Instructor's Guide

Class Meeting 5
Attachment and Child Development

Schedule of Activities

1. Discuss participants' answers to questions 1-3 on pages 13-14 in Parent's Workbook. Encourage participants to describe how they responded to the excerpts from *Hunger vs Love* and *Invisible Child Abuse.*

2. Physical growth and development in the child's first year. What to expect at different stages in a child's early development

   (Reference: "The Touchpoints Model of Development" Brazelton & Sparrow, and *Touchpoints: Birth to 3* by T. Berry Brazelton, M.D.)

3. View and discuss excerpts from the DVD "The First Years Last Forever" Hosted by Rob Reiner: Health and nutrition, Discipline, Self-esteem, Child-care, Self-awareness. (20 minutes)

   15-Minute Break

4. Attachment and Psychological and Social Development of Infants and Toddlers

   (**Reference** PsychAlive articles on attachment and Dr. Dan Siegel's PsychAlive YouTube clips on the four attachment patterns).

View video clip of **"Lisa Firestone and Dan Siegel role playing secure and insecure attachment patterns**." (7 minutes)

5. View excerpts from videotaped interviews with parents who have explored their attachment history and the relationship they have now with their children. They answer questions about their childhood, their caregivers, and the biggest challenges they've faced as parents.

   View video clip of "**Parent Interviews**"

6. Open discussion of participants' reactions to the videotaped interviews.

7. Exercise: Words to Describe Your Relationship; Participants think of three adjectives or words that reflect the relationship participants had with each parent or primary caregiver.

8. Open discussion of an incident or memory that illustrates one of these adjectives or words.

   NOTE: This exercise and discussion help parents explore the nature of their first attachments and the emotions they experienced in relating to a parents or caregiver. This is one of the first steps toward creating a coherent narrative of their early years and making sense of their past. Research has shown that people who have made sense of relational trauma from their childhood are more likely to develop a secure attachment with their child than those who have unresolved relational trauma.

9. Discussion of ways participants could form an ongoing support group or build a "team" to continue meeting together and helping each other with child-care

CPR and Infant Safety Component (OPTIONAL)

If a CPR instructor is available, the second par of this class could be devoted to CPR techniques and infant safety. Contact local university or infant development research departments for a person licensed to teach CRP for infants, as well as educational videotapes on infant research.

(Instructors should obtain a certificate from attending a professionally recognized course in CPR which include, Infant resuscitation—CPR, Baby-proofing the home, and Auto safety—selecting the proper car seat)

Handouts for Class Meeting 5:

The Touchpoint Model of Development

PsychologyToday Blog: Overcoming Two of Parenting's Greatest Challenges

Words to Describe Your Early Relationships

Guidelines for Group Process and Topics for Discussion

Physical Development

Vision - In the first weeks of life, babies seem to focus reasonably well on objects between 7 and 10 inches away. They look at human faces because (it is assumed that) faces have an interesting pattern of dots (eyes) within an outlined circle; one-month olds look more at the hairline than the eyes, and two month olds look more at the eyes.

Hearing - Compared to vision, hearing is well-developed in the newborn; sudden noises startle, rhythmic sounds soothe. In one study, infants a few hours old responded to conversation, opening their eyes, tensing their muscles, and moving their tongues, arms and legs.

Infants are not only adept at hearing but at perceiving what they hear. In the video "The First Years Last Forever," newborns showed preference for their mother's and father's voice over the voice of the attending physician, Dr. Berry Brazelton. Twenty-day old infants showed that they preferred listening to their own mothers speaking certain words over listening to an unfamiliar woman saying the same words. They sucked much harder on artificial nipples that activated the recording of their own mother's voice than they sucked on nipples that activated a recording of a stranger's voice.

Locating sound is not as well developed. One-month-olds looked in the wrong direction when presented with a recording of their mother's voice. 4- and 7-month-olds looked at the correct source of the sound.

Touch - Seems to be the most developed of all senses. For example, crying infants or newborns can be soothed by being wrapped or swaddled in a blanket or by being held snugly.

Taste and pain are poorly developed. Newborns do prefer sweet/mild to sour and cry for a moment when their heel is pricked for a blood test, but these senses are more developed in the older infant.

Smell - Infants have a good sense of smell at a very young age. Not only do infants turn away from smells like vinegar or ammonia, but breast-fed babies are more quickly roused from sleep by the smell of a cloth that their mother has worn under her bra than by the smell of a cloth worn by another breast-feeding mother.

Coordinating Perceptual and Motor Skills

Example: By four months, infants try to grasp objects dangled in front of them. As infants learn to distinguish one shape, sound, or tactile sense from another and to coordinate information from the various senses, they become able to recognize people and to mentally connect faces, voices, and hair texture. Mother and father become human beings, rather than simply isolated stimuli.

One experiment showed that 6-month-old infants are able to recognize the similarities and the differences between a photograph of a wooden object and the object itself. This finding suggests that "reading" a book to an infant by pointing to the pictures in an activity a 6-month old could appreciate.

Motor Development

Crawling is learned first before creeping, that is, lying on their stomachs and pulling themselves ahead with their arms. Creeping, which involves the coordination of arms and legs, comes later, sometimes as early as 5 months, for others as late as 12 months. Some babies do not creep at all; they scoot along the floor or go on all fours without knees or elbows touching the ground.

Psychological Development of Infants and Toddlers

What to Expect at Different Stages of Development

1. Discuss feeding, sleeping, fussy periods, communication, thumb-sucking and pacifiers during the early weeks of an infant's life. (**Reference:** Handout: "The Touchpoint Model of Development" Also see pages 62-64 in *Touchpoints: Birth to Three: Second Edition*

2. View the last 5 sections of the DVD "The First Years Last Forever." Hosted by Rob Reiner (20 minutes) [Optional]

3. Open discussion of participants' responses to the DVD: or further discussion of Brazelton's "Touchpoint Model of Development," especially changes that occur between 6 and 8 weeks, and around four months, seven months, and nine months.

15-MINUTE BREAK

Patterns of Attachment

References: Chapter 5 "How We Attach: Relationships between Children and Parents" from *Parenting from the Inside-Out*. (pages 101-131) and "What Is Your Attachment Style?" by Dr. Lisa Firestone www.psychalive.com.

Describe the four attachment patterns that develop between parent and child; explain how these patterns are related in many ways to different adult attachment patterns: secure, dismissing, preoccupied, and unresolved (fearful/avoidant)

What is attachment and why is it important?

Attachment refers the particular way in which you relate to other people. The attachment pattern you formed with your parent or primary caregiver developed at the very beginning of your life, during your first few months. Once established, it is a pattern that can stay with you and often plays out today in how you relate in intimate relationships and in how you parent your children. Understanding your style of attachment in your couple relationship is helpful because it offers you insight into how you felt and developed in your childhood.

In addition, developing a "coherent narrative" of your early relationship experiences can help clarify any unresolved relationship issues or trauma from your childhood that may be limiting you today as an adult and as a parent. "Making sense" of your past, especially your early attachment relationships by exploring the emotions associated with them can help you resolve early trauma, (both big T and small t trauma). This exploration, in turn can help you develop a secure pattern of attachment with your infant.

Early Attachment Patterns

Young children need to develop a relationship with at least one primary caregiver in order for their social and emotional development to be based on security. Without this attachment, they may suffer psychological and social impairment. During the first year, how the parents or caregivers respond to their infants, particularly during times of distress, establishes the types of patterns of attachment their children form. These patterns will go on to guide the child's feelings, thoughts and expectations as an adult in future relationships.

Secure Attachment (50% to 60% of the population)

Ideally, from the time infants are born and up to two years of age, they develop an emotional attachment to an adult who is attuned to them, that is, who is sensitive and responsive in their interactions with them. It is vital that this attachment figure remain a consistent caregiver throughout this period in a child's life. During the first year, children begin to use the adult as a secure base from which to explore the world and become more independent. Children who have this type of relationship are in a *secure attachment to their parent.* Dr. Dan Siegel emphasizes that in order for a child to feel securely attached to their parents or care-givers, the child must feel safe, seen and soothed.

Avoidant Attachment: (20%-30% of the population)

In an avoidant attachment, the parent may meet the child's basic needs, but he or she will have trouble responding to the child on an emotional level. They often have little or no response when a child is hurting or distressed. For the child, the parent may feel like an "emotional desert."

Children in this situation learn that the best way to get their needs met by their parent is to act like they don't have any. They adapt by becoming removed from their emotions , suppressing their wants and needs, and developing a pseudo-independent t stance, (i.e. I can take care of myself). This early lack of emotional closeness can make it hard for children to be in touch with their own wants, desires, and needs on a conscious level. However, research shows that these children are still experiencing anxiety on a physiological level during separation experiences.

Ambivalent/Anxious Attachment: (15% of the population)

Children may form an anxious attachment when they have a parent who is sometimes there for them but sometimes isn't. These parents tend to be intermittently available or rewarding, then inexplicably unavailable and misattuned, leaving the child confused and frustrated. Parents who form this style of attachment may regularly (though unintentionally) look to their kids to meet their needs instead of vice versa. They tend to mistake emotional hunger, primitive feelings and needs left over from their own childhood, for genuine feelings of love.

Behaviors based on emotional hunger drain the child and act as an unfulfilling substitute for real love and nurturance. As a result, the child may feel clingy, desperate, or anxious around the parent who isn't meeting his or her emotional needs. These children grow up believing that they have to always be vigilant and attentive in relationships to get their needs met.

Disorganized Attachment: (5%-10% in population – 80% in clinical populations)

A disorganized attachment pattern can form when the parent is frightening to the child or when the parent is frightened by the child. In this scenario, the parent reacts unpredictably. For example, the parent may at one moment laugh and reward a certain behavior and, at another, explode with anger at the same behavior. Because of this erratic and unpredictable way of acting, children have no organized strategy to get their needs met. They experience fear without solution. They want to go to their parent for safety, but the closer they get, the more fear they feel. In these situations, they may dissociate from themselves, their bodily sensations and feelings. They detach from what is happening to them: what they are experiencing is blocked from their consciousness.

These children often display emotional turmoil and a confusing mix of behaviors, because they lack a basic feeling of safety. They tend to grow up believing that others are dangerous and will hurt them, but feel that they desperately need others.

Adult Attachment Styles

Secure Attachment Style in Adulthood

People who formed secure attachments in childhood tend to have *secure* attachment patterns in adulthood. They are more differentiated, that is, better able to "be themselves" maintain their point of view about themselves, others and the world, when in the company of other people, than individuals who have insecure attachment styles. . They have a strong sense of themselves and a desire for close associations with others. Their lives are balanced: they are both secure in their independence and in their close relationships.

Dismissive Attachment Style – Adult version of avoidant attachment pattern

Those who had avoidant attachments in childhood most likely have *dismissive* attachment patterns as adults. They are cerebral and not in touch with their feelings, wants, and needs. Their typical response to conflict and stressful situations is to avoid them by distancing themselves. They tend to be emotionally removed from themselves and others. They may struggle with intimacy and have a hard time being vulnerable or showing any dependence on others. They often ward off partners' attempts to be close, experiencing them as "needy." They may also have difficulty remembering much from their childhood, and they may see early experience as having no impact on who they are as an adult.

Preoccupied Personality – Adult version of anxious attachment pattern

Children who have an ambivalent/anxious attachment often grow up to have *preoccupied* attachment patterns. As adults, they are insecure and need reassurance that they will be accepted and loved. They seek approval and reassurance from others, yet this rarely relieves their doubt about being loved and cared for. In their relationships, deep-seated feelings that they are going to be rejected make them worried and not trusting. This drives them to act clingy and overly dependent with their partner. These people's lives are not balanced: their insecurity leaves them turned against themselves and anxious in their relationships.

Fearful-Avoidant Personality: adult version of disorganized attachment

People who grew up with disorganized attachments often develop *fearful-avoidant* patterns of attachment. They have no organized strategy in relation to getting their needs met or to feel safe, seen, and soothed by another person They may feel desperate or clingy when someone pulls away, then aloof and withdrawn when someone comes toward them. Because they struggle with poor social or emotional regulation skills, they may find it difficult to form and sustain solid relationships. And because of their negative early life experiences, they may see the world as an unsafe place.

If time allows, view PsychAlive YouTube clips:

A. Dr. Dan Siegel on Optimal Attachment

B. Dr. Dan Siegel on Avoidant Attachment

C. Dr. Dan Siegel on Ambivalent Attachment

D. Dr. Dan Siegel on Disorganized Attachment

Describe the videotaped interviews with parents who have explored their early attachment history as well as the relationship they have today with their children.

View video excerpts

Watch **"**Excerpts from Interviews with Parents" who were asked the following questions by Dr. Lisa Firestone:

1. What was your childhood like?
2. Did you have someone you could go to, to feel safe?
3. Do you have a feeling of wanting to give to your child what you didn't get?
4. What is the biggest challenge you've had as a parent?

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Open discussion of participants' reactions to the interviews with these parents.

Ask participants to think of three adjectives or words that reflect their relationship with one of their parents. They can try to think back as far as they can remember in their childhood.

Next, ask participants to think of a memory or an incident that illustrates one of the adjective or words they chose. Ask if they would like to share these memories with others in the class (**see Objective #4 on page 16 in Parent's Workbook)**

Begin a discussion with participants about the possibility of forming an ongoing group for support and further learning, for example using the PsychAlive E-course "Making Sense of Your Life" with Lisa Firestone and Dan Siegel, and for a baby-sitting exchange.

HANDOUTS

1. Xerox copies of **The Touchpoint Model of Development** for participants
2. **PsychologyToday Blog: Overcoming Two of Parenting's Greatest Challenges**
3. **Words to Describe Your Early Relationships**