



# EITI Newsletter

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## PRINCIPLES OF ATTACHMENT: A CRITICAL COMPONENT IN THE EVALUATION OF BEHAVIOR PROBLEMS OF YOUNG CHILDREN

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Infants and toddlers grow up in a context, which has great influence on their development. Groundbreaking research over the last few decades has clearly indicated how important environmental influences are on children's social-emotional development, and how critical a foundation social-emotional development is for all other developmental achievements. Social-emotional development refers to feelings and competencies that reflect children's sense of themselves, their expectations of others, and their growing abilities to understand and manage emotions and to interact successfully with adults and other children. What is highly significant, and newer to our field, is the knowledge that there are neurobiological underpinnings to these growing social-emotional abilities. (Shonkoff & Phillips, 2000). The plasticity of the young child's brain is designed to incorporate experiences into its developing circuitry in order to facilitate the children's adaptation to their individual circumstances. Early experiences, when mostly positive, foster brain functions that assist the child with self-regulation, the capacity to cope with stress, empathize with others, and attend for learning. Adverse early experiences also affect brain development, but in ways that are deleterious to children's social-emotional development, as manifested by children who show hyper-reactivity to stress and problems with mood regulation (DeBellis, 2001).

Adults, and particularly primary caregivers, constitute the most salient part of a children's environment. Significant adults in the child's life set the emotional tone of the household, protect the young child from excessive stress or arousal, and model behaviors that the child will learn and imitate. Consequently, when we speak about environmental influences on development in infancy and early childhood, we are primarily speaking about experiences that are created, or mediated, by the adults caring for the child. Consider the very different environmental experiences of these two toddlers, both from low income families:

Jaden, age 14 months, is the third child in a family that consists of his 31-year-old mother, his maternal grandmother and two older siblings, ages 6 and 4. His

mother works in a hair salon, and his grandmother is his primary caregiver during the day while mother is at work. Mother and grandmother enjoy a close relationship, and each enjoys Jaden very much. Jaden has a secure attachment to both his mother and grandmother as reflected in his robust smiles when he sees either of them when he awakens from a nap, his seeking out one or the other when he falls or is frightened, and his interest in sharing things with them as he plays with toys or notices new things. Jaden has adjusted very well to the routines the adults have set for him for meals, for naps, and the manner in which he is put to sleep. Since both adults have always responded to Jaden's cries and communicative attempts, Jaden is easily comforted when stressed or upset. He is an active explorer of his toys, kitchen cabinets, and enjoys watching and imitating the playful antics of his older siblings.

Angelica is also a 14-month-old toddler. Her mother, 31, has had a long-standing history of substance abuse. While attentive to her daughter when she is not on drugs, she has periods of time when she is very high, or preoccupied with obtaining money to buy drugs. During these times, Angelica is either left by herself, or in the care of whoever the mother can find, often strangers, or other adults who use drugs. In these situations, Angelica has often been hungry, or left in dirty diapers and clothing for long periods of time. None of the adults has eaten or slept on any kind of schedule or routine, so she has not either. Worse, she has been witness to violence, as adults, including her mother, have been beaten multiple times in her presence, in the context of drug deals or sexual encounters. Her frightened screams during these episodes, were either fully ignored, or she was hit or shaken. When her grandmother changed her pampers one day, she was alarmed at Angelica's panicked reaction to having her diaper removed, raising the concern that she had been sexually abused.

Clearly, these two toddlers have had very different experiences and vastly different kinds of relationships. Their feelings about themselves, and their expectations of others will certainly reflect these different experiences. Moreover, their neurobiological reactions to stress, forming the substrate on which future stressors, however mild, are imposed, will be vastly different, and will color their ability to learn, to socialize and to control their own behavior.

Infants' and toddlers' social-emotional development is

highly affected and mediated by their relationships with their primary caregivers, or attachment figures. Attachment refers to the emotional bond that develops between an infant and an adult who is a consistent presence in the child's life, and who has a strong, ongoing emotional commitment to the child. Since infants cannot survive without the caring ministrations of a responsive adult, attachment behaviors, shown by both the infant and the adult, are believed to have a biological basis. Infants' preference for stimulation that emanates from a human being - their tendency to prefer to look at faces or to listen to a human voice more than other stimuli - underscores this biological propensity to become attached to another person. An infant's attachment to a primary caregiver meets two fundamental needs. First, the caregiver's presence provides a sense of safety and security. Proximity to the caregiver reduces the young child's fear in novel or challenging situations, permits the child to explore with confidence, and enables the child to manage stress. Second, attachment relationships strengthen the young child's sense of competence and efficacy, or feelings of self-worth. Reflected in the warmth of a loving and nurturing relationship, the infant and toddler comes to see him or herself as lovable and worthy.

Most infants develop secure attachments to their parents or caregivers. This is particularly true when the caregiver is sensitive to the infant's needs and communications, responsive to the infant's overtures, and is consistent, both in his/her availability, and caregiving behaviors. Adults who promote secure attachment infuse infants with a sense of trust, reciprocity, and well-being. In turn, the infant's sense of safety and positive expectations of the self and of others, promotes the infant's interest in exploration and mastery. All of this contributes to the infant's positive mood and ability to express and share positive emotion.

Adults' emotional well-being and life circumstances profoundly affect the quality of the infant-caregiver relationship. Extensive research in the area of attachment has shown that many children develop insecure attachments to their primary caregivers. Thus, rather than constituting a protective factor for the child's development, the attachment relationship becomes a risk factor for subsequent social-emotional development. Attachment research has been consistent in establishing links between patterns of caregiving behaviors and the quality of children's attachment (Ainsworth, Blehar, Waters & Wall, 1978). Adults who reject their infant's bids for attention and nurture tend to have children with **avoidant** attachment. As a defense against their expectations that their parent(s) will not be emotionally available, they suppress their external displays of dependency. While these children continue to be needy of nurturing care, they dampen down their expression of these needs and impress as aloof, independent, and more object than people oriented. These children have learned not to seek help when hurt or upset, and may impress as angry, sullen, oppositional, or aggressive. Parents who are inconsistent, or non-contingent in responding to their

children's distress, have children who are unsure whether or not their needs will be attended to. These children tend to develop **ambivalent** or **resistant** attachments characterized by clingy, anxious behavior, and a dampening down of exploratory behavior due to their preoccupation with the parent's availability. They are difficult to console when distressed; they appear to want contact with their parents, yet resist that contact when it is finally offered. Children with **disorganized** attachment show contradictory responses to their attachment figure. In stressful situations, they tend to approach their caregiver, but then freeze or back away in apparent fear of him or her. These children seem to be responding to parents whose behaviors are frightening, either due to previous abuse of the child, or the parent's own unresolved history of trauma and fearfulness which is conveyed to the child subtly or overtly.

Attachment is a reciprocal process. Both members of the parent-infant dyad bring qualities and characteristics that facilitate or impair the attachment process. Babies born prematurely, infants with disabilities, or those with very difficult temperaments may have circumstances, problems, or qualities that impede the development of secure attachment. However, the responsibility for the quality of attachment is primarily with the adult and the kinds of interpersonal experiences the adult affords for the child.

There are numerous threats to the development of secure attachment that emanate from adult behaviors or circumstances. Mothers/caregivers who are depressed tend to have internal preoccupations or other impediments to empathic or contingent responsiveness to their infants. Irritability, fatigue, and negative mood and thoughts result in the parent's disengagement, and/or coercive and harsh interactions with the infant or toddler. Parental substance abuse often brings prolonged periods of neglect or abandonment of the young child, erratic caregiving behaviors, and, in some cases, frightening or abusive adult behaviors. Exposure to domestic violence threatens the protective function of the attachment relationship, and the young child's ability to use the parent as a secure base. It imbues the child with terror, overwhelming sensory input, and fear of those very adults who are supposed to nurture and protect. The child is caught between approach and avoidance, and experiences conflict in his/her identifications both with the abusing and non-abusing parent. Repeated exposure to violence has physiological ramifications as manifested in young children's sleep and feeding problems, excessive crying, and in the hypervigilance and hyper-reactivity to even mild stressors that results from the constant production of stress hormones in the developing brain. Unfortunately, many of these risk factors for attachment problems tend to co-occur, resulting in multiple layers of risk for the child's social-emotional development and behavior.

Another important threat to the young child's social-emotional development is loss of a primary caregiver through prolonged separation, death or placement in

foster care. Proximity and consistency in caretaking routines generates feelings of love and security, which are disrupted with the loss of the primary caregiver. Toddlers, and even infants, show symptoms of grief and despair upon separation from or loss of their primary caregivers. Multiple changes in caregivers are particularly deleterious to young children who are in a critical stage of attachment formation.

Young children in foster care are extremely vulnerable to social-emotional and mental health problems, as they have often suffered loss and attachment disruption in addition to the trauma of maltreatment, exposure to violence or other negative situations that led to foster care placement. While some children in foster care are struggling with separation from a parent with whom they have had a secure attachment, it is important to underscore that, due to their need for survival and protection, children can and do become attached to adults who abuse or threaten them. Children's capacity to attach in these circumstances reflects their need to feel the safety of familiarity, even with a frightening person (Wallerstein, 2002). Consequently, children suffer as much from being separated from an abusive person as they do from being separated from a nurturing parent (Hofer, 2003). In addition to the loss of all that is familiar, children who are removed from maltreating adults are highly anxious due to fear of subsequent maltreatment by others. Their "internal working models of attachment", mental representations that are formed based on past experiences, engender negative expectations of future relationships. The behavior of young children in foster care toward subsequent caregivers, therefore, is often characterized by avoidance and/or anger. These behaviors discourage caregivers from offering nurturance, contributing to the perpetuation of attachment problems (Dozier, Dozier & Manni, 2002).

Young children with attachment disorders have a much higher incidence of behavior problems compared to those who enjoy secure attachment(s). These include severe regulatory problems such as feeding problems and problems with sleep and mood regulation, heightened anxiety and stress reactions, disruptive behaviors including aggression, and problems interacting and playing cooperatively with other children. Looking at this another way, young children who present with significant behavior problems have disproportionately high rates of attachment disruption and/or attachment disorders. **In assessing and providing intervention for young children where the chief complaint is behavior problems, it is critical to assess the child's relationship history, and the quality of the child's attachment to his/her primary caregiver(s).** This involves assessment of the child's development and temperament, multiple observations of the child and parent together, and empathic inquiry and history taking aimed at eliciting the mental health and well-being of the parent(s), the parent's description of his/her significant relationships, past and present, and questions and observations that clarify the emotional climate of the home.

Infant mental health work is relationship-focused. It aims to strengthen nurturing relationships between very young children and their parents or alternate caregivers. Infant mental health, or attachment related interventions, strive to create safer and more protective caregiving environments by assessing each dyad's individual strengths and vulnerabilities, providing developmental guidance, helping the parent and child become more accurately attuned and more emotionally responsive to the needs, feelings, and motivations of the other, and addressing barriers to parent's ability to provide nurturing care (Dozier, Dozier & Manni, 2002; Lieberman & Van Horn, 2005).

All systems that serve infants, toddlers and young children must be infused with knowledge of attachment and infant mental health principles. Since a secure attachment is a protective factor that helps children cope with adversity, this is particularly important for young children faced with biological and/or environmental risk factors. The Early Childhood Mental Health Strategic Work Group, an advisory group to the New York City Department of Health and Mental Hygiene, has identified gaps and opportunities to incorporate an infant mental health perspective into the various systems that serve young children and their families. Portals of entry for such services and support could, and should, include primary pediatric care, childcare and preschool programs, Early Intervention programs and services, child welfare, preventive, and foster care services. Clinicians from all disciplines, who work with infants, toddlers and young children, should do so with a relational focus. Training and supervision are critical to developing these competencies. Since the young child's sense of self, and of others, self-regulatory abilities, empathy, social competence, and even school readiness, all evolve in the context of relationships with primary caregivers, enhancing the emotional quality of these relationships is critical for promoting the child's healthy development.

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