Attachment…

…the bond that builds all bonds

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Where we will go…

- What is attachment and why does it matter?
- Attachment as a continuum (disorder vs. disruption)
- Understanding the attachment process
- Early childhood implications
  - What do children learn about themselves and the world
  - What behaviors are observed
- Implications for intervention / action

Imagine an infant, Leonardo

… about four months old. He has just awakened in a crib in a dark room. There is an uncomfortable feeling in the pit of his stomach and something wet underneath him. He begins crying and the noise of his own voice startles him. He cries even louder and begins to feel something wet on his face. His arms and legs are moving, but he cannot control them. Finally a stream of light hits his face as the door of the room opens. Without a word, someone sticks the nipple of a bottle into his mouth. He begins to suck and to search for the source of the bottle, but no one is there. He is still alone in his crib. Then the nipple of the bottle slips from his mouth. He begins crying again.

"There is no such being as an infant, only an infant/mother couple."
D.W. Winnicott

"…the infant-caregiver relationship is the central factor in the healthy development of infants." **Nancy Segall**

Beginnings of Attachment

Infant Mental Health Is NOT:

Infant Mental Health Is

The developing capacity of the infant and toddler to…

- Form close and secure relationships.
- Experience, regulate, and express emotions.
- Explore the environment and learn.

…all in the context of family, community, and cultural expectations for young children.

(Zero to Three Infant Mental Health Task Force).

What Is Attachment?

- Attachment is the deep and enduring connection established between a child and caregiver in the first several years of life.
- It profoundly influences every component of the human condition - mind, body, emotions, relationships and values.
- Attachment is not something that parents do to their children; rather, it is something that children and parents create together, in an ongoing reciprocal relationship..

Attachment Treatment and Training Institute, PLLC

What Is Attachment?

- The attachment process is defined as a "mutual regulatory system" - the baby and the caregiver influencing one another over time.
- Attachment to a protective and loving caregiver who provides guidance and support is a basic human need, rooted in millions of years of evolution.

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Why Is Attachment So Important?

- Attachment is essential for the foundation of a healthy personality and is necessary for:
  - the attainment of full intellectual potential
  - the ability to think logically
  - the development of a conscience
  - the ability to cope with stress & frustration
  - becoming self-reliant
  - the development of relationships
  - the ability to handle fear & worry
  - the ability to handle any perceived threat to self

Attachment Theory

- The lasting and deep emotional relationship between child and caregivers
- Begins to develop in ?infancy?
- Two-way process
- Development happens within context of attachment relationship

Functions of Attachment

- Learn basic trust
- Exploration of environment with confidence and security
- Self-regulation and management of emotions
- Identity formation, sense of self-esteem

Functions of Attachment

- Balance between autonomy and dependency
- Moral framework
- Internal working model allows separations and reunions
- Defense against stress and trauma

How Does Attachment Develop? The ABCs of Attachment

- **Attunement**
  - Aligning the parent's internal state with those of the child
- **Balance**
  - Child attains balance of body, emotions, and states of mind through attunement with parent
- **Coherence**
  - Child gains *integration* (ability to be both differentiated and connected) through *relationship* with parent

Adapted from Siegel and Hartzell

The building blocks of human bonding

- Eye contact
- Touch
- Smile
- Carbohydrates
  Cline
- (Movement)
  Bell

Belonging is a Need
Glasser

See also:
J.David Hawkins, Seattle Social Development Project, inclusive of Project SOAR

Attunement: Engagement Cues

Obvious (Potent)
- Stilling (stops moving)
- Smooth movements of arms and legs
- Reaching out to you
- Turning eyes or head toward you
- Smiling
- Looking at your face
- Feeding sounds
- Cooing/Babbling/Talking
- Eye contact

Less Obvious (Subtle)
- Eyes wide and bright
- Face bright
- Raising head
- Hands open

Attunement: Disengagement Cues

Obvious
- Turning head away
- Crying/Fussiness
- Coughing/Choking
- Back arching
- Falling Asleep
- Struggling movements
- Pulling/Arching away
- Change in skin color

Less Obvious
- Looking away you
- Fast breathing
- Yawning
- Wrinkled forehead
- Closed or dull eyes
- Frowning
- Hand to mouth
- Hiccups
- Protruding Tongue

Attunement: Six States of Arousal in Infants

- **Deep sleep**: The baby lies very still while sleeping and does not wake easily.
- **Light or active sleep**: The baby has rapid eye movement and sucking or mouthing activity. He is easier to wake.
- **Drowsy**: The baby is very easily awoken. His eyes may open and close, and he may yawn and stretch.
- **Quiet alert**: The baby looks around, interacts and responds to people and things. He is still but watchful. This is the best time to nurse.
- **Active alert**: The baby may be attentive; he moves his hands and feet and is wide-eyed. He may become fussy.
- **Crying**: The baby is agitated and needs attention quickly.

See also: Klaus – The Amazing Newborn

Key Concepts:

- **Attachment is a *continuum* -**
  - Attachment Disruption (vs Disorder)

- **Attachment is CO-CREATED**
  - What's outside goes inside -
  - If it never happens outside, it CAN'T get inside.

This is the essential task of this journey to wholeness of the human being: getting the caregiver from outside to inside. (Kenneth Miller)

Key Concepts: States Become Traits

- All successful organisms have these two states (Richard Bowlby)
  - Shut down: Fight, Flee or Freeze
  - Exploration: Alert, Open and Exploring
- Attachment amplifies positive states, creating synapses (Schore)
- States become traits (Miller – Van Gulden)

Key Concepts: Outcomes of attachment - Core psychological structures:

- **Permanency = EXISTENCE**
  - **Caregivers continue to exist *even out of sensory contact* (Peek-a-Boo)**
  - **If THEY aren't permanent, I'm not permanent**
- **Constancy = KEEPING THE CONNECTION**
  - **The Mom who frustrates, limits and angers me is the same Mom who gives safety, comfort, and warmth**
  - **"I hate you - I want a new Mommy!"**

Adapted from Kenneth Miller

Key Concepts: Outcomes of attachment (continued)

- **Self Regulation** - effective management of impulses and emotions
- **Resilience** - the ability to defend against stress and trauma
- **Empathy** - the ability to "relate"

If it never happens outside, it CAN'T get inside

Key Concepts: Attachment Activities

- **Bonding - the "secure base"**
  - Eye contact, touch, smiles, carbohydrates, movement
  - We enter the world hardwired to seek the human face
- **Reciprocity / Mirroring - serves as a template for all future emotional relationships.**
  - Simply reflecting back what you get (Still Face)
- **Attunement - "mutual regulatory system"**
  - Opening the emotional circuits to have space available to receive the emotional signal of the partner/child
  - Reading and feeding the cues/signals

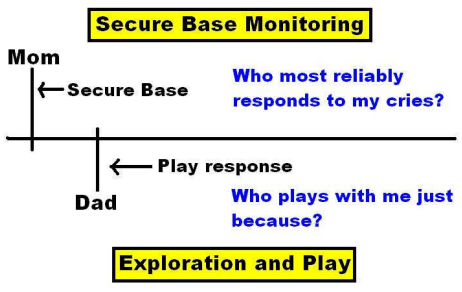
Beginnings Attunement

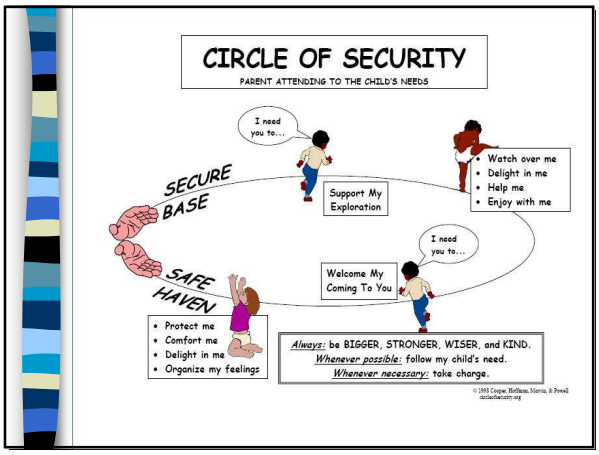
Primary Attachment – Who is your "secure base and safe haven?"

- "Who raised you?" (its not ALWAYS Mom)
- Post 9/11 survey – Who got the "I'm OK" call? Two groups emerged:
  - Mom
  - Partner (2 yrs in relationship)
- Two "Primary" Attachment Figures?
  - Mom - will forever impact the personal
  - Dad - will forever impact the public

Adapted from Richard Bowlby

Two facets of primary attachment development (Richard Bowlby – Karen Grossman)





Keys: Bonding & Reciprocity

- **Eye Contact**: warm, loving, soft
- **Touch**: unrehearsed caresses
- **Movement**: rocking, bouncing
- **Smiles**: the smile in the eyes is the child's focus
- Basic **carbohydrates**: lactose, sugar
- Parenting interactions to encourage **reciprocity**:
  - Singing / Nursery rhymes together
  - Imitation games that require child to respond to parent
- Child and parent working together in a **reciprocal** way
  - doing chores together in a fun way
  - activities that child completes on parent's terms that enable a child to feel he or she is able to give back
- Re-do early developmental stages child may have missed
- Demonstrate affection regardless of response
- Avoid control battles!!!
  - Control battles are lose-lose
  - Try win-win approaches

Attachment Categories

- **Secure:** child has a mother (or primary caretaker) who is warm, sensitively *attuned*, consistent, and quickly responsive to baby's needs

- **Insecure:** 3 patterns, *Avoidant*, *Ambivalent*, and *Disorganized*. Parenting style is unresponsive, unavailable or hurtful

Attachment Categories (continued)

- **Avoidant**: Parents are emotionally *unresponsive*
  - Predictive of difficulty relating to peers and poor autobiographical sense of self
- **Ambivalent**: Parents are *unavailable*
  - Predictive of uncertainty and anxiety in social situations
- **Disorganized**: Parents are the *source of terror/alarm*
  - Biological paradox – the brain says move toward the caregiver for soothing, but caregiver is the source of terror
  - Dissociation – consciousness, emotion, and memory become fragmented from each other
  - PTSD risk factor (in all three categories)

Adapted from Siegel

Attachment Categories (continued)

- **The Strange Situation** (Ainsworth)
  1. Being in the playroom with mother.
  2. A stranger enters to join them both.
  3. The mother leaves, leaving the child with the stranger.
  4. The stranger leaves, leaving the child alone.
  5. The stranger returns to be with the child.
  6. Mother returns to be reunited with the child.
- Two aspects of the child's behavior are observed:
  - The amount of *exploration* (e.g. playing with new toys) the child engages in throughout.
  - The child's reactions to the behavior of the mother
- **Adult Attachment Interview**
  - 85% accuracy
  - Coherent Narrative (has the adult made sense of their life?)

Attachment and Sensory Integration

- Sensory Integration is the neurological process of organizing the information we receive from our bodies and the world around us.
- Sensory Integration dysfunction generally tends to affect three over-riding systems inside the body:
  1) Tactile (touch)
  2) Vestibular (balance - located in the inner ears)
  3) Proprioceptive (awareness of where body parts are located spatially in relation to one another and the world – located in the inner ear, deep muscles and joints)

How long are my arms? Am I in your space? Oops, I missed my chair...

What Is Attachment Disorder?

- Attachment Disorder is a condition in which individuals have difficulty forming loving, lasting, intimate relationships.
- Attachment Disorders vary in severity, but the term is usually reserved for individuals who show a nearly complete lack of ability to be genuinely affectionate with others.
- They typically fail to develop a conscience and do not learn how to trust.

History of Attachment Theory

- **1944 Bowlby**
- **1958 Harlow, Winnicott begins emphasizing the importance of regression in the process of cure**
- **1962 Austin Des Lauriers begins emphasizing rigorous intrusiveness between child and therapist through direct body and eye contact while focusing on the here and now**
- **1960 Ainsworth selected as Bowlby's research assistant**
- **1970 Mary Main adds 4th attachment category**
- **1985 Stern writes about attunement**

Evolution of the diagnosis of Reactive Attachment Disorder

- 1980: First described in the DSM III
- 1987:DSM III-R focused on two deviant patterns of social relatedness
- 1994: DSM-IV maintains the same basic pattern.
  - Inhibited
  - Disinhibited

What Causes AD?

- Many conditions put a child at high risk of developing an attachment disruption.
- The critical period is from conception to about twenty-six months of age.

What Causes AD...

- Maternal ambivalence toward pregnancy
- Sudden separation from primary caretaker (i.e.., illness or death of mother or sudden illness or hospitalization of child)
- Abuse (physical, emotional, sexual)
- Frequent moves and or placements (foster care, failed adoptions)
- Chronic illness in the child, frequent hospitalizations

What causes AD continued:

- Traumatic prenatal experience, in-utero exposure to alcohol and drugs
- Neglect
- Genetic predisposition
- Birth trauma
- Undiagnosed painful illness, such as colic or ear infections
- Inconsistent or inadequate day care
- Unprepared mothers with poor parenting skills

High Risk Signs In Infants

- Weak crying response or rageful and/or constant whining
- Tactile defensiveness
- Poor clinging and extreme resistance to cuddling: seems "stiff as a board"
- Poor sucking response
- Poor eye contact, lack of tracking
- No reciprocal smile response
- Indifference to others
- Failure to respond with recognition to Mother or Father.
- Delayed physical motor skill development milestones (creeping, crawling, sitting, etc.,)
- Flaccid

Harlow-Prescott

Later Symptoms of Attachment Disruption

- **Superficially engaging, and charming child**
- **Indiscriminately affectionate with strangers**
- **Destruction of self, others, things**
- **Experiences developmental lags**
- **Will not make eye contact (on parent terms)**
- **Not cuddly with parents**
- **Cruel to animals, siblings**
- **Lacks cause and effect thinking**
- **Poor peer relationships**
- **Inappropriately demanding or clinging**
- **Engages in stealing or lying**
- **Lacks a conscience**
- **Engages in persistent nonsense questions or incessant chatter**
- **Poor impulse control**
- **Abnormal speech patterns**
- **Fights for control over everything**
- **Engages in hoarding or gorging on food**
- **Preoccupation with fire, blood or gore**

Ref. Reber, Keith. "Children at risk for reactive attachment disorder: assessment diagnosis and treatment." Phillips Graduate Institute.

Three centers of brain function...

- Reptilian — Fight, Flee, Freeze
- Mammalian — Higher emotions
- Neocortex — Reason/Learning

Lutus

- **Empathy (the Attitude)** triggers front brain responses
- **Anger / Threat** triggers back brain responses ---- fight, flee or freeze
- This is true for both of you!

Stress and the Brain

- In times of stress, high levels of stress hormones flood the brain
- Ongoing stress creates a pattern of response that can produce permanent negative changes in the brain or interfere with healthy development of the brain
- Children in Romanian orphanages have high levels of stress hormone all day long, rather than the typical diurnal rhythm, which starts high and falls off as the day goes on. Their brains develop abnormally
- Children with trauma responses may seem calm, but heart rate, blood pressure and cortisol levels remain high

Multiple Transitions

States Become Traits

The ATTITUDE

- P layful
- L oving
- A ccepting
- C urious
- E mpathic

1998 Daniel Hughes, Building the Bonds of Attachment

The ATTITUDE...

Setting the PACE for children Dan Hughes

- Playfulness - a vacation from SHAME – the shame portion of the brain is never active when laughing
- Acceptance – be angry at the behavior, never the person – never ascribe negative intentionality
- Curiosity – open non-judgmental stance – no assumptions - find the why, never assume it
- Empathy – attuned, rhythmic, matched – help the child reflect

The Formula

- Always be: BIGGER, STRONGER, WISER and KIND
- Whenever Possible: Follow the child's lead
- Whenever necessary: Take charge

Attachment and Traumatized Children

- A secure attachment helps children deal with trauma
- Trauma can disrupt the attachment relationship

Multiple Transitions

How Trauma affects the Child?

- Persistent fear state leads to physiological symptoms and efforts to cope that interfere with the child's functioning.
- Physiological symptoms
- Coping mechanisms
  - Arousal / Dissociative continuums
- Provocative behavior

States Become Traits

Trauma and Secure Attachments

- Whether an experience is traumatic depends on how the child interprets the experience
- Presence of a secure attachment figure makes trauma less devastating--London World War II experience; Gunnar research
- Following a traumatic experience, the presence of a comforting familiar person can quickly reduce physiological effects of stress
- The resolution of PTSD is much more difficult for children who do not have a secure attachment relationship

Coping Mechanisms for Traumatized Children

- Avoidance of intimacy
- Child seeks to be in control
- Child rejects positive experiences
- Alarm/Numbing responses
  - Dissociation protects the child from too much stress
  - Children with repeated trauma develop patterns of numbing or spacing out and may not appear stressed
  - Provocative behaviors

Multiple Transitions

Treatment / Intervention Needs

- Need to feel safe/comforted by a trusted caretaker
- Need to establish/reestablish capacity for trust
- Need to establish capacity for reciprocity/attunement
- Need to modulate affect (self regulation)
- Need to experience good touch

- Need to understand and resolve issues of trauma
- Need to address Sensory Integration issues

- Need to change self image from negative to positive
- Need to be empowered to stand up for self

- Need to repair the disrupted primary attachment relationship
- Need to teach both parents and child to *play* together

Basic Assumptions

- Doing the best she can
- Wants to improve
- Life is a "living hell"
- Tries to control in order to feel safe
- Avoids stress and pain to be safe
- Child will have to work hard to learn to live well, you can not do the work, you can not save her

adapted from Marsha Linnehan's Cognitive-Behavioral Treatment for Borderline Personality Disorder (DBT)

Why the ATTITUDE? Why the Formula?

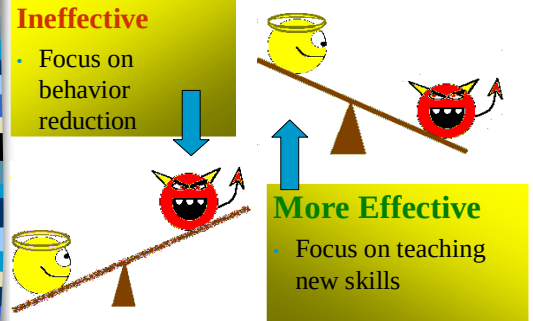
- Parents/Caregivers
  - may misinterpret both the neurological effects and the coping behaviors as "bad" and as needing to be controlled rather than as signals of distress

"Kids are Teeter Totters!"

Dr. Ethan Everett

Ineffective

- Focus on behavior reduction



More Effective

- Focus on teaching new skills

How To Reach Us

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