Understanding Attachment as the Foundation for Child Development

1. Introduction

1.1 Introduction

Welcome back to the National Adoption Competency Mental Health Training for Mental Health Professionals. This module is: Attachment, Child Development, and Mental Health-Promoting Security in Adoptive and Guardianship Families. This lesson is: Understanding Attachment as the Foundation for Child Development and Mental Health.

1.2 Section 1: Lesson Objectives

At the end of this lesson, you will be able to:

- Comprehend attachment and recognize its critical importance for children's development
- Synthesize an understanding of attachment patterns and challenges in your work with families and the importance of appropriate diagnosis of attachment disorders

1.3 Module and Lesson Overview

In this module, we will focus mainly on attachment bonds during infancy and early childhood and their impact on children's subsequent development and mental health. While some of this content may be familiar, it also includes up-to-date knowledge about attachment challenges, a central focus in child welfare and adoption.

Throughout this lesson, we use the term primary caregiver to include both nuclear and extended family nurturing networks.

2. What is Attachment?

2.1 What is Attachment?

Let's begin with a simple, but very important question: "What is attachment and why is it so important?"

2.2 Definitions of Attachment

Consider two definitions of attachment developed by John Bowlby and Mary Ainsworth. John Bowlby, a British child psychiatrist and psychoanalyst, was famous for his theory on attachment. Mary Ainsworth, a Canadian American psychologist provided the most famous body of research offering explanations of individual differences in attachment. Click the images to hear definitions from Bowlby and Ainsworth

John Bowlby: Attachment is a "*lasting psychological connectedness between human beings.*"

Mary Ainsworth: Attachment "*may be defined as an affectional tie that one person or animal forms between himself and another specific one – a tie that binds them together in space and endures over time.*"

2.3 Issues Related to Infant Mental Health

Attachment theory is critically important for understanding children's development, but is frequently misunderstood. Let's consider some key points about attachment. Click each image to learn more.

1. Attachment refers to an affectional bond that one individual has for another.
    - It is not necessarily bi-directional
    - Attachment is not present at birth; it develops over time
    - Attachment is permanent and perpetual

2. Although children typically form stronger attachments to their primary caregivers, they have the capacity for developing multiple attachments.
    - Children develop attachment hierarchies in which attachment related behaviors, like seeking comfort or separation distress, are displayed more toward some people than others
    - Preference for one attachment figure over another may be different in different circumstances

3. The goal of attachment behavior is to maintain proximity to, or contact with, the attachment figure.
    - The person feels distress when involuntarily separated from the other person
    - The individual seeks security and comfort in the relationship with the other person

Attachment relationships are the cornerstone for the child's development, with the quality of attachment in the early years of life impacting virtually all areas of development.

2.4 The Role of Attachment in Outcomes

Let's take a look at the following video on the role of infant attachment on later development and mental health outcomes.

[Video Transcript]

DR. LESLIE ATKINSON: Attachment in infancy is the bond or tie between an infant and their caregiver. This bond endures over time and space, and it is a primary means by which an infant down-regulates stress. Babies do experience stress, despite popular belief to the contrary. And it's up to the caregiver to modulate that stress.

Secure attachment involves, for the infant, a sense that he/she is loved and lovable, and it manifests in a good attachment/exploration balance. The infant uses the caregiver as a secure base from which to go out and explore and to which to retreat under conditions of perceived threat. So the stressed infant approaches the caregiver, the caregiver responds, and the infant's stress dissipates.

The infant's biology is very much attuned to the behavior of the parent, to the point where secure attachment evolves in a child with a parent who is consistently sensitive. An insensitive parent is actually causing the infant stress. Under conditions of chronic insensitivity, the infant is unable to suppress that biological response as the stressor itself dissipates.

DR. JUDITH ANDERSEN: If the stress response goes on too long or it's activated too often, our body begins to malfunction. And so that very physiological response that was built to protect us becomes toxic to our health.

DR. LESLIE ATKINSON: What the literature has shown is that insecure attachment is linked to atypical cortisol secretion. Insecure babies more often have common colds, more often see their GPs or pediatricians, et cetera.

Insecure attachment has been linked to all kinds of negative outcomes throughout the lifespan. It's been linked to depression, withdrawal, anxiety, aggression, and a host of physical disease outcomes. So, we're beginning to think about attachment as a behavioral system that protects the biological system that's nested within it.

Insecurity in infancy is very, very malleable. We know that very small changes in parenting lead to security. There are several ways that a parent can optimize their relationship with the child and reduce that child's stress level. First and foremost, the parent needs to be sensitive. That is they need to respond to their infant's bids for affection in a timely, warm and consistent manner. They need to scaffold the child. They need to protect the child from stressors that the child is too young to handle.

[End of Video]

2.5 Activated Attachment Behaviors

As stated in the video, the earliest attachments are with parents and other caregivers. These early attachments serve to keep an infant safe and secure, ensuring the child's survival.

Based on Harlow's experiments with monkeys, and other research, Bowlby noted that attachment is an intrinsic emotional need, extending beyond infants' needs to be fed. Nurturing touch, affection, and stimulation also reinforce attachment.

Attachment behaviors are most often activated when children are distressed, leading them to seek out their parents for protection, security, and care.

There are four critical characteristics of attachment: proximity maintenance, safe haven, secure base, and separation distress.

2.6 Attachment Characteristics Activity

Choose from the drop-down menu the correct definition for each of the critical characteristics of attachment.

Terms:
- Proximity maintenance
- Safe haven
- Secure base
- Separation distress

Definitions:
- Reaction when parted from an attachment figure
- Ability to explore the world, knowing that one can return to the safety of the attachment figure
- Need to return to attachment figures for care and comfort
- Desire to be near those with whom we share an attachment

2.7 Attachment Characteristics Activity

Did you correctly match the terms with their definitions?
- Proximity maintenance: Desire to be near those with whom we share an attachment
- Safe haven: Need to return to attachment figures for care and comfort
- Secure base: Ability to explore the world, knowing that one can return to the safety of the attachment figure
- Separation distress: Reaction when parted from an attachment figure

2.8 Attachment Beyond Caregivers

Attachment normatively occurs in stages, with primary affectional bonds developed over the first 18 months of life. Over time, attachment bonds extend beyond primary caregivers to others who offer sensitive and responsive care to the child, for example, grandparents.

Infants can be securely attached to one individual and insecurely attached to another. The most well-functioning children have more than one secure attachment relationship, and the least competent have none.

2.9 Stages of Attachment

Click on each box to learn more about attachment.

Pre-attachment (newborn to 6 weeks): Newborn infants are biologically programmed to act in such a way that attracts adults, such as crying, smiling, cooing, and making eye contact. Although not attached to their primary caregiver, they are soothed by their presence, as well as by others.

Attachment in the making (6 weeks to 6-8 months): Infants begin to develop a sense of trust in their caregiver, in that they can depend on them in times of need. They are soothed more quickly by their caregiver, and smile more often at them.

Clear cut attachment (6 to 8 months to 18 months to 2 years): Attachment is established. The infant prefers their caregiver over anyone else, and experiences separation anxiety when they leave. The intensity of separation anxiety is influenced by the infant's temperament and the way in which caregivers respond to, and soothe, the infant.

Formation of reciprocal relationship (18 months to 2 years+): As language develops, separation anxiety declines. The infant can now understand when their caregiver is leaving and when they will be coming back. In addition, a sense of security has developed, in that they know their caregiver will be there for them even when they are not physically present.

3. How Attachments Develop

3.1 How Attachment Develops

Let's now talk about how attachments develop.

3.2 Dance of Attunement

Parental attunement is the ability to accurately read and interpret signals in the child that communicate the child's needs and responses.

Attuned parents shape a young child's maturation through a meaningful system of communication that provides their infant cues to guide interactions. Under ideal circumstances, the infant interprets the parent's guiding hand and responds appropriately; the parents, for their part, read the infant's behavior and take the next step in a well-choreographed system of interaction.

It is this dance of attunement that creates a balanced primary relationship that introduces the child to a trustworthy world and enables the child to take risks and grow.

Video obtained from: https://www.youtube.com/watch?v=qoQjsI_k6Ms "Dad has dance off with baby"

3.3 Attuned Parenting

Attuned parenting, which includes warmth, ability to accurately interpret the child's needs, and timely and consistent responding to those needs, achieves the following:

- Imparts meaning to the child's 'inner world' of body signals for example, hunger, satiety, full bladder, fear, cold
- Teaches children that others recognize their needs and are responsive to them
- Establishes foundations for trust, empathy, understanding relationships, and verbal and non-verbal communication

Over time, children develop internal working models that reflect their experiences, "Am I worthy of care?," "Can I count on you to care for me?," and "Will I be protected and cared for in this relationship?"

These internal working models impact children's expectations and subsequent relationships with others. This mental representation becomes an interpretive filter shaping how they understand new experiences and relationships, very similar to Erikson's sense of basic trust or mistrust.

3.4 Arousal-Relaxation Cycle

There are two primary types of interactions that promote attachment in infants: the arousal-relaxation cycle and the positive interaction cycle.

Look at this graphic that illustrates the arousal-relaxation cycle.

3.5 Interruption of Arousal-Relaxation Cycle Reflection

How might this cycle be interrupted?

3.6 Interruption of Arousal-Relaxation Cycle Response

Did you include possible interruptions such as the following?

- Parent fails to notice the child's needs
- Parent notices but does not respond to the child's needs
- The child does not express his or her needs. This situation may occur when an infant is unwell or prenatally exposed to substances. Children may have difficulty signaling discomfort and become isolated

3.7 Positive Interaction Cycle

Now look at the graphic that illustrates the positive interaction cycle.

The positive interaction cycle clarifies that:

- A caregiver can initiate positive contact with a child in many ways: cooing, smiling, caressing, or providing the child with favorite foods.
- The caregiver's style of psychological and social interaction with the child contributes more to attachment than the responses to a child's physical needs.
- The more social interactions that a caregiver has with a child, the more likely it is that an attachment will form.

Image obtained from: https://image.slidesharecdn.com/aaskps-mappmeeting4ppttraining-151216222910/95/aask-ps-mapp-meeting-4-ppt-training-12-638.jpg?cb=1450304979.

3.8 Still Face Experiment

The different outcomes of an infant to responsive and unresponsive parental treatment is best illustrated by Tronick's "Still Face Experiment," which provides information on a child's attachment to their caregiver.

Attachment bonds help children regulate emotions. Secure attachments calm children when distressed and elicit joy when they are not distressed. To be an attuned parent, one must be emotionally available and connected with the child.

This experiment points out what happens when a parent is not emotionally available and connected with the child. If this type of pattern persists, it is likely to lead to attachment insecurity.

Let's watch the following brief video of the Still Face Experiment.

[Video Transcript]

EDWARD TRONICK, Ph.D.: Babies this young are extremely responsive to the emotions and the reactivity and the social interaction that they get from the world around them. This is something that we started studying 34 years ago when people didn't think that infants could engage in social interaction. In the still face experiment, what the mother did was she sits down and she's playing with her baby who's about a year of age. And she gives a greeting to the baby. The baby gives a greeting back to her. This baby starts pointing at different places in the world, and the mother's trying to engage her and play with her. They're working to coordinate their emotions and their intentions, what they want to do in the world. And that's really what the baby is used to.

EDWARD TRONICK, Ph.D.: And then we asked Mother to not respond to the baby. The baby very quickly picks up on this, and then she uses all of her abilities to try and get the mother back. She smiles at the mother. She points because she's used to the mother looking where she points. The baby puts both hands up in front of her and says, "What's happening here?" She makes that screechy sound at the mother like, "Come on. Why aren't we doing this?" Even in this two minutes, when they don't get the normal reaction, they react with negative emotions. They turn away. They feel the stress of it. They actually may lose control of their posture because of the stress that they're experiencing.

MOTHER: Okay. Baby, I'm here. And what are you doing? Oh, yes. Oh, what a big girl.

EDWARD TRONICK, PhD.: It's a little like the good, the bad, and the ugly. The good is that normal that goes on, that we all do with our kids. The bad is when something bad happens but the infant can overcome it. After all, when you stop the still face, the mother and the baby start to play again. The ugly is when you don't give the child any chance to get back to the good.

[End of Video]

3.9 Infant Emotional Regulation

One way to think about what has been learned through the Still Face Experiment is that the parent is an important modulator of infant emotion regulation, and will ideally provide optimal stimulation and synchronous interaction. The infant needs an external regulator to achieve optimal arousal levels, and will show disorganization of emotion and behavior when the regulator is absent or non-optimal.

If the parent is unavailable, synchrony is lost and the infant's emotions become dysregulated. The infant's behavior, emotions, and physiological state change. Infants who are faced with a chronic lack of an external regulator may experience long-term detrimental effects to their emotion regulation capacities.

The still-face effect is, of course, more short-lived, but it may be caused by the same mechanism of non-optimal stimulation that leads to emotional disorganization in infants.

3.10 Still Face Experiment Reflection

What are your key takeaways from the Still Face Experiment?

3.11 Still Face Experiment Response

Consider these points described by Dr. Tronick:

- Periods of parental inattention can expose an infant to adverse, but reparable, socialization
- In situations where there is prolonged parental inattention, the child may not receive sufficient chances to experience reparable socialization, which can undermine long-term emotional and relational well-being

3.12 The Disturbed Attachment Cycle

Now consider the Disturbed Attachment Cycle. This cycle does not relieve the child's anxiety or satisfy the child's emotional needs. It can lead to frustration, and eventually despair. This model of the external world becomes internalized. In other words, negative expectations of what adults can offer are developed in the child's internal world, influencing the child's internal working model.

3.13 Clinical Examples

Anything that interrupts the cycle of attunement between parent and child affects the quality of attachment. Let's consider the following cases, depicting different ways that attuned parenting may be interrupted. Click each image to hear these cases.

Donnie's father, Scott: "*I am having a really hard time. Donnie is now 18 months old and wants my attention all the time. Sometimes I'm okay with it, but sometimes I can't stand it and end up frustrated and pushing him away.*"

Clinician: "*This type of parenting can be described as sometimes attuned, sometimes antagonistic parenting. Donnie is learning from Scott's parenting behavior that attention is soothing, but unreliable, and sometimes frightening. He becomes ambivalent about seeking or sustaining attention. He becomes hypervigilant to Scott's mood, which can result in diminished concentration and 'over-reading' of disapproval. Donnie may seem to push away those to whom he is closest, while also craving their attention.*"

Anna's mother, Marianne: "*I love Anna, and want to be the best mother I can be for my baby. Now that she is 16 months old, I feel like I am really connecting with her better. Some days, though, I am still fighting this depression. Some days, I just need to slow down and take it easy. It is harder for me to be there for Anna every minute. Now, it is happening only a couple of days a week.*"

Clinician: "*This type of parenting can be described as intermittent disturbances in otherwise good attunement. Marianne is suffering from depression that periodically impacts her attunement with Anna. Other caregivers may experience substance abuse, anxiety, and/or fatigue. Anna may experience Marianne's attention as soothing and comforting, but unreliable, and not necessarily easily achieved, which can cause anxiety. These children learn strategies for achieving and holding attention, including being overly compliant, constantly smiling, being disruptive, or soiling, to gain any attention, positive or negative.*"

3.14 Breaks in Attunement and Interactive Repair

As seen in these two examples, all relationships involve back and forth exchanges. Dr. Stanley Greenspan refers to these exchanges as circles of communication. For each circle of communication, there is an opening of the circle and a closing, and the exchange may be verbal, nonverbal, or a combination of both.

When circles of communication are empathic and flow easily, that is, each person reads, understands the intent of, and empathically responds to the other's cues, we call this being in sync, or attuned. When a parent and infant's exchanges move from being in sync to out of sync, it is the result of a rupture, disruption, or mismatch between agendas or intentions.

There are many reasons for these disruptions: the parent might become distracted, she might misinterpret her infant's cues, or, perhaps, she gets triggered by something her infant does. These disruptions are normal, and occur in all relationships. Instead of being something to avoid, the important part of such disruptions is the process of repair.

3.15 When A Disruption Occurs

Look at this image. Do you see the attachment disruption?

When a disruption occurs, the infant becomes stressed and their affect changes from positive to negative. The infant tries to get their parent's attention through eye contact or vocalizing.

When the parent picks up on the child's cues, they will repair the situation by gently matching the child's affect and re-engaging.

When parents respond to their infants' cries in a consistent, predictable and nurturing way, the infant will begin to build a sense of trust and safety in their world, knowing they will be taken care of.

The repetition of these types of experiences of being responded to builds and reinforces healthy neural pathways in the infant's brain.

Through the repeated process of disruption and repair, the infant adds to their knowledge or blueprint of the nature of relationships, increases their tolerance for stress, and begins to realize a sense of agency in the world.

If the child's bid for their parent's attention fails, they will attempt to self-regulate by looking away, sucking their thumb, and even losing postural control.

If they experience repeated failures over their attempts to re-engage their caregiver, an insecure attachment may develop.

It is important to remember that the disorganization or dysregulation that follows a disruption, and the subsequent repair of that disruption, is part of the child's development and crucial to building secure attachments. It is the chief mechanism by which the child begins to make meaning of relationships.

Too often, the reparative work has not been done with children that you will be treating, leaving the child with compromised attachments.

4. Attachment Patterns

4.1 Attachment Patterns

Let's shift now to talk about attachment patterns, also called attachment styles.

4.2 Early Attachment Patterns

Mary Ainsworth devised an assessment technique called the Strange Situation Classification in order to investigate how attachments might vary between children. The Strange Situation Classification is an observational assessment of child and parent, involving periods of separation and reunion. Children's reactions to an unfamiliar adult with the parent present and absent are also noted.

The observer seeks to answer two questions:

- To what extent does the child seek out the parent for interaction and comforting when distressed, either by separation or in response to the unfamiliar adult?
- To what extent is the child able to be comforted by the parent when distressed upon reunion, such that they can begin to play and explore?

4.3 Ainsworth's Attachment Patterns

Based on her research, Ainsworth identified three main attachment patterns or styles: secure, insecure avoidant, and insecure ambivalent. She concluded that these attachment styles were the result of different patterns of early caregiving by the mother.

Click the shapes to learn about each type of attachment.

Secure: The infant has an emotional attachment to an adult who is attuned to them and is sensitive and responsive in their interactions with them. Children begin to use the adult as a secure base from which to explore the world and become more independent.

Avoidant: The child does not seek the caregiver when hurt or distressed, having experienced insensitivity to their needs and distant, disengaged caregiving. The child pulls away from needing anything from anyone else and is emotionally distant.

Ambivalent: Some adults are inconsistently attuned to their children. At times their responses are appropriate and nurturing, but at other times they are neglectful and insensitive. The child is confused and insecure, not knowing what type of treatment to expect from adults. They often feel anxious and insecure, but at the same time may act clingy and desperate.

4.4 Disorganized Attachment

Expanding on Ainsworth's attachment patterns, Drs. Mary Main and Judith Solomon identified a fourth attachment pattern called disorganized attachment.

Disorganized attachment generally is associated with two categories of caregivers:
- Those with unresolved losses or trauma histories who present as helpless or frightened caregivers, and
- Those who are abusive and emotionally cruel who present as hostile or frightening caregivers.

When a parent or caregiver is abusive to a child, the child experiences the physical and emotional cruelty and frightening behavior as potentially life-threatening. The child is caught in a terrible dilemma, as their survival instincts tell them to flee to safety, but safety is the very person who is terrifying. The attachment figure is both the source of the child's distress and the person who is supposed to relieve the distress.

Remember from earlier modules, children in these situations have no organized and coherent way of responding to alleviate their distress. They display contradictory behavior, seeking out the caregiver and avoiding them as well; they cry to alert the caregiver of their need, but then move away from them; they freeze, look confused and appear to disassociate.

Disorganized attachment is more common in children who come from backgrounds of serious deprivation and abuse.

Compared to other styles of attachment, young children who manifest a disorganized attachment are at significantly greater risk for later emotional, social, behavioral, and academic maladjustment.

For additional information on attachment styles, see the handout: *Attachment Styles in Infant-Caregiver Relationships*.

4.5 Disorganized Attachment Video

You can learn more about disorganized attachment in this video by Dr. Dan Siegel.

[Video Transcript]

[www.psychalive.org]

DR. DAN SIEGEL: In a disorganized attachment, unfortunately, what you see is the parents and other caregivers have provided terrifying experiences for a child. And these can be in the form of just parents looking terrified themselves. So, because of our whole system of mirror neurons, we soak in what we see in others. So if I'm a baby and you're feeling frightened and confused, I get frightened and confused just by your fear. And that in itself can create a dissociated state, a fragmented internal sense of self.

The other example would be if you were actually abusing me, emotional, physically, sexually, and I would develop a dissociative condition as well. And the research is very clear on that that the bind for a child is that when a parent is either terrifying directly or looks terrified and therefore is terrifying, it puts the child in an unattainable situation.

There is no solution to the fear I experience because one part of my brain says, "I'm feeling fear, so I need to go toward my attachment figure to be soothed." But another part of my brain says, "I'm feeling fear. I need to get away from the source of terror." So one part says, "Go to my attachment figure." The other part says, "Go away from my attachment figure." And there's no solution. There's literally no solution. The whole system collapses, and I fragment with dissociation.

And when you follow these kids, as they get older without treatment, what happens, unfortunately, is their ability to regulate their emotions is severely compromised. So if I feel angry, I can't calm it down. I can't make a separation between my impulse and my action, so there's a lot of acting out that has taken the inward world and acting it outwardly.

There's also a feeling of inability to understand other people. And I get very disrupted by other people's emotions. So I can have a lot of trouble having intimate relationships that give me a sense of comfort and safety. And I may misinterpret people's reactions because the way the mirror neuron system, we believe, works is it learns from experience.

So for example, if I've been abused as a child or terrified by my caregivers, and I'm just interacting with someone as an adult and that person raises her hand, well, if I never was abused, I might interpret the meaning of this raised hand as they're waving hello or asking a question or flagging a cab. But if I've been abused, my mirror neuron system automatically interprets the intention behind an action, and therefore this action is "I'm going to be struck by this person I'm talking with."

So my action at that point is in my own brain. I develop a constant vigilance for: are things safe or unsafe? And I'll interpret this as unsafe. And once I interpret it as unsafe, instead of being receptive to what the other person's saying, I become reactive.

[End of Video]

Video obtained from: https://www.youtube.com/watch?v=iGDqJYEi_Ks

4.6 Attachment Pattern Activity

In the United States, what percentage of infants is considered to have each of the four attachment patterns? Match the attachment style to the percentage of infants found to have this type of attachment pattern.

Attachment patterns:
- Secure
- Avoidant
- Ambivalent
- Disorganized

Percentages:
- 10%
- 10%
- 20%
- 65%

4.7 Attachment Pattern Activity

Did you correctly match the pattern to the percentage of infants who fit that attachment pattern?
Secure: 65%
Avoidant: 20%
Ambivalent: 10%
Disorganized: 10%

4.8 Difference in Attachment Patterns

For over 50 years, research on attachments using the Strange Situation experiment has been conducted in dozens of countries and tribes across the globe. In every community studied to date, a majority of babies are securely attached to the primary caregiver. Different communities have different infant care practices which underlie their definitions of secure attachments, and we may also see different distributions of attachment patterns and family formations.

Some communities have been traditionally oriented to the nuclear family, with a greater focus on independence, while others have closer extended family and community connections.

In these communities, multiple caregivers in infancy, including siblings, are common, and children develop attachments to multiple people, though they may still have a primary attachment to one person with whom they interacted most consistently.

Image credit: Bruce Raynor / Shutterstock.com

4.9 Attachment Patterns and Parenting Styles Clinical Significance

As a clinician, it is important to understand that differences may exist in attachment patterns and in parenting styles. Therefore, it is important to understand the beliefs, preferences, and context of the families with whom you work, so as not to make inaccurate assumptions about attachment patterns or behaviors you may be observing.

For more information, see the Resources tab.

5. Attachment Disorders

5.1 Attachment Disorders

Let's move now to a discussion of attachment disorders.

5.2 Attachment Disorders

The term "attachment disorder" is widely used by parents and professionals alike. It was originally developed based on observations of institutionalized children, many of whom were unable to develop an attachment to a specific caregiver.

These children showed the effects of severe deprivation, including cognitive and developmental delays, repetitive, self-stimulating behaviors, such as rocking, and superficial social relationships where they would as readily seek comfort from a stranger as a parent.

Insecure, but organized, attachment patterns, as we have discussed, should not be equated to attachment disorders. Attachment disorders are chronic, pervasive, and rigid patterns of behavior that represent significant dysfunction across important domains, including interpersonal, self-regulation, and identity.

5.3 Clinical Diagnosis

The DSM-5 differs from previous DSM versions that described two types of Reactive Attachment Disorder (RAD) as inhibited and disinhibited. The DSM-5 reflects the research that led to a broad consensus about how attachment disorders are now defined in young children, with an emphasis on two clinical patterns:

- Reactive Attachment Disorder (RAD), which features an emotionally withdrawn or inhibited pattern, and
- Disinhibited Social Engagement Disorder (DSED), which features an indiscriminately social pattern

See the links in the Resources tab for the DSM criteria for each of these diagnoses.

5.4 Misdiagnosing Attachment Disorder

Some mental health professionals diagnose attachment disorders very freely, but experts in the field emphasize that these disorders are rare, even in at-risk populations. Dr. Vera Fahlberg estimated that among children in foster care who have been identified as having some form of attachment or separation problem, only about 3 to 5% are unattached children who have never experienced an emotional connection to a caregiver.

The diagnoses of RAD and DSED should be reserved for cases involving extremes of insufficient care. It is important to be cautious and reserved about using these diagnostic categories. This label can impact parents' expectations of their child and their hope for recovery.

Click each image to hear some more considerations.

1. Many children experience disruptions in their relationships with caregivers, and many children become aggressive, hypervigilant, or defiant. These children, however, do not necessarily have attachment disorders. Aggressive behavior, explosions of temper, and defiance are characteristics of several disturbances in childhood.

2. Some children and youth are taught to have reserved behavior in their families and communities of origin, which could be indicated by avoiding eye contact and remaining quiet. These behaviors can be misinterpreted as emotional withdrawal, especially when children are placed with families where that behavior is out of the norm.

3. Other conditions, such as Fetal Alcohol Spectrum Disorder (FASD) or autism, should be considered and may account for these reserved behaviors. These disorders can be masked by RAD or DSED symptoms, especially when there are genetically transmitted mental health conditions, or when the mother's level of drug and alcohol use during pregnancy is unknown. In children who are unresponsive to others, it is important to rule out the presence of autism or other neurodivergent disorders. The differential diagnoses are facilitated by the history of neglect or multiple caregivers, and by the development of imaginative play and communicational intent, which are absent or grossly impaired in the child with a developmental disorder. Another problem to be considered is receptive language disorder.

5.5 Reactive Attachment Disorder

Children with Reactive Attachment Disorder (RAD) often have an aversion to touch and physical attention.

They may go to great lengths to remain in control, and are often disobedient and defiant. Their anger may be expressed directly, as with tantrums, or through manipulative, passive-aggressive behavior.

They have difficulty showing genuine affection, and may act as if they don't have a conscience or fail to show guilt or remorse after behaving badly. They also have difficulty expressing emotions and recognizing them in others.

5.6 Disinhibited Social Engagement Disorder

What might we find in children with Disinhibited Social Engagement Disorder (DSED)? These children are not afraid of adult strangers, and are not shy when meeting new people for the first time. Instead, they are overly friendly, very talkative to strangers, and may even begin hugging or cuddling unknown adults. The child will show no fear when a stranger talks to them or touches them. A child with DSED may not hesitate to go off with an unfamiliar person, and will not look to parents or primary caregivers for permission to approach strangers.

Babies between the ages of six months and 2 years who have been institutionalized, spent time in changing or inconsistent family environments such as in foster care, or suffered trauma, or severe and ongoing emotional and social neglect, are at risk of developing DSED.

Most studies of DSED have been done with children who were institutionalized or in foster care. It is important to point out that the majority of children who have been adopted or fostered do not develop attachment disorders. For those children diagnosed with DSED, the indiscriminate friendliness that they exhibit is now thought to be independent of the child's attachment, or lack of attachment, to primary caregivers, such as adoptive or foster parents.

6. Conclusion

6.1 Wrapping Up

Attachment is the foundational building block for all healthy development in children. The manner in which caregivers interact with their infants and young children shapes the child's view of the world, their style of interacting with others, and their manner of coping.

6.2 Your Journal

Please click on the journal page to write down your reflections on this lesson.

6.3 Journal Reflection

Reflecting on this lesson, what are your takeaways and how might you apply these in your practice?

6.4 Journal Response

Click the "Print Results" button to print and save your answers.

6.5 Conclusion

Congratulations! You have now completed Understanding Attachment as the Foundation for Child Development and Mental Health.

In the next lesson, we will focus on the implications of attachment on a child's mental health and goals for treatment.