

Center for Family Development

Arthur Becker-Weidman, Ph.D.
Susan Becker-Weidman, LSCW-R
Emily Becker-Weidman, Ph.D.

2410 W. Azeele Street, Unit 213
Tampa, FL 33609

Office: 716 636 6243
Fax: 716 636 6243

aweidman@gmail.com
center4familydevelopment.com

New Jersey Office:
294 Harrington Avenue, Suite 7
Closter, NJ 07624

Office: 646 389 6550

emilybw@gmail.com
dremilybw.com

Mailing Address:
5692 Ferncrest Court, Unit D
Clarence Center, NY 14032

Recognizing Attachment Concerns in Children **Arthur Becker-Weidman, Ph.D.**

Attachment is fundamental to healthy development, normal personality, and the capacity to form healthy and authentic emotional relationships. How can you determine whether your child has attachment issues that require attention? What is normal behavior, and what are the signs of attachment issues? If you've adopted an infant, when will you see attachment problems develop? These and other related questions are often at the forefront of adoptive parents' minds. In this article I will help you understand what to look for and how to identify concerns.

Let's begin with an explanation of attachment. Attachment is the base of emotional health, social relationships, and one's worldview. The ability to trust and form reciprocal relationships will affect the emotional health, security, and safety of the child, as well as the child's development and future interpersonal relationships. The ability to regulate emotions, have a conscience, and experience empathy all require secure attachment. Healthy brain development is built on a secure attachment relationship.

Children who are adopted after the age of 6 months are at risk for attachment problems. Normal attachment develops during the child's first two years of life. Problems with the mother-child relationship during that time, orphanage experience, or breaks in the consistent caregiver-child relationship interfere with the normal development of attachment. There are a wide range of attachment problems that result in varying degrees of emotional disturbance in the child. One thing is certain; if an infant's needs are not met consistently, in a loving, nurturing way, attachment will not occur normally.

When the first-year-of-life attachment-cycle is undermined and the child's needs are not met, and normal socializing shame is not resolved, mistrust begins to define the perspective of the child and attachment problems result. The cycle can become undermined or broken for many reasons:

- Multiple disruptions in caregiving.
- Post-partum depression causing an emotionally unavailable mother.
- Hospitalization of the child causing separation from the parent and/or unrelieved pain.
- Parents who are attachment disordered, leading to neglect, abuse (physical/sexual/verbal), or inappropriate parental responses not leading to a secure/predictable relationship.
- Genetic factors.
- Pervasive developmental disorders.

- Caregivers whose attachment needs are not met, leading to overload and lack of awareness of the infant's needs.

The child may develop mistrust, impeding effective attachment behavior. The developmental stages following these first years continue to be distorted and/or retarded, and common symptoms emerge:

- Superficially engaging and charming behavior, phoniness
- Avoidance of eye contact.
- Indiscriminate affection with strangers.
- Lack of affection on parental terms.
- Destructiveness to self, others, and material things.
- Cruelty to animals.
- Primary process lying (lying in the face of the obvious*)
- Low impulse control.
- Learning lags.
- Lack of cause/effect thinking.
- Lack of conscience.
- Abnormal eating patterns.
- Poor peer relationships.
- Preoccupation with fire and/or gore.
- Persistent nonsense questions and chatter.
- Inappropriate clinginess and demandingness.
- Abnormal speech patterns.
- Inappropriate sexuality

So how does one distinguish the difference between a child who "looks" attached and a child who really is making a healthy, secure attachment? This question becomes important for adoptive families because some adopted children will form an almost immediate dependency bond to their adoptive parents. To mistake this as secure and healthy attachment can lead to many problems down the road. Just because a child calls someone "Mom" or "Dad," snuggles, cuddles, and says, "I love you," does not mean that the child is attached or even attaching. Saying, "I love you", and knowing what that really feels like, can be two different things. Attachment is a process. It takes time. The key to its formation is trust, and trust becomes secure only after repeated testing. Generally, attachment develops during the first two to three years of life. The child learns that he or she is loved and can love in return. The parents give love and learn that the child loves them. The child learns to trust that his needs will be met in a consistent and nurturing manner. The child learns that he "belongs" to his family and they to him. It is through these elements that a child learns how to love, and how to accept love.

Older adopted children need time to make adjustments to their new surroundings. They need to become familiar with their caregivers, friends, relatives, neighbors, teachers, and others with whom they will have repeated contact. They need to learn the ins and outs of new household routines and adapt to living in a new physical environment. Some children have cultural or language hurdles to overcome. Until most of these tasks have been accomplished, they may not be able to relax enough to allow the work of attachment to begin. In the meantime, behavioral problems related to insecurity and lack of attachment, as well as to other events in the child's past, may start to surface. Some start to get labels, like "manipulative," "superficial," or "sneaky". On the inside, this child is filled with anxiety, fear, grief, loss, and often a profound sense of being bad, defective, and unlovable. The child has not developed the self-esteem that comes with feeling like a

valued, contributing, member of a family. The child cares little about pleasing others since his relationships with them are quite superficial.

When are problems first apparent?

Children who have experienced physical or sexual abuse, physical or psychological neglect, or orphanage life will begin to show difficulties as young as six-months of age. For example, the signs of difficulties for an infant include the following:

- Weak crying response or rageful and/or constant whining; inability to be comforted.
- 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 parents.
- Delayed physical motor skill development milestones (creeping, crawling, sitting, etc.,).
- Flaccid

WHAT ARE THE SUBTLE SIGNS OF ATTACHMENT PROBLEMS?

Gail tells her seven-year-old daughter, Sally, to pick up the napkin Sally has dropped. As Sally crosses her arms a sad and angry pout darkens her face. Gail says, "Sally, I told you to pick up the napkin and throw it away." Sally stomps over to the napkin, picks it up, and throws it away. Crying and whining, Sally stands with her back to Gail. Sally, angry and unhappy, is exhibiting one of the subtle signs of attachment sensitivity that nearly all children adopted after six-months demonstrate.

Attachment is an interpersonal, interactive process that results in a child feeling safe, secure, and able to develop healthy, emotionally meaningful relationships. The process requires a sensitive, responsive parent who is capable of emotional engagement and participation in contingent collaborative communication (responsive communication) at nonverbal and verbal levels. The parent's ability to respond to the child's emotional state is what will prevent attachment sensitivities from becoming problems of a more severe nature.

What are the subtle signs of attachment issues?

1. Sensitivity to rejection and to disruptions in the normally attuned connection between mother and child.
2. Avoiding comfort when the child's feelings are hurt, although the child will turn to the parent for comfort when physically hurt.
3. Difficulty discussing angry feelings or hurt feelings.
4. Over valuing looks, appearances, and clothes.
5. Sleep disturbances. Not wanting to sleep alone.
6. Precocious independence. A level of independence that is more frequently seen in slightly older children.
7. Reticence and anxiety about changes.
8. Picking a scabs and sores.

Internationally adopted children experience at least two significant changes during the first few months of life that can have a profound impact on later development and security. Birth mother to orphanage or foster care and then orphanage to adoptive home are two transitions. We know from extensive research that prenatal, post-natal, and subsequent experiences create lasting impressions on a child. During the first few minutes, days, and weeks of life, the infant clearly recognizes the birth mother's voice, smell, and taste. Changes in caregivers are disruptive. The new caregivers look different, smell different, sound different, taste different. In the orphanage there are often many care givers but no one special caregiver. Adoption brings with it a whole new, strange, and initially frightening world. These moves and disruptions have profound effects on a child's emotional, interpersonal, cognitive, and behavioral development. The longer a child is in alternate care, the more these subtle signs become pervasive.

There are effective ways for a parent to help his or her child.

Parents and the right parenting are vital to preventing subtle signs from becoming anything more than sensitivities. Parenting consistently with clear and firm limits is essential. Discipline should be enforced with an attitude of sensitive and responsive empathy, acceptance, curiosity, love, and playfulness. This provides the most healing and protective way to correct a child.

As Sally walks away to pout, Gail comes up behind her, scoops her up, and begins rocking her gently while crooning in Sally's ear. Gail sings songs and tells Sally she loves her and understands Sally is angry at being told what to do. Gail expresses sadness that Sally is so unhappy. At first Sally resists a bit, but she soon calms down and listens as Gail tells her how much she loves Sally. Sally is sensitive to feelings of rejection and abandonment that are evoked by her mother's displeasure, so Gail brings Sally closer to reassure Sally nonverbally. It is by experience that the subtle signs are addressed and managed. Nonverbal experience is much more powerful than verbal experience since most of the subtle signs have their origin in nonverbal experience and nonverbal memory. Finally, Sally eventually did what she was asked to do and praised for doing what was expected. In this manner, Sally experiences acceptance of who she is while becoming socialized.

These sensitivities do not constitute a mental illness or Reactive Attachment Disorder. They are subtle signs of attachment sensitivities. So, what can you do?

First, bringing the child in close is better than allowing the child to be alone or isolate him or herself.

Second, talk for the child. Put words to what the child is feeling. This allows the child to feel understood by you, maintains a connection, and helps assuage the fear of rejection and abandonment. It also helps the child become self-aware, models verbal behavior, and facilitates a sense of emotional attunement between parent and child.

Third, don't make food a battle. A child who steals food or hoards food usually has sound emotional reasons for this. Providing the child with food so that your child experiences you as provider is often the solution. Put a bowl of fruit in the child's room. (Be sure to keep it filled. It does not good if you provide and then leave an empty bowl!) In some instances, I've recommended that the parents provide the child with a fanny pack and keep it stocked with snacks. This usually quickly ends hoarding and stealing of food.

Fourth, for the child who is overly independent, doing for the child and not encouraging precocious independence is helpful. So, making a game of brushing your six-year old's teeth, dressing your seven-year-old, or playing at feeding a nine-year-old, are all ways to demonstrate that you will care for the child. Keeping it playful and light, allows the child to experience what the child needs and helps eliminate hurtful battles.

In conclusion, these subtle signs are important reminders that our children have ongoing sensitivities that as parents we must address. Responsive and sensitive communication is essential. Attachment is a function of reciprocal communication; attachment does not reside in the child alone. It is very important for the parent to manage and facilitate this attuned connection within a framework of clear limits and boundaries, natural consequences, and firm loving discipline.