



*Piglet sidled up to Pooh from behind.
"Pooh," he whispered.
"Yes, Piglet?"
"Nothing," said Piglet, taking Pooh's paw.
"I just wanted to be sure of you."*

*–A.A. Milne
Winnie-The-Pooh*

FOSTERING HEALTHY ATTACHMENT IN YOUNG CHILDREN

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What is attachment?

Infants and children need to feel the security that results from warm, sensitive, responsive, dependable caregiving. Through their early relationship with their parents or other caregivers, children learn much about the world and their position in it. Born helpless and dependent upon the care of others, children develop a deep emotional tie or connection to their primary caregiver(s) – to those who meet their physical and emotional needs. This early and fundamental connection or bond is called attachment.

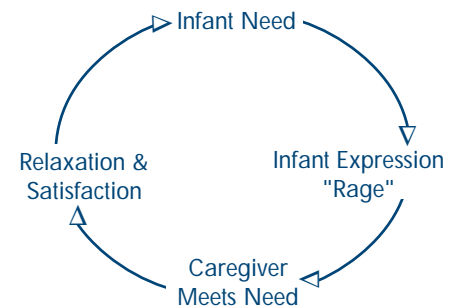
Attachment is about relationship. It is a bond that ties the child to his or her primary caregiver and allows the infant to seek and maintain physical closeness and connection to the primary caregiver. Attachment is a lasting psychological connectedness between human beings and an emotional affiliation that grows between children and their caregiver(s). It is person-specific, persistent, emotionally significant, and results in distress at separation.

Secure attachment develops when a parent responds to their baby promptly in warm and sensitive ways (hugging, snuggling, rocking, talking softly, soothing) when the infant or child is frightened, upset, sick or hurt. As a result, the baby feels safe and com-

forted, and learns to trust others and seeks comfort and security from relationship. The infant experiences a need (e.g., hunger/thirst, pain/discomfort, attention, closeness, etc.) and expresses this need through behaviors that change with age. These behaviors are used by the infant to seek and maintain contact with, and elicit a response from, the caregiver. Called "attachment behaviors" these strategies include crying, grasping, clinging, searching, approaching, crawling/walking/running towards, following, smiling, greeting, reaching, and vocalizing. While these behaviors may vary according to what is considered culturally appropriate, research indicates that the attachment relationship is universal.

To respond adequately to the child's expression of need, the caregiver must be physically and emotionally available and sensitive to the child's needs. The parent must accurately read the child's cues, correctly interpret the child's behavior and then respond directly. The parent or caregiver requires the means and ability – as well as the desire or motivation – to meet the need. By providing the child with food/drink, attention, holding, rocking, eye contact or a clean diaper, for example, the caregiver meets the child's need and

helps the child regulate down from the high arousal of rage/need to a state of relaxation and satisfaction. This "Arousal-Relaxation Cycle" repeats each time the child expresses a need and the caregiver meets it.



Through responsive, reliable interactions with the caregiver, the infant learns self-regulation and relaxation. The successful completion of the Arousal-Relaxation Cycle over and over again is at the heart of attachment formation. The result of many repetitions of this cycle over time leads to the development of a "positive internal working model," that is, an optimistic expectation or mental representation within the child regarding him or herself, the caregiver and their relationship. Attachment reflects the operation of this "internal working model" which expresses the infant's expectations of the parent or caregiver's behaviors in emotionally meaningful situations.

The primary caregiver (often the parent) with whom the infant interacts in the first years of life and who regularly

and dependably meet the child's needs becomes the attachment figure for the child. The attachment figure represents a secure base for exploration. The attachment figure provides an infant with feelings of safety and security, and the presence of this attachment figure allows an infant to explore his/her world and to know that if frightened or distressed, he/she will be safe, soothed or comforted when returning to the 'secure base' of a caregiver.

Simply meeting a child's basic needs for food, water, shelter – while essential – is insufficient for the development of secure attachment. In addition, a parent or caregiver and baby must play and interact together in ways the baby enjoys. Research has demonstrated that babies who are fed, clothed, sheltered, and kept warm but given no emotional attention, holding, or affection develop significant physical or emotional delays. Over time they lose weight, lose interest in interacting, and sometimes die. Children need to experience a parent who is not only accessible to meet their physical needs, but also sensitive and responsive to their emotional needs.

MISSION of Primary Attachment Person Becomes:

PROTECTOR

"Everything will be OK. I'll take care of you, set limits, and keep you safe."

PROVIDER

"I am the source of food, love, shelter, excitement, soothing and play."

GUIDE

"This is who you are and who I am. This is how the world works."

The child, in turn, comes to view the attachment figure as a source of joy, surprise, loving warmth, and relief from pain.

ARE YOU SPOILING YOUR BABY?

Newborns want and need lots of attention. When a parent always picks up her baby, she sometimes wonders whether the baby is being spoiled. Don't worry! Experts agree that you can't spoil your infant by holding him too much. In fact, research shows that it's good to answer a baby's cries quickly during the early weeks. Why? Because if you do, it's more likely that your baby will cry less by the time she or he is six months old.

– Adapted from Pregnancy Basics 2003-2004

Why is secure attachment important?

Secure attachment is necessary for a baby to grow in healthy ways, for him/her to be able to explore and learn and to have good relationships with others. Attachment is also an important influence on later emotional, cognitive and social outcomes. These earliest relationships influence early brain development and help to shape emotions, thinking, learning, and behavior throughout life. Secure attachment is a protective factor against the development of a variety of emotional and behavioral problems throughout childhood and adolescence.

When a primary caregiver does not consistently respond to the infant's needs in ways that are warm, affectionate, loving, dependable, and sensitive, a child may develop insecure attachment. Insecure attachment may be an indicator of risk for the development of emotional, social and behavioral problems in childhood and later in life. Insecure attachment can be modified with appropriate interventions.

The development of attachment is also affected by the characteristics of the infant, caregiver behaviors, stresses and supports, the family system, the parental relationship, culture, and environment. Often therapists, pediatricians and others who work with infants and young children work on the relationship between the child and the caregiver.

Healthy attachment requires that the

child, the caregiver, and the environment be well suited to one another. This is referred to as "goodness of fit." In order to foster healthy attachment, caregivers need to tailor their responses to the needs of their child. For example, a child might be fussy or easy to soothe; her caregiver might be unresponsive or attentive; and their environment might be dangerous or safe. Caregivers often point out the differences in personality between children raised in the same environment, and they are right in noticing this, since temperament is an innate characteristic of all children. A temperamentally fussy baby, unlike his easy to soothe older brother, will require caregivers to respond in ways that account for his fussiness. Other factors that the child may bring to this equation are: developmental delays, chronic illness, or difficulty expressing himself. The caregiver may bring to the equation: depression, drug/alcohol issues, or little tolerance for loud crying. Environment is equally a factor, for example in a war torn country, responsive caregivers may not be able to compensate for the lack of safety surrounding their family.

Caregivers need to be attuned to their child's temperament, personality style, and attachment signals. Caregivers also need to practice self care and stress reduction in order to be as available and responsive as possible to the needs of their child. For example, a mother struggling with depression, who has a colicky baby, and whose co-parent is absent most of the



time, is a poor combination of factors. The strongest predictor of attachment problems in children is a parent with their own attachment problems. Therefore, it is crucial that parents address their own mental health or substance abuse issues. When the "goodness of fit" is attended to, children are able to thrive and begin their young lives feeling cared for, nurtured, and secure – what every parent wants for their child.

The Development of Secure Attachment From a Child's Perspective

BIRTH To 2 MONTHS

- You can hold me as much as you want.
- You can't spoil me.
- Crying is how I tell you that I need something. I don't cry to make you angry. If you think you have taken care of all of my needs and I am still crying, just hold me and comfort me. Smile at me, laugh, sing to me, rock me, dance with me gently, talk to me softly. This is how our relationship grows.

2 To 7 MONTHS

- When I look, smile, coo, and reach up to you, I want you to respond to me.
- Crying is how I tell you that I need something. I don't cry to make you angry.
- When I turn away, I have had enough and need a break.
- When I am hurt, sick or afraid, I need you to hold me right away.

7 to 12 MONTHS

- I prefer to be with the few people who look after me the most. I am upset by people I don't know.
- I get upset when you leave me. Hug and cuddle me when you leave, and then again when you come back. This way I will learn that I am safe and secure.
- Play and talk with me face to face. Look into my eyes. Imitate my expressions.
- Watch me play/follow my lead. If you always direct my play, I will stop trying.
- Try to understand what I am telling you when I cry, smile, babble, or turn away.

12 to 24 MONTHS

- I am learning about my world. I like to explore, but when I am frightened, I need to come back to you for comfort. When I feel safe and comforted, I am ready to explore again.
- Even though I can do more things by myself, I still need your love and affection.

24 to 28 MONTHS

- When I want to do things on my own, let me try, as long as it is not dangerous.
- I still need you to keep me safe and comfort me when I am hurt, upset, frightened, or sick.

-- Adapted from *First Connections (Health Canada), Pregnancy Basics, and other sources.*



Other things to know...

A baby's brain continues to develop after birth. Attachment influences this development and affects thinking, learning, feeling and behavior throughout life.

Talk to a doctor, therapist, nurse, social worker or other professional ...

- If you have concerns about your childhood, as your own experiences as a child can affect the relationship between you and your baby.
- If you feel your baby is "difficult," as this can affect how you feel about your baby and how you respond.
- If the demands of parenting are too much, and you can not get the support you need through family, friends, and/or community groups.
- If you are feeling down or depressed, if you find that you cannot enjoy your baby, or if you find yourself becoming angry with or overwhelmed by your baby. These feelings interfere with you being able to respond sensitively to your infant.

Parenting can be hard work. If you need someone to talk to right away, there are people ready to listen/help.

You can call:

Parental Stress Line: 608-241-2221

Respite Center: 608-244-5700

MHC Child & Family Services Prog.
608-280-2520

Dane County Department of
Human Services 608-261-5437

How to Bond with Your Baby and Foster Healthy Attachment

Every time you pick up your baby or sing him a song, the two of you grow closer to each other. To help your baby learn that she can always feel safe with you, spend lots of time with her. Other ways to help her feel secure and loved:

- **Provide care that is warm, sensitive, responsive and dependable.** How you respond to your baby lets her know how you feel about her. Go to your baby whenever she cries. Your responsiveness to her cries shows your baby that you care about her.
 - **Pay attention to how your baby responds to your care.** This will help you be more sensitive and 'in tune' with your baby's 'cues and signals' -- the different ways your baby communicates his needs and feelings.
 - **Breast feed your baby.** Or if you bottle feed, be sure to hold him close, look into his eyes as he takes the bottle, smile.
 - **Have lots of close contact and active involvement with your baby.** Hold your baby often and gently rock her. Don't worry that you will "spoil" your baby by picking her up too much. Your warm and gentle cuddling will foster her attachment and make her feel secure.
 - **Learn about infant massage.** There are many possible benefits for you and your baby. It can be a special time in your day to relax, connect with your baby, and focus on him.
 - **Talk to your baby.** Talk to him when you're feeding him, changing his diaper, or holding him. It's true he won't understand the words yet, but he'll like hearing the sound of your voice. Singing to your baby can also be fun.
 - **As your baby grows, learn which activities and toys are interesting to him/her.** Continue to spend time with your child in playful activities. While playing, use the "watch, wait and wonder" technique with your child:
Watch – caregiver places baby on floor (with toys if age-appropriate) and watches the baby. **Wait** – caregiver does not initiate interaction or try to make the baby do anything, but instead follows the child's lead. **Wonder** – when the baby looks at the caregiver or plays with a toy, the caregiver makes observations and wonders aloud, and responds with imitation of the baby's behavior.
- Adapted from *First Connections (Health Canada), Pregnancy Basics, and other sources.*

A nonprofit agency dedicated to comprehensive mental health & substance abuse services, and advocacy

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Healthy & Secure Attachment

Are You Spoiling Your Baby?

Child, Adolescent, & Family Services

Families involved with the Mental Health Center are typically experiencing multiple stressors, mental health concerns, alcohol and other drug, and/or child welfare problems. CAF services are provided at various community sites and are designed to enhance the natural strengths and resources of the family. Many services, such as Family Based Services and Family Preservation, focus on safety, skill building, and behavioral change. CAF offers a Southeast Asian Teen Village to assist middle and high school youth in bridging two cultures. CAF also provides mental health services to individuals with developmental disabilities. In addition, CAF will soon join a national effort to improve treatment services for children and adolescents who have experienced trauma.

Useful Resources

- First Connections (Health Canada Website)
www.hc-sc.gc.ca/hppb/mentalhealth/mhp/pub/fc/index.html
- Brazelton, T.B., & Greenspan, Stanley I. ('00). *The Irreducible Needs of Children: What Every Child Must Have to Grow, Learn & Flourish*. Cambridge, MA: Perseus Publishing.
- Karen, R. ('94). *Becoming Attached: Unfolding the Mystery of the Infant-Mother Bond & Its Impact on Later Life*. NY: Warner
- Greenspan, Stanley I. & Wieder, Serena. ('98) *The Child with Special Needs: Encouraging Intellectual & Emotional Growth*. Reading, MA: Perseus Books.
- Lieberman, A. ('93). *The Emotional Life of the Toddler*. New York: The Free Press.

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