WHAT ARE ATTACHMENTS?

- Close emotional tie or bond of child to caregiver
- Secure Base for Exploration, and...
- Haven of Safety
- Purpose of attachments is protection of the child
- Protection through helping child regulate feelings and behavior
- Attachments are discriminating
- Hierarchy of attachment figures
- The critical role of fear

What are Attachments? (continued.)

- The most common trigger of attachment behavior is separation, or anticipation of separation, from attachment figures.
- ...Many attachment behaviors may not appear to be “logical” or reasonable in our current environment. Nonetheless...
- ...dismissing or ignoring these will often lead to emotional and behavioral problems that can have long-term consequences.
- We can see and understand these by looking and thinking not about the child, but about the interactions and relationships
Role of Parenting

- 60 years of scientific research demonstrates conclusively that the three most powerful variables in predicting good vs. poor developmental outcomes are SES, the parenting the child receives, and the quality of the child’s attachment(s).
- The most important parental skill is his or her ability to read the child’s cues accurately, and to respond quickly and appropriately.
- ...in a manner that leads to the child and parent co-regulating the child's feelings and behavior—"The Parent-Child Dance."

Circle of Security
Parent Attending to the Child’s Needs

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I need you to
- Support My Exploration
- Welcome My Coming To You

I need you to
- Protect me
- Comfort me
- Delight in me
- Organize my feelings

I need you to
- Watch over me
- Delight in me
- Help me
- Engage with me

I need you to
- Always: be BIGGER, STRONGER, WISER, and KIND.
- Whenever possible: follow m child’s need.
- Whenever necessary: take charge.

(Almost)
Everything I Need to Know About Being a Parent in 25 Words or less
Caregiver Sensitivity

- Mary Ainsworth’s discovery of the three components of “Maternal Sensitivity:"
  1. Taking the child’s signal in
  2. Making a correct inference about the child’s internal state and “what my child needs from me right now”
  3. Responding quickly and appropriately to that need
- The role of caregiver “Self-Reflective” capacity
- So, the most important thing about attachments is not about physical contact and holding—It is about the “Parent-Child Dance”

Behavior and Emotion Regulation Across Development

Mutual regulation: Regulated with the help of the caregiver

Self-regulation of behavior and emotions

Controlling the Child vs. Dancing with the Child

- Establishing early feeding and sleep-wake cycles
- Pick up the baby when she cries?
- Helping the preschooler learn empathy and cooperation
- Teaching the child how to clean his room!
- Teaching the adolescent to balance her checkbook
- IT WORKS BEST WHEN IT’S A DANCE!
Developmental Changes in Attachment

Early Infancy (Birth to 6-8 months)
- Newborn has indiscriminate attachment behaviors and gradually months differentiates and favors one or a few caregivers
- At the same time, the baby is developing the manual, locomotor, communication, and cognitive skills needed for exploration away from, and quick return to, the caregiver
- When the attachment is consolidated around 6-8 months, there are neurological-cognitive-emotional changes that are relatively stable, and focused on this caregiver

Developmental Changes (cont.)

Toddlerhood—Early Preschool (1 to 3½ or 4 yrs)
- Increased skills in each of these behavior-emotion systems, and in their integration, and
- Increased ability to inhibit attachment behaviors
- This allows the child to:
  1. Engage in more complex interactions
  2. Better regulate painful internal arousal and distress
  3. And do so in a purposeful, goal-corrected way
- But the underlying organization of attachment remains based on physical proximity and contact
- The role and importance of overwhelming fear of separation in normal, healthy development

Developmental Changes (cont.)

About the 4th birthday and older
- Increased information-processing skills related to Bowlby’s notion of a “Goal-Corrected Partnership”
- Perspective-taking or making inferences regarding the parent’s goals, plans, etc.
- Comparing those inferences to the child’s own goals and plans
- Negotiating shared goals and plans regarding proximity and contact
- So, by 4 years, the child’s attachment is increasingly based on thinking about the parent’s point of view and negotiating shared feelings and plans in a true partnership
Developmental Changes (cont.)

- ...this is the beginning of true “reflective functioning” — and true empathy — on the child’s part
- The 1st 4 years are crucial in the ability to cooperate and negotiate within that close bond
- Physical proximity and contact remains hugely important but this new basis of attachment relationships becomes increasingly important
- The need to seek help from specific others continues into adolescence and throughout adulthood
- Patterns of parent-child relationships tend to be passed from generation to generation

PATTERNS OF ATTACHMENT - CAREGIVING BONDS

<table>
<thead>
<tr>
<th>Child</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORDERED</td>
<td></td>
</tr>
<tr>
<td>Secure (B)</td>
<td>Autonomous (Beta)</td>
</tr>
<tr>
<td>Avoidant (A)</td>
<td>Dismissing (Alpha)</td>
</tr>
<tr>
<td>Ambivalent (C)</td>
<td>Preoccupied (Gamma)</td>
</tr>
<tr>
<td>DISORGANIZED</td>
<td></td>
</tr>
<tr>
<td>Disorganized/Controlling (D)</td>
<td>Abdicating (Delta)</td>
</tr>
<tr>
<td>“Insecure-Other” (I-O)</td>
<td>“Insecure-Other” (Iota)</td>
</tr>
</tbody>
</table>

CIRCLE OF LIMITED SECURITY

Child Miscuing

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The Effects of Trauma
- Neuroscience research is telling us...
  - Cortisol ("stress hormone") has direct effects on neuron growth
  - Areas of the brain associated with memory and emotion processing are differentially affected
  - Corrective emotional experiences are key to recovery
  - Certainly best if these experiences happen early

Seriously though.....
- Trauma is an event that triggers intense or overwhelming fear...usually repeated or chronic
- ...and the person (baby or adult) has no Haven of Safety to terminate (resolve or repair) that fear
- This trauma can remain unresolved for years, e.g., PTSD.
- ...and if unresolved can disorganize our parenting

Disorganized Attachment
- In infancy, collapse or lack of a coherent attachment strategy due to the caregiver’s frightened or frightening behavior (FR)
- Child’s attachment behavior activates fear in parent—because of his/her own history
- Parent abdicates caregiving role (at least in attachment-caregiving interactions)
- Infant is faced with an “unsolvable dilemma”
- Leads to “Disorganized-Disoriented” attachment behavior in infancy
Dysregulated, Hyper-arousal

Traumatized children exhibit profound sensitization of the neural response patterns associated with their traumatic experiences. The result is that a full-blown response pattern (hyper-arousal or dissociation) can be elicited by apparently minor stressors.


Disorganized Attachments in Older Children

By 3 years of age and older, either:

- Development of a coherent, role-reversed/inverted attachment-caregiving pattern, ….or
- A group of patterns that appear to be, even at this age, incoherent, frightened, or shifting strategies (Insecure-Other)

Short History of Attachment Therapies

- Bowlby and Psychoanalytic therapy
  - Decision to focus on basic research, with hope to return to intervention at a later time
- Meanwhile……
- Institutionalization
- Holding therapies
  - -- More and less extreme forms, but the continuing problem of coercion
- Behavior modification approaches most common
- Play therapy...especially “Thera-Play”
- …..and since about 1990, full circle back to Bowlby with attachment research-based models
Characteristics of Research-Based Attachment Interventions

- From Ainsworth’s work, primary focus on caregiver’s response to child’s signals and the interactive dance
- Much less focus on physical contact than Holding Therapies.
- Rejection of the construct of “regression.”
- All focus the intervention directly on the caregiver, and only indirectly on the child

Circle of Security® Project (COS)
An Early Intervention Program for Parents and Young Children

Developed & tested by:
Bob Marvin (Principal Investigator)
Director, Child-Parent Attachment Clinic
University of Virginia, Charlottesville, VA

Glen Cooper, Kent Hoffman, & Bert Powell
Marycliff Institute, Spokane, WA

COS Protocol Sequence

1. Assess Attachment-Caregiving Pattern
2. Establish a “Holding Environment” for the parent
3. Provide the parent with a user-friendly map of secure and insecure parent-child interaction
   --Then, through video review of her child and herself—
4. Develop the parent’s skills at observing her child and making accurate inferences about his feelings, behaviors, and needs
COS Protocol Sequence (Cont.)

5. Increase the parent’s self-reflective functioning regarding her own feelings, needs and behavior
6. Facilitate an empathic shift in the parent and practice her new parenting options

Goals of the Assessment

- Identify the dyad’s pre-intervention attachment-caregiving pattern
- Understand the dyad’s patterns of play, teaching, affect management, and behavior management
- Understand the parent’s Internal Working Models of this relationship.
- Identify parent’s lynchpin issue, to focus and individualize the intervention
- Provide videotape edits for review
- Measure pre-post-intervention changes

Treatment Goals

Growing underused abilities in:

- Perceiving child’s emotional cues, miscues, and needs, and responding quickly and appropriately
- Perceiving the parent’s own body-emotion-thought experience, and being able to remain “with the child” even when experiencing personal discomfort/anxiety
- Co-regulating child’s emotions and behavior through “sensitive” interaction
- Meeting the child’s needs around the circle, especially leading the dance in repair, organizing the child, and delight
**Videotape Review**
Develop the parents’ observational skills of other children (Phase 3), and then of their own child (Phase 4):
- Where is the child on the Circle?
- What is the child actually doing?
- What is the child feeling and needing
- The behaviors the child uses to communicate that need
  - Cue: A direct communication of need
  - Miscue: A misleading (protective) communication of need

**Videotape Review (Continued)**
Develop the parents’ self-observation skills when interacting with their children:
- How are they behaving in response to their children?
- What are they feeling while responding to a particular need of their children?
- How are they interpreting their children’s behavior?
- What are they needing in the video clip being explored?

**Psychotherapy Videotape Review to Help Each Parent:**
- Develop an internal “representational map” of her child based on the belief that her child’s behavior is generated by real (attachment) needs.
- Know her strengths in responding to her child’s needs
- Know—and manage—her struggles (“shark music”) in responding to her child’s needs
Structure of Video Reviews in Phase 5
1. Engage the Caregiving System
2. Show Success with the Underdeveloped Capacity
3. Show Struggle with Underdeveloped Capacity
4. Help Parent “Stay With” the Pain and Struggle
   …Her “Shark Music”
5. Provide Context for Interpreting Parent’s Pattern in Childhood and/or Present
6. Show Success with the Underdeveloped Capacity
7. Celebration of the Parent

EMPATHIC SHIFT
From Negative Attributions to Inferences of Need
from:
“My child doesn’t like me,” or
“My child is spoiled.”
to:
“My child needs me in a specific way on the Circle of Security.”

INTERVENTION SAMPLE
➢ All Living in Poverty; Children in Head Start
➢ 87 Parent-Child Dyads Recruited
➢ 65 (75%) Completed the Protocol
➢ Once Begun, 75 (87%) Completed the Protocol
➢ 35 Girls (54%)
➢ The Majority of Children were Caucasian
➢ Age Range at Beginning : 11-58 Months
➢ Mean Age at Beginning: 32 Months
➢ 4 (6%) Men were Primary Caregivers
➢ 46% Single-parents; 26% Married;
   26% Partnered
**Pre-Intervention** vs **Post-Intervention**

**Ordered** vs **Non-Ordered** (D/I-O) Child Attachment Pattern (Percentage)

McNemar Chi-square = 17
p < .001

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**Circle of Security**

Parent Attending to the Child’s Needs

- Protect me
  - Comfort me
  - Delight in me
  - Organize my feelings
- Support My Exploration
  - Welcome My Coming To You

**The End**

- The End
  - I need you to
    - Watch over me
    - Delight in me
    - Help me
    - Enjoy with me

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