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Article

Safe Care in Childhood and Adolescence Under Guardianship: Contributions From Attachment Theory

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ABSTRACT

In Spain, according to the *Observatorio de la Infancia* [Spanish Children's Observatory] (2024), 51,972 children and adolescents were being cared for in the protection system. The scientific literature highlights the serious risks that the disruption of family ties and placement in residential care centers pose to children's development. It also identifies factors that contribute to improved care in residential placements. These factors include the nurturing of social interactions, the stability of social bonds, and the development of meaningful attachment relationships. In this article, based on the framework of attachment theory, we describe the criteria to consider in the design and organization of residential care centers. We also emphasize the importance of specialized training for educators and professionals who comprise child and adolescent care teams within the protection system, in order to promote the development of a secure attachment bond between children and adolescents, and professional caregivers.

Cuidados Seguros en la Infancia Bajo Tutela: Aportaciones Desde la Teoría del Apego

Palabras clave
Apego
Cuidado Residencial
Políticas de Protección a la Infancia
Regulación Emocional

RESUMEN

En España, según el Observatorio de la Infancia (2024), 51.972 niños, niñas y adolescentes (NNA) estaban atendidos en el sistema de protección. La literatura científica destaca los graves riesgos que supone la ruptura de los vínculos familiares y la crianza en centros de acogida para el desarrollo de los menores. También señala los elementos que pueden optimizar la atención en el acogimiento residencial. Estos aspectos incluyen la calidad de las interacciones sociales, la estabilidad en los vínculos y la construcción de relaciones afectivas significativas. En este artículo, basado en el marco de la teoría del apego, describimos los criterios a tener en cuenta en el diseño de los proyectos y organización de centros de atención residencial. Asimismo, destacamos la importancia de la formación especializada de los educadores y profesionales que integran los equipos de atención a la infancia y adolescencia en el sistema de protección en base a promover el desarrollo de un vínculo de base segura entre NNA y cuidadores profesionales.

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Attachment theory describes the tendency of human beings to form strong emotional bonds with other people and explains how the separation and loss of such bonds can negatively affect emotional and psychological development, generating reactions such as anxiety, anger, depression, or detachment behaviors (Bowlby, 1977). According to this theory, attachment is a primary motivational system that develops through the infant's early interactions with the caregiver figure.

Although attachment is manifested through behavior, attachment patterns (constituted by the synthesis of repeated procedural memories of childhood interaction with the attachment figure) in themselves do not constitute attachment. Attachment is something internalized that includes aspects of desires, feelings, expectations, and intentions that provide a filter for the interpretation of interpersonal experience (M. D. Ainsworth et al., 1978). Bowlby's Internal Functioning Models are mental representations, which condition one's relationship with the environment and especially the trust and expectations established with other people.

Throughout the life cycle we can observe a tendency towards continuity in the attachment pattern established in the early years, especially when the same attachment figures have been maintained. However, life events or changes in attachment figures or caregivers may cause discontinuity and alter these attachment patterns and representations. Depending on the attachment experiences, the individual can improve or worsen the organization of their attachment system and gain or lose security. Hence the benefit of the application of attachment theory in parenting, care, and clinical work with children and adolescents.

The Effects of Residential Care

In his report to the WHO in 1952, Bowlby stated:

> "There is now sufficient evidence to support the general conception that prolonged deprivation of maternal care produces not only serious damage but also lasting effects on the child, which alter his character and so disturb his whole future life." He also noted out that "(...) there are still very few systematic studies, very few comparative statistical studies with appropriate control groups (p.53)".

The current situation differs from the one Bowlby described in the 1950s, when most children, for various reasons, were institutionalized at an early age. Nowadays, the separation of children and adolescents from their respective homes and attachment figures usually responds to the detection of situations of child abuse and the parents' difficulty or incompetence to provide adequate care for their children. In a significant percentage of cases, this leads to the children being cared for in families or residential care centers while parental recovery and reunification efforts are underway, which are not always successful.

Despite the evident improvements implemented in the care of children in residential settings, authors such as van IJzendoorn et al., 2020 continue to argue that residential care can be considered a form of structural neglect, with negative consequences on physical, cognitive, and socioemotional development. These authors even speak of institutional deprivation (van IJzendoorn & Bakermans-Kranenburg, 2024).

A recent meta-analysis (van IJzendoorn et al., 2020) covering more than 100,000 children and adolescents in more than 60 countries revealed that upbringing in residential care centers is associated with significant delays in physical and cognitive development, as well as a higher prevalence of insecure and disorganized attachment. The effects are more severe when children enter residential care at an early age. For this reason, many countries promote alternative models of care, such as foster care, adoption, or kafalah (in Arab countries).

This meta-analysis is the most important study to date on children and adolescents cared for in residential care centers; however, it has some limitations. First, the analysis encompasses very different structures, forms of organization, and restorative care experiences that vary greatly in the different countries, reflecting differences in child protection policies and progress in safeguarding children at risk or in conditions of neglect, so its negative effects should be analyzed in light of these differential factors. In addition, many of the included studies assess the developmental, psychosocial, and mental health problems of children and adolescents in care in a correlational or quasi-experimental manner and do not include data on the baseline conditions. For example, little is known about their initial developmental level or the impact of prior maltreatment or trauma on their personality and psychological functioning before entering care. Only the Bucharest Early Intervention Project, a study included in the meta-analysis, conducted pre-placement assessments and included a comparison sample of typically developing children of the same age and from the same country. However, the meta-analysis does not offer results stratified by country, and the living conditions described for institutional care are not directly comparable to the current situation in Spain. Therefore, caution is warranted when directly transferring its conclusions to the Spanish context.

According to data published in 2024 by the *Observatorio de la Infancia* [Spanish Children's Observatory], the number of children and adolescents cared for by the public child protection system was 51,972. Of these, 18,097 were in family foster care and 17,112 in residential care. The vast majority of those in residential care were aged 11-17 years (14,115), with 1,797 aged 7-10 years, and only 1,200 aged 0-6 years (Ministerio de Derechos Sociales y Agenda 2030 [Ministry of Social Rights and Agenda 2030], 2024).

In terms of the number of centers for the protection of minors, there are a total of 1,119 regular centers and a further 96 centers that specialize in minors with behavioral problems. However, as competencies are decentralized, there is significant variation among autonomous communities regarding policies, resources, and funding. For example, according to Miriam Poole et al. (2022), the average cost per child per day is 112.70 €, but it ranges from €80 in Santander to €198 in the Basque Country, which could directly impact the quality of care provided.

Research into outcomes for children and adolescents in care in Spain remains limited. González-García et al. (2023) conducted a 24-month follow-up of 492 children aged 8-17 years with mental health problems in 13 regions. They found highly diverse trajectories: 29.9% maintained good mental health, 26% improved, 23.5% deteriorated, and 20.5% showed no change. The study underscores that referral to mental health services is insufficient if staff are not specifically trained and if the quality of the residential environment is not addressed. Nevertheless, the study does not

provide information about the quality of care or the organizational conditions of residential settings.

Horno Goicoechea et al. (2025) evaluated a training program in Asturias based on attachment theory, trauma, and children's rights. The initiative proposes changes in the organization of the centers, aimed at improving the continuity of care for children and adolescents, as well as providing care for caregivers themselves and addressing staff training needs. The model promotes 'conscious affectivity', requiring a shift in the way we look at disruptive behaviors, understood as expressions of pain and harm experienced during development. It also proposes never questioning the children's ties with their family of origin, because these relationships represent their sense of belonging and form a core part of their identity. The program was implemented for 75% of the staff of the protection centers. After this training for caregivers, the children and adolescents perceived improvements in the quality of care, highlighting greater perceived safety and support at night (64%). They also valued better management of transitions, notably through the swift assignment of a key caregiver, increased flexibility of staff during meals, and enhanced communication and dialogue with caregivers.

Factors that Improve Residential Care

Few studies have explored the factors that can improve residential care. A prominent example is that of the St. Petersburg Orphanage (Crockenberg et al., 2008), which identified two key factors: staff training to promote sensitive interactions and the creation of structures that facilitate primary caregiving in small, stable groups. In Spain, the intervention model proposed in Asturias mentioned above and endorsed by UNICEF also addresses these two areas (Horno Goicoechea et al., 2025). Additionally, the research carried out by Júlia Sánchez (2022) in the Community of Madrid identifies residential care factors that seem to enhance the well-being of children and adolescents, as well as their representations of attachment.

In this paper—based on attachment theory, research on the developmental effects of residential care, and clinical and educational experience with children and adolescents in care—we reflect on the organization and caregiving in these settings, identifying factors that may foster the development of secure attachments between residents and their caregivers.

Van Ijzendoorn and Bakermans-Kranenburg (2024) draw some conclusions from their research on institutional care:

1. Social interactions with significant others are an integral part of the basic needs of the developing child or adolescent. Social interactions are needed for growth and development of physical, social, and cognitive competencies.
2. Continuity of care is essential, as fragmented care creates atypical attachments, growing insecurity, and increasing distrust of others.
3. Children and their caregivers need a small, transparent, and reliable social network that can provide the support they need in times of anxiety, stress, distress, or illness.

These conclusions, together with the potential harmful effects of residential care, make it necessary to consider the benefits of incorporating attachment theory into both the organization of care centers and the training and sensitivity of care teams. These proposals will be elaborated upon in the following sections.

Social Interactions and Secure Attachment

Fostering secure attachment between children and adolescents and their caregivers has significant benefits for their physical and mental health. This principle, fundamental in attachment theory, can be applied not only in family contexts, but also in therapeutic and educational settings. In child protection centers, the care team holds a privileged position due to the frequency and closeness of their relationship with the resident group.

To promote emotional well-being, centers must offer a secure base, both materially and emotionally, that provides protection and support. This requires sensitive, consistent, and continuous care in which interactions are responsive to the child's needs. As Marris (1991) notes, positive attachment experiences are characterized by predictability, responsiveness, comprehension, and the provision of support and commitment.

Children and adolescents who have experienced maltreatment or neglect often develop profound distrust toward others, which can manifest as difficulties forming stable relationships. In many cases, the distress caused by uncertainty or new relationships may trigger emotional and behavioral dysregulation. Although this distress may not always be immediately visible, it should be appropriately detected and regulated by the care team.

Support

Support during adolescence must be sensitive to each individual's developmental stage and personal characteristics. As Bowlby stated, the process should neither proceed too quickly nor too slowly. The physical and emotional presence of the key caregiver, alongside acknowledgment of the adolescent's qualities, is fundamental. Many young people seek validation they did not receive in their homes, which sometimes translates into delinquent behaviors. In such cases, the care team should strive to recognize and value the child or adolescent's abilities, providing an alternative source of validation.

An educational approach that does not take into account psychological suffering is insufficient in many cases. These children and adolescents do not typically respond to the standard procedures based on positive and negative reinforcement. Disciplinary measures are not interpreted as consequences of their own actions but rather as the habitual behavior of abusive attachment figures. Such educational interventions may be perceived as new forms of maltreatment, increasing the risk of re-victimization. Consequently, the care team may experience feelings of distress and helplessness when confronted with persistent behavioral and emotional manifestations in adolescents.

Adolescents who present a complacent and submissive profile may give the impression that they suffer less and require less attention, and they may even go unnoticed by the care team. However, this is also an adaptive defensive response that in the long term may be dysfunctional or constitute a greater risk of pathology in the future. Therefore, the team must be attentive to these signals.

The sensitivity of caregivers is also key. According to Ainsworth (1978), sensitivity involves three components: correctly perceiving

verbal and nonverbal safety-seeking signals, interpreting them appropriately, and responding to them as quickly as possible. If these signals are misinterpreted or ignored, further insecurity and mistrust may be generated.

In addition, it is essential to help children and adolescents dignify and process their personal history. This includes respecting their privacy and treating personal information with care, both within the residential context and in inter-agency collaboration. It is common for children and adolescents to feel distressed due to such high levels of exposure about their lives, since many people in their environment know details of their history. Respecting their privacy is crucial to prevent feelings of vulnerability and re-victimization. Reflection is needed regarding which aspects of their lives are shared within the team and who has access to this information. Great care must be taken when managing information, and public references should never be made to topics that residents themselves have not disclosed.

Peer groups can be spaces that foster growth and socialization, but they may also generate conflicts and rivalries that complicate the work of the care team. Therefore, it is important for the team to have spaces for reflection and self-care where they can share their experiences, gain perspective, and manage the emotional impact that this work implies. External supervision can be a valuable resource in this process, helping teams to maintain a healthy emotional distance and to make decisions in a reflective manner.

Emotion Regulation

It is essential to understand the mechanisms of emotion regulation of children and adolescents. This support is crucial to develop adequate capacity for emotion regulation, as during their development, they require external assistance to manage their emotions.

According to Allan Schore (1994, 2003a; 2003b), childhood is where the first chapter of the human drama is played out; it is the context in which the mother figure and the baby experience either connection or disconnection in their vital emotional communication. This "expressive-affective communicative dance" lays the foundation for attachment and opens the child's mind toward both their own emotional states and those of others, as well as toward understanding the world. Early interactions—including affective synchrony and reciprocity between the maternal figure and infant—are key to understanding the development of emotional self-regulation capacity. These interactions begin at birth and can be observed in infants as early as two weeks old (Meltzoff & Moore, 1989).

A very brief review of the development of this capacity begins by recalling the differentiated function of the two cerebral hemispheres. The left brain, according to Schore, communicates its states to other left brains through speech, language, and conscious memories, whereas the right brain communicates its non-conscious affective states and emotions to other right brains through non-verbal communication processes. The right hemisphere, whose maturation begins in the last trimester of pregnancy and lasts until the end of the second year of life, is specialized in capturing attachment experiences, communicative-affective exchanges with the mother and other attachment figures, as well as the recognition and "reading" of emotions expressed through another person's face, voice, and gestures. Later, the left brain will be able to name these emotions and affective states, permitting in childhood the beginning of communication of one's unique experiences to others.

Schore emphasizes that these communicative and emotional exchanges between attachment figures and the child are of paramount importance. If parental responses do not match the infant's intrinsic motivations and maturation process, damage to brain systems can occur. Such damage can impair cognitive and affective capacities evident in early childhood or manifest later—in adolescence or adulthood—when the brain structures involved in emotion regulation and reflective consciousness become functional. For example, this may affect competencies such as the ability to tolerate life's frustrations, sensitivity to others' emotional signals, and capacities for resilience and empathy.

Individuals are not born with a mature system of emotional and behavioral regulation; in childhood, prolonged assistance is required to contain emotions. This process is shaped in response to the baby's experiences (taking into account its genetic predisposition and innate temperament). Everything that happens to the infant contributes to the developing brain's emotional and perceptual map of the world. It is important to recognize that cortical inhibitory controls—which later enable the regulation of affective states—develop very gradually. For example, between two and four months of age, neurophysiological changes begin in the brain that allow the emergence of early inhibitory responses. Between nine and ten months, the frontal cerebral lobe and its associated neural circuits embark on their long maturation process, which does not end in early childhood nor even during adolescence (Thompson, 1994). It is important for the care team to understand that, throughout this extended period, these structures need external support to develop effectively.

Initially, this support stems from the mother-infant or father-infant interaction; however, in their absence, caregivers must fulfill this regulatory function. Sullivan and Gratton (2002) highlight the maternal regulatory role in the development and maintenance of synaptic connections involved in the development of cortical structures responsible for the capacity for inhibition and emotion regulation.

Even after these capacities have achieved notable development, unexpected frustration, life crises, or coping with stressful events can lead to a temporary loss of homeostatic balance in regulation abilities, necessitating renewed external assistance to regain internal control. It is likely that these stressful situations and dysregulated states have occurred at a higher level and frequency in the children and adolescents under the guardianship of the administration. Judging by their life histories, they are likely to have received limited regulatory support from attachment figures during normative emotion regulation processes. Consequently, understanding their limited capacity to contain frustrations and setbacks typical of life in a residential care center may, in fact, represent the first and most fundamental task for the care team.

The emotion regulation capacity that caregivers can offer depends to a great extent on the affective bond that can be established, a large part of which is built through non-verbal communication—an aspect possibly underestimated in the training of care teams working with children and adolescents experiencing difficulties in impulse control, behavior, and emotions. It is the tenderness that emerges in the face, in the voice, in the slow

gestures, the holding of a gaze that genuinely tries to understand, to be sensitive to emotions, the way of transmitting support, humor, even the way in which a key caregiver "approves" or "disapproves". In other words, the moment-to-moment "goodness of fit" that is transmitted in the inter-subjective dialogue opens a channel to the right brain in childhood. This nonverbal regulation proves far more effective in managing emotional crises than cognitive verbal reasoning. Consistent with Schore's perspective, it is, in fact, the emotional containment capacity of caregivers, the warm and protective atmosphere they offer, that is most necessary in moments of behavioral disorganization. It is precisely this type of relationship and affective regulation that can, over time (and thanks to neuroplasticity), produce neurobiological changes in the frontal circuits of the right cerebral hemisphere that facilitate mental health, damage repair, and therapeutic progress (Feinberg & Keenan, 2005; Decety & Chaminade, 2003).

In this regard, it is crucial to understand that the internal working models of the attachment system are essentially synaptic connections formed as different affect regulation strategies and encoded in implicit memory. In other words, these are dynamic structures that define subjective experience in childhood and organize schemas for relating to the world and others.

In summary, caregivers with a greater capacity to identify, understand, regulate, and reflect on emotions will be better equipped to support the care team and help children and adolescents become more emotionally prepared and thus better able to cope with stressful events in the center (Santander et al., 2020).

The Continuum of Care. Making the World Predictable

Each change of location imposes new losses on the child—of caregivers, friends, school, and environment—which reactivate those already experienced in the separation from their parents. Bowlby (1951) warned that the interruption of emotional bonds can generate emotional and behavioral disorders. These repeated changes are associated with increased psychopathological, school, and cognitive problems (Almas et al., 2020; Newton et al., 2000). Although relocation is often considered to be a response to the child or adolescent's behavioral problems, research has shown that transfers are independent of pre-existing issues and frequently motivated by administrative or policy reasons (Almas et al., 2020; Newton et al., 2000). Furthermore, residential placement changes are the primary factor associated with subsequent difficulties in social integration, even more so than a history of abuse or neglect (Fernández et al., 2003). Therefore, repeated changes in residential placement should be avoided, along with everyday uncertainty, since predictability is a crucial aspect of development. A predictable and structured environment is essential for the emotional security of children and adolescents in care.

How can predictability be promoted in a residential care setting?

The structure and organization of the facility must be clear and consistent. Decisions related to the child protection system and the well-being of children and adolescents should always be individualized, considering the specific characteristics of each child and their families. While general guidelines may be established, these must remain flexible enough to be adapted to each particular case.

It is essential that children and adolescents are informed about changes in staff shifts and absences of their reference figures, whether due to vacations or cessation of employment, allowing them to anticipate and manage transitions. When significant individuals or primary caregivers leave, it must be handled with sensitivity and clarity, explaining that these decisions are personal and unrelated to the child's own behavior. This is particularly important to prevent children—due to their history of trauma—from feeling responsible for the actions of adults.

Furthermore, transitions involving the entry or departure of a peer must also be appropriately managed. It is important to pay attention to or anticipate the possible reactions and consequences of such changes, since they can generate feelings of anger, fear, or anxiety, especially if not properly communicated. Announcing these changes in a reflective space enables the expression and healthy processing of emotions. Similarly, goodbyes should be carefully planned, providing space for processing feelings of loss.

The presence of reference figures is key for reducing anxiety during significant transitions, such as entering a new center, changing rooms, or transferring to a new school. Additionally, maintaining connections with significant individuals from the previous center—through scheduled visits or meetings—strengthens the sense of continuity and security. As attachment theory suggests, these transitional spaces help children and adolescents cope with change in a less traumatic way.

The Importance of a Clear Internal Structure

The existence of an internal structure with established schedules is another factor that contributes to the predictability and emotional organization of the care group. However, this structure must be flexible enough to adapt to individual needs. Allowing dialogue and participation of children and adolescents in decisions related to the center's rules gives them a sense of belonging and helps them perceive the environment as more predictable and less arbitrary.

Although unforeseen situations—such as agitation among peers—are inevitable, if these occurrences can be discussed and processed with the group, the center can continue to be perceived as a safe and trustworthy place. Coherence in intervention and consistency in the care team's responses are key to consolidating this perception.

Another relevant aspect in the emotional protection of these children and adolescents is respect for their personal belongings and privacy. Belongings, though they may be few, often carry important symbolic value, since they represent the bonds and experiences accumulated throughout their lives. Respecting these objects and allowing the children and adolescents to keep them, even during changes of residence, helps maintain a sense of continuity in their identity. Institutions and care teams must take particular care to preserve this privacy and ensure that personal experiences are not violated or shared unnecessarily.

The Group as a Space for Socialization and Growth

The peer group dimension can be a valuable resource for social and emotional development, but it can also be a source of conflict

and rivalry. The group can function as a space for socialization that favors growth and mutual support, or it can become a scenario of tensions that complicate the work of the care team.

It is essential that the teams are prepared to manage these group dynamics, providing an environment that fosters respect, cooperation, and constructive conflict resolution. It is important to incorporate professional supervision within residential centers. This provides a reflective space that provides emotional support and care for staff, helping them to perform their role more effectively.

A Reliable Support Network for Moments of Anxiety, Stress, and Illness

It is necessary to define a small network of attachment relationships for each child or adolescent so that they know whom they can trust and turn to in times of anxiety, illness, or potentially traumatic experiences. They should be able to count on having one or two key reference figures (tutors) in their residence, who are especially dedicated and available to them. The role of these reference figures goes beyond care functions and should embody the qualities developed throughout this work: a) they must be capable of providing clarity and predictability, so that the children and adolescents know, from the moment they arrive at the center, who their reference figure is and how to access them; b) they must have a special sensitivity to understand them at all times, and be willing to respond quickly to their demands, striving to provide the best possible support; c) they must provide physical and psychological availability, meaning more dedicated time and an appropriate attitude; d) these figures act as necessary mediators within the care team when problems arise, and also serve as intermediaries with schools, health centers, and other relevant institutions.

The institution must ensure that family ties are maintained. According to the International Work Group on Therapeutic Residential Care (Whittaker et al., 2017), it is important to preserve and strengthen the bonds between the child or adolescent and their family whenever possible. The educational team should work to support these bonds, paying special attention to sibling relationships, without unnecessarily confronting the idealizations children and adolescents may hold about their families, as these idealizations serve as a defense mechanism that helps them preserve positive aspects of their parental figures.

Caring for the Care Team

Before concluding, we must emphasize that the profiles of children and adolescents in residential care centers are typically marked by traumatic experiences such as abuse, maltreatment, and neglect, which presents additional challenges for the professionals responsible for their care. This context requires great emotional capacity on the part of the care team, who must manage complex behaviors and difficult emotional responses, such as distrust or behavioral dysregulation. Working with children under custodial care requires professionals to serve as models of regulated behavior and emotionality.

However, if we analyze the conditions in which the professional teams work in the centers, it is evident that caregiver-to-child ratios are often low, and staff turnover is a persistent issue. This is due to the fact that the work related to residential care is undervalued, often poorly compensated, and entails a heavy emotional burden (van IJzendoorn & Bakermans-Kranenburg, 2024). Therefore, in addition to advocating for improved working conditions, it is critical to enhance caregivers' emotion regulation and coping skills through the development of preventive programs that foster these competencies. Caregivers who find meaning in their work are more likely to achieve a balance between their emotional and professional capabilities, thereby supporting healthy and constructive relationships and environments.

It is essential that care teams receive training in attachment theory, trauma, and the developmental trajectories of children and adolescents. This will enable staff to better understand the children's reactions and adapt their intervention effectively, thus promoting the healing of emotional harm. Care teams must attend to their own mental health due to the emotional impact of sustained exposure to childhood and adolescent suffering. It is essential that these teams have opportunities for reflection and self-care, which will allow them to process experiences together and gain enough emotional distance and perspective to facilitate their decisions. External supervision can assist this process.

When a caregiver becomes an attachment figure (a subsidiary attachment figure), they have the potential to transform the child's emotional processes, coping strategies, and internal models of functioning. For this reason, specific training in emotion regulation strategies and attachment theory is a fundamental requirement to facilitate the social and emotional competence of the child and their ability to manage potentially stressful situations.

Future Directions

It is important to consolidate stable reference figures for each child or adolescent, designing organizational arrangements that ensure the constant presence of one or two adult reference figures for each child or adolescent, while reducing staff turnover. This facilitates the creation of sustained bonds of trust. Such a model requires stable working conditions and conscious planning of the role of primary caregivers.

Residential placement changes should be minimized due to the risks posed by repeated losses. When such changes do occur, it is necessary to involve reference figures from both the outgoing and receiving centers—for example, through joint meetings with the child or adolescent—to ensure continuity and facilitate trust with the new team.

Given the solid empirical foundation of attachment theory, it is essential to develop training programs for child protection educational teams that integrate this theory along with emotion regulation strategies and trauma-informed approaches, aiming to equip professionals to intervene sensitively and appropriately with children under protective care.

Ongoing research is needed to identify conditions that improve residential care and to establish quality standards incorporating the principles of attachment theory.

It is recommended to establish support spaces for the care team, since working with traumatized children and adolescents can be emotionally demanding. Thus, spaces for supervision and reflection are necessary for professionals to share experiences, prevent emotional burnout, and receive support. The well-being of the team is a cornerstone of the protective environment.

Each child and adolescent should be ensured a network of significant adults they can trust in times of anxiety, distress, or stress. This network may include figures from the residential center, family members, community references, or important individuals from their past.

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Conflict of Interest

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References

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of Attachment. A Psychological Study of the Strange Situation* (1st ed.). Lawrence Erlbaum Associates Inc.

Almas, A. N., Papp, L. J., Woodbury, M. R., Nelson, C. A., Zeanah, C. H., & Fox, N. A. (2020). The Impact of Caregiving Disruptions of Previously Institutionalized Children on Multiple Outcomes in Late Childhood. *Child Development*, *91*(1), 96-109. https://doi.org/10.1111/cdev.13169

Bowlby, J., & World Health Organization (1952). *Maternal care and mental health: a report prepared on behalf of the World Health Organization as a contribution to the United Nations programme for the welfare of homeless children* (2nd ed, published by: Lisbon : Livraria Martins Fontes). World Health Organization.

Bowlby, J. (1977). The making and breaking of affectional bonds. I. Aetiology and psychopathology in the light of attachment theory. An expanded version of the Fiftieth Maudsley Lecture, delivered before the Royal College of Psychiatrists, 19 November 1976. *The British Journal of Psychiatry: the Journal of Mental Science*, *130*(3), 201-210. https://doi.org/10.1192/bjp.130.3.201

Crockenberg, S. C., Rutter, M., Bakermans-Kranenburg, M. J., van IJzendoorn, M. H., & Juffer, F. (2008). The effects of early social-emotional and relationship experience on the development of young orphanage children: Abstract. *Monographs of the Society for Research in Child Development*, *73*(3), vii, 245-262. https://doi.org/10.1111/j.1540-5834.2008.00481.x

Decety, J., & Chaminade, T. (2003). When the self represents the other: A new cognitive neuroscience view on psychological identification. *Consciousness and Cognition*, *12*(4), 577-596. https://doi.org/10.1016/S1053-8100(03)00076-X

Feinberg, T. E., & Keenan, J. P. (Eds.). (2005). *The lost self: Pathologies of the brain and identity*. Oxford University Press. https://doi.org/10.1093/acprof:oso/9780195173413.001.0001

Fernández, J., Álvarez, E., & Bravo, A. (2003). Assessment of long-term outcome in child residential care. *Infancia y Aprendizaje*, *26*(2), 235-249. https://doi.org/10.1174/021037003321827803

González-García, C., Vassiliadis, E., Moreno-Manso, J. M., Alcántara, M., del Valle, J. F., & Bravo, A. (2023). Changes in Mental Health of Children and Young People in Residential Care: Outcomes and Associated Factors. *Psychosocial Intervention*, *32*(1), 11-19. https://doi.org/10.5093/pi2022a16

Horno Goicoechea, P., Echevarría Cañabate, T., Romero Biedma, F. J., & Campins Cloquell, J. (2025). *Guía técnica para la transformación institucional del modelo de acogimiento residencial [Technical guide for the institutional transformation of the residential care model]*. Unicef España. https://www.observatoriodelainfancia.es/oia/esp/documentos_ficha.aspx?id=8831

Marris, P. (1991). The social construction of uncertainty. In C. M. Parkes, J. Stevenson-Hinde & P. Marris (Eds.), *Attachment across the life cycle* (pp. 77-90). London: Tavistock/Routledge.

Meltzoff, A. N., & Moore, M. K. (1989). Imitation in newborn infants: Exploring the range of gestures imitated and the underlying mechanisms. *Developmental Psychology*, *25*(6), 954-962. https://doi.org/10.1037/0012-1649.25.6.954

Ministerio de Derechos Sociales y Agenda 2030 [Ministry of Social Rights and Agenda 2030]. (2024). *Boletín de datos estadísticos de medidas de protección a la infancia y la adolescencia. Boletín nº 26. Datos 2023 [Statistical bulletin on measures to protect children and adolescents. Bulletin No. 26. Data for 2023]*. https://www.juventudeinfancia.gob.es/es/infancia/legislacion-boletines-planes-estrategicos/boletin-datos-estadisticos-medidas-proteccion-infancia-adolescencia

Newton, R. R., Litrownik, A. J., & Landsverk, J. A. (2000). Children and youth in foster care: Disentangling the relationship between problem behaviors and number of placements. *Child Abuse and Neglect*, *24*(10), 1363-1374. https://doi.org/10.1016/S0145-2134(00)00189-7

Poole Quintana, M., Paul Larrañaga, K., Ruiz de Huidobro de Carlos, J. M., Vélez Álvarez, M. I., & Martinez Garcia, C. (2022). *Estudio de los Centros de Acogimiento Residencial para Niños, Niñas y Adolescentes en el Ámbito de la Protección en España [Study of residential care centers for children and adolescents in the field of protection in Spain]*. https://nuevofuturo.org/informe-sobre-desinstitucionalizacion-y-buenas-practicas-en-el-acogimiento-residencial-a-ninos-ninas-y-jovenes-en-proteccion/

Sánchez Núñez, J. (2022). *Representaciones de apego en niños de 3 a 6 años en situación de acogimiento residencial. Factores de riesgo y de protección familiares e institucionales [Representations of attachment in children aged 3 to 6 in residential care. Family and institutional risk and protective factors]*. Unpublished doctoral thesis. Universidad Autónoma de Madrid, Departamento de Psicología Evolutiva y de la Educación. Repositorio UAM http://hdl.handle.net/10486/702473

Santander, T. S., Gaeta, G. M. L., & Martínez-Otero, P. V. (2020). Impact of emotion regulation in the classroom: A study with Spanish teachers. *Revista Interuniversitaria de Formación del Profesorado*, *34*(2), 225-246. https://www.redalyc.org/journal/274/27468087011/html/

Schore, A. N. (1994). *Affect regulation and the origin of the self*. Mahweh NJ: Erlbaum.

Schore, A. N. (2003a). *Affect Regulation and the Repair of the Self*. W. W. Norton.

Schore, A. N. (2003b). *Affect Dysregulation and Disorders of the Self*. W. W. Norton.

Sullivan, R. M., & Gratton, A. (2002). Prefrontal cortical regulation of hypothalamic-pituitary-adrenal function in the rat and implications for psychopathology: Side matters. *Psychoneuroendocrinology*, *27*(1-2), 99-114. https://doi.org/10.1016/S0306-4530(01)00038-5

Thompson, R. A. (1994). Emotion Regulation: A theme in Search of Definition. *Monographs of the Society for Research in Child Development*, *59*(2/3), 25-52. https://doi.org/10.2307/1166137

van IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2024). *Cuestiones de Significancia. Replicación, transferencia libertad académica en Ciencias del Desarrollo [Matters of Significance. Replication, transfer, and academic freedom in Developmental Sciences]* (M. H. van IJzendoom & M. J. Bakermans-Kranenburg (eds.); 1st ed.). MAGO editores and Del Aire editores.

van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Duschinsky, R., Fox, N. A., Goldman, P. S., Gunnar, M. R., Johnson, D. E., Nelson, C. A., Reijman, S., Skinner, G. C. M., Zeanah, C. H., & Sonuga-Barke, E. J. S. (2020). Institutionalisation and deinstitutionalisation of children 1: a systematic and integrative review of evidence regarding effects on development. *The Lancet Psychiatry*, *7*(8), 703-720. https://doi.org/10.1016/S2215-0366(19)30399-2

Whittaker, J. K., Holmes, L., del Valle, J. F., Ainsworth, F., Andreassen, T., Anglin, J., Bellonci, C., Berridge, D., Bravo, A., Canali, C., Courtney, M., Currey, L., Daly, D., Gilligan, R., Grietens, H., Harder, A., Holden, M., James, S., Kendrick, A., … Zeira, A. (2017). Acogimiento residencial terapéutico para niños y adolescentes: Una declaración de consenso del grupo de trabajo internacional sobre acogimiento residencial terapéutico [Therapeutic residential care for children and adolescents: A consensus statement from the international working group on therapeutic residential care]. *Psicothema*, *29*(3), 289-298. https://doi.org/10.7334/psicothema2016.172