

Attachment: Myths & Facts

Beyond Borders Conference

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Attachment

The deep and enduring biological, social, emotional, and mental connection children and caregivers establish early in life.

What is Attachment?

Attachment is a **reciprocal** process by which an emotional connection develops between an infant and his/her primary caregiver. It influences the child's physical, neurological, cognitive, and psychological development. It becomes the **basis for development of basic trust or mistrust, and shapes how the child will relate to the world, learn, and form relationships throughout life**. Healthy attachment occurs when the infant experiences a primary caregiver as consistently providing emotional essentials such as touch, movement, eye contact and smiles, in addition to the basic necessities such as food, shelter, and clothing. If this process is disrupted, the child may not develop the secure base necessary to support future healthy development.

Short Circuits (Heidi Holman)

One cold early Spring morning a beautiful, healthy baby girl, 3 days old, wakes up to find herself alone on a deserted street, hungry and cold. Her mother does not answer her cries, and in fact no one responds for hours. The baby, increasingly agitated and distressed, screams with primal urgency. Eventually a stranger happens by, picks up the crying baby and delivers her to the police station. Through several more intermediaries, the baby is eventually delivered to the local social welfare institute.

Examined by a doctor and then wrapped in blankets and fed a bottle, she is deposited into a crib and left alone for much the rest of the day. That night, no one comes to answer her frantic cries. More days go by, more cries unanswered. Feeding and diapering are administered on a rigid schedule, since the caregivers have so many babies to attend to, and there is minimal opportunity to be held, carried, or spoken to. Stimulation is limited to what the baby can see, hear and feel from her crib. Feedings are piping hot bottles of formula, propped for maximum efficiency, delivered through extra large holes in the nipple. Occasionally the baby's mouth loses its place on the nipple and the entire contents of the bottle pours onto her body. When that happens she misses her feeding, and her wet clothes aren't changed for another hour or more.

Short Circuits cont.

Eventually the baby stops crying altogether because she has learned that crying rarely draws anyone to her. She is often lonely and scared, especially at night. The sounds of other babies crying and in distress cause her great anxiety, which she learns to tolerate by shutting down and withdrawing deeper inside herself in an attempt to protect herself from the constant stressors in her environment.

One day many months later, the baby is bundled up and brought by bus to a city several hours away. She is handed to a stranger with just the clothes on her back and one bottle of prepared formula. Otherwise, everything of her old life has vanished in an instant. The stranger brings her to a hotel across town, where she is changed into new, peculiar smelling clothes. The stranger shakes a brightly colored rattle in her face. The baby's environment has gone from one of minimal stimulation to one of hyper stimulation; new sounds, new smells, new sights, new sensations, delivered in rapid fire sequence. The stranger tries to feed her a Cheerio, but the baby reflexively gags because she's never had solid food in her mouth. The stranger tries to bathe her in the sink but the sensation is unfamiliar and terrifying. The stressed baby, overwhelmed, sinks deeper and deeper into a state of shock and withdrawal.

Short Circuits cont.

And they lived happily ever after.

Risk Factors for Attachment Problems

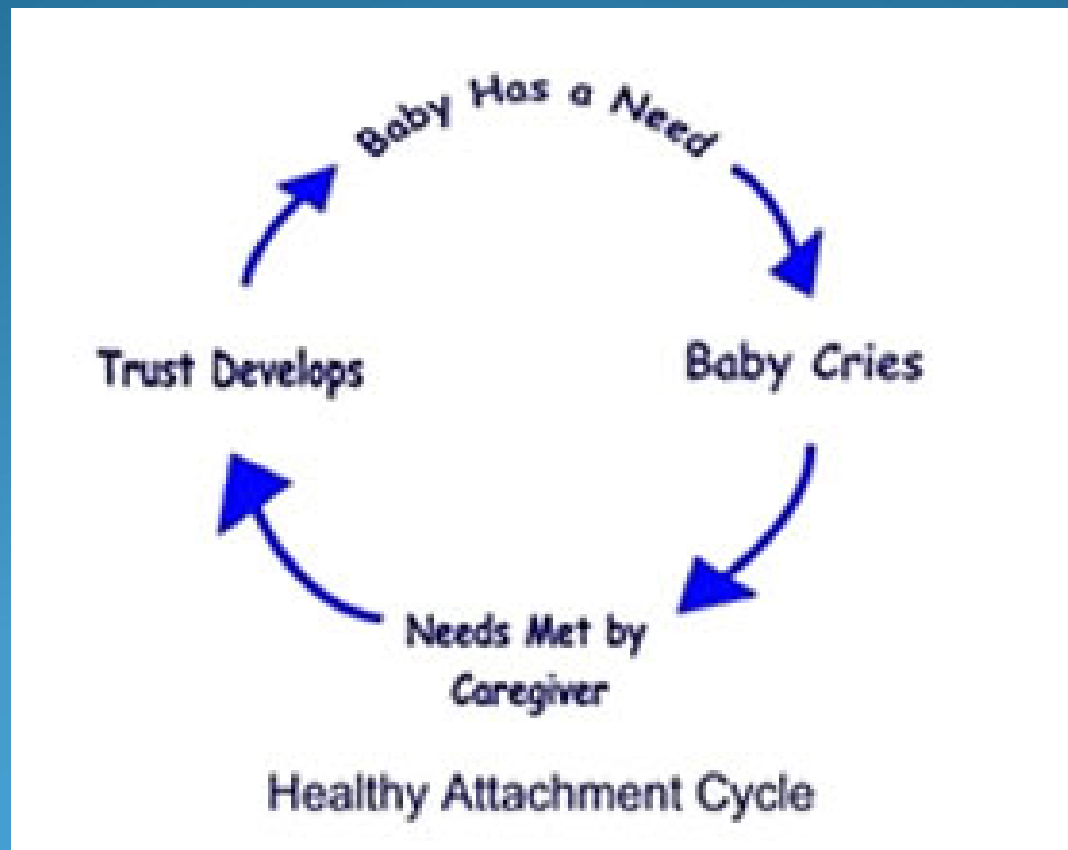
- Sudden or traumatic separation from primary caretaker (through death, illness, hospitalization of caretaker, or removal of child)
- Physical, emotional, or sexual abuse
- Neglect (of physical or emotional needs)
- Illness or pain which cannot be alleviated by caretaker
- Frequent moves and/or placements
- Inconsistent or inadequate care (care must include holding, talking, nurturing, as well as meeting basic physical needs)
- No primary caregiver with whom they could bond
- Neurological problem in child which interferes with perception of or ability to receive nurturing (i.e. babies exposed to alcohol/drugs in utero)

Brain Development

- Immature brains at birth.
- Environment affects wiring.
- Neuroplasticity.
- Rapid growth of connections in early childhood.
- Excessive stress is toxic to developing brain.
- Pruning.

Attachment regulates stress.

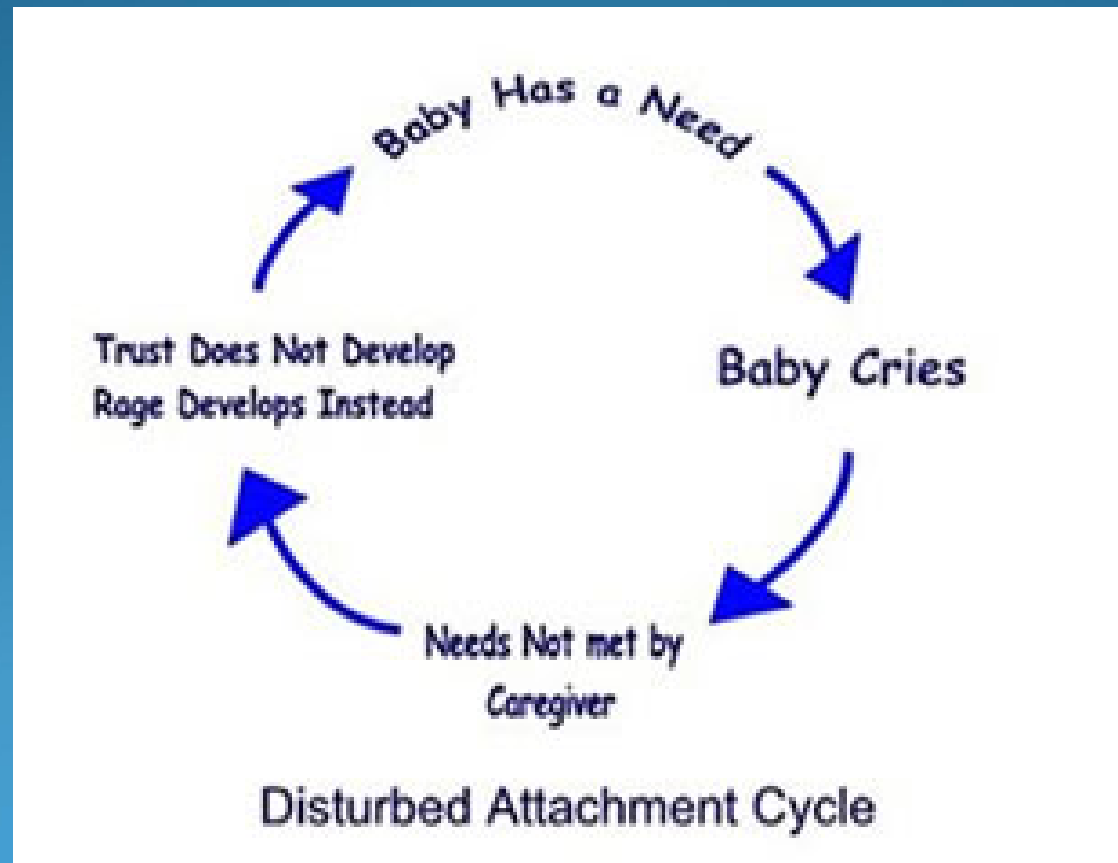
Healthy Attachment Cycle



Doorways to Attachment

- Eye contact
- Touch
- Holding
- Movement
- Feeding
- Smiling
- Singing
- Play
- Emotional attunement
- Responsive care

Disturbed Attachment Cycle



DSM-IV-TR Diagnostic criteria for 313.89 Reactive Attachment Disorder of Infancy or Early Childhood

- A. Markedly disturbed and developmentally inappropriate social relatedness in most contexts, **beginning before age 5 years**, as evidenced by either (1) or (2):
 - (1) **persistent failure to initiate or respond in a developmentally appropriate fashion to most social interactions**, as manifest by excessively inhibited, hypervigilant, or highly ambivalent and contradictory responses (e.g., the child may respond to caregivers with a mixture of approach, avoidance, and resistance to comforting, or may exhibit frozen watchfulness)
 - (2) **diffuse attachments as manifest by indiscriminate sociability with marked inability to exhibit appropriate selective attachments** (e.g., excessive familiarity with relative strangers or lack of selectivity in choice of attachment figures)

DSM-IV-TR Criteria for RAD

- B. The disturbance in Criterion A is not accounted for solely by developmental delay.
- C. **Pathogenic care** as evidenced by at least one of the following:
 - (1) persistent disregard of the child's basic emotional needs for comfort, stimulation, and affection
 - (2) persistent disregard of the child's basic physical needs
 - (3) repeated changes of primary caregiver that prevent formation of stable attachments (e.g., frequent changes in foster care)
- D. There is a presumption that the care in Criterion C is responsible for the disturbed behavior in Criterion A (e.g., the disturbances in Criterion A began following the pathogenic care in Criterion C).

Inhibited Type: if Criterion A1 predominates in the clinical presentation

Disinhibited Type: if Criterion A2 predominates in the clinical presentation

Emotional Baggage



Parenting Skills

- Be empathically attuned to the child.
- Repeat the attachment cycle for as long as it takes. Persist.
- Do not succumb to cultural parenting pressures.
- Provide an environment that promotes the child's healing—encouraging, loving, positive, humorous, playful.
- Respond to the child in a way that nurtures connection, remembering connection does not mean they will become spoiled.

Parenting Skills cont.

- Recognize and respond to distancing behaviors—refusing eye contact and touch, being hyper, pseudoindependence, etc.
- Be a calming, steadying influence on the child so they can regulate.
- Provide structure, guidance, and leadership.
- Parent to the emotional age and allow more independence as it becomes clear child can handle it.
- View each challenge as an opportunity to help the child heal, rather than as a burden.
- Keep your eyes focused on the long-term goal of helping the child attach and develop a sense of love and belonging in your family.

Myth or Fact?

1. When you meet your child they will melt into your arms and fall in love with you and all of you will live happily ever after without any effort required on your part.

Myth or Fact?

2. Attachment is an “event.” One day the child attaches and you are done.

Myth or Fact?

3. All kids who come from orphanage settings will have RAD and those who don't, won't.

Myth or Fact?

4. If the child has attachment issues, it is because the child has a problem, not the parent.

Myth or Fact?

5. No harm is done when an infant or small child is moved from home to home because they will not remember the experience later.

Myth or Fact?

6. Always responding to their needs makes babies spoiled.

Myth or Fact?

7. I need to start teaching my child how to be independent as soon as possible so they can deal with the real world.

Myth or Fact?

8. If after transfer, the child will not leave your side, it means they have attached to you.

Myth or Fact?

9. If after transfer, the child will have nothing to do with you, it means they will never attach to you.

Myth or Fact?

10. Children are resilient and they will attach if left to their own devices.

Contact Information

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