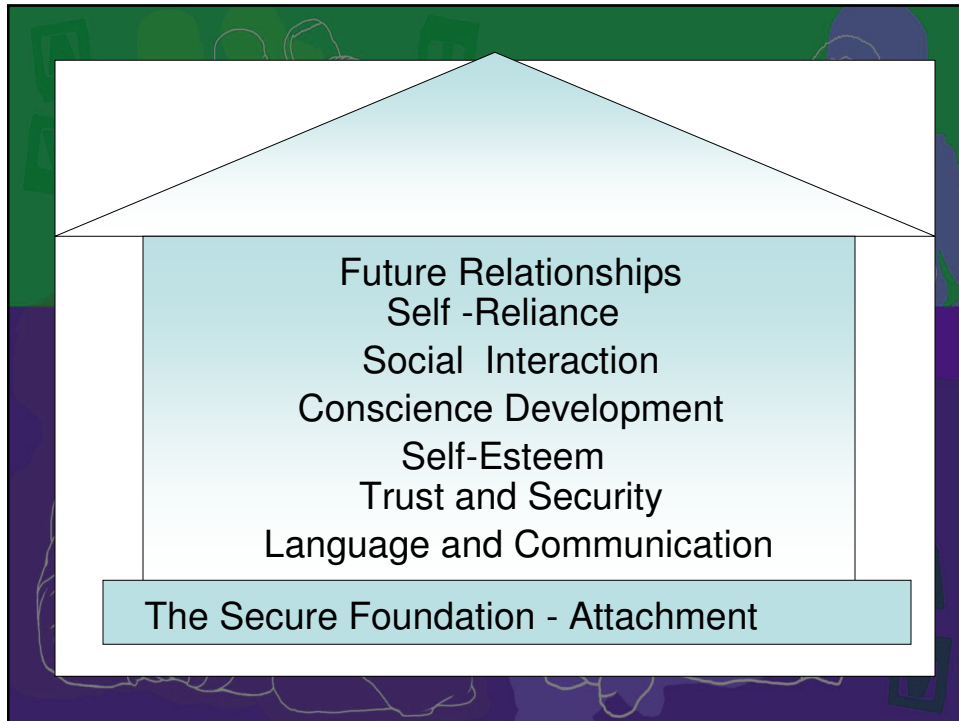


Two Primary Parenting Behaviors Important in Developing Attachment

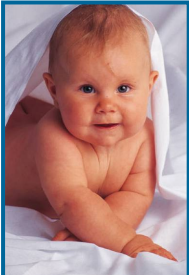
1. The adult readily recognizes and responds to the child's physical and emotional needs.
2. The adult regularly engages the child in lively social interactions.

The background features stylized line art of a parent and child in various poses, set against a purple and blue color scheme.



Secure Attachment

- Birth to 12 months – explores environment, views mother as secure base, cries less than other groups
- Pre-school – makes friends with peers, is flexible and resilient under stress, exhibits positive self-esteem



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Secure Attachment




- School-age – forms close friendships, is confident, exhibits good self-esteem
- Adolescence – values relationships, can manage conflicts, is better equipped to deal with stress



Attachment Patterns



Secure	Insecure (anxious)
	<ul style="list-style-type: none">• Avoidant• Ambivalent (Resistant)• Disorganized



Insecure Avoidant

- Birth to 12 months – shows random anger at mother, is unresponsive when held, is upset when put down



- Pre-school – shows frequent anger, is aggressive and defiant, withdraws when upset or in pain

Insecure Avoidant

- School-age – has no close friends, shows marked exclusivity, jealousy, and trouble with large-group interactions



- Adolescence – is distant from peers, idealizes family, has no happy childhood memories

Insecure Ambivalent

- Birth to 12 months - cries frequently, is clingy and demanding, exhibits limited exploration



- Pre-school – is fretful, overwhelmed with anxiety, and doesn't cope well with stressful situations

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Insecure Ambivalent



- School-age – displays difficulty functioning within peer groups and maintaining friendships, may be socially immature

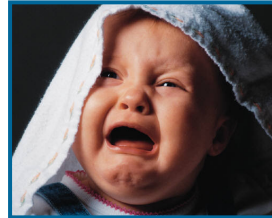


- Adolescence – is angry, anxious, has disjointed memories, tends to dwell upon self, exhibits fear of abandonment

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Disorganized

- Birth to 12 months – shows random anger, combines elements of avoidant and ambivalent, shows severe anxiety in presence of mother



- Pre-school – continues to combine elements of both a difficulty focusing, and staring, appears dazed, shows regressive behavior

Disorganized


- School-age – disconnect between thoughts and behavior, may show dissociative behaviors, exhibits poor self-esteem
- Adolescence – dissociative patterns may continue, significant relationship problems appear, truancy common, exhibits insensitivity to others, lacks self-control



Attachment Patterns Represented in Non-Clinical Families

Secure – 60%	Avoidant – 20%
Disorganized – 5% - 10%	Ambivalent – 10% - 15%

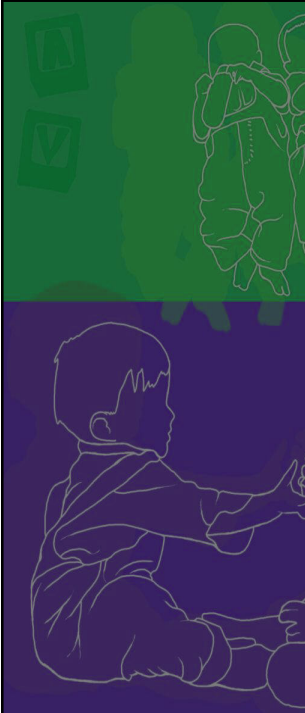
Insecure Attachment averages 85% in maltreated children.



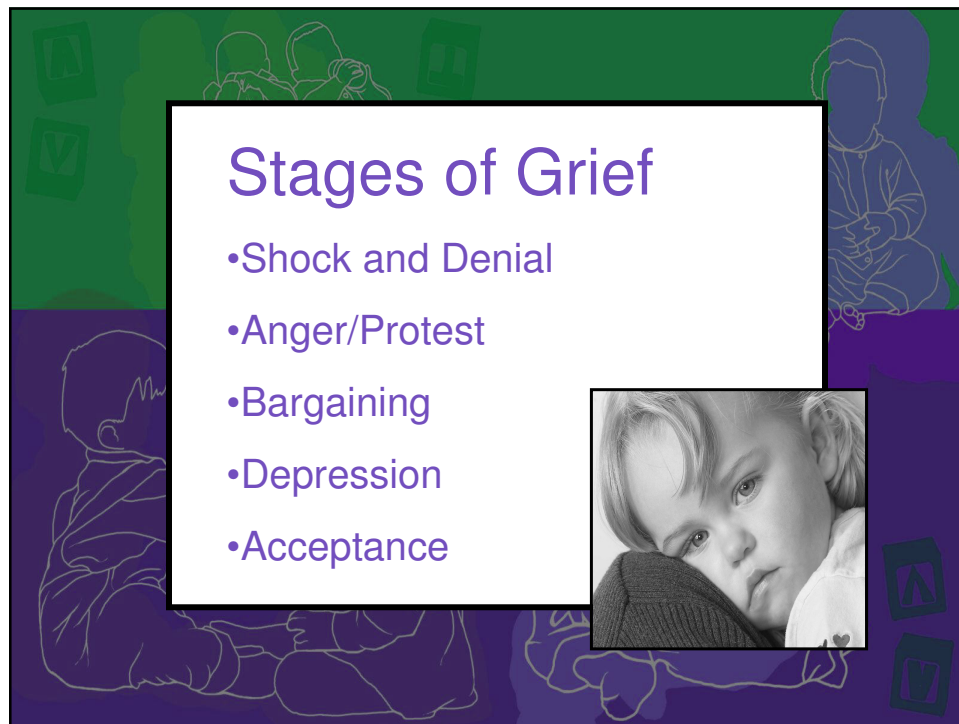
15

CRISIS

Crisis is described as a predictable emotional state that results from exposure to overwhelming and unmanageable stress.



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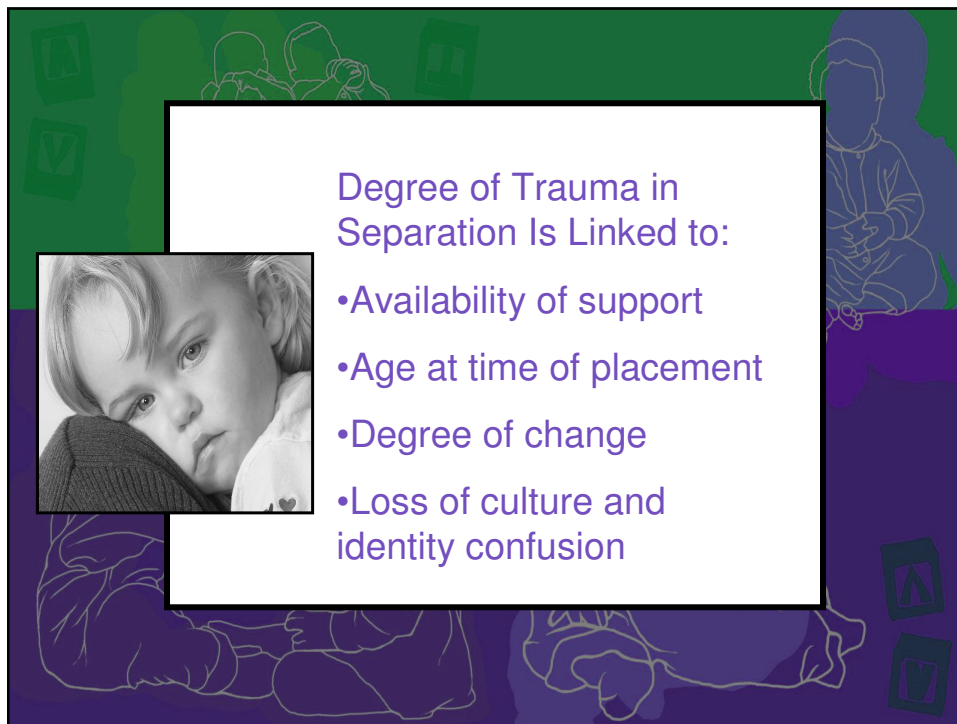
Stages of Grief

- Shock and Denial
- Anger/Protest
- Bargaining
- Depression
- Acceptance



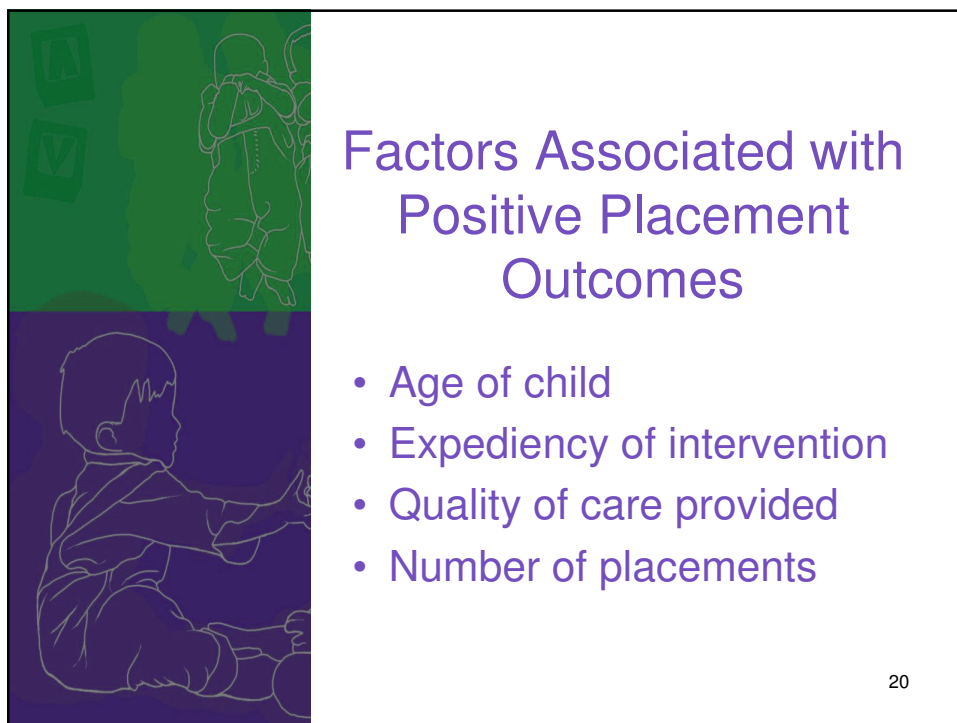

Degree of Trauma in Separation Is Linked to:

- Significance of person lost
- Whether separation is temporary or permanent
- Issue of fault



Degree of Trauma in Separation Is Linked to:

- Availability of support
- Age at time of placement
- Degree of change
- Loss of culture and identity confusion



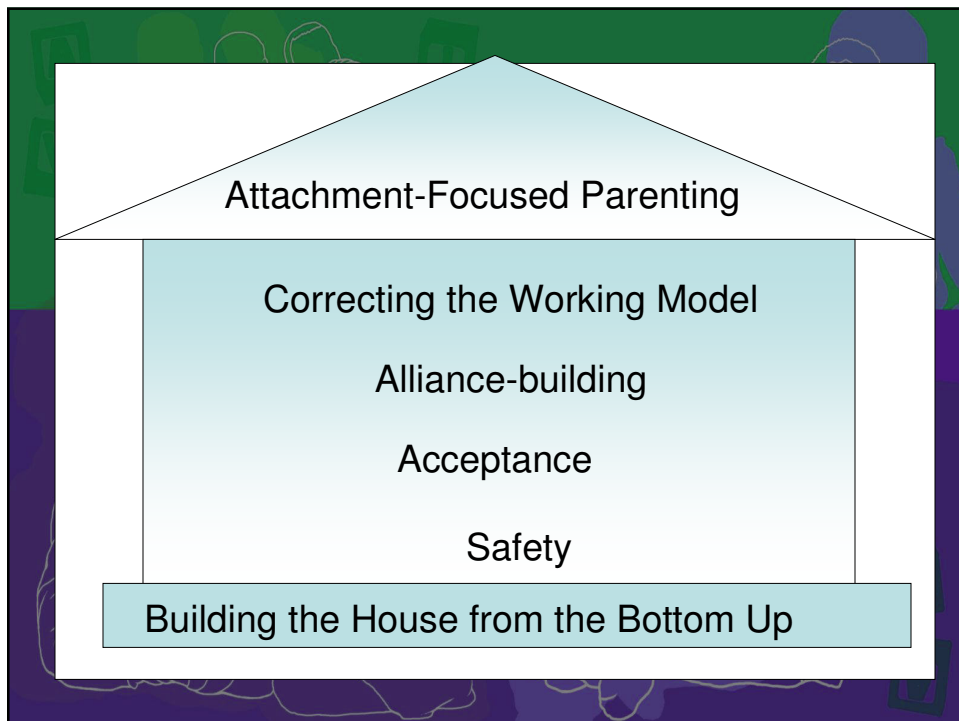
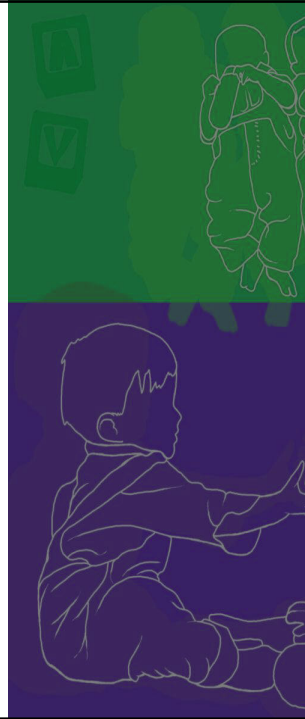
Factors Associated with Positive Placement Outcomes

- Age of child
- Expediency of intervention
- Quality of care provided
- Number of placements

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Factors Associated with Positive Placement Outcomes

- Earlier experiences of attachment
- Available supports to maintain and build attachment
- Cultural continuity



Pre-Placement Safety

- Gather as much information as possible
- Ask about child's fears, anxieties
- Establish what primary family contacts will be (who, where, when, type of contact)
- Know special people in child's life
- Know what activities child enjoys
- Give child tour of house
- Drive child on tour of neighborhood, school, church, etc.
- Learn about child's daily routine

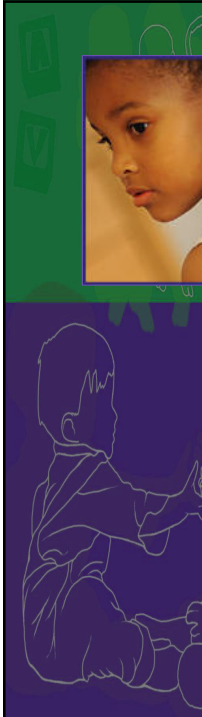
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Pre-Placement Visits Serve to...

- **Decrease fears and worries of the unknown**
- **Extend attachment to new caregivers**
- **Assist and initiate the grieving process**

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AT PLACEMENT

- Have night light in room
- Have empty picture frames
- First family contact in 24-48 hours

DURING PLACEMENT

- Clarify rules and boundaries
- Establish and maintain routine
- Support birth family contact

POST PLACEMENT

- Prepare for move carefully
- Decide on post placement contact
- Be available to primary/adoptive family

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Acceptance

- Acceptance includes regard for child's entire self.
- Child's experience should not be denied.
- Child must recognize the emotional/behavioral he has.
- Caregiver must flex his parenting to the child's attachment patterns/needs.
- Caregiver communicates daily the child is a prized member of the family.

Activity

Avoidant Arnold, age 3

Rolls away from caregiver when she tries to hug him before bed

Ambivalent Alice, age 7

Plays with only one of the permanent kids in the foster home and avoids the other two

Disorganized Diane, age 11

Laughs and jeers at other children in home when they get hurt

Disorganized David, age 15

Destructive with his belongings after seeing his primary family

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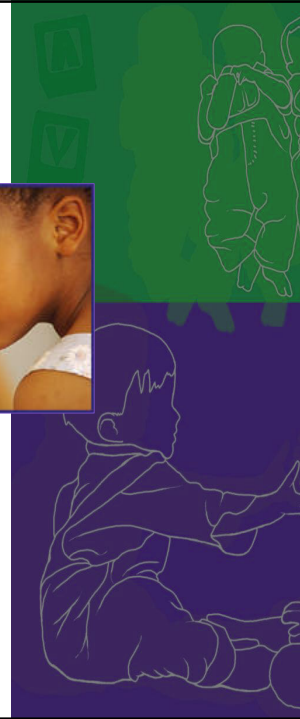
Alliance Formation: Caregiver Variables that Influence Attachment

- Commitment
- Attunement
- Consistency
- Positive regard for child
- Capacity to modulate own emotions and needs

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Alliance formation Strategies

- Increase eye contact
- Maximize touch
- Move with your child
- Nurture with food
- Enhance communication
- Get warm and cozy
- Just have fun



Correcting the Child's Working Model

- Don't reject child because of his behavior
- Avoid over-emotion, negative or positive
- Communicate and adhere to your boundaries and expectations in relationship
- Encourage child to make choices
- Look for opportunities to help child name feelings about primary family
- Model empathy
- Teach problem-solving in relationships
- Remember children want, but are afraid of, relationships