needs of the group, a difficult task for any group facilitator. "Although the management of a group of young...children is at times a difficult task, in the end the process of fostering group activity and interaction can be therapeutic and promote growth for the children" (Koplow, 2007, p.62). In addition the group setting serves to diminish a child's sense of isolation. In the classroom milieu children are able to participate in a curriculum that draws on universally relevant developmental themes and children are enabled to share and compare their individual

experiences with those of their peers. "Making an isolated trouble into a shared experience is powerful and healing for the young child" (Koplow, 2007, p.62).

While a typical preschool classroom setting can provide therapeutic interventions through the interactions and connections between adults and students, there are also programs that are designed specifically as therapeutic preschools. These programs provide a variety of therapeutic interventions. Many of these programs are intended for children who exhibit an array of different symptoms. Some children enrolled in therapeutic programs have experienced physical, sexual or emotional abuse (Oats, Gray, Schweitzer, Kempe & Harmon, 1995), other children are highly stressed, emotionally disturbed or carry a diagnosable mental health issue (Kliman, 1975; Wiener, 2007). Many children are considered disruptive, hostile, or aggressive and others are anxious or depressed (Anderson, Long, Leathers, Denny & Hilliard, 1981; Howes, & Ritchie, 1998; Tse, 2006). However, the literature also makes clear through empirical studies that regardless of the diagnosable or unspoken need of the child, therapeutic programs are at least somewhat effective as a form of treatment (Anderson, Long, Leathers, Denny & Hilliard, 1981; Bradley, Kolers & Cohen, 1988; Howes & Ritchie, 1998; Kliman, 1975; Koplow, 2007; Oats, Gray, Schweitzer, Kempe & Harmon, 1995; Tse, 2006; Wiener, 2007).

The literature has shown there are many different ways of creating a therapeutic milieu in a school setting. Blair (1999) describes the challenges of trying to provide therapy in a typical elementary or secondary school setting. The challenges that Blair discusses in detail include: competing pressures and expectations from the school's teachers and administrators on one side and the needs of the client on the other,

conflicting desired outcomes of the therapeutic alliance, scheduling at the school and with families, communication, and additional counselor responsibilities. Balancing the demands of academic work with therapeutic work is not as challenging when thinking about preschool rather than elementary or secondary education; however, considering the school as a possible therapeutic milieu is still of consequence. Blair mentions that there are “only a handful of authors who consider the milieu as a significant variable in their studies of the working alliance” (p.281). Because it can take children longer to feel comfortable with a counselor, being aware of the setting has added importance.

Kliman (1975) in his article about the Cornerstone Method describes a nursery school that provides preventive service in a milieu for highly stressed preschool children, offering early life treatment of emotionally disturbed children and those suffering from recent bereavement. The methods used in this program exclude individual sessions for the children; instead, treatment is only performed in the classroom (Kliman, 1975). This may provide children with an added sense of safety and thus they may be able to form a therapeutic alliance. This program raises the question of confidentiality, although Blair (1999) does introduce the challenge of that in a typical school setting as well and Kliman writes that occasionally a child will ask to speak to the therapist privately; this is done in the corner of the room and once the child has seen that privacy can be obtained it is rarely utilized.

Rice (2002) focuses his article on institutionalization of the therapeutic ethic in education and the rise of therapeutic schools in the country and the methods that schools can utilize that would transform and redefine education itself. Rice writes of the “therapeutic ethic” freeing people to be themselves: in schooling this would cultivate

innate talents, focusing on the true self, “the person that we were meant to be but that the socialization process has prevented us from being” and ultimately emancipating people from externally-imposed demands (p. 23). The focus on autonomy, independence and concern for others in the school setting sounds like an ideal plan for supporting children who may have experienced trauma or other challenges especially at the preschool age. Autonomy, independence and concern for others are encouraged in a typical preschool setting as well.

Gaston (1990) provides diverse theoretical perspectives on the idea of therapeutic alliance and reviews and contrasts them. This article also looks at empirical results from measuring the alliance. At first the article discusses the recognition of the importance of the “collaborative aspects in psychotherapy” (p.143) tracing this back to Freud’s writings. Gaston then moves on to discuss different views of the therapeutic alliance. The ideas attributed to Zetzel are in line with the concepts that could translate into a classroom setting. Zetzel “viewed the alliance as a repetition of the good aspects of the mother-child relationship” (Gaston, 1990, p. 144). This could parallel the relationship that a caregiver, such as a teacher, could have with a child as well, again bringing up the question of how to best form these therapeutic alliances with children in a school setting.

This article also looks at empirical studies, which researched the direct association of the alliance on the outcome of the therapy. There have been many instruments created to measure the alliance. The empirical evidence supports the connection between the alliance and the outcome as observed over a diversity of psychotherapy approaches. Gaston does, however, indicate that further investigations should be conducted with other types of populations, including children.

Kazdin, Marciano, & Whitley (2005) examined the therapeutic alliance in evidence-based treatment of childhood behavioral problems; the authors discussed the lack of studies investigating the therapeutic relationship in child therapy. Kazdin, Marciano, & Whitley, created a study that evaluated child-therapist and parent-therapist alliances, including “attention to tasks and goals of treatment as well as the relationship bond” (p.726). Using the Therapeutic Alliance Scale for children to measure the child’s alliance with the therapist and the Working Alliance Inventory to measure the parent-therapist alliance, Kazdin, Marciano, & Whitley found that their hypothesis was supported. “Child-therapist and parent-therapist alliances were related to therapeutic change at the end of treatment. The better the alliance during treatment, the greater the changes at the end of treatment” (p.728). This article provided evidence that its main findings were parallel with current understandings of adult-therapist alliance building. “The stronger the alliance, the greater the therapeutic change” (p.728). This leads to thinking about the alliance that is built in a typical preschool classroom between parent and teacher and teacher and child and the similarities between teacher-child relationship and child-therapist relationship. Howes and Ritchie (1998) speak to this relationship in their study.

Howes and Ritchie (1998) describe a particular therapeutic program in their article, which had a mission to develop a “model of intervention based on teachers supporting children’s development of relationships” (p. 412). The study itself looked at the processes and outcomes of teacher-child attachment relationship formation in a therapeutic preschool. The article described twenty-one children who were a part of the study; seventy-five percent of the participants had been asked to leave one or more

childcare settings before attending the therapeutic preschool. In the prior settings, teachers had cited disturbing and disruptive behaviors including “aggression, depression, inability to use adults for solace or guidance, poor peer interactions, and frequent flights into disorganized behavior” (p.414).

In this study, the children were evaluated through a number of different tests as well as observations, history and parent interviews. The outcome of this study showed, in general, that the more time children attended therapeutic preschool, the more secure they became in their teacher-child relationship. Furthermore, “children who were least trusting of the teachers, and most likely to resist and avoid the teacher soon after they entered the program were the children who made the most change towards security” (Howes & Ritchie, 1998, p. 420).

The article states that consistency, community involvement, validation and support of children’s positive and negative feelings were the methods used, but how did these concepts work with the children to support this secure attachment? More details in the description of how the services were provided would have helped to explain the outcomes of the study. This report leaves largely unanswered the question of how to form relationships with attachment-impaired children.

Hester et al (2004) contend that for early interventions to be successful, we must provide young at-risk children with environments that both directly teach and actively support adaptive behaviors, thus implying that we must modify environments, not children. Schools ought to be created to support student's social, academic and emotional development and, at the same time, blunt the growth of behavior problems—both on a

group and individual basis. Hester et al emphasized in their article the importance of the role of a teacher when working with the children, stating:

teachers can exercise a significant amount of control over the nature and quality of classroom interactions with children. By individualizing to each child, being nurturing, responsive, and positive in nature, we begin to support a child's skills and behaviors in positive ways (p.9).

The therapeutic alliance that develops between the teacher and child in the classroom, whether it is echoing Bowlby's attachment theory or the ideas contributed by Zetzel, demonstrates that the transferring of psychoanalytic and psychodynamic methodologies into the classroom is one that needs more examining. This is an area Rosenblitt (2005) describes as receiving relatively little attention. Rosenblitt examines a number of programs in his article and notes that all have an emphasis on intrapsychic meaning, the mother-child dyad, inner and outer mastery, and multiple levels of relationship (p. 193).

In Rosenblitt's article, the Lucy Daniels Center for Early Childhood is described in detail. There are many services provided to children and also importantly, parents. This is a common theme throughout the literature; "parent education" is a consistent method used across programs and often incorporated into preschool programs. Another theme that reoccurs concerns confidentiality and how it is necessary to revise this expectation. Rather than maintaining the child's confidentiality as in child analysis or child therapy, servers benefit from sharing much information that the therapist acquires in work with the child. An important reason for this is that "this sharing supports the intensity and intimacy of the parent-child relationship, the primary source of the preschool child's growth" (p. 204).

Throughout the literature on attachment theory and how this translates into the classroom setting, the caregiver-child relationship is always seen as the primary source of support for the development of the child. However, in situations where the primary caregiver is unable to provide the necessary support for social/emotional and cognitive development, the child may try to obtain it from secondary caregivers. Often when children enter the preschool age they are simultaneously introduced to other attachment figures and school environments. This creates the possibility for young children to build new secondary attachment figures as part of their transition process.

Teachers as secondary attachment figures

Within this context of early childhood education preschoolers are ripe to build attachment with secondary figures. Marvin & Stewart (1990), see many possibilities for the increase of attachment figures during the preschool years. Marvin & Stewart cite the birth of a younger sibling, starting day care or school, grandparents involvement, etc, as new opportunities for attachments. As Howes (1999) states in her writing regarding attachment relationships in the context of multiple caregivers, "the formation of attachment relationships in childcare settings...appears to be a similar process to that of infant-mother attachment formation" (p.677). Howes notes that studies of children's attachment behavior in preschool settings suggest that professional caregivers may serve as alternative attachment figures. In their article, De Schipper, Tavecchio, & Van IJzendoorn (2008) describe a study that supports Howes' work. De Schipper et al found "that in group-care settings, the *frequency* of caregivers' positive interactions might be

particularly important for a child to gain confidence in the primary caregiver's availability as a safe haven and a secure base" (p.466).

If children have the ability to form attachment relationships with their preschool teachers, then teachers can become another possible source of attachment. In the multiple studies compiled by Conroy et al (2005) relating to proactive, positive strategies to prevent challenging behaviors it was recognized that teachers are providing 42% of the interventions. Teachers have the opportunity to have a large positive impact on the life of a child, especially in the realm of attachment development. Koplow (2007), states that a large part of what children are doing during preschool is developing their inner sense of who they are. This, she believes, can only be done in the context of a real relationship and it is the teacher's ability to recognize and share in the child's feelings, even challenging feelings, this can help the child accept those feelings and integrate them into a sense of self.

In an interview with Jacqueline Zeller, written by Daniel Berry (2008), Zeller discusses the importance of teacher-student relationships for building students' sense of security and the foundations for their learning success in school. Berry quotes Zeller,

when children "internalize" their teachers as reliable sources of support, they are more successful at overcoming challenges. In fact, having emotionally close relationships with child-care providers as a toddler has been linked with more positive social behavior and more complex play later as a preschooler.... teacher-child relationships appear to be an important part of children's social and academic success in school" (p. 2).

From these various sources it is clear that teacher's position is ripe for building relationships and possible attachment patterns, which can influence learning and behavior.

Anywhere, Anytime, Anyhow

The teacher's availability as an alternative or secondary attachment figure creates the possibility for the classroom to become a therapeutic milieu. Although therapeutic preschools may be designed to promote attachment, other early childhood educators may also serve this purpose. As Vivian Gussin Paley, a seasoned educator and author, writes in the introduction to *Unsmiling Faces*, "be assured, the therapy room is not being replaced. Rather, teachers, administrators, and therapists are invited to take joint responsibility for integrating the children's experiences during the school day and beyond, with parents an important part of the process" (Koplow, 2007, p. viii). Here Paley recognizes the important role educators' play in the lives of young children and the significant responsibility that is placed on them to provide a well-rounded experience, which includes social and emotional development. Koplow agrees as she writes that it is her belief "that any preschool can become a healing environment if it is respectful to the young child's developmental process and acknowledges the impact of a child's life experience on this process" (p. xi).

Not all preschool teachers are trained in understanding the psychosocial development of young children and these educators are still faced with the experience of working with children of all levels of psychological development. In the state of Massachusetts early childhood educators are only required to take one course in child development and receive nine months of experience in a classroom before becoming a certified early childhood teacher (Department of Early Education and Care (EEC) Professional Qualifications, 2005). While this is a start toward understanding the complex development and lives that preschoolers are experiencing, teachers can be left

with challenging children in their care and concern about how to best guide them. Despite not receiving special training teachers still have the opportunity to provide therapeutic interventions even without knowing it. And in therapeutic programs, where teachers may receive more training in the area of behavior management or therapeutic interventions, children will still present challenging actions.

The fact that children present various behaviors, strengths and challenges in any setting creates the possibility for any teacher to act therapeutically. Over the course of the any given day a teacher will be constantly interacting with any number of children and using therapeutic techniques. These methods may include: therapeutic language and reflective techniques; opportunities for symbolic play; containing techniques; modified behavior management; interpreting and rephrasing (Glasser, & Easley, 1999; Koplow, 2007). An educator may use these practices without knowing that they have therapeutic value, a teacher may just know that at times certain techniques are effective for particular children. But what about when teachers are not successful in their interventions, what do they try next? Whether in a therapeutic or typical preschool program it is inevitable that a child will present challenges that are greater than expected and the educators and staff of these schools are often left to intervene with new strategies.

Summary

From the literature it is clear that children who have relational impairments due to any cause are going to be challenging as a young children and may also be at-risk later in life. Luckily these children have the ability to grow and develop secure attachment relationships with various caregivers over time and through these relationships minimize

the at-risk behaviors (Koplow, 2007). Because an early childhood classroom is a natural milieu in which children develop secondary caregiver attachments, it is also an environment ripe with possibility for transforming attachment patterns. But the question still remains unanswered in the literature regarding the techniques that are used regularly by early childhood educators when working with children who have difficulty using relationships for help and comfort effectively. It is the intent of the following research to understand more clearly the methods used by educators in various program.

CHAPTER III

METHODOLOGY

Study Design

The research conducted, following the review of literature which regarded: attachment patterns, typical development and risks of insecure attachments, as well as the classroom as a plausible therapeutic milieu and teachers as possible attachment figures; was a direct study intended to examine the experiences of early childhood educators when working with a child who has difficulties in developing secure attachments and healthy relationships. Using already established preschool programs and the experiences of employees, this study employed open-ended interview questions to gather narrative data from experts who work or have worked in preschool programs. Through direct interviews with the relevant professionals working in preschool programs or with preschoolers, this study explored their understanding and service efforts with this challenging population.

The narrative interviews were conducted one time, often in person, but also over the phone to account for schedules and locations. The exchanges between the participants and this researcher were audio-recorded to ensure accurate reporting and quotations. The recoding also allowed this writer to more thoroughly examine the presented cases for emerging themes when compiling the research. Clear field notes documenting affect, mood, surroundings and other specifics to which the recording is not sensitive supplemented the audio recordings. These notes were also used as part of the analysis and in the final report and selected sections of the interviews were transcribed.

Sample

The participants involved with this study needed to meet certain criteria in order to be included. Participants must consider themselves to be or have been an early childhood educator working with preschool aged children between the ages of two years, nine months and six years, and who have had at least one year of professional experience. Age, race, ethnicity, and gender were not exclusion criteria, but participants had to be fluent in and able to read English as the interviews were conducted verbally and the informed consent form was written in English. The screening questions asked subjects to be able to share details of a case in which a child displayed attachment impairments, while maintaining the child's confidentiality by omitting all identifying information. Participants must have also been willing to be audio recorded and consent to have sections of the interview transcribed.

The sample size was twelve participants. Some participants had an affiliation with a school or agency where they currently work with preschoolers, however the specific agency or school was not important as the questions were about the child's difficulties, and how the subject has worked with the child. Participants were sought through professional connections of this writer and then through snowball sampling. Ideally the sample would have represented a diversity in race, gender, age and ethnicity, however early childhood education is a field with primarily women and the geographic area in which this researcher recruited was not racially diverse.

After recruitment the sample approximated the diversity present in the larger community and were all Caucasian. All participants were women, however age and years of experience varied greatly. Participants worked in both public and private

schools, large and small programs, some programs that included additional clinical support and other that did not. Some of the subjects were teachers and co-teachers, and some participants were supervisors. Due to the variety of experience level among the subjects the research was rich in content.

Data Collection

The interview allowed for the participant to ask questions of the interviewer regarding the study and use of their interview, as well as any other questions they might have. Each interview took place at a mutually convenient time and in a quiet space either at the researcher's agency, or another place chosen by the subject. Before the initial meeting, the participant received the informed consent form and returned it to the interviewer. The one-time interview took between twenty and thirty minutes.

The method for gathering data was audio-recording technology installed on a computer and written field notes by the researcher. The interview began by gathering demographic information including: age, race, gender, professional title, and the length of time working in the field, and years in current position. After gathering the demographic information this researcher began with the qualitative open-ended interview questions to gather narrative data.

At first participants were reminded of the importance of maintaining confidentiality about the case and then the first question asked participants to "please describe for me this case of a child presenting attachment limitations with whom it was particularly difficult to build a relationship." The following questions were asked to gather more information about the way the child related to both peers and adults over

time. These questions in the middle of the interview allowed for this researcher to clarify, rephrase and gain more information thus further understanding the experiences of the teachers. The last section of the interview asked participants to discuss what they had learned from working on this case and how the work may have changed their understanding of children with attachment limitations in general.

Subjects were commonly willing to engage with the questions and asked for clarification when necessary. The questions asked participants to think of their professional experience, and all subjects were open in sharing their efforts and when they did or did not work. The risks of participation were minimal. The participants were not at risk personally or professionally, as no identifying information was presented in the report. A list of references in the form of written material was offered to all participants to provide additional support. All of the information shared by subjects was also held in confidence as described in the informed consent form.

In the interest of confidentiality, informed consent forms are kept separate from all other data collected. Any personal data collected was kept confidential, however this researcher personally contacted participants, which precludes the ability to grant anonymity. Educators' names did not appear on any tapes or papers excepting the consent forms. Instead only unique codes identify their information. Only this researcher transcribed recordings of the interviews. Any quotes used for illustrative purposes did not contain any identifying information. All records (audio tapes, transcriptions, notes, and signed informed consent forms) are to be locked for a period of three years, as required by Federal guidelines. All electronic data were stored according to codes and

also electronically secured. After the three-year period, when all data are no longer needed, they will be destroyed.

The personal benefits for participants of this research included a possible added perspective on aspects of their professional experience and an opportunity to share their knowledge. It did not include financial compensation. The willingness of the teachers who participated to talk about what didn't go well with a case and also reveal their desire to continue to make an effort was an aspect of the interview process that provided this writer with a sense of optimism. And also demonstrated the participant's ability and desire to be reflective about the work they engage with daily.

Data Analysis

As more interviews were completed it became apparent that there were themes emerging from the various participants. Considering that these interviews were gathering narrative data it was important to note the themes and clear similarities and differences between the participant's experiences. Examining the threads that wove from one interview to the next was the general strategy for analyzing the data. The audio-recordings were used to recollect the specifics of each interview and to draw expository quotes from. The sections used were transcribed, but not the entire interview. Mostly this researcher's field notes, which illustrated the affect, were used to demonstrate the patterns. Statistical analysis was only used with the demographic information and not used throughout because the narrative information did not lend itself to statistical analysis in a constructive manner.

The findings revealed mostly expected results such as more experienced teachers were less reactive to these children, where as newer less-experienced teachers were more likely to try and engage with the challenging behaviors, at times making them worse. Some similarities between the cases was unexpected, many of the children were only children, or a families' "miracle child" which was surprising, where as cases of children who were in the foster care system were less unexpected.

Limitations and Biases

There were a few limitations that presented during the recruitment process. This study only yielded twelve participants, which is not enough to be a representative sample. Originally the study was going to include early childhood educators and clinicians, but only ended up enlisting educators. The sample of educators was also not representative racially, ethnically or by gender. It was difficult to find male participants, thus the study only demonstrates the view of some female early childhood educators. This sample was also not random, and because this researcher knew some of the participants personally through past professional experiences, it may have changed the manner in which the information was shared. Proximity was also a limiting factor because face-to-face interviews were preferred. When phone interviews were conducted they created other limitations regarding observation of affect. These limiting factors prevented generalizations regarding the greater population of early childhood educators.

This researcher had past professional experiences with many of the study participants. It was difficult to separate what this researcher already knew from what subjects chose to share. At times this made it difficult for the researcher to sort through a

subject's affect, however after completing the first couple of interviews, this became easier and information shared by participants was taken more at face value.

Summary

As the literature indicated children who have relational impairments due to any cause are challenging as young children and may also be at-risk later in life. With the early childhood classroom a natural milieu, these children, through developing secure attachments with secondary caregivers, have the ability to grow and develop over time and through these relationships minimize the at-risk behaviors (Koplow, 2007). As the data indicated many participants used a variety of techniques to engage with these children in positive ways. The work is still challenging and many participants struggled with balancing their own strengths with their own inability to magically solve a situation. The following chapter describes those experiences and other responses participants shared in greater depth during the interview.

CHAPTER IV

FINDINGS

Introduction

This chapter contains the findings from interviews conducted with twelve early childhood educators from New England who have been working in the field for at least one year. The interview questions were designed to elicit information regarding participants' experiences working with children in a classroom setting who presented attachment limitations in regards to interacting with adults and peers. The main question asked participants to discuss a case of a child with these difficulties, while maintaining the child's confidentiality. The case did not have to be of a child with whom the participant was currently working, but could be a past case as long as details were recalled. This led into a set of questions defining what the child's interactions were like and how the educator attempted to work with the child. The final questions focused on what the participant learned and how their understanding of working with attachment impaired children changed. These findings are a survey of practices, not an evaluation of practice.

The majority of interviews were conducted face-to-face and therefore the affect of participants was registered in written field notes. Three telephone interviews were conducted leading this researcher to ask clear questions, while maintaining a neutral demeanor. It was also important to listen closely to the participants' intonation regarding their experiences. The data from these interviews are presented in the following sequence: demographic information of participants and the cases they presented; frequently mentioned themes between cases, including: types of attachment impairments,

participant's affects, and effectiveness of self-reflection when working with these challenging cases. The techniques used when working with relational difficulties in the classroom will also be discussed. All of the findings explore responses to the larger question regarding the experiences of early childhood educators when working with a child who has difficulties in developing secure attachments and healthy relationships.

Demographic Data

Data of Participants

All of the participants were Caucasian females, which reflected the general racial demographics of the area in which participants were recruited and the typical gender demographics of early childhood educators. According to the Labor Force Statistics from the current population survey, 97.6% of individuals employed in early childhood education are women (U.S. Bureau of Labor Statistics, 2007). The ages of participants ranged from twenty-four to fifty-eight, with the average age being 36.75 and the median age as 34.5. The participants were asked their professional title and most participants classified themselves as a "Teacher, Lead Teacher, Preschool Teacher or Co-Teacher." There were two other professional titles mentioned, "Educational Site Supervision" and "Education Manager." The number of years in the field of education spanned from two to twenty-five years, with some people moving from working in early childhood education to other positions or vice versa. The average number of years in the field was twelve and the median number of years was eleven. Participants were asked how long they had been working at their current position in order to understand the scope of their knowledge and awareness of working with the specific population. Some people are not

currently working in preschool education so this question was changed to ask them how long they worked in a preschool. The range of years at that position was from one to thirteen. The average length of time in the position is 4.8 years. The median length of time in a position is 3.25 years.

Data of Cases Presented

Although participants were asked to refrain from using any identifying information of the cases, often the gender of the child came out in the general description of the case. Nine of the cases presented were of male children, and three were female. All the children, because they were preschool aged children were between the ages of two years, nine months and five years. Of the cases shared, a few participants gave specific ages or mentioned when the child came to the program, leading this researcher to understand that the majority of the cases shared were of children around the age of 3 years.

Subgroups of Attachment Impairments in the Cases Presented

The cases shared by participants during the interviews varied in severity and in nature of attachment difficulties, ranging from intense separation anxiety and recent parents' separations adding to the struggle of engagement and trust, to trauma histories, foster care kids and attachment disorder diagnoses. This section will categorize the cases presented into four subgroups.

Subgroup 1: Separation Anxiety

One-third of the cases (n=3) presented described children who had intense separation anxiety when transitioning to the program after coming from a home where

their needs were continuously met. These cases presented the challenge of integrating the children into a classroom with many other kids and less undivided adult attention. These children were described as "clingy", "disengaged," having "one-sided engagement(s)", "withdrawn", "anxious", and "in his/her own world." This subgroup of the cases presented were clearly children who were challenged by the discrepancy of strong supports received at home verses the typical attention given in a classroom. There was nothing in the cases presented that moves this writer to believe that anything other than separation anxiety was occurring. However if these children were unable to overcome their anxiety they may continue toward a more insecure attachment pattern. In a later subsection of this chapter it will be noted how these children affected the study participants.

Subgroup 2: Changes in Caregiver Consistency

A couple of cases (n=2) presented shared stories of children who had a disruption in their attachment pattern due to parents' separations. These children demanded consistency and often quickly fluctuated between "love and hate" for their teachers. These constant mood-swings made it difficult for other children to know when it was okay to interact with them, thus further isolating them from their peers. One participant described a child from this subgroup's behaviors as,

Some days she would love the teacher and love the friends and other days she was very withdrawn. She wanted attention at some points and didn't want attention at other points. And she showed her wanting attention by screaming and other negative behaviors like that.

The other child in this subgroup's behaviors were described as,

He would just kind of attach himself to one adult throughout the day sometimes....and would not really socialize with his peers....Definitely clingy

and acting like his one-year-old sister at the time, really kind of like relying on whinny, 'I need you, I want you' and not really being able to express needs or wants beyond really that presence of an adult right near him at all times.

These behaviors described by both participants show a disruption in the child's typical secure attachment pattern. The "clinginess" and need for both attention and space shows the beginning of a formation of a more ambivalent attachment pattern. However it is important to note that children with secure attachment rebound more easily when faced with severe stressors, which create a move towards an insecure attachment (Davies, 2004). Again, both participants described positive changes in the child's behavior as a move back towards a more secure attachment as the routines and changes outside of school became more stabilized. These cases are valuable as part of this study because they exemplify the ability for an attachment pattern to change in the face of adversity and the resiliency people have to return to secure attachment.

Subgroup 3: Acute Attachment Impairments

This subgroup contains the largest number of the cases presented (n=5) in the interviews. These participants presented the most acute cases: children who have been adopted after being in an orphanage, children in the foster care system and those who have experienced trauma. As it was not a requirement for the child to have an "attachment disorder" diagnosis to participate, most children did not. However, this subgroup contains the one case presented with a child who did carry a diagnosis of "attachment disorder."

The behavior of these children was similar to subgroup two in that their mood fluctuated between two extremes. However, while subgroup two would move between love and hate and drastic mood swings, the children in this group would alternate their

behaviors as well as emotions. These children were described as being physically and verbally aggressive, reactive towards others or avoidant, with flat affect, and complete lack of engagement. One of the participants described the child's way of relating as,

very fight on the flight or fight he was aggressive, he was ready to go, ready to rumble at any moment, very adultized in relating with other adults he was acting like a peer, acting like he could have power over them if he wished, just gave us the general idea that he had no clue whatsoever how to be a child.

This kind of description provided by the subjects in this subgroup was typical. Another participant said, the child she worked with is,

very direct, but kind of one-sided, it has to be on his terms, if you try to say something to him, or direct him or change his point of view in any way he gets really, really either aggressive or reclusive...he's very volatile....

Another subject described the behavior of the child as,

very insecure, there wasn't a trust in the classroom with herself and any of the children and it would either be really clinging to adult or she would be very, very angry. If a child came over to play with her, she would yell and scream at them. She would be very, very aggressive and at times....It would be nothing for her to pick up a chair and throw a chair, it would be nothing for her to be pushing, kicking or hitting. She would get so upset, when children looked at her, she didn't want children looking at her. She would say, 'don't look at me.' Either she wanted hugs and couldn't get hugs enough or she was pushing you away and hitting or kicking you, it was either one or the other. It was like a rollercoaster ride with her.

"It was like a rollercoaster ride" is an extremely astute description of these children's behaviors. Although the background for all of the cases differed, many of the behaviors fit the illustration of what a child with insecure-disorganized attachment looks like. As described in Chapter 2 of this report, children with a disorganized attachment pattern have difficulty eliciting comfort when they are under stress, thus contributing to their internal sense of disorder and as warned by numerous studies has an ongoing negative impact on their ability to self-regulate (Conroy, Dunlap, Clarke, & Alter, 2005;

Cook, Blaustein, Spinazzola, & van der Kolk, 2003; Koplow, 2007; Spivack, Marcus, & Swift, 1986; Webster-Stratton, 2001).

This subgroup of cases is the most at risk of maintaining their insecure attachment pattern and therefore requires the most intensive interventions. The interventions from the participants to the children varied in effectiveness, however all of the participants recognized the importance of intervening and somehow working to change the child's way of relating. The various strategies utilized for this subgroup will be explored more extensively later in this chapter.

Subgroup 4: Not Otherwise Classified

This fourth subgroup contains the remaining interviews (n=2). These cases presented by participants are interesting in that they fit the requirements for participation in the study, but do not fit into any of the other subgroups. The first case was that of a child who was described as "feral" to the teacher and he had severe language delays. The subject who talked about this child made clear how much she liked the child and wanted to work with him. The subject reflected on this child's difficulty and remarked,

[at home] he's been allowed to isolate himself, but I don't know that [the parents] ever saw that as being isolating or not socially interactive. This is the thing he likes to do and it's not causing trouble to us, but you take that kind of kid and try and put him in a school environment and he just never associated very well. He was happy to be left to his own devices... it's very hard to put this kid in a school environment where the expectations are that you are going to somewhat conform.

This child also would have tantrums that were violent and he needed to be removed from the classroom.

The participant believed that it was the lack of structure at home, combined with "his way of interacting [was] very physical" created a situation for this child where he

had difficulty relating with peers and adults in the classroom. This case does not fit in with another subgroup in this way because it was unclear if his inability to relate was due to his language delay and lack of structure at home or if it was stemming from an attachment limitation.

The second case in this subgroup was described as a child who was adopted, with very flat affect and who only interacted with others on an intellectual level. Although participants were asked not to describe cases of children who were diagnosed with Asperger's or Autism, this case may be about a child on the spectrum, although he did not have a formal diagnosis. And given his past of being adopted and his flat affect it is unclear where his relational difficulties originate.

This subject described the child as "engaging in his interests," he enjoyed engaging with things rather than people, but it was easy to capture his attention when teachers brought out materials that he wanted to explore. He dialogued cognitively, but not interpersonally. He wanted to interact with the teachers, but only about what he was doing. The child was not aggressive and other children did not fear him, but "because he did not engage in dramatic play and was unable to share ideas with his peers, he often was isolated." Also the child was flat in his affect, very neutral and un-emotive.

When asked how the participant understood the basis of this child's difficulty, she said, "I think he has some level of Asperger's." However, the question of nature versus nurture did also come up for this participant as the adoptive mother of this child was a bit standoffish and also had flat affect. Due to undisclosed information regarding this child's early life relationships or attachment it is possible that his flat affect and intellectual interactions are derived from a fear of intimacy, a lack of trust in the attachment

relationship. Without more information it is difficult to group this child into a particular attachment pattern or subgroup for the purpose of this study.

Participant's Affect in Relation to Time in the Field

As mentioned when describing subgroup one it is important to recognize the effects that these children have on the teacher's who are working to support them. Through looking at themes presented by participants, it became clear that the length of time a teacher has been in the field affected the way they responded to the child's relational difficulties. The three cases presented in subgroup one will be used to characterize this assertion.

New teachers tended to be very ambitious in their goals for their work. They wanted to understand and tried to deeply engage the child. Seasoned teachers are more capable of stepping back and realizing that although they may not understand the child, but they can still work with the child. Also more experienced teachers more often noticed that sometimes children don't want (or aren't capable) of taking in all the engagement that a teacher may be attempting to provide.

One participant who was in her second year as a full-time teacher and in her mid-twenties described the frustrations of trying to work with a child who doesn't "come to you and try and strike up a 'ooh- you're my teacher I love you so much' buddy-buddy-friendship with you." This teacher tried to engage with the child by setting up specific activities that might draw him in, and "sometimes I [would] try joining an activity myself and then welcoming him over." However it was clear from the participant's affect that she was disappointed with his lack of engagement and really wanted to do more,

And it's so easy to get frustrated and be like, 'can't you just do what the other kids are doing, it's much easier' but to just take the time to see him as an individual and devote some time to pull out his interests and get him really engaged. I'm still learning from him and I'm really wanting to...I don't want the year to go by and me to feel like I haven't really impacted him.

This participant was clear in feeling confused by the child's behavior and said, " I want to make more of a friendship with him." Her eagerness to really impact this child was clear, "I don't know if I'm even half way there of getting a grip on him...he's a mystery....I want to find out how I can help him and I feel like if I know what's going on then I can have more tools to help him." One of the most telling statements that this participant made regarding how working with him impacted her was, "he's such a puzzlement to me. He's one of the kids who stand out and you really want to figure them out."

While this case shows the earnestness of a new teacher working with a particularly difficult child, unfortunately the participants desire to "figure him out" may have complicated her ability to work with him. Coming up against the limited time for one-on-one connections in the classroom, and the opportunities to tune into the child in the midst of the rest of the children, especially a child who doesn't have behavioral issues, was also on this new teacher's mind.

Another participant, who was also in her mid-twenties and a full-time teacher for two years, had a similar affect when describing her experience of trying to engage a child, who only wanted one-on-one time, in the classroom. This teacher gave so much to the child, partially to fulfill a personal desire to connect. She said,

I find it really fulfilling to be able to form a relationship with those kinds of kids because I like a challenge and I like to say 'I go through to this kid when other people didn't think they could' and so I think it's made me work harder.

And while this participant recognized that the child was both a joy and a challenge for her, it was almost as though she had to focus on just this child in order to feel a personal sense of connection to him, "you notice when they (the challenging kids) are gone...all the other children in the classroom and it's like, ' where have you been?'" This child clearly took a lot of this teacher's time and energy, and she learned from him, but her affect also noted that she spent a lot of time trying to figure him out, perhaps so that she would be able to say, "I got through to this kid when other people didn't." Or perhaps because she felt the need to understand why he was both incredible and frustrating.

The final participant who was in subgroup one was considerably more experienced than the other two teachers. This participant had over twenty years in the field and was in her late forties. The participant's affect was calm throughout the interview and when asked what methods she used she said,

I do home visits, so the first technique was to meet him on his turf and then school visits so he came in with his mom, and all kids get that, so then when he came and he cried....I think I had to take him from his mom physically and I'd take him to a quieter place in the classroom, talk to him a little, sometimes I'd try reading a book...and then after that it was pretty much just letting him know I was there and he could be with me. He continued to cry even with all of that.

The teacher also spoke about saying to the child, "You need to calm down, I know you're missing your mommy, it's time to stop crying now. A lot of people say, you should never tell a kid to stop crying, but he really needed the message that he could pull himself together and that was kind of phase two." After that the teacher said that she just allowed the child to stay near her, so long as he wasn't just crying at her.

This calm affect displayed by the teacher when dealing with a child who was having difficulty adjusting to the classroom after being so connected at home, like the other children in this subgroup, demonstrated her ability to contain her own needs and provide more what the child needed. The less experienced teachers needed the child to connect to them, wanted the child to like them and this was clear in all interviews regardless of the case that was being shared.

In general, the participants who were new to the field or younger, often in their twenties, conveyed a stronger desire to connect with the child and have the child connect with them, even if that wasn't what the child was capable of or needed to do. The longer the teacher had been in the field, the more relaxed they presented the case. It did not come across as a lack of effort or interest, but a calmer disposition when speaking about the child and the case in general. The more experienced teacher also showed less need for the child to like them personally, and more awareness about the child perhaps having needs that were not being met in the classroom. The newer teachers were also concerned about the child's needs, but also there was an underlying concern about the child not attaching to them.

Time Provides Perspective

The participants who shared cases from past experience, rather than cases they are currently involved with, had more perspective on their role and the effects their actions had on the child. There were two participants who noted how their own awareness had changed over time. One participant shared a case from the early part of her career and the other participant was able to reflect back over her time in the field, noticing how her understanding changed.

The participant who shared a case from early on in her professional career spoke about a child who was verbally and physically aggressive towards peers and adults. He required one on one attention and ultimately was asked to leave the program due to his needs not being properly addressed. For the most part the child was not interested in engaging with the teachers, except when trying to get them to sanction him. He was the oldest child of two at the time with a young parent who was not "ready to be a parent." The subject felt that the child and mother did not spend time together and the child was reaching out for attention. Over the course of working with this child, he became less responsive to the reminders of the teachers and needed more time out of the classroom due to the escalation of his physical aggression towards his peers and teachers.

The subject was able to reflect on this case with some perspective and recognized that what the child probably needed was caring, firm and understanding teachers, but as the child's behavior escalated the less the adults were able to respond the way the child needed. Because this case was described well after the fact the participant was able to share with some perspective, remarking, " I learned that I was a very inexperienced teacher."

Interestingly this participant described seeing this child, someone who she had worked so hard to connect to, outside of the school, she noted,

Even the year after he was at the school once I was at a place where I wasn't being his teacher or having a daily effect on his life, he was much less intense towards me. It seemed like he didn't even think the things that had happened had ever happened, where as I really took it to heart when he was having troubles. But even just seeing him a year out of the classroom, he was happy to see me and acted like...I don't even know, what was I expecting, an apology? (Laughing) you know, it was very interesting.

This description demonstrates some of the perspective that time had on this teacher and how clearly her actions, as an inexperienced teacher amplified the situation, but that without as much intensity in the relationship, the child was able to more easily respond to her.

Another subject who had been in the field for over twenty years described an extreme case of a child who was placed in a therapeutic foster home. As she described the case, she was calm, conveyed a desire to help and a connection to the child and family, but also noted how different children have different needs and the importance of really evaluating the situation and one's role. In general the subject was very knowledgeable and used humor as a way to talk about the case. She also was committed to the child and working to not have him seen as a scapegoat by the rest of the class. This subject was aware of processes and aware of using therapeutic techniques as ways to meet this child where he was.

This subject reflected on how her understanding has changed over time,

It's changed a lot because when I was a new teaching assistant and I was in at-risk classroom for the first time, I thought 'why don't these kids like me? I'm a nice person, I'm here to give them every single thing that I have,' this is my life's passion, they're kicking me in the shins and calling me names that I've never even used and I just didn't get it and I thought it was about me. And then over time I learned to kind of step back and recognize, 'oh, that behavior isn't typical.'

I learned to analyze, is there something about *me* that needs to change here, is there something about the environment that needs to change here, is it something about the family that we need to work on? And then much later I think that I learned to be even more analytical, to use more resources when situations came up. I had a bigger bag of tricks by then and then probably the last stage was saying, 'we are just head start, we can't fix everything.'

And ultimately this participant offered some sage advice,

Every behavior in a child is not a behavior to be corrected it's a need to be filled. It's a deficit of some kind, whether it's a skill deficit or an emotional deficit, a basic need deficit. It's something that they need that they haven't got, and think about how you can fill it, if it's at all possible.

These participants were both able, after time, to step back and see the behaviors of the children not as a personal attack, but as a need. And in their interviews, both participants were able to say, it's still important to do the work to support the child in their development, even if there is no personal benefit or even acknowledgement from the child.

However, in both cases, because of the efforts put forth by the teachers, each described moments when the child demonstrated a positive attachment to the participant. The first child was just happy to see the teacher, and has continued to display that sentiment when he sees her. And the participant described the a scene with the second child, "a lot of it, whatever it was, the fear, the anger, whatever it was, as that started to melt away with the trust, probably one of the best days, [was] when he fell down and got hurt and he ran to one of us and let us hold him and offer him comfort."

Methods and Techniques Used when working with Acute Cases of Attachment Impaired

Children in the Classroom

When working with a challenging child, regardless of the cause, teachers often employ numerous methods to try and disrupt the pattern of challenging behaviors. However when the difficulty stems from attachment impairments, an educator must both try to interrupt negative behaviors, while still attempting to build a potentially secure relationship with the child. At times these two features of the work can conflict,

generating additional strain on the teacher. The following section describes the various techniques used by the participants working with the most severe cases presented. Some of these methods worked and others were unsuccessful, but everything that was tried was done in an attempt to support the child and ultimately move them towards a more secure attachment.

Cases, Methods, and Learning

One case was that of a child who had been removed from her home at 13 months after sleeping on the floor and being in an unhygienic environment. She was placed in foster care and then finally adopted by a family. The child was very insecure and had little trust in the classroom or with others. At times she was really clingy with adults and other times very angry, fluctuating between hugging and hitting. After the teacher described this case, she answered the question regarding the techniques and methods she used to engage with this child.

We tried a lot. We tried doing social stories with her, we tried giving her all the security that she'd need, knowing that it was a trusting environment. We tried problem solving with her, we tried having her try to develop relationships with other children in the class, but children were scared of her because of her violent ways and it came to a point where she was so violent in the classroom that we had to have her attend our home based program, because it was just too hard. And then we had her evaluated by the public school also and they went to take her in and I guess the first day that she went there, with no children in the room, she had some violent outburst so they had to work out a plan for her not even being schooled with children. So a lot of the strategies we used with our child and family counselor and with the teacher in the classroom and myself did not actually work with this child because the case was so severe.

This subject learned how important it is that children be valued and cared for and loved and that all early life experiences can impact a child and can scar a child for life.

This teacher's understanding changed as she learned that not every child fits the mold and it is important to be understanding and make modifications to help each child; what is fair for one child isn't necessarily fair for all children and that evaluating this aspect helps to create an individualized plan. Also how important it is to know when to ask for help and to know when the child can no longer be served at a specific program was a part of what this participant learned. To have a working relationship with the parents, in this case the foster parents, and following strategies and providing consistency was very helpful when trying to work with a child who had extreme attachment impairments.

Another participant recognized that,

at first, being a very inexperienced teacher, both and myself and my co-teacher, we weren't very strict with him, we gave him a lot of leeway at first, which probably sparked a whole other set of issues. So we were very accommodating when it came to him needing space or alone, one-on-one time with the teacher, outside of the classroom even, and a lot of verbal communication with him about the expectations in the classroom.

The teacher in this situation realized that these approaches didn't work, but that from working with this child she was able to learn important tools to use in the future.

I learned that it's really important with children who have the type of aggressive behavior he had, to really make them feel a part of the classroom community. And I also learned that it's really important to engage the parents with their child's issues in the classroom. I learned that it's harder than I thought it was. And that it's not something that one person can change. I feel like there needs to be a lot of support with the family and given to the teachers....I guess I also learned a lot about the needs of children in terms of their very unique needs.

In analyzing all of these cases, what participants learned, when working with very challenging children in a classroom setting, varied. For some, these experiences were eye-opening and drastically changed the way that the participant was able to view a child,

and a situation. For others it was a reminder about the importance of early relationships and the experience did not create a new understanding.

The next two cases had the most intensive interventions described by any of the participants. In both cases, the teacher described trying to integrate therapeutic techniques into the classroom. And both subjects remarked that keeping relationship-building at the forefront of their work was an important feature of the interventions.

When asked what techniques or methods were tried, this participant responded by saying, "Everything." Using the school's social and emotional curriculum the participant deeply engaged with the child, recognize his successes and not accidentally reinforcing negative behaviors by giving them attention. In addition to using this technique the participant described other methods she implemented to support the child in the classroom setting.

I had a lot of contact with mom and we tried to stay positive with mom, but also give her kind of an idea of what we were dealing with. We brought in a social worker to observe him and she helped us write a behavior plan for him including things like: recognizing his ability to control himself; respecting his space as far as not physically touching him, even in a gentle way when he's agitated because that seemed to make this worse; giving him an outlet for his anger or sadness, so giving him a special place to go and be when he was angry or sad and trying to work with him, with building some language around that.

Another part of the plan was to try and connect him in a positive way with a peer and a teacher, so try to focus him to build positive relationships, to focus one of the teachers on dealing with his situation more directly.

We worked on some storytelling and drawing of his stuff that comes up. He had some nightmares and we worked on drawing some of his nightmares, we built one of his nightmares out of blocks, we acted one of his nightmares out for other kids....Things like that, trying to give a voice to his, whatever is going on for him. A big thing was for him to work on his relationships. And also working on the communication with mom and her kind of doing similar things that we're doing in the classroom at home with him.

Consistency seemed to be an important aspect of working with this child, as it is in general with children who have experienced disruptions in their attachments. Many of the participants noted that keeping things really dependable for these children helped to alleviate some of the stress the child was feeling and create some stability. This subject learned that every child is different and that kids come to things in their own time. Also, connecting with the parent is extremely important, as is the consistency between home and school and teacher and parent, which can make a whole lot of difference. In addition this respondent learned the value of keeping the relationship between peers and teachers as the priority in the classroom.

The last case to be discussed is that of a child who had been through several unsuccessful foster families before being placed in the therapeutic foster care services. The participant was not aware of this child's other past experiences. The child had very low social skills with peers and didn't know how to play with other children. He would try to start fights and taunt others. In general the child was very aggressive. This subject reported that on his first day in the program this child came in ridiculing and loathing the room. He also told one of the female teachers, "I want to take off all of your clothes" on his first day in the classroom.

The following passage describes the numerous techniques used with this child.

One thing we did was set limits around, clear and really firm limits around behavior within the classroom. So if he were to come in and start making sexual comments to the teachers he'd be out of the room. If he hurt another child, he would have to be stopped immediately. So setting the rules was one thing, and sticking to them. It was a little difficult in the beginning because he....needed so much support that we really couldn't do it with the staff that we had.

Fortunately the foster father was willing to become a member of our classroom and we asked him to be that one-to-one support through out the day. So for a

period of time, several weeks if I remember, he stayed with the child throughout the whole entire day....and eventually it got to where the foster father could take a walk down the hallway while we were doing something then he could go outside for a walk and be gone a little bit longer, then he could go and get a cup of coffee and come back and then he would stay for an hour and leave, and eventually he could drop off in the morning like a typical parent but it was a gift of several months that I don't think the child could have succeeded without that piece in place.

We worked with the other children around educating them about people have different abilities to follow rules and we would say, 'this child is still learning, it's our job to help him and show him and be patient with him.' I think that was a very important part of the whole process. Some children were afraid of him, but it empowered them a little bit that we actually had a plan and they could be part of it....The behavior wasn't acceptable, but the child was accepted and that we were all going to work to this process getting him over to where the rest of them were without saying, 'that's the bad kid.'

And then we just totally went to basics on relationship building....So we tried to find a backdoor approach to kind of teach him that it's ok to be gentle and nurturing. We didn't want to jump right to, "come on, hold this baby," because he wouldn't have do it. So we did a theme of water babies. And what we did was we took our gloves that we used for changing diapers and we filled them with water and put rubber bands on them and we drew magic marker faces and every child had their name on one and they were each responsible for a baby, a water baby. They had to keep it safe, and couldn't let it pop. So we had lots of lessons around what is a gentle touch well, you know if it's not a gentle touch the baby's gonna pop. Of course we had babies pop sometimes, for repeat offenders we said, 'well we'll try a new baby tomorrow', but often they got a new baby the same day. They were making little beds for the babies. And he loved it. He had that little water baby and he was taking care of it, playing games with it and little by little building relationships in the classroom, building appropriate relationships with the teachers....and over time he made some tremendous leaps and bounds."

This case was probably one of the most difficult cases that were described, but it also had some of the most positive outcomes. Through patience, support and thinking beyond of the standard strategies used, this child was able to move from a substantial impairment, which required one-on-one support, to being able to build positive relationships. The subject talked about learning by listening to the child and how important it is to trust one's gut and not always worry about the theory or what one is

"supposed" to do. And while the outside factors are unknown, the participation of the foster father in the classroom demonstrates a commitment from the family to support this child as much as possible, as well. For this child it seems that all the possible factors have come together to create an ideal setting for creating a secure attachment.

The techniques and methods provided by the participants working with these most severe cases are therapeutic in effect. From what was described by these participants, the more therapeutic the intervention was, the more the subject was able to learn and easier it was for them to continue to intervene throughout their time working with the challenging child. It is interesting to note this correlation between techniques practiced and if they were therapeutic in approach how that influenced the overall affect of the teacher working with the child. Hearing the stories of these participants who worked with some of the most difficult cases, often held a strong sentiment of engaging with various treatment modalities, thinking outside of the box and a desire to do what was best for the child.

Summary

These findings represent the cases presented by the participants when asked to describe the case of a child presenting attachment limitations with whom it was particularly difficult to build a relationship. The cases discussed varied in severity and style of attachment pattern, as well as in the affect demonstrated by the participant and the methods employed when trying to work with these challenging children. Some participants were self-reflective about their work as they presented cases from their past experiences, while others had an interest in figuring out a case and still working to engage with the child. However as a whole, the participants were attentive to these

children who by nature often push helping adults away. Each participant was clearly thoughtful about answering the interview questions and demonstrated a vested interest in advocating and fostering the development of the children they work with.

CHAPTER V

DISCUSSION

The research discussed here explored how early childhood educators work with and learn from children who have difficulty building relationships. By focusing on these challenging children in the context of a classroom setting this study examined the strengths and limitations teachers bring to working with attachment-impaired children. The major question asked the participants to describe a case of a child who presented attachment limitations and with whom it was particularly difficult to build a relationship. The secondary questions asked how the educator understood the difficulty, what methods or techniques they tried to engage the child, and what they learned from the experience.

Key Findings

Regardless of the type of attachment a child demonstrates, children who are resistant to building secure attachments are difficult for educators to work with in the classroom. However it was also discovered that the teachers' were impacted in their experiences. Most of the participants who were in the field for more than ten years showed a calmness in their work, thus allowing for children who find intimacy overwhelming to have less pressure put on them to connect. Participants who were newer to the field often had a more determined desire to "be friends" with the children and wanted to develop a bond with their student. This impulse ultimately worked as a disservice as these children became more resistant or hostile the harder the teacher tried.

It was also noted that specific techniques and methods were used by the educators who described work with the more severe cases in the study. The participants reported

unique and remarkable techniques they utilized to try to engage children. When the methods were actively reparative in approach, the child more often responded positively and moved towards a more secure attachment. The participants also described learning how important it is to keep relationship building as a priority in the classroom. Another concept that many participants reported in regards to building relationships was by connecting these challenged children to other peers and other helping adults. Participants also stressed the effectiveness of linking families with other supports outside of the school program, including mental health clinicians and other service providers as an important aspect of working with these challenging children.

Literature in Connection to the Findings

As noted in the literature, attachment development happens both with the primary caregiver and with secondary caregivers, allowing young children numerous opportunities to build attachment relationships (De Schipper, Tavecchio, & Van IJzendoorn, 2008; Howes, 1999; Marvin & Steward, 1990). The findings (overall) were consistent with the literature in that any preschool setting can be a healing environment if "it is respectful to the young child's developmental process and acknowledges the impact of a child's life experience on this process" (Koplow, 2007, p. xi). This was made clear when educators from different schools described positive changes in the cases they presented.

As this study inquired about the methods utilized by educators working with challenging children it is important to consider the methods mentioned in the previous literature. As stated before these methods may include: therapeutic language and reflective techniques; opportunities for symbolic play; containing techniques; modified

behavior management; interpreting and rephrasing (Glasser, & Easley, 1999; Koplow, 2007); one-on-one therapeutic sessions with an aide (Rickel, Smith & Sharp, 1979); milieu interventions of shared experiences within a group (Koplow, 2007); therapy in a classroom setting (Kliman, 1975); and consistency, community involvement, validation and support of children's positive and negative feelings (Howes & Ritchie, 1998). These strategies are consistent with what was discovered when exploring techniques used by the participants in the study.

In particular participants described using consistency, modified behavior management and opportunities for symbolic play. None of the programs used therapy in the classroom, but none of the participants worked at schools with a fulltime therapist on staff. The most significant differences between the methods described in the literature and those reported in this study are in the details that the participants reported. There is no one particular way to work with these children, as each case is unique. None of the previous literature describes the kind of detail that could provide a reader with possibilities of things to try, whereas in this study participants described distinct approaches. Although not all of the approaches were effective the diversity of methods discussed will help offer various ideas. However, what is also made clear in this study is the intense process that each teacher is engaged with as part of working with these children. Each teacher works to create opportunities for their students' successes regardless of how challenging they may be in the classroom. The methods that are described in this study are really an illustration of how these participants have learned to create and foster the small successes these demanding children need in order to develop.

Parent involvement is a similarity between what the literature described and what the participants described as an important aspect of effective intervention. Kazdin, Marciano, & Whitley (2005) found in their study that "child-therapist and parent-therapist alliances were related to therapeutic change at the end of treatment. The better the alliance during treatment, the greater the changes at the end of treatment" (p.728). This connection could also refer to child-teacher and parent-teacher alliance as well. This, along with Rosenblitt's (2005) article referring to "parent education" as part of the interventions used at the Lucy Daniels Center for Early Childhood, makes clear the importance of parent understanding and involvement in the work with children.

In this study most participants made at least some mention of the importance and usefulness of having families involved with the interventions at school. If nothing else, creating some consistency between home and school provides structure for these children that crave stability to help them feel safe. Being able to collaborate with a family can also be supportive for the teacher's work with the child because it promotes understanding and agreement about how to help the child. In the cases where there was a disconnect between the teacher and the family, or school and home, the children were often less successful.

Overall some of the findings were consistent with the previous literature, but in general the findings bolster the literature by adding details and more comprehensive descriptions of how to work with attachment-impaired children. Because this study was a survey of practice rather than an evaluation and did not include a quantitative study, there is no measure of the outcome of the methods used other than the changes in behavior

described by participants. These narratives do however help to expand the body of literature available to those working with young children.

Study Strengths and Limitations

The most substantial strength of this study was the primary research question. The overarching question asked participants to describe a case from their work. This question was able to elicit cases that introduced a variety of attachment impairments and the challenges that working with them brought. Participants also shared different methods they used as well as what they were able to learn from the experience. The openness that subjects demonstrated when discussing their own limitations added to the study and the open-ended questions allowed participants to be self-reflective in regards to what they could have done differently and how their understanding changed from working with the child described.

The data were collected through quantitative, open-ended, and flexible questions that were successful in gathering information that matched the expectations of this writer and provided a strong base for data analysis. This gave the study a higher potential for validity, but because there is no way to guarantee the exact same responses again the reliability of the study is questionable. The method for gathering data was audio-recording technology installed on a computer and written field notes by the researcher. This was an advantage for the study as the field notes provided a record of the participants' affects and notes regarding cases and processes.

It's important to note that this researcher personally knew or had a past professional relationship with the majority of the subjects. This worked both as a

strength of the study and a limitation. Because of this relationship the subjects were very open and forthcoming and shared more information about their place of employment and the policies available to them than perhaps they would have with someone they were unfamiliar with. However these relationships also meant that this researcher had biases and already formed opinions or expectations of the participants. These will be discussed in more detail later in this chapter. The sample size was small, but the participants represented a broad range of ages and experience. The sample was not diverse racially or by gender however.

This researcher was aware that potential partiality could come into play while analyzing the data. Having a professional experience with some of the participants, this writer was aware of their teaching styles and abilities based on her own perceptions of them. It was at times difficult to separate out what was known to this writer from working with participants from what they were saying in their interviews. Being able to contrast subjects' personal perceptions of their work with previous first-hand observation of the same provides in some way a more detailed understanding of their experiences. This could however also have a negative effect as there could be some unevenness in depth of understanding of the participants' experiences.

Clearly there are many complications and difficulties that made this outcome evaluation a complex problem. Some of these challenges could have been contained through a different research method and better design, or more random sampling. However this writer believes that it is necessary to give a voice to those faced with the daily challenges presented by children with relational difficulties. Therefore it is

important to continually recognize the tasks educators are confronted with and use this information to provide more clinical support to this associated field.

Clinical Implications of This Study

This study explored the challenges of working with attachment-impaired children in a classroom setting. Although this is not a clinical setting the study does provide some important details and reminders from educators who work with these children, for clinical practice. As mentioned somewhat in the literature and corroborated by this research, children who have attachment impairments are not only more challenging to work with, but also have the potential, in any setting, to grow and change tremendously. In the clinical world of 50-minute hours and the limitations imposed by issues of reimbursement for collateral work, this study shows the significant benefits of gathering all of the important players together to create a consistent plan for the child. As difficult as it may be for clinicians to create the time for a meeting such as this, it is imperative when working with an attachment-impaired child to have the family, educator and clinician working together to provide stability for a child who may be fearful of change.

Connections between clinicians and educators can support a child greatly as the teacher works with lived experiences more than a therapist and therefore can contribute first-hand observations of the child's daily life. Because teachers encounter these children and behaviors without the same training in developmental theories as clinical social workers, it is important for social workers to be able to consult with educators and educators to consult with social workers. A social worker could help a teacher learn the importance of separating herself from personalizing a behavior and to understand the

relational capacity of a child. Teachers encounter relationally challenged children and may not have the training necessary to be able to separate extreme behavior as a reflection of their own work. It is the job of a consulting clinical social worker to acknowledge the difficulty of working with these children and to give educators a broader view of where the child is "coming from."

Children require positive, secure attachment patterns in order to develop socially acceptable adolescent and adult behaviors. But these children's fears of attachment make it more difficult to form these positive relationships. Adults who are more relaxed and put less pressure on the child have more success developing secure attachments with the child. This finding could potentially translate into the clinical session as well.

Even though there is typically less pressure put on children in therapy sessions than in the classroom, clinicians still carry their own personal desires, goals and countertransference into the therapy. As noted in the findings this happens also with less experienced educators and it could be presumed to happen more often with less experienced clinicians as well. Therefore it is necessary when considering the implications of this study on clinical social work how a calm demeanor, which does not contain an outwardly expressed personal desire to connect, actually can support attachment impaired children and bring them closer to secure attachments whether in a clinical setting or other.

Further studies may want to examine the experiences of clinicians working with attachment-impaired children in their practices. Also it may be interesting to investigate how the clinician or educator may feel about working with these children. In this study affect was only observed and there was not a direct question regarding the personal

feelings of the educators working with these children, and while many mentioned their affection or confusion toward the child, none reflected specifically about the way they felt. Other researchers may also want to include more diversity in the sample size, as well as find out about the participants educational background and training in working specifically with attachment-impaired children.

Summary

As is reflected in this study, children who are difficult to build a relationship with can be particularly challenging in a classroom due to their impact on the teacher, the alterations between dependence and independence, and their sometimes volatile behavior or reclusiveness. One thing this study learned was that as these children are constantly changing their moods and behaviors, they need consistency from the adults and professionals who work with them. In spite of these challenges, there is great potential for change in these children both in the classroom and in their extended environments. There were a number of cases presented in this study that described children who demonstrated insecure-disorganized attachment patterns, and yet as the participants spoke of these difficult cases they also detailed undeniable positive changes. It is this possibility for transformation that allows those who work with this challenging population to continue to foster the development of these children.

This study provided a chance for early childhood educators to reflect back on the methods they used and understanding they gained from working with attachment-impaired children. But this one opportunity is not enough. Educators and clinicians must continue to seek out support in one another and through continued professional

development, and to find the strength to observe, review, and adjust their own styles in order to provide the services these children need.

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APPENDIX A

Informed Consent Form for Educators

Dear Participant,

My name is Aethena Enzer-Mahler. I am currently enrolled in a master's level graduate program at the Smith College School for Social Work. As part of my degree requirements, I must complete a thesis involving independent research. You are invited to participate in this research. My study focuses on preschool aged children who experience attachment impairments and have difficulty forming relationships with adults and peers. I would like to learn about the techniques used by educators who work with these children. I am also interested in what you may have learned from working with these children and how that has impacted your professional development and subsequent work. The data from this study might help professionals in the field who are working on similar cases.

Your role in this research will be to complete an interview, ideally face-to-face, which will be audio recorded. In order to participate in this interview you must have at least one year in the field and be able to communicate fluently in English. During the interview you will be asked to describe a case from your work in detail however, you must refrain from using names or identifying information when describing the case in order to maintain confidentiality. This interview will take between forty and sixty minutes to complete and will be audio recorded. If there is a need to follow up after the interview, I will contact you by phone. This follow up would take no longer than fifteen minutes and would only ask clarification questions.

The risks of participation in this study are minimal. All questions are concerning professional experiences, and while some of them inquire about what was challenging to you, most of them focus on what was learned from the experience. You will not be at risk personally or professionally. No identifying information will ever be shared with any employer or other agencies or individuals. In order to further support your work I will provide you with a list of references that may be helpful when working with challenging cases.

For your benefit participating in this research may give you an additional perspective on aspects of your professional experience and provide you with an opportunity to share your knowledge. Also your experience will be used to better understand how to work with challenging cases.

You will not receive financial compensation for your participation in this study.

Confidentiality will be maintained throughout this study. Any specifically identifiable information you share will be held in confidence though it may not be possible to disguise your participation itself, due to the small size of the community and the personal

connections between you and other participants. Also while your personal data will be kept confidential, because I am personally contacting you, I will not be able to grant anonymity. Demographic information will be included in the final report, but your name and other identifying information will not appear on any papers or tapes, save this one, which I will file separately from my research material. I also must require you to maintain the confidentiality of your cases by omitting identifying information when describing a case during the interview. In publications or presentations, the data will be presented as a whole and all quotes or vignettes will be carefully disguised. All records (audio recordings, transcriptions, notes, and signed informed consent forms) will be locked for a period of three years, as required by Federal guidelines. All electronic data will be stored according to codes and will also be electronically protected. After that three-year period, if data is still needed it will continue to be kept in a secure location and when all data is no longer needed it will be destroyed.

Participation in this study is voluntary. You may withdraw from the study at any time during the data collection and you may refuse to answer any question without penalty. It is possible to withdraw from the study by contacting me directly, at which time all materials pertaining to you will be immediately destroyed. You must inform me of your withdrawal no later than March 20, 2009. Feel free to contact me at the agency number or email stated below if you choose to withdraw from the study, or if you have any questions regarding this process. Also if you have any concerns about your rights or about any aspect of the study you are encouraged to contact me or the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

(Participant Signature) (Date) _____ (Researcher Signature) (Date)

Please keep a copy of this form for your records.

Thank you for your participation in this study.

Contact information:
Aethena Enzer-Mahler
aenzer@email.smith.edu
413.773.2746 (M-Th)

APPENDIX B

Human Subjects Review Committee Approval Letter

December 9, 2008

Dear Aethena,

Your revised materials have been reviewed and all is now in order. We are glad to now give final approval to your study. I do have one request however. In the Informed Consent, please delete the phrase when you talk about not identifying a child that says “or the interview will not be admissible.” You don’t have to threaten them and if they slip and say the child’s name, you don’t want to not use the work. It’s too hard to recruit and is insulting to your people. Just make that change and send the corrected page to Laurie Wyman so she can put it in your final copy in the file.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Roger Miller, Research Advisor