2023

Attachment Overview; Why it is Imperative that a Child have Equal Access at All Times, Not just After 3 years of Age or Within a Specified Geographic Location.

LEGISLATIVE ATTACHMENT SUMMARY

L. B. MCKENZIE, PHD

LBH RESEARCH & CONSULTING, LLC | Clarksville, Texas

Table of Contents

Introduction

The intent of this Overview by Dr. Brooks McKenzie is to convey the immense importance of Early Childhood Experiences/Relationships (i.e., Attachment System), and how devastating it can be to a child to be denied such experiences. Recent legislation has been introduced that appears to promote healthier outcomes for children in custody battles (minimally ameliorating a fraction of the damage currently done to our children by the Family Courts), yet places inane restrictions on implementing these changes that would benefit children.

As follows are some of the areas that have nothing to do with healthy development for a child, and will actually continue to inflict certain damage children via judicial discretion and likely increase litigation and conflict in Family Courts:

1) Mileage Restrictions:
    a. Will be abused in early proceedings to nullify access to both parents (primary parent will simply move outside of this distance), and;
    b. There is no credible evidence that these mileage limits have anything to do with healthy Child Development; it will damage children.
2) Age Restrictions:
    a. As noted in the following Overview, the most important formative years for Healthy Attachment in a child are from 6 months – 36 months. The idea that a child is restricted from seeing either parent until age 3 is a direct attack on the healthy development of a child; this has absolutely and consistently been proven across decades of empirical research. Any other claim is simply a lie from interests who seek to benefit from an already dysfunctional system.
    b. The first 3 years of life set the trajectory for most individuals across a life-span. This is a mechanism that (a) will be abused by attorneys and litigants, and (b) is proven to damage a children.
3) Constitutional Issues:
    a. Many of the determining factors listed for Equal Parenting to be 'granted' (e.g., mileage, age, jobs/work hours, etc.) appear to be in direct violation of constitutionally protected choices. If true, such restrictions will surely ignite years of litigation against the State.
4) Judicial Discretion
    a. Currently, Family Court judges routinely abuse their discretion and simply ignore current laws and our Constitution.
    b. Without removing judicial discretion from all but the most rare of cases, these bills will do little to end the ongoing damage to children by our Texas Family Courts (actually meets the definition of Child Abuse).

A) Attachment Overview

Attachment theory (Bowlby, 1969/1982, 1973, 1980) is possibly the most recognized and well-studied concept in Developmental Psychology. This theory posits that instinctual and adaptive programming allows for the formation of bonds between infant and caregiver. This bond is a product of the infant's mental representation of the caregiver. The infant forms this representation via experiential learning through repeated interactions with the caregiver. When a caregiver provides a safe, stable and nurturing environment, the infant is able to form a healthy mental representation of the caregiver. A safe and responsive environment created by the caregiver is believed to be crucial to the development of a Secure Attachment (Bowlby; Simpson, 1999).When an infant experiences neglect, inconsistent care, abuse, or frightening behavior from the caregiver, the mental representation developed by the infant will reflect these experiences. It is by these negative representations that Insecure Attachments are formed.

There are four classifications of infant/child Attachment: Secure, anxious-avoidant, anxious-ambivalent, and disorganized; these are categorized in two separate ways: (a) Secure vs. Insecure and (b) organized vs. disorganized (see Benoit, 2004 for discussion). Secure Attachment is both Secure and organized. Of the three Insecure classifications, only anxious-avoidant and anxious-ambivalent are organized. Secure infants and children are believed to have received responsive and nurturing care that has led to the development of working-models of the Attachment figure and self that reflect the safety and consistency of that relationship. These working-models are enable the child to better process their environment, self-regulate affect and behavior, and engage in deep meaningful relationships, thereby reducing psychological and physical stress throughout the lifespan. Anxious-avoidant children often have not received responsive care nor had their needs met in a nurturing manner (i.e., rejecting), learning that bids for affection and nurture are not fulfilled by the caregiver. Anxious-ambivalent children are believed to have received inconsistent care with regard to their needs or bids for affection. Disorganized children are believed to have been exposed to frightening, frightened, and/or incompetent caregiving, in such a manner that the child has been unable to develop an organized response to their environment. These children are believed to have caregivers who are not only their supposed source of safety, but also their source of fear. This creates an inability to organize a coherent strategy to process the caregiver-child relationship which in turn affects the child's ability to process their environment. While increased risk for cognitive, social, and behavioral difficulties, and poorer mental and physical health outcomes have been found for insecurely attached children, children exposed to frightening, frightened, and/or incompetent caregiving have a greater probability of developing a disorganized Attachment (van IJzendoorn, Schuengel, & Bakermans-Kranenburg, 1999), which is associated with

even greater behavioral problems, psychopathology, cognitive difficulties, and stress dysregulation than those evidenced in other types of non-Secure ttachments (e.g., Bohlin, Eninger, Brocki, & Thorell, 2012; van Ijzendoorn et al., 1999).

Research has identified links between abuse/neglect, Insecure and/or disorganized Attachment, and a myriad of health, social, psychological, and physiological difficulties that may endure across the lifespan (e.g., Bohlin et al., 2012; Burgess, Marshall, Rubin, & Fox, 2003), while Secure Attachment has been found to be a buffer against many environmental and social stressors (e.g., Sroufe, Egeland, & Kruetzer, 1990). Therefore, infants and children who are exposed to sub-optimal care with regard to having their emotional needs met in a safe and nurturing manner are at greater risk across their lifespan for behavioral problems, drug/alcohol abuse, poor relationships, physiological/medical difficulties, and even premature death. Additionally, Attachment patterns developed in childhood have been found to endure across the lifespan (Fraley, 2002), which may account for the poor outcomes for children and adults with Insecure/disorganized Attachment patterns. It is believed that the continual stress upon the hypothalamic-pituitary-adrenal (HPA) axis associated with an Insecure/disorganized Attachment pattern creates an ongoing 'threat' that prohibits healthy development across numerous domains, both psychological and physiological. Research has delineated the infant Attachment cycle at a physiological/neurochemical level (Schore, 2001). As shown in Figures 1 and 2, an optimal Need Expressed/Need Met cycle promotes Secure Attachment, and behavioral, biological, and neurochemical balance in the infant's stress-response system, which is centered in the HPA axis (Schore, 2001), while The Attachment cycle likewise helps an infant achieve neurochemical balance between the expression of excitatory and inhibitory neurotransmitters (see Schore, 2001 for discussion). The Need Expressed phase prompts the release of excitatory neurotransmitters associated with the *fight, flight, or freeze* survival mechanisms (e.g., dopamine, adrenaline), while the Need Met phase prompts the release of inhibitory neurotransmitters associated with safety, comfort, and contentment (e.g., serotonin, GABA). This neurochemical balance becomes the foundation for mental health, well-being, and stability (Kraemer, 1992; Schore, 1994; Suomi, 1999); without balance, a chronic state of fear/anxiety may override the proper functioning of numerous developmental and cognitive systems.

The interplay between caregiver responsiveness, the neurochemical response of the infant, and the critical periods of Attachment formation have been well documented (see Zeanah, Berlin, & Boris, 2011 for discussion). As shown in Table 1, critical periods of an infant's early years drive the formation of Attachment, whether Secure or Insecure. The age ranges presented in Table 1 represent the cognitive

age of the child, rather than the chronological age. Delays in these benchmarks can

Figure 1. The attachment cycle illustrates the interplay between an infant and caregiver's behavior, and the neuropsychological feedback experienced by the infant when their needs are met.

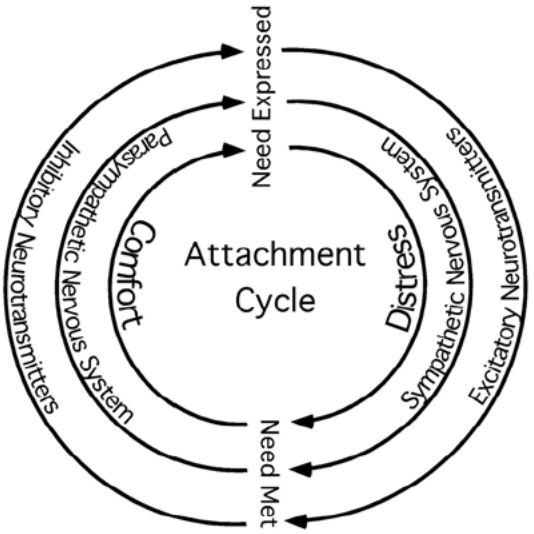
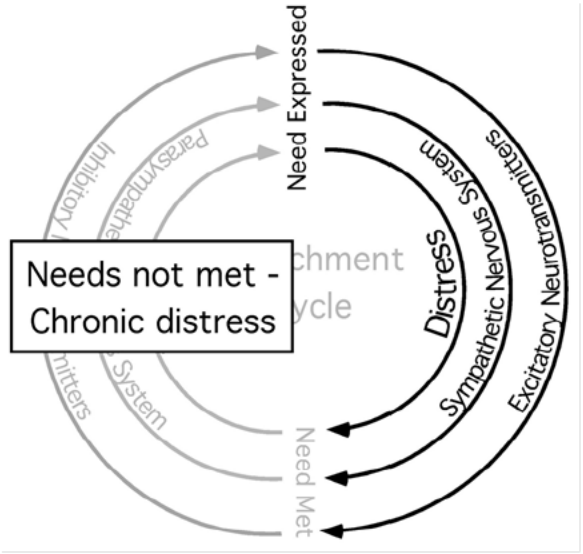


Figure 2. Disruptions of the attachment cycle place the developing infant at risk for a variety of neuropsychological imbalances.



be caused by abuse, neglect, privations, and physiological insult, among other things. Interestingly, aberrant environmental conditions (i.e., poor quality and/or unloving caregiving) impair development of Attachment more than physical or neurological abnormalities (Zeanah, et al., 2011).

These critical stages of infant Attachment development have been found to be most important from about 6 months of age to 24 months of age. Children adopted from harsh conditions prior to 6 months of age later show little sign of the abuse/neglect, and deprivation(s) that they may have endured (Rutter, Kunsta, Schlotz, & Sonuga-Barke, 2012), while children adopted before 12 months typically show no differences in Attachment when compared to their low-risk peers (van den Dries, Juffer, van IJzendoorn, & Bakermans-Kranenburg, 2009). Children adopted past the age of 12 months typically show the greatest difficulties in multiple domains (physiological, Attachment, behavioral, etc.), and many may not fully recover from early deprivation, trauma, or poor caregiving.

a. Intergenerational Transmission of Attachment

The immense impact that early experiences have upon a child cannot be overstated, yet it is simply not these experiences, but rather the Attachment relationship(s) with the Primary caregiver(s) that have the most enduring effects (see Cassidy & Shaver, 2016). These relationships begin at birth, the Attachment relationships start to come online at approximately 6 months of age, and are shaped throughout childhood and adolescence into early adulthood.

Table 1. Critical Developmental Periods in infancy and early childhood.

Attachment Benchmarks

First 2 months	Infant has limited ability to discriminate among different caregivers; recognize mothers' smell and sound but no preference expressed.
2-3 months	Emergence of social interaction, with increased eye to eye contact, social smiling and responsive cooing.
2-7 months	Able to discriminate among different caregivers but no strong preferences expressed; comfortable with many familiar and unfamiliar adults and intensely motivated to engage them.
7-9 months	Emergence of selective Attachment as evidenced by onset of stranger wariness (initial reticence) and separation protest (distress in anticipation of separation from Attachment figures).
9-18 months	Hierarchy of Attachment figures evident. Infant balances the need to explore and the need to seek proximity; these become even more evident with independent ambulation emerging at approximately 12 months. Secure base behaviors (moving away from the caregiver to explore) and safe haven behaviors (returning to the caregiver for comfort and support) both evident.
18-20 months	Emergence of symbolic representation, including pretend play and language.
20-36 months	Goal-corrected partnership in which the child becomes increasingly aware of conflicting goals with others and for the need to negotiate, compromise and delay gratification.
36+ months	Secure base and safe haven behaviors continue but behavioral manifestations become less evident because of the child's increased verbal skills. Internal representations of Attachment more accessible to observers through narrative doll play.

Note. Age ranges are tied to *cognitive* rather than chronological ages. Table adapted from (Zeanah, et al., 2011).

b. Intergenerational Transmission of Attachment

The immense impact that early experiences have upon a child cannot be overstated, yet it is simply not these experiences, but rather the Attachment relationship(s) with the Primary caregiver(s) that have the most enduring effects (see Cassidy & Shaver, 2016). These relationships begin at birth, the Attachment relationships start to come online at approximately 6 months of age, and are shaped throughout childhood and adolescence into early adulthood.

Numerous meta-analyses across decades of research have consistently found that a caregiver's Attachment pattern is highly correlated with the child's Attachment pattern, and dictates the health (or lack thereof) of that child-caregiver relationship (e.g., van IJzendoorn, 1995; Verhage et al, 2105). These repeated findings across a multitude of studies conducted "all over the globe" have also determined that neither a behavioral nor molecular genetic explanation of cross-generational continuity of Attachment accounts for this transmission of Attachment from caregiver to child. According to the authors of one such recent mata-analysis, "the association between caregiver attachment representations and child-caregiver attachment has been confirmed as a robust and universal effect by this new series of meta-analyses" (Verhage, p. 23). The Attachment patterns of a child, and the beneficial or detrimental effects of that Attachment pattern, have repeatedly been related to the Attachment experiences and relationships that a child has with their Primary caregiver(s).

Numerous studies have found that the incidence of serious psychopathology are much higher in High-Conflict Custody cases than the normal population. Likewise, similar findings indicate that a child is more likely to be placed with the parent who *has* the psychological problems, and therefore almost ensuring that a child will suffer severe mental health issues across a life-span. If "discretion" is not removed from the placement of most children, Family Court judges will continue to place children in the worst living arrangements, which is the current norm.

c. Effects of Disrupted Attachment/Parent-Child Relationships

Disruption of Attachment, the severing or damaging of an Attachment relationship, is a severe and well-documented trauma that effects a child over the course of a life-span across multiple domains (e.g., Lawrence, Carlson, & Egeland, 2006, Rutter & O'Connor, 2004, USDHHS, 2009) and represents significant risk for the development of psychopathology (ex. Adam & Chase-Lansdale, 2002; Carlson, Egeland, & Sroufe, 2009; Cassidy & Shaver, 2016). The exponential risk for children to exhibit significant problems in all domains of development (e.g.,

learning, socioemotional, cognitive, physiological, etc.) has been well documented for decades, as have the effects that continue into adulthood (Schneider, et al. 2009). Children who are denied consistent and continual caregiving from their parents have suffered a serious trauma, have significantly worse outcomes in all areas of development, and they are at a much greater risk of transmitting this trauma to their own children (e.g., Özcan, 2016). By definition, divorce and/or custody disputes cause a Disruption of Attachment, and custody arrangements that do not place the child's need for *consistent and continual access to both parents at all times* is a well-established trauma to the child that will have severe and life-long negative effects.

We know that when a child is raised by a Healthy-Secure caregiver, the child is more likely to develop a Healthy-Secure Attachment pattern. Without an almost un-rebuttable requirement for Equal Parenting in our Family Courts, the State is reducing the chance of a child to have a Healthy-Secure caregiver and exacerbating the risk for damage; reducing potential for Healthy input by 50% and inflicting certain damage by destroying the Attachment bond between Child/Parent.

d. Effects of Fatherlessness on Children

Texas Family Courts may be the biggest contributor to the Fatherless Crisis in our State.

Over and above the extreme trauma a child experiences during a divorce/custody dispute and the subsequent disruption of Attachment, the effects of restricting a child's access to the father have proven to be even more traumatic for children (e.g., U.S. Census Bureau, 2011). Society has long recognized the deleterious effects of Fatherlessness and governments have continually attempted to address this epidemic of trauma to children. Yet, those making such decisions regarding custody have been ignorant of, or simply ignored, more than 6 decades of empirical research on the impact of damaging the Parent-Child Relationship.

Some of the negative effects for these children who are raised in fatherless homes are: 4X more likely to live in poverty (USCB, 2011) 10X more likely to abuse alcohol/drugs (Hoffman 2002, USDHHS, 1993), more likely to have severe internalizing and/or externalizing behaviors (Hofferth, S. L., 2006), more likely to experience psychiatric hospitalizations (Block, Block & Gjerde, 1988), and are at much greater risk for suicide, criminal activity, and a myriad of other difficulties. Again, these risks and effects last a life-time and are well-established by decades of peer-reviewed empirical research (e.g., Amato 2001; Amato & Keith 1991; Bramlett and Blumberg, 2007; Clarke-Stewart & Hayward, 1996).

Fatherlessness is specifically addressed as the Texas OAG reports that custody statistics show over 90% of children outside of intact biological nuclear families are by definition, Fatherless. Below is a simple infographic:

Texas creates Fatherless children and does nothing to stem the tide of predicted societal outcomes.

This Overview was completed in its entirety by:

Brooks McKenzie, PhD
LBH Research & Consulting
B.McKenzie@LBHResearch.com
972-837-5678

Please feel free to reach out with any questions or comments.

B) References

Adam, E. K., & Chase-Lansdale, P. L. (2002). Home sweet home(s): parental separations, residential moves, and adjustment problems in low-income adolescent girls. Developmental psychology, 38(5), 792–805.

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of Attachment: A psychological study of the Strange Situation*. Hillsdale, NJ: Erlbaum.

Amato, P. (2001) Children of divorce in the 1990s: An update of the Amato and Keith (1991) meta-analysis. *Journal of Family Psychology, Vol 15*(3), pp 355-370.

Amato, P. & Keith, B. (1991) Parental Divorce and Adult Well-Being: A Meta-Analysis. *Journal of Marriage and Family, 53*(1), 43-58.

American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). doi:10.1176/appi.books.9780890423349.

Bakermans-Kranenburg, M.J., & van IJzendoorn, M.H. (1993). A psychometric study of the Adult Attachment Interview: Reliability and discriminant validity. *Developmental Psychology*, 29, 870–880

Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2009). The first 10,000 Adult Attachment Interviews: distributions of adult attachment representations in clinical and non-clinical groups. *Attachment & human development*, *11*(3), 223–263. https://doi.org/10.1080/14616730902814762

Beijersbergen, M. D., Juffer, F., Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2012). Remaining or becoming secure: parental sensitive support predicts Attachment continuity from infancy to adolescence in a longitudinal adoption study. *Developmental psychology*, *48*(5), 1277–1282. https://doi.org/10.1037/a0027442

Benoit, D. (2004). Infant-parent Attachment: Definition, types, antecedents, measurement and outcome. *Paediatrics & Child Health, 9*(8), 541-545.

Block, J., Block, J. H., & Gjerde, P. F. (1988). Parental functioning and the home environment in families of divorce: Prospective and concurrent analyses. *Journal of the American Academy of Child & Adolescent Psychiatry*, *27*(2), 207-213.

Bohlin, G., Eninger, L., Brocki, K., & Thorell, L. B. (2012). Disorganized Attachment and inhibitory capacity: Predicting externalizing problem behaviors. *Journal of Abnormal Child Psychology*, *40*(3), 449-458. doi:10.1007/s10802-011-9574-7

Bowlby, J. (1969/1982). *Attachment and loss: Vol. 1: Attachment*. New York: Basic Books.

Bowlby, J. (1973). *Attachment and loss: Vol. 2: Separation*. New York: Basic Books.

Bowlby, J. (1980). Attachment and loss, Vol. III, Loss: Sadness and depression. New York: Basic Books.

Bramlett, M. D., and Blumberg, S. J. (2007). Family structure and children's physical and mental health. *Health Affairs, 26*, 549–558.

Buchheim, A., Erk, S., George, C., Kächele, H., Kircher, T., Martius, P., Pokorny, D., Ruchsow, M., Spitzer, M., & Walter, H. (2008). Neural correlates of Attachment trauma in borderline personality disorder: a functional magnetic resonance imaging study. *Psychiatry research*, *163*(3), 223–235. https://doi.org/10.1016/j.pscychresns.2007.07.001

Buchheim, A., Erk, S., George, C., Kachele, H., Ruchsow, M., Spitzer, M., Kircher, T., & Walter, H. (2006). Measuring Attachment representation in an FMRI environment: a pilot study. *Psychopathology*, *39*(3), 144–152. https://doi.org/10.1159/000091800

Burgess, K. B., Marshall, P. J., Rubin, K. H., & Fox, N. A. (2003). Infant Attachment and temperament as predictors of subsequent externalizing problems and cardiac physiology. *Journal of Child Psychology and Psychiatry, 44*(6), 819-831. doi:10.1111/1469-7610.00167

Byrne, J. G., O'Connor, T. G., Marvin, R. S., & Whelan, W. F. (2005). Practitioner Review: The contribution of Attachment theory to child custody assessments. *Journal of Child Psychology and Psychiatry*, *46*(2), 115-127. doi:10.1111/j.1469-7610.2004.00396.x

Carlson, E. A., Egeland, B., & Sroufe, L. A. (2009). A prospective investigation of the development of borderline personality symptoms. *Development and psychopathology*, *21*(4), 1311–1334. https://doi.org/10.1017/S0954579409990174

Cassidy, J., & In Shaver, P. R. (2016). *Handbook of Attachment: Theory, research, and clinical applications*.

Chaffin, M., Hanson, R., Saunders, B. E., Nichols, T., Barnett, D., Zeanah, C., Berliner, L., Egeland, B., Newman, E., Lyon, T., LeTourneau, E., & Miller-Perrin, C. (2006). Report of the APSAC task force on attachment therapy, reactive attachment disorder, and attachment problems. *Child maltreatment*, *11*(1), 76–89. https://doi.org/10.1177/1077559505283699

Clarke-Stewart, K. A., & Hayward, C. (1996). Advantages of father custody and contact for the psychological well-being of school-age children. *Journal of Applied Developmental Psychology, 17*(2), 239-270.

Fraley, R. C. (2002). Attachment Stability from Infancy to Adulthood: Meta-Analysis and Dynamic Modeling of Developmental Mechanisms. *Personality and Social Psychology Review, 6*(2), 123–151.

Hofferth, S. L. (2006). Residential father family type and child well-being: Investment versus selection. *Demography, 43*(1), 53-77.

Hoffmann, J. P. (2002). The community context of family structure and adolescent drug use. *Journal of Marriage and Family, 64*(2), 314-330.

Kraemer, G. W. (1992). A psychobiological theory of Attachment. *Behavioral and Brain Sciences, 15,* 493-541.

Lawrence, C. R., Carlson, E. A., & Egeland, B. (2006). The impact of foster care on development. *Development and psychopathology*, *18*(1), 57-76.

Main, M., & Goldwyn, R. (1985). *Adult Attachment scoring and classification system*. Unpublished manuscript, Department of Psychology, University of California, Berkeley.

Main, M., Goldwyn, R., & Hesse, E. (2002). *Adult Attachment scoring and classification systems*. Unpublished manuscript, Department of Psychology, University of California, Berkeley.

Özcan, N. K., Boyacioğlu, N. E., Enginkaya, S., Bilgin, H., & Tomruk, N. B. (2016). The relationship between Attachment styles and childhood trauma: a transgenerational perspective–a controlled study of patients with psychiatric disorders. *Journal of Clinical Nursing*, *25*(15-16), 2357-2366.

Pederson, D. R., & Moran, G. (1995). A categorical description of infant-mother relationships in the home and its relation to Q-sort measures of infant-

mother interaction. *Monographs of the Society for Research in Child Development*, *60*(2-3), 111-132. doi:10.2307/1166174

Porges, S. W., Doussard-Roosevelt, J. A., & Maiti, A. K. (1994). Vagal tone and the physiological regulation of emotion. In N. A. Fox (Ed.), *the development of emotion regulation: Biological and behavioral considerations. Monographs of the Society for Research in Child Development, 59* (Serial No. 240, Nos. 2-3, pp. 167-186).

Purvis, K. B., McKenzie, L., Kellermann, G., & Cross, D. R. (2010). An Attachment based approach to child custody evaluation: A case study. *Journal of Child Custody: Research, Issues, and Practices*, *7*(1), 45-60. doi:10.1080/15379410903554832

Rutter, M., Kumsta, R., Schlotz, W., & Sonuga-Barke, E. (2012). Longitudinal studies using a "natural experiment" design: The case of adoptees from Romanian institutions. *Journal of the American Academy of Child & Adolescent Psychiatry*, *51*(8), 762-770. doi:10.1016/j.jaac.2012.05.011

Rutter, M., & O'Connor, T. G. (2004). Are there biological programming effects for psychological development? Findings from a study of Romanian adoptees. *Developmental psychology*, *40*(1), 81.

Schneider, R., Baumrind, N., Pavao, J., Stockdale, G., Castelli, P., Goodman, G. S., & Kimerling, R. (2009). What happens to youth removed from parental care?: Health and economic outcomes for women with a history of out-of-home placement. Children and Youth Services Review, 31(4), 440-444.Schore, A. N. (1994). Affect regulation and the origin of the self: The Neurobiology of emotional development. Hillsdale, NJ: Lawrence Erlbaum Associates.

Schore, A. N. (2001). Effects of a secure Attachment relationship on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal, 22(1–2),* 7–66.

Schore, A. N. (2003). *Affect regulation and disorders of the self.* New York: W. W. Norton.

Siegel, D. J. (1999). *The developing mind*. New York: Guilford.

Simpson, J. A. (1999). Attachment theory in modern evolutionary perspective. In Cassidy, J., & Shaver, P. R. (Eds.), *Handbook of Attachment: Theory, research, and clinical applications* (pp. 115-140). New York: Guilford.

Sroufe, L., Egeland, B., & Kreutzer, T. (1990). The fate of early experience following developmental change: Longitudinal approaches to individual adaptation in childhood. *Child Development*, *61*(5), 1363-1373. doi:10.2307/1130748

Suomi, S. J. (1999). Attachment in Rhesus monkeys. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of Attachment: Theory, research, and clinical applications* (pp. 181-197). New York: Guilford.

U.S. Census Bureau (USCB; 2011), Children's Living Arrangements and Characteristics: March 2011, Table C8. Washington D.C.: 2011.

U.S. Department of Health and Human Services (USDHHS; 1993). National Center for Health Statistics. Survey on Child Health. Washington, DC, 1993.

US Department of Health and Human Services. (UDDHHS; 2009). Risk and protective factors for mental, emotional and behavioral disorders across the life cycle.

U.S. Department of Health and Human Services (USDHHS; 2012); ASEP Issue Brief: Information on Poverty and Income Statistics. September 12, 2012 http://aspe.hhs.gov/hsp/12/PovertyAndIncomeEst/ib.shtml

van den Dries, L., Juffer, F., van IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2009). Fostering security? A meta-analysis of Attachment in adopted children. *Children and Youth Services Review*, 31(3), 410-421. doi:10.1016/j.childyouth.2008.09.008

van IJzendoorn M. H. (1995). Adult Attachment representations, parental responsiveness, and infant Attachment: a meta-analysis on the predictive validity of the Adult Attachment Interview. *Psychological bulletin*, *117*(3), 387–403. https://doi.org/10.1037/0033-2909.117.3.387

van Ijzendoorn, M. H., Schuengel, C., & Bakermans-Kranenburg, M. J. (1999). Disorganized Attachment in early childhood: Meta-analysis of precursors, concomitants, and sequelae. *Development and Psychopathology*, *11*(2), 225-249. doi:10.1017/S0954579499002035

van Zeijl, J., Mesman, J., van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Juffer, F., Stolk, M. N., & ... Alink, L. A. (2006). Attachment-based intervention for enhancing sensitive discipline in mothers of 1- to 3-year-old children at risk for externalizing behavior problems: A randomized controlled

trial. *Journal of Consulting and Clinical Psychology*, *74*(6), 994-1005. doi:10.1037/0022-006X.74.6.994

Verhage, M. L., Schuengel, C., Madigan, S., Fearon, R., Oosterman, M., Cassibba, R., Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2016). Narrowing the transmission gap: A synthesis of three decades of research on intergenerational transmission of attachment. *Psychological bulletin*, *142*(4), 337–366. https://doi.org/10.1037/bul0000038

Waters, E. (1987) Attachment Q-set (Version 3). Retrieved May 1, 2013 from http://www.johnbowlby.com

Waters, E. (1995). The Attachment Q-set (Version 3.0). *Monographs of The Society for Research in Child Development*, *60*(2-3), 234-246. doi: 10.1111/j.1540-5834.1995.tb00214.x

Zeanah, C. H., Berlin, L. J., & Boris, N. W. (2011). Practitioner review: Clinical applications of Attachment theory and research for infants and young children. *Journal of Child Psychology and Psychiatry, 52*(8), 819-833. doi:10.1111/j.1469-7610.2011.02399.x

Appendix A: Curriculum Vitae – Dr. L. Brooks McKenzie

Employment

LBH Research & Consulting, LLC, Fort Worth, Texas **2013 - Present**
President
Independent Consulting & Research, Specializing in Attachment Measures and Training

- Specialize in working with agencies (e.g., non-profits, family courts, etc.) that serve at-risk children. Provide TBRI® training to organizations and families, provide Attachment assessments (AAI, AQS) of adults and children. Provide expert witness testimony.

Grand Canyon University **2017 - 2018**
Dissertation Chair
Online Dissertation Chair

- Mentor and oversee dissertation process for graduate students

DCCCD, Dallas, Texas **2014 - 2016**
Adjunct Faculty
Campus and Dual-Credit Adjunct Faculty

- Adjunct Psychology Faculty

Texas Christian University, Fort Worth, Texas **2012 - 2013**
Assistant Director of Research
TCU Institute of Child Development

- Administrative and collaborative oversight of all research, research staff, and training activities; TBRI® based research and training.

Texas Christian University, Fort Worth, Texas **2011 - 2012**
Research Scientist
TCU Institute of Child Development

- TBRI® researcher and trainer.

Texas Christian University, Fort Worth, Texas **2006 - 2010**
PhD Candidate and Teaching/Research Assistant

- PhD candidate with research and teaching load.

Dallas MetroCare, Dallas, Texas **2005 - 2006**
Special-Needs Offender Program

- Case manager for high-risk offenders.

Center for Comprehensive Services, Carbondale, Illinois **2004 - 2005**
Rehabilitation Specialist

- Directed psychological interventions for residents who suffered traumatic brain injury.

Education

Texas Christian University, Fort Worth, Texas **2010**
Ph.D. - Experimental Psychology
Emphasis: Developmental Psychology
Expertise: Attachment Theory, Adult and Child Attachment
Dissertation: *Development of an Adult Attachment Scale*

Cardinal Stritch University, Milwaukee, Wisconsin **2004**
M.A. in Clinical Psychology; Psi Chi Membership
Thesis: *Measures of Self-Esteem, Self-Efficacy, Locus of Control and Depression within the Low-Income Population in Milwaukee, Wisconsin*
***9 months as Forensic Intern with Wisconsin Forensic Unit**

Southwest Texas State University, San Marcos, Texas **2001**
B.S. in Psychology; Cum Laude
Major: Psychology
Minor: Philosophy

Publications

Purvis, K., Cross, D., Federici, R., Johnson, D., & McKenzie, L. B. (2007). The Hope Connection: a therapeutic summer day camp for adopted and at-risk children with special socio-emotional needs. *Adoption & Fostering*, *31*(4), 38-48.

Cross, D. R., Kellermann, G., McKenzie, L. B., Purvis, K. B., Hill, G. J., & Huisman, H. G. (2010). A randomized targeted amino acid therapy with behaviourally at-risk adopted children. *Child: Care, Health and Development,* 37, 671–678.

Purvis, K. B., McKenzie, L. B., Kellermann, G., & Cross, D. R. (2010). An Attachment based approach to child custody evaluation: A case study. *Journal of Child Custody, 7,* 45-60.

Howard, A. R., Call, C. D., McKenzie, L. B., Hurst, J. R., Cross, D. R, & Purvis, K. P. (2013). An examination of Attachment representations among child welfare professionals. *Children & Youth Services Review,* 35, 1587-1591.

Purvis, K. B., McKenzie, L. B., Cross, D. R., & Razuri, E. B. (2013). A spontaneous emergence of Attachment behavior in at-risk children and a correlation with sensory deficits. *Journal of Child and Adolescent Psychiatric Nursing, 26*(3), 165-172.

McKenzie, L. B., Purvis, K. B., & Cross, D. R. (2014). A Trust-Based Home Intervention for Special-Needs Adopted Children: A Case Study. *Journal of Aggression, Maltreatment & Trauma, 23*(6), 633-651.

Purvis, K. B., Cross, D. R., McKenzie, L. B., Razuri, E. B., & Buckwalter, K. (2014). A Trust-Based Intervention for Complex Developmental Trauma: A Case Study from a Residential Treatment Center. *Child and Adolescent Social Work Journal, 31*(4), 355-368.

Presentations

McKenzie, L. B. (2014, October). Attachment and Child Development. Paper presented at the Tarrant County Family Law Bar Association, Fort Worth, Texas.

McKenzie, L. B., & Cross, D. R. (2008, September). Preliminary Report: Evidence Based Practices for Tarrant County. Paper presented at the Bridging the Gap Symposium, Fort Worth, Texas.

McKenzie, L. B. & Kowalchuk, R. K. (2004, November). Psychological Well-Being Within a Low-Income Mid-Western Sample. Paper presented at the meeting of the International Conference for Social Science Research, New Orleans, LA.

Unpublished Manuscripts

Cross, D. R., McKenzie, L. B., Freisen-Swan, M., Nakata, T., & Purvis, K. B. (2010). *Attachment Stability and Change from 12- to 19-months: A Log-Linear Meta-analysis*. Unpublished manuscript, Texas Christian University, Fort Worth, Texas.

McKenzie, L. B. (2004). *Measures of Self-Esteem, Self-Efficacy, Locus of Control and Depression within the Low-Income Population in Milwaukee, Wisconsin* (Unpublished master's thesis). Cardinal Stritch University, Milwaukee, WI.

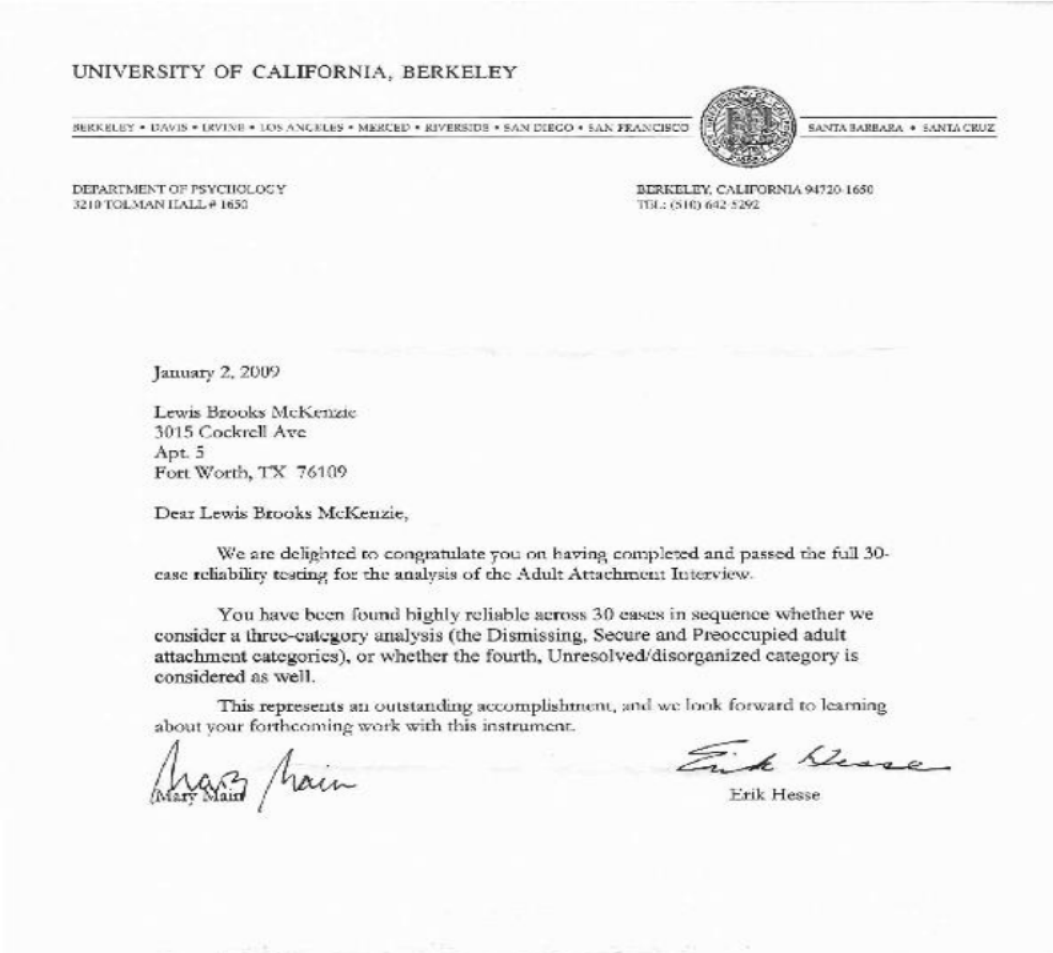
McKenzie, L. B. (2010). *Development of an Adult Attachment Scale: Preliminary Study* (Unpublished doctoral dissertation). TCU, Fort Worth, Texas.

McKenzie, L. B., Cross, D. R., & Purvis, K. B. (2009). *Differences in Parental CBCL Ratings and Neurotransmitter Profiles for 30 Children: Are Differences Indicative of Dysfunction*? Unpublished manuscript, Texas Christian University, Fort Worth, Texas.

Purvis, K. B., McKenzie, L. B., Rus, A. V., & Cross, D. R. (2011). *A Brief Report of Neurochemical Profiles for 28 Romanian Infants Raised in either Institutional or Biological Settings*. Unpublished manuscript, Texas Christian University, Fort Worth, Texas.

Specializations - Other

Adult Attachment Interview (AAI) - Certified (4-way) to administer and score the Adult Attachment Interview by Mary Main, PhD; scored and coded ~3000 AAI transcripts for research, non-profits, various therapeutic organizations, individuals, and child custody evaluations.



UNIVERSITY OF CALIFORNIA, BERKELEY

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO • SANTA BARBARA • SANTA CRUZ

DEPARTMENT OF PSYCHOLOGY
3210 TOLMAN HALL # 1650

BERKELEY, CALIFORNIA 94720-1650
TEL: (510) 642-5292

January 2, 2009

Lewis Brooks McKenzie
3015 Cockrell Ave
Apt. 5
Fort Worth, TX 76109

Dear Lewis Brooks McKenzie,

We are delighted to congratulate you on having completed and passed the full 30-case reliability testing for the analysis of the Adult Attachment Interview.

You have been found highly reliable across 30 cases in sequence whether we consider a three-category analysis (the Dismissing, Secure and Preoccupied adult attachment categories), or whether the fourth, Unresolved/disorganized category is considered as well.

This represents an outstanding accomplishment, and we look forward to learning about your forthcoming work with this instrument.

Mary Main

Erik Hesse

Trust-Based Relational Intervention® (TBRI®) - Extensive knowledge (10+ years) of Trust-Based Relational Intervention® (TBRI®), a program developed by the TCU Institute of Child Development (ICD). TBRI® is an Attachment based intervention for children and families, designed to address the developmental needs of at-risk children.

Specialized Training/Skills- Nine months experience as forensic intern with Wisconsin Forensic Unit.

Other- Serve as expert witness in child custody placement proceedings, employing Adult Attachment Interview and Attachment Q-sort (valid, reliable measures) in order to measure health of Attachment relationships.

Created by:
L. Brooks McKenzie, PhD
B.McKenzie@LBHResearch.com
972.837.5678