

Attachment and Autism

Sage Davis
Self-advocate, MSW student

Disclosures

Today's speaker has no financial relationships with an ineligible company relevant to this presentation to disclose.

None of the planners have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients

All relevant financial relationships have been mitigated



Objectives

1. Understand the basics of attachment theory
2. Become familiar with current research on autism and attachment
3. Understand the relationship between attachment disorders and autism
4. Possible attachment-based interventions

Attachment Theory

- Innate neurobiological system that enables children to establish a sense of security when stressed
- Attachment style is developed through the relationships between children and caregivers
 - Caregiver is a secure-base and safe-haven
 - Unconditional emotional availability and responsiveness is key

(Seskin et al., 2010; Teague et al., 2017)

Attachment Theory

- Insecure attachment may stem from neglect and abuse, separations, institutionalization, or everyday family interactions
- Caregiving need not be abusive or purposefully negligent to result in insecure attachment
- Children with insecure or disorganized attachment are at increased risk of behavior and emotional problems

(McKenzie & Dallos, 2017; R. Chris Fraley, 2018; Teague et al., 2017)

Attachment Theory

- 60% of neurotypical children are **securely attached**
- 40% of neurotypical children are **insecurely attached**
 - ~20% are **anxious-resistant/ambivalent**: preoccupied with caregiver when separated
 - ~20% are **avoidant**: pay little attention to separations and reunions with the caregiver
- Reactive Attachment Disorder (RAD) and Disinhibited Social Engagement Disorder (DSED)

(R. Chris Fraley, 2018; Teague et al., 2017; Potter-Dickey et al., 2020)

Attachment and Autism

- Children with IDD are capable of secure attachment, and benefit in the same way that neurotypical children do
- ~50% of autistic children without intellectual disability are securely attached
- Autistic children with intellectual disability are more likely to have insecure attachments
 - Differences in social skills/communication may pose a challenge for caregivers and children to understand each other

(Teague et al., 2017 ; Potter-Dickey et al., 2020)

Attachment and Autism

- Adverse Childhood Experiences: higher rates of income insufficiency, parental divorce/separation, exposure to neighborhood violence and household mental illness
- Experience of bullying is 3–4 times more frequent for children with ASD compared to their typically developing peers
- Children with ASD and other developmental disabilities are more at risk for physical and sexual abuse

(Teague et al., 2017 ; Potter-Dickey et al., 2020)

Attachment Disorders and Autism

- The features of RAD, DSED, and autism often overlap to such a degree that clinicians express difficulties with diagnosis
 - Differences in social skills and communication
 - Emotion regulation difficulties
 - Repetitive, self-stimulating behaviors
- There are significant differences between autism and insecure attachment
 - RAD and DSED require a history of severe social neglect
 - Sensory differences
 - Preference for sameness/routine
 - Intense/highly-focused interests

(McKenzie & Dallos, 2017; *Attachment Theory and Autism Spectrum Disorders - AP*, 2023; Teague et al., 2017)

Attachment Interventions and Autism

- Mothers who were insightful and resolved on their child's diagnosis were more likely to have securely attached children
- Secure attachments appear to act as a protective factor in the social and cognitive development of children with ASD
- Attachment-based interventions:
 - [Video-feedback Intervention to promote Positive Parenting adapted to Autism \(VIPP-AUTI\)](#)
 - [Focused Playtime Intervention](#)
 - [Circle of Security Parenting \(COSP\)](#)
 - [Developmental, Individual-differences, and Relationship-based \(DIR\) model/Floortime](#)

(Giannotti & de Falco, 2021; Potter-Dickey et al., 2020; Teague et al., 2017; Kubo et al., 2021)

Academic References

- Attachment Theory and Autism Spectrum Disorders—AP.* (2023, May 12). Attachment Project.
<https://www.attachmentproject.com/blog/autism-and-attachment/>
- Giannotti, M., & de Falco, S. (2021). Attachment and Autism Spectrum Disorder (Without Intellectual Disability) During Middle Childhood: In Search of the Missing Piece. *Frontiers in Psychology, 12*, 662024.
<https://doi.org/10.3389/fpsyg.2021.662024>
- Kubo, N., Kitagawa, M., Iwamoto, S., & Kishimoto, T. (2021). Effects of an attachment-based parent intervention on mothers of children with autism spectrum disorder: Preliminary findings from a non-randomized controlled trial. *Child and Adolescent Psychiatry and Mental Health, 15*(1), 37. <https://doi.org/10.1186/s13034-021-00389-z>
- McKenzie, R., & Dallos, R. (2017). Autism and attachment difficulties: Overlap of symptoms, implications and innovative solutions. *Clinical Child Psychology and Psychiatry, 22*(4), 632–648.
<https://doi.org/10.1177/1359104517707323>
- Potter-Dickey, A., Letourneau, N., & De Koning, A. P. J. (2020). Associations between Neurodevelopmental Disorders and Attachment Patterns in Preschool-Aged Children: Systematic Review. *Current Developmental Disorders Reports, 7*(4), 277–289. <https://doi.org/10.1007/s40474-020-00219-5>
- R. Chris Fraley. (2018). *A Brief Overview of Adult Attachment Theory and Research.*
<http://labs.psychology.illinois.edu/~rcfraley/attachment.htm>
- Seskin, L., Feliciano, E., Tippy, G., Yedloutschnig, R., Sossin, K. M., & Yasik, A. (2010). Attachment and autism: Parental attachment representations and relational behaviors in the parent-child dyad. *Journal of Abnormal Child Psychology, 38*, 949–960. doi:10.1007/s10802-010-9417-y
- Teague, S. J., Gray, K. M., Tonge, B. J., & Newman, L. K. (2017). Attachment in children with autism spectrum disorder: A systematic review. *Research in Autism Spectrum Disorders, 35*, 35–50.
<https://doi.org/10.1016/j.rasd.2016.12.002>

Questions

THANK YOU!

Contact information: Sage Davis, saged2@uw.edu