# THE INTRODUCTION OF ATTACHMENT PLAY IN CHILD AND FAMILY SOCIAL WORK; OPTIMISING CONNECTION, EMOTIONAL RELEASE AND SUPPORTING CHALLENGING BEHAVIOUR

**Author:** Dr Lisa O'Reilly

## About the author

**Dr Lisa O'Reilly** is a Guardian ad Litem. She has over eighteen years' experience working with children and families. Lisa is the director of Gallore Child and Family Services. Her experience and practice include child protection social work, foster care, play therapy, training development and delivery, attachment research and parenting support. Lisa has been practicing as a Guardian ad Litem since January 2016. Her primary practice at present is representing the voices of children in the court, advocating for their rights and best interests. Lisa's practice is guided and driven by children's rights and needs to develop within the context of a secure attachment relationship. Through extensive and ongoing research Lisa's values and practice is rooted in respectful and age-appropriate communication with children, that moves beyond traditional beliefs and ways of engaging with children. Lisa is a leading specialist in the areas of the voice of the child, play-based engagement with children, emotional release, and attachment theory. Lisa has contributed greatly to the development of these areas internationally by engaging in research and publishing in peer-reviewed journals. Lisa is studying psychology at present and continues to engage in further research to optimise the child-caregiver relationship. Lisa remains committed to this area, given its significance in child development and positive child and adult mental wellbeing. Email: Lisa@gallore.ie.

## Abstract

This article is grounded on a practise-based study developed for frontline child and family practitioners working within TUSLA, Child and Family Agency in Ireland to support caregivers in their engagement with children. The intent of this support was to tap into/introduce caregivers to skills/abilities they possess instinctively to engage with children. The study highlights the importance of playful engagement when connecting with children and supporting them with challenging behaviours. Attachment Play was introduced in supporting foster carers and parents in their everyday interactions with children. This paper shows how parents and foster carers can play with their children to build connection and to work through challenging behaviours in a manner that is respectful of the child's age and stage of development. The term 'caregiver' will be used to represent parents and foster carers. The author is an independent social worker, play therapist, attachment specialist, researcher, and guardian ad litem, with expert knowledge in play when communicating with children. The child will be referred to as 'she' to provide consistency throughout the article.

## Keywords

Attachment Play, Challenging Behaviour, playful engagement.

## Introduction

The Child and Family Agency (CFA) frontline practitioners supporting children and families are referred to as social workers, social-care leaders, and family-support workers. These professionals operate together or independently to protect and support children in Ireland. Attachment theory is the key theory that guides frontline child and family practice.

Attachment theory examines the importance of a child's relationship with her primary caregiver. John Bowlby (1969), the pioneer of attachment theory, describes how this relationship is integral to ensuring a child's safety, survival, and positive mental health. Fahlberg (1981) states that positive experiences within a child's relationship with her primary caregiver is of vital importance to ensure that she has every opportunity to reach her full potential. TUSLA's mission statement is to ensure that every child is safe and has the opportunity to reach her full potential.

Howe (2011) encourages caregivers to recognise and enhance children's 'positive' states as well as 'negative' states. He highlights how play between a caregiver and child gives powerful boosts to the child's attachment security. The positive emotions help the brain deal with stress and create robust neurological structures that promote children's ability to think about their feelings and regulate affect (Schore, 2001). Concurrently, the fear and hurt of a child's past experiences that can be released through tears and tantrums also boost connection to the listening adult and helps the child heal from these experiences (Solter, 1998).

Play is an important part of communicating and is primarily nonverbal, it is a language quite different to verbal language. Play allows children to play out experiences, thoughts, and feelings in an age-appropriate manner. Play between children and adults is a powerful way to engage and build connection (Cohen, 2009: O'Reilly, 2020).

## Attachment Play

Attachment Play (AP) is based on attachment theory and play-therapy principles and practices (Solter, 2013). AP is a powerful tool that can be used daily to meet a child's emotional and behavioural needs. It is particularly palpable in moments where challenging behaviours result in distress and power struggles, and the child is inevitably 'powered-over'. AP aims to support a child's learning and emotional development by adopting a positive-discipline approach that teaches rather than punishes (Solter, 2013). AP is a paradigm that can be embraced by any adult to enrich a relationship with a child. AP has the benefit of providing a therapeutic experience for children, which non-therapists can learn to use. For children 'to play out' feelings and experiences is the most natural self-healing process they can engage in (Landreth, 2002).

AP is a term coined by Dr Aletha Solter, Developmental Psychologist to describe a type of therapeutic play that supports both connection and the release of painful feelings through laughter and play. This form of engagement can bring greater regulation in behaviour and healing from past hurts and trauma. Many caregivers engage in AP with their child/ren naturally and instinctively; however, they may not recognise how this benefits the child's development. Solter describes how AP involves laughter and enjoyment by both caregiver and child. Laughter reduces frustration, fear, anxiety, and anger. Children often have their own ideas for play and caregivers can introduce activities to resolve specific discipline problems or help children through difficult times, e.g. peekaboo/hide and seek can support separation issues (Solter, 2013).

AP can take place anytime or anywhere and does not require any special equipment (Solter, 2013). The basic approach is to introduce a game or activity and follow the laughter and enjoyment of the child. Within the AP experience, challenging emotions are often expressed. The caregiver is advised not to punish, shame, or restrict the expression, but to become further

connected to the child and listen to feelings. The simple tenet is 'no to the behaviour, yes to the feelings' (Siegal and Payne Bryson, 2015). Solter (1998) encourages caregivers to listen to the crying and raging until the child comes to a natural completion and becomes calm.

Solter recommends the gentle use of phrases such as, 'I am here, and I am listening'. The child will test limits and release pent-up emotions when they feel a sense of trust in the caregiver. Negative emotions should be valued and allowed their full expression without distraction or shaming. AP is not permissive discipline, and it helps to set limits in the relationship and resolves common issues. A child-centred way to address a limit is a simple tool called the ACT model (Landreth, 2005):

- **A:** Acknowledge the feeling, e.g. I can see that you are upset right now.
- **C**: Communicate the limit, e.g. I am not for hitting.
- **T:** Target an alternative, e.g. you can hit this pillow if you feel like hitting.

## Nine Types of Attachment Play

**1. Child-lead play** is the best way to become acquainted with a child. This approach is considered to be the most respectful way to build relationships and engage with children in social work and counselling services (Landreth, 2002; Koprowska, 2010, Winter, 2011 and O'Reilly, 2013;2020). The child chooses how she will use the time and leads the play. The adult joins in the play if invited to do so (Landreth, 2002). The following key skills (Landreth, 2002) are recommended to optimise the non-directive process:

- Name what the child is doing, e.g. you decided to play with that; you decided to build something.
- Reflect feelings observed: e.g. you look happy about that; you seem cross right now.
- Notice effort and achievements: name what the child has done, e.g. you built that the way you wanted to.
- Match the child's tone and intensity: If child is excited, it is appropriate to respond in an excitable manner and if child is quiet a whisper may be appropriate.
- Respond at a consistent rate that feels natural and comfortable in that moment.

**2. Symbolic play**: play with specific props or themes is very effective for helping children to heal from trauma. It involves a more directive role, offering a specific toy or play theme, e.g. play with toy dogs to overcome a fear of dogs. Very useful for behavioural issues, such as toilet training, sibling rivalry or lack of cooperation (Solter, 2013).

**3. Contingency play:** involves any activity where the adult's behaviour is predictably repeated and is contingent on the child's behaviour. This is a great way to establish a connection, e.g. child may throw doll on the ground – adult will then say 'ouch'. Child will laugh if enjoying activity and repeat it over and over. Piggyback rides that follow the child's nonverbal instruction (Solter, 2013).

**4. Nonsense play:** any activity in which a child may act silly and make obvious mistakes or playfully exaggerate emotions or conflicts. This only qualifies as AP when it involves both child-caregiver interaction. The exaggeration play can resolve discipline issues by exaggerating conflicts to the point of becoming ridiculous, e.g. the child will not take a bath – caregiver can pretend to be a bulldozer going to dig all the dirt off (Solter, 2013)

**5. Separation games**: short visual and spatial separation occurs between caregiver and child,

e.g. peekaboo, hide-and-seek. Babies from six to eighteen months love these games as the stress released through laughter helps the child deal with separation anxiety. The important element is the moment of visual and physical reconnection (Solter, 2013).

**6. Power-reversal games**: the adult plays the role of being frightened or weak, clumsy, or angry. An example of this is a pillow fight where the adult pretends that the child has knocked him or her over. The laughter during this play is therapeutic as it releases tension and anxiety resulting from feelings of powerlessness. This play can also support healing from adult-imposed trauma, such as abuse (Solter, 2013; O'Reilly 2020).

**7. Regression games**: the child engages in activities that would normally be done with a younger child. These games are important for both connection and healing. If the child initiates regression games, engage her in this manner – lullabies, wrapping in blanket, offer bottles, play with toes, etc. Very important around birth of siblings. Recommended for adoptive parents, foster carers or during periods of family stress if caregivers have little time available to children (Solter 2013; O'Reilly, 2020).

**8. Activities with body contact**: encouraging physical contact while respecting child's boundaries enhances connection. The mutual enjoyment of playing and touching is powerful in strengthening attachment and bonding. Play has the power to repair the damage of traumatic separations. Connecting physically through play creates feelings of self-worth, safety and belonging for children (Solter, 2020).

**9. Cooperative games and activities** can help strengthen connection. Children often enjoy telling cooperative stories or building block towers with adults. Opportunities for connection without the threat of losing. Everyone works towards a common goal and no-one loses. An example of cooperative games include many children working together to keep balloons in air or sharing chairs in musical chairs (Solter, 2013).

## Method

Social workers have an ethical responsibility to conduct their practise in a competent and accountable manner. Prior to collecting data, ethical approval was obtained from the ethical committee in the CFA Research Department. The practitioners, foster carers and birth parents gave their consent to participate in the study. For ethical reasons names of research participants have been changed to protect their identity

This training on AP and the data collection was carried out with four different teams of practitioners across Ireland. The research department designated a research consultant for the author to consult throughout the research. The study commenced in 2015 and Table 1 outlines the participants area of practice:

### Table 1: Area of Practice

| | Area of Practice | Numbers of Practitioners |
|---|---|---|
| 1. | Children in foster care | 9 |
| 2. | Duty/intake child protection | 5 |
| 3. | Long-term child protection | 11 |
| 4. | Support to foster carers | 6 |
| 5. | Family-support workers | 8 |
| 6. | Social-care leaders | 7 |

Before the training, participants filled out evaluation forms in relation to their expectations. After the training participants used AP on the frontline over sixteen-weeks. They recorded their experiences on a form to say how they applied AP in their practice.

## Results and Discussion

In this section, the results will be presented using three case vignettes. Each vignette will be followed by a discussion. The first vignette presents the experience of a family-support worker using AP; the second vignette presents the experience of a foster carer using AP; the third vignette describes how AP was used by a child-protection social worker.

### 1. AP in Family Support

The family-support worker described how she had been working with a single-parent named Cara. Cara was twenty years old, and she had no external support network. Cara suffered depression and had contacted the family-support service for help in parenting her two-year-old daughter Chloe, after separating from her father.

The family-support worker shared how she met with Cara weekly. Cara attended groups in the Family Resource Centre, where she got to know other mothers and Chloe got to meet other children. Their circumstances appeared to improve; however, concerns remained high in relation to Chloe's speech, comprehension, lack of interaction and her emotional affect.

The family-support worker planned six sessions in Cara's home to focus on AP between Cara and Chloe. Cara was open to this and said she felt 'silly when playing with Chloe' and she thought that Chloe had better fun watching the television.

During sessions one, two, three and six they focused on child-led play. During the first three sessions, Cara was relieved to learn that there was a way to engage with her child that did not require play ideas from her. She was amazed to learn that Chloe had play ideas at her young age, and by following her lead, Cara could support Chloe's development in many ways. The support worker encouraged Cara to:

- Aim for 20/30 minutes of child-led play daily.
- Tell Chloe she is the 'boss of play' and Mammy is the 'boss of safety'
- Name what Chloe is doing at a natural pace, e.g. 'want to play with this today'; looks like you have a plan'.
- Name feelings as they occur e.g. 'looks like you're happy with that'; 'you're fed-up with that'; looks like you're feeling very angry right now'.

The purpose of child-led play is multi-layered: It gives the caregiver who feels 'silly' playing an easier way to engage with the child by observing, enjoying, and learning from the child. The child gets to feel a sense of power by leading the play, and experiences connection through the caregiver's presence and attention. This mutual pleasure increases bonding and supports the child and caregiver's connection to each other. Connection is crucial to a child's ongoing development and the expression of painful feelings or disconnection (O'Reilly, 2020). Connection helps with the caregiver–child co-regulation of emotional states. It is this co-regulation with the caregiver that is required for the child to regulate her emotions. It is both healing and preventative for further off-track behaviour.

The vignette describes how Cara had some of her needs met when meeting other parents.

Chloe's communication was delayed, and Cara did not understand the importance of her engagement with her child. AP supported healing and provided nurture that was needed in their relationship. The training supported Cara to play and be with her child in a way that was comfortable to her. Parents often need support to reignite play skills that may be forgotten since childhood or perhaps never developed due to experiences of neglect. This is a common observation in frontline practice with children and families and play has the potential to transform the lives of vulnerable children and parents.

In sessions four and five, participant one shared with Cara the other eight types of AP that can be initiated by the child or the adult (Solter, 2013). Cara liked the idea of symbolic play, which can involve playful engagement using the child's toys. Cara said she felt very emotional when she saw Chloe laugh heartily, when she put on a baby voice and pretended to talk for her doll. Cara recalled how she also used to love this type of play as a child – she had completely forgotten.

## 2. Using AP in Foster Care Social Work

This vignette presents the experience of a social worker who used AP to support the foster placement of a thirteen-year-old girl. The social worker described how the foster carer was finding it difficult to cope with Sara's 'defiant behaviours', 'aggression' and 'poor hygiene'.

The social worker described how the foster carer really connected with the three concepts of AP: power reversal play; nonsense play and regressive play. The social worker introduced the foster carer Mary to AP at a crisis point in Sara's placement. Sara had been placed with Mary and her husband, John, for nine months and Mary expressed the following concerns:

- Sara just wants to spend time in her bedroom.
- Sara will not wash or shower.
- Sara has severe acne and will not apply lotions and creams.
- Sara talks to her teddies and dolls in her bedroom.
- Sara is very aggressive and pushes me away.

The social worker did six-sessions with Mary around using AP with Sara to:

- Engage in an age-appropriate way.
- Connect.
- Have fun.
- Listen to feelings.
- Remove power struggles from the relationship.

After the sessions, Mary's first thought was to introduce this new way of communicating with Sara by using the dolls and teddies that she regularly spoke to. Mary knocked on Sara's door and asked if she could join her. She sat beside Sara on the bed and told her she had a story to share with her. Mary said that she was in the house today and she could hear all Sara's teddies and dolls whispering about how much they wanted to go swimming and they thought they might do it in the bath. Sara laughed in shock at this unusual conversation and told her to 'stop being ridiculous'. Mary then, in a hushed voice, encouraged her to 'listen'. Mary picked up a doll and a teddy and commenced a conversation between them. The doll started to talk to the teddy about how much she wanted to go swimming in the bath and the teddy kept responding 'I hate baths and I don't need them' in a very frustrated voice. The doll responded in a gentle voice 'but I like to play and splash in the bath while I get clean and fresh'.

Mary then turned to Sara and asked her what she thought could help with this tricky situation. Sara was laughing and said 'I have an idea. I'll take dolly for a bath and teddy can watch us at the side until he is ready to go in himself'. Mary agreed that this was an idea and asked her 'What way does dolly like the bath'. Sara asked for bubbles and then decided to bring in all her dolls. Sara said she would bring in all the teddies and decide later how to clean them. Mary made gentle reflections, such as 'you are deciding how they will be cleaned, and you want to make a plan that suits them'. Sara eagerly agreed with her. Mary told Sara she was the boss of games and play. She also told her she was the boss of her own body and she could tell her what she needed at any time.

This brief example of AP helped remove a major barrier to Sara's self-care. Sara desperately needed a fun connection with her caregiver, and she needed to be given choices and more control around decisions about her body. Mary reflected that she had always been 'nagging' at Sara to take a shower and how this was deepening Sara's negative self-concept. Mary pointed out how the laughter and the removal of the power struggle supported Sara to make her own choices about hygiene and to realise how much she enjoyed bathing.

The caregiver described how she started to play games with Sara that were like play with a young infant. She outlined her surprise when Sara responded to play 'This little piggy went to the market' with her toes. Sara seemed to enjoy the touch element that this involved, and she laughed heartily as they played. It is likely that this laughter indicated that Sara had had past experiences in which she had not had those needs fully met; the laughter helped her release those painful feelings and helped her connect with a caring adult.

We can see from the caregiver's own ideas of using the dolls to engage playfully with a challenging behaviour that, with a little extra thought, caregivers can turn relationships around. This was an ongoing issue in the family and with a playful approach to break the tension, Sara was supported to care for her hygiene. Mary did not require much training in these approaches, and she was able to have more fun, listen to Sara's feelings and address problem behaviour in an easy and accessible way.

It is also evident that play of this kind can elicit laughter, and AP theory asserts that laughter is one of the fundamental healing strategies in humans, and in young children especially. Tension is released, connections are strengthened, and painful past feelings come up and are laughed away (Solter, 2013; Cohen, 2009).

Regression play can be important for children in foster care, who often have unmet needs from earlier stages in their lives. Cradling an older child like a baby, playing baby games, like the example above of 'this little piggy', can be very helpful in supporting children to regulate challenging behaviour. Seemingly paradoxical, allowing and encouraging regressive play can help the child move past that developmental stage in a playful and therapeutic way (O'Reilly, 2020).

Power-reversal games can be incredibly helpful at shifting the typical dynamic of adults and children, where adults hold more control and power over children. Even in the more balanced caregiver–child relationships, there will be inevitable feelings of powerlessness in children. Caregivers using AP to adopt the less-powerful position gives children a sense of autonomy and agency, which acts as a balm for times when

they have felt disempowered. It is designed to deliver outcomes of more cooperation, connection, and fun by helping children let go of feelings of powerlessness through laughter (O'Reilly, 2020).

Note: tickling is not an advisable to elicit laughter, it can be confusing for children because it is, by design, disempowering. Additionally, the physical sensations can be confusing for children because they are in part enjoyable and part unenjoyable.

## 3. AP in Child Protection

This vignette presents the experience of a social-care leader who used AP to promote cooperative behaviour between a father and his three sons. In addition, the participant introduced AP to support a major healing process between the mother and her three sons. Carol, the mother, had spent long periods away from the family home due to bouts of mental-health issues, which involved inpatient treatment. Brian, the father, was desperate for Carol to learn how much her children needed her and loved her. Callum was seven years old; Stewart was five years old and Ethan was three years old.

Carol and Brian were intrigued and enthusiastic about playing with their children to build connection and illicit cooperation. Carol outlined that she struggled with the general pressure to 'give consequences and punish bad behaviour'. Brian was feeling guilty for 'giving out to the boys all the time'. He admitted to shouting, bribing, and threatening them with consequences to try to get them to cooperate. Brian described a lot of 'chaos and stress' getting the boys to bed at night and out to creche and school in the mornings. He stated that his only way of managing was to have the television on and to distract them.

The social-care leader encouraged the caregivers to look at following the children's lead and in play to support their development and increase their connection. Both caregivers started with the goal of playing with each of their children on their own for 30 minutes every week. This meant each child had 30-minutes of special play time with their mother and 30 minutes of special play time with their father every week. The children were assured they were 'the boss of the play' and the 'caregiver was the boss of safety' if the need arose.

Carol connected with the principles and rationale for the child-led play sessions. She said she desperately needed her children to experience this connection and time with her based on the periods of separation. She acknowledged how guilty she felt not being able to explain to them properly why she had to leave them at times. Carol was aware that even when she was with her children, she was not always present and connected to them. Brian supported Carol having this time with her boys, and she committed to it as best she could. Carol informed her social-care worker that the play time improved her bond with each of her children. She also said that she felt very reassured to learn and to see how valuable this play time is to her and her children. With her own triggers and challenges, she found this to be achievable and a very good way for her to have some fun.

Brian described how he enjoyed and how easy he found it to engage in nonsense play. He said he paid more attention to their favourite characters and he pretended to be them if he was struggling to get them to cooperate with their routine. Brian gave examples of the morning routine and bedtime to describe how nonsense play helped him with these crucial times in their day. Brian found that morning times were very stressful, getting the boys

dressed and getting them into the car. He said he was amazed to see how cooperative the children became when he became playful. Brian decided on a character that the boys liked, and he labelled himself 'Super-Daddy'. He tied on a red blanket on as a cape and ran around the house being a super-hero that was messing up all the time.

Brian described how the boys roared with laughter when they saw him that first morning. He told them all to catch some 'magic dust' if they wanted some 'super magic' to get dressed quickly and join him downstairs for a 'Super-Daddy Super Breakfast'. Brian shared that he could not believe how these simple playful actions and words started their morning with laughter and fun. He said each of his boys instantly engaged in the play and were convinced they caught the magic dust that helped them get dressed quickly. Brian described his surprise at how cooperative the boys became with the morning routine. He noticed he was shouting less, and the children were not being powered over by him.

This vignette describes issues that regularly manifest in family relationships: adults' discomfort in engaging with play; stress and tension from everyday essential activities, like bedtime and school mornings, as well as specific challenges of a mother recovering from absence, and a sense of disconnection. AP is a developmentally appropriate way to support children and families in addressing these challenges.

## Conclusion

AP moves us beyond traditional styles of parenting that interpret children's behaviour as 'bad' or 'good', with bad behaviour needing to be disciplined and good behaviour needing to be taught or rewarded. Instead, AP addresses the painful emotions underneath challenging behaviour. It asserts that children have inbuilt healing mechanisms through laughter and tears/ tantrums. AP supports this healing by generating laughter that is directly connected to the original hurt. In AP, the message is to 'follow the laughter'. Caregivers and adults involved in the lives of children do not need to know what the original hurt was to engage in this kind of therapeutic play. However, insights and indicators may well be revealed about the painful feelings from the past because, as children play.

This research presents caregivers with a new paradigm and narrative for challenging behaviours and emotional outpours. In addition, caregivers were reintroduced to innate skills to connect with children in a manner that optimises their development and emotional expression. This paper demonstrates how caregivers do not need to be experts in play-based engagement with children to use AP to connect with and support their child.

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