

Supporting Healthy Relationships Between Young Children and Their Parents

Lessons from Attachment Theory and Research

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At a child care center, 18-month-old Hannah is clinging to her mother and crying as they enter. Her mother pulls Hannah's hands from her arm, saying, "Don't be such a crybaby and go play." In a pediatrician's waiting room, two-year-old Carlos climbs dangerously high on the furniture. He throws a toy at his mother when she calls his name. His mother laughs nervously and says quietly, "I don't know what to do with him." In a family's kitchen, one-year-old Keisha yanks on a locked kitchen cabinet while her father is cooking. Her father kneels next to Keisha and says, "Oh - I see you are trying to get into this cabinet, but these glass pans are for me. Let's make a drawer with some plastic kitchen things for you. You can use them while Daddy cooks."

These examples illustrate how much child-parent interactions can differ from each other. Many people would see Keisha's interactions with her father as the most harmonious and developmentally appropriate example. What may be less apparent is why these types of interactions matter, and what can be done to support healthy relationships between young children and their parents.

One theory about child development—attachment theory—is particularly useful for understanding early child-parent relationships and how to support them. According to attachment theory and research, early child-parent relationships lay the foundation for children's later social, emotional, and school functioning. Attachment theory and research also point to specific strategies for supporting relationships between young children and their families.

What are Attachments?

Attachments are unique, lasting emotional ties between infants and their parents. All infants will develop attachments to their parents, even if the parent is harsh or abusive. The only exception to this rule is children reared without parents or specific primary caregivers (such as children in some orphanages). Thus, rather than describing a child as being attached or not, attachment theory and research focus on the quality of the relationship between the child and parent. An attachment usually takes the first year of life to develop, through repeated interactions between the child and parent.

Attachment differs from bonding. Bonding refers to the parent's tie to the infant which develops in the first few hours of life. Infants are capable of developing multiple attachments (e.g., to mothers, fathers, grandparents). Usually, however, they have one parent who is their "primary attachment figure."

Attachment "Quality"

There are two basic patterns of attachment: "secure" and "insecure." The key factor in promoting a secure attachment is parenting behavior. Many research studies have shown that sensitive, responsive parenting promotes secure attachment. Insensitive, rejecting, or inconsistent parenting has been linked to insecure attachment.

A **secure attachment** is characterized by the child's ability to use his or her parent as a source of comfort and a "secure base" from which to explore. A key principle of attachment theory is that dependence leads to independence. In other words, it is only when a child feels confident in his parent's availability that he can fully explore and play on his own.

Parental behaviors typically associated with secure attachment include:

- Sensitive and responsive care

- Clear, consistent, developmentally appropriate expectations and supervision
- Warm, positive, and responsive verbal interaction
- Seeing the child as a unique individual, having insight into the child (i.e., why he does what he does)
- "Holding the child in mind" (i.e., awareness of and ability to reflect on the parent's own feelings and responses to the child)

Infant and early childhood behaviors associated with secure attachment include:

- Comfort exploring in presence of an attachment figure
- When hurt, going to an attachment figure for comfort (i.e., not a stranger)
- Seeking help when needed
- Willingness to comply with requests with minimal conflict
- No pattern of controlling or directing the behavior of caregivers (no role-reversal)

An **insecure attachment** is characterized by the child's inability to use his or her parent for comfort or as a secure base. There are three basic types of insecure attachment.

1. Some children are overly dependent, expressing difficulty with separation and with independent play. This pattern is called insecure-resistant attachment.
2. Some children are under-dependent, seeming disengaged from the parent and barely noticing them upon separation. This is called insecure-avoidant attachment. Such "independence" in an infant or toddler, although sometimes praised, is usually developmentally inappropriate.
3. Disorganized/disoriented attachment refers to children who seem frightened or disorganized in the presence of their parents.

Parental behaviors typically associated with insecure attachment include:

- Interfering with the child's attempts at exploration (i.e., intrusive, overly controlling)
- Unclear, inconsistent, developmentally inappropriate expectations and supervision
- Ignoring the child's needs and cues
- Inconsistent, unreliable responsiveness
- Hostile, threatening, and frightening behaviors
- Prioritizing the parent's needs over the child's (i.e., self-absorbed)
- Behaving like a child or treating the child as though he/she is in charge (i.e., role-reversal)
- Marked withdrawal, fright, hesitation or timidity around the child
- Sexualized or overly intimate behaviors

Infant and early childhood behaviors associated with insecure attachment include:

- Excessive dependence
- Marked shyness, withdrawal, or unfriendliness
- Failure to seek contact, comfort when needed
- Indiscriminate friendliness or contact seeking
- Punitive, bossy behaviors
- Over-concern with the parent's well-being (i.e., role reversal)
- Disoriented or frightened in presence of the parent, such as approaching while looking away, stilling, freezing, or rocking
- Promiscuous, sexualized behavior

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The Importance of Early Attachments for Later Development

Early attachments lay the foundation for social and academic skills. A number of studies that have followed children from infancy to adolescence or adulthood have illustrated that attachment quality is one of the strongest predictors of later development.

Secure attachment forecasts healthy social, emotional, cognitive, and motivational development. For example, a child who had a secure attachment with her parent as an infant is more likely in childhood to be independent and self confident, to have appropriate interactions with peers and teachers, to manage her emotions, to be focused, curious and motivated in school, and to have strong problem solving skills.

Insecure attachment forecasts developmental and adjustment problems. For example, a child who was insecurely attached in infancy is more likely in childhood to have poor social skills (e.g., withdrawal or aggression), to act out and be disobedient, to have poor communication skills, to be impulsive and easily distracted, and to lack curiosity and motivation in school.

It is important to note that an insecure attachment does not fate a child to failure. Change certainly can occur. The longer a child is on a specific path, however, the harder it is to alter the course.

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Lessons from Attachment Theory and Research for Supporting Healthy Relationships between Young Children and Their Parents

Attachment theory and research suggest several guidelines that practitioners may follow to support early child-parent relationships in a variety of contexts (e.g., home visiting, child care, mental health). These guidelines, in turn, may help practitioners prevent or intervene to address child behavioral, emotional, and academic problems. We begin this section with an overview of these guidelines. Specific strategies for following the guidelines will vary based on the contexts in which they are used and the nature and age of the child. Second, we present a selection of attachment theory- and research-based programs and curricula.

Guidelines for Supporting Healthy Relationships between Young Children and Their Parents

First and foremost, attachment theory and research suggest that establishing a supportive and trusting relationship between the parent and practitioner is key to the practitioner's work with the child-parent relationship. The parent-practitioner relationship also serves as a model for the child's relationship with the parent. A healthy parent-practitioner relationship is especially important in working with parents who themselves received harsh or inconsistent care as children.

Within the framework of a supportive relationship between the parent and the practitioner, we offer the following guidelines based on attachment theory and research:

1. Help parents understand that two of their principal responsibilities as a parent are to comfort their child and to facilitate their child's exploration of the world. Moreover, knowing how to tailor the responsibility to the situation and according to the needs of the child is central to supportive parenting. For example:

- An in-home practitioner could provide praise, positive reinforcement, or modeling during playtimes with the parent and child. She could encourage the parent to respond to the child's requests for comfort and to follow the child's lead in play.
- The NCAST-AVENUW program at the University of Washington recently produced a short video and a deck of cards, both called "Baby Cues." These materials are designed to help parents interpret their infants' nonverbal communications. For more information about these materials, go to <http://www.ncast.org/p-baby-cues.asp>

2. *Help parents understand typical child development.* Providing parents with verbal and written information about developmental milestones and typical child development can help parents be more in tune with their children. For example:

- Many parents are frustrated by infants' frequent crying. A practitioner in a pediatric clinic might offer information about normal crying and how some babies cry more than others. She also could explain that a parent cannot spoil a crying baby by picking her up. Rather, parents who respond to their babies typically have children who become more self-sufficient.
- Parents of two-year-olds may experience difficulties balancing their children's intense need to explore with the need to set boundaries and limits. In the example at the beginning of the brief, a home visitor working with Carlos's mother might talk about Carlos's need to explore and to do everything "by myself." The home visitor also could discuss how to set firm but gentle limits in order to establish the mother's authority and keep Carlos safe.
- Many parents have difficulty with children's sadness or clinginess. Child care providers might use "teachable moments" during drop off and pick up times to "wonder" with parents about strategies that might help their child transition more smoothly.

3. *Help parents reflect on their own parenting strengths and challenges.* Some parents have more difficulty comforting; others letting go. Every parent brings a history of their own relationships (with parents, caregivers, loved ones) that "filter" how they interpret their child's actions. For example:

- A father whose mother mocked him when he cried as a child may find himself scolding his own infant when she cries.
- A mother whose parent was anxious and overprotective may struggle when her toddler explores the world.
- A parent who was mistreated by her mother may know that she does not want to be the same kind of mother as she had.

Talking with parents about these issues may help parents see themselves and their children in new and different ways. For example, a practitioner could ask, "Who does Joey remind you of? What is the hardest/easiest part of being his mom/dad? What experiences that you had growing up do you want for him? What would you like to be different?" With carefully structured self-examination and guided practice, parents may learn how to interact differently with their children.

4. *Use the parent-child relationship as an "engine of change."* Practitioners working with young children who show behavior problems may find it useful to consider children's challenging behaviors through the lens of attachment. Many behavior problems are rooted in relationship difficulties with the parent. Helping a parent to see their child's acting out as a cry for attention, or as a need for parental limit-setting, may engage the parent in working with the child. It may: (a) help the parent see how important they are to their child, (b) increase the parent's empathy for their child, and (c) suggest specific, perhaps new, parenting strategies such as daily "special playtimes" when the child has the parent to himself. In short, practitioners can use the child-parent relationship to help drive healthier child functioning.

The strategies outlined above may work better for some families than others. Certainly parenting does not occur in a vacuum. Many factors can promote or impede supportive parenting, such as financial stability, mental health, marital quality, social support, and neighborhood safety and cohesion. Promoting healthy child-parent relationships cannot be viewed as a cure-all, but, rather, as one component of good practice.

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Some Attachment Theory- and Research-based Curricula and Programs

Several curricula and programs have been developed to help practitioners support healthy relationships between young children and their parents. Many others are in the process of being developed and rigorously evaluated. These protocols are specifically focused on enhancing child-parent relationships. They can be used alone or in combination with other family support services. They vary in the extent to which they (a) are manualized, (b) come with standard training and/or requirements for certification, (c) are supported by rigorous research. We selected the five protocols described below on the basis of their accessibility and/or the research findings that support them.

We distinguish these programs and curricula from “attachment therapies” such as holding and rebirthing techniques. Such therapies are not based in attachment theory or research. They have resulted in tragic outcomes for children, including at least six documented child fatalities.

Child-Parent Psychotherapy (CPP):

CPP is a therapeutic treatment used with mothers and young children. CPP is supported by findings from several randomized trials demonstrating increases in attachment security in maltreated infants and toddlers, toddlers of depressed mothers, and preschoolers exposed to domestic violence. The program also shows evidence for improving children’s behaviors and reducing mothers’ distress. The CPP approach is described in: Lieberman, A. F. & Van Horn, P. (2005). *Don’t hit my mommy: A manual for child-parent psychotherapy with young witnesses of family violence*. Washington, DC: Zero to Three.

Attachment and Biobehavioral Catch-up (ABC):

This 10-week, home-based program is designed to educate foster parents and to support relationships between foster infants and their foster parents. Preliminary findings from a randomized trial with 100 foster infant-parent pairs indicate that those infants who received the ABC treatment were more likely to be securely attached than those who did not. For more information, go to: <http://icp.psych.udel.edu/index.htm>

The Circle of Security (COS):

COS is a 20-week, group-based parent education and psychotherapy program. A recent pre-post evaluation of 65 low-income young children and their caregivers indicated promising changes from disorganized to organized (secure and insecure) attachment patterns, with the majority changing to the secure pattern. For more information, go to: www.circleofsecurity.org

Partners in Parenting Education (PIPE):

This curriculum is designed for parent educators to support the development of healthy relationships between infants and toddlers and their parents. The curriculum focuses on maximizing the parent’s emotional availability to his or her child. Two-day trainings in PIPE are offered regularly in Colorado. A pilot study of PIPE has been conducted. For more information, go to: www.howtoreadyourbaby.org/pipe.html

Promoting First Relationships (PFR):

This curriculum focuses on the early child-parent relationship. Materials include a manual and handouts that can be used with parents and caregivers. PFR does not offer a step-by-step protocol, however. Several studies are currently under way to rigorously evaluate PFR. Initial pre-post (non-randomized) evaluations show promise for PFR to enhance understanding of child development and interactions between children and their parent and child care provider. For more information, go to: www.son.washington.edu/centers/pfr/

For administrators considering such evidence-based programs, rating scales are available which summarize clinical or empirical support, documentation, acceptance in the field, and potential for harm. For example, the National Crime Victims Research and Treatment Center’s scientific rating scale ranges from 1 (well-supported, efficacious treatment or practice) to 6 (concerning treatment or practice). For more information, go to: http://colleges.musc.edu/ncvc/resources_prof/OVC_guidelines04-26-04.pdf. Although the curricula and programs described above have not been rated formally according to this scale, we estimate that these attachment programs would be rated between level 2 (“supported and probably efficacious practice”: CPP, ABC, and COS) and level 4 (“promising and acceptable practice”: PIPE and

PFR). Our estimated ratings reflect the relative newness of the field of attachment programs, most of which require more evaluation. At the same time, the attachment programs reviewed here offer promising practices from which communities can choose, depending on their interests, needs, and resources.

Attachment Theory- and Research-based Curricula and Programs in the Larger Public Health Context

The attachment curricula and programs just reviewed share goals with many broad-based child development programs such as Early Head Start, the Nurse-Family Partnership, Parents as Teachers, and Healthy Families. Some of these broad-based programs are experimenting with adding attachment curricula to their services. These experiments could strengthen these and other public health initiatives focusing on young children and their families.

Conclusion

Attachment theory and research illuminate key dimensions of early relationships between young children and their parents. Attachment theory and research also have informed a number of strategies and programs for supporting early child-parent relationships. A growing body of research illustrates the promise of these strategies for promoting the health and development of young children.

Drawing upon these lessons from attachment theory and research, practitioners can support parents to raise secure, well-adjusted children.

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Resources for Practitioners

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Resources for Parents

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Steinberg, L. (2004). *The 10 basic principles of parenting*. New York: Simon & Schuster.

Building a Secure Attachment for Your Baby

© Cooper, Hoffman, Marvin & Powell (2000)

NOTE: "Building a Secure Attachment for Your Baby" was written for parents of infants. However, it is highly relevant to parents of children of all ages. The suggestions here come from the developers of the Circle of Security program, a theory- and research-based program for supporting early child-parent attachments. For more information, see www.circleofsecurity.org

- **The Name of the Game is Delight:** Babies are "hard-wired" to experience joy with their caregivers in the early months of life. Researchers are finding that mutual joy is the basis for increased brain growth. A baby feels more secure knowing that "Life is good, because my parent enjoys life when s/he is with me."
- **Every Baby Needs a Holding Environment:** Babies soak up affection and love through their skin. Gentle touch shares the tenderness that every infant requires. Playful touch encourages joy. Holding your baby not only provides pleasure and reassurance, it is essential in helping to soothe and organize difficult feelings.
- **"The Eyes Have It":** Gaze into your baby's eyes from the first day of life, and pay close attention to when your child wants to look back. At about six weeks, your child will regularly focus in on your eyes and read what they are "saying." Lots of pleasurable eye contact will translate into a feeling of reassurance and connection for your baby.
- **Whenever Possible, Follow Your Child's Lead:** Security of attachment requires a caregiver who is sensitive and responsive to her/his child's needs. Your willingness to answer subtle requests for attention, comfort, holding, exploration, and discovery (with you nearby) will provide an increased sense of security for your child.
- **You Can't Spoil a Baby:** Contrary to those who may be saying that you will harm your child if you are "too responsive" to her/his needs, it isn't possible to spoil a baby in the first 9-10 months of life. Researchers are finding that the most responsive parents actually have children who are less demanding and more self-reliant as they grow older.

- **Stay With Your Child During Difficult Feelings:** Young children often have upset feelings (anger, hurt, sadness, fear) that are too difficult to manage on their own. When your child has an intense feeling, stay with her/him until the feeling has been worked through. Your child will be learning basic trust: "Someone is here with me when I am in difficulty and pain," and "I can count on a good outcome to follow a difficult experience."
- **Talk Out Loud About Feelings:** From your child's earliest days, talking out loud about feelings (your child's and your own) will begin to help your child to eventually label feelings and realize that they can be shared. As your child gets older, s/he will realize that intense feelings can be named (mad, sad, glad, and afraid) and discussed with another, thus ending a need to act them out.
- **"Mistakes Happen (You Only Need To Be "Good Enough")":** Perfection is impossible in parenting. In fact, it isn't even recommended. A child who knows that everyone in the family makes mistakes, and that they will eventually be worked out, will feel more secure than a child who thinks everything has to be right the first time.
- **Be Bigger, Stronger, Wiser, and Kind:** At the heart of secure attachment is a child's recognition that s/he has a parent who can be counted on to lovingly provide tenderness, comfort, firm guidance and protection during the inevitable difficulties of life. If the truth be told, all of us have this need some of the time, no matter what our age.

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Scholarly Books and Articles on Attachment

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