The importance of attachment:

*Early interactions make all the difference*

When I started working as a parent educator, (more years ago than I like to think of) I thought the most important thing we could do for our children was to ensure they had good self esteem or a good self concept. It is important that children feel good about who they are and have competent skills, but there is so much more to having children who are healthy and well rounded. If you think of a sturdy three-legged stool, then self esteem would be one of the legs. In this issue, Dr. Robert Marvin also identifies the importance of the parenting the child receives and the quality of the child’s attachments—the other two legs to balance the stool. The security of a child’s early attachments will affect future relationships with others, how they view the world and how they venture out to explore it. Check out Dr Marvin’s article for more information on the circle of security.

So much more research has been done in recent years regarding children and the early years. Much of this research has established that the initial attachment relationship between infant and caregiver is critical for successful social and emotional development. As you read this edition of Connections you will note the importance of attachment. This is paramount to the work of home visitors and anyone working with families who have young children. Home visitors can add that third leg of stability as they focus on supporting parents in their role; they contribute to a strong relationship between parent and child by enhancing parenting skills.

In June, Dr Marti Erickson facilitated the AHVNA professional development day with a focus on attachment. She noted that it is important that we as adults, acknowledge that our experiences include varying degrees of childhood attachment. This affects how we interact within our families and our workplace. It is useful to step back and acknowledge this part of our personal journey in order for us to move on. Whenever I read about the advancements of research in this area I realize there are many things I could have done differently as a parent. As part of my reflection I must remember that I did the best I could with the tools and knowledge I had at the time. As you read this issue, I hope you will take this knowledge with you into the future and not dwell on the past.

– Lavonne Roloff, Provincial Director
When we look for information on what can make a difference for our children, research points to a relationship with a caring, supportive adult. While relationships play an important role at all stages of development, recent research points to the importance of a child’s earliest relationship with his/her primary caregiver when attachment occurs.

A secure attachment in infancy lays the foundation for healthy, competent development in later years. Without it, children are at risk. They are likely to have difficulty forming relationships, exhibit anti-social behavior, and lack confidence, enthusiasm and persistence that facilitate success in school and work. Recent research shows the early relationship with a caregiver becomes a prototype for interactions and relationships a child will have later in life.

Attachment must be used as a lens to review any programs that affect children. Society must support children’s opportunities to develop strong, secure attachments.

What is attachment?
Is it the same as bonding? Bonding refers to what happens between an infant and caregiver during a relatively short period of time—the warm, close feelings a parent experiences in the first hours and days of the infant’s life. Bonding is basically one-sided—the parent’s experience with her/his new infant. In contrast, attachment is a mutual, reciprocal relationship in which the child is an active, knowing partner. It is a relationship that develops gradually during the early months and years of a child’s life.

How do secure attachments develop?
Research demonstrates that the major factor leading to a secure attachment is the caregiver’s sensitivity and responsivity to the child’s needs. The securely attached child has learned to trust that the caregiver will meet his or her needs, and equally important, the child has learned to trust in his or her own ability to solicit care.

What factors help parents and children develop a secure attachment?
Research points to several critical factors, all of which sound relatively simple and basic—but are often not basic to our programs and policies.

- When parents’ basic needs for housing, food, clothing, transportation, and health care are met, parents have the energy to meet their children’s needs.
- When parents have emotional support for themselves, they are better able to care for their children sensitively and consistently.
- When parents understand child development, particularly the meaning of certain key child behaviors, such as separation anxiety in the infant or negativism in the toddler, they have more realistic behavioral expectations. Knowledge, understanding and perspective-taking are fundamental to the sensitive care that facilitates secure attachment.
- Finally, how a parent cares for his/her children is strongly influenced by the care the parent received in his/her own childhood. Of course, we cannot go back and change a parent’s history, but research indicates that what is most important is how a parent thinks now about his/her own history – facing experiences that were painful, acknowledging their ongoing influence, and choosing what to repeat and what not to repeat.

– Martha Farrell Erickson, Ph.D recently retired as Director, Irving B. Harris Training Programs, University of Minnesota.
An infant’s optimal mental health is supported and nurtured in the context of relationships with sensitive, responsive caregivers. This is true for strong, healthy babies born to strong, healthy parents. And it is true for fragile, medically challenged babies and/or babies born to parents challenged by stressful life circumstances, mental health problems, or a history of troubled relationships.

Home visitors need tools and strategies that enable them to keep the parent-infant relationship at the forefront of their work, whatever challenges the infant and family confront. In 1986 I developed an approach which has been trademarked as Seeing Is Believing, a strategy that is being used with a wide range of families in a variety of contexts, with positive results for babies and caregivers, as well as for the professionals whose practice is enhanced by this strength-focused approach.

In the Seeing Is Believing approach, the home visitor videotapes a baby and parent(s) playing together or engaged in a child care activity (e.g. feeding, bathing, changing a diaper). Then the visitor watches the tape with the parent and through a series of open-ended questions, guides the parent to identify the baby’s cues and to note their own strengths in responding sensitively to those cues. Within the context of relationship services for families, the program focuses on the synchrony between parent and baby; engages parents in identifying and building on their baby’s strengths and their own; and provides a springboard for exploring what parents need in order to sustain sensitive care for their baby. It helps parents develop a framework for understanding the meaning of behavior and seeing through the baby’s eyes.

Seeing Is Believing was originally developed and evaluated at the University of Minnesota as part of the STEEPTM program (Steps Toward Effective, Enjoyable Parenting), a preventive intervention combining home visits and support groups for new parents identified as high-risk for parenting problems. The strategy is grounded in attachment theory and research, which highlights sensitivity to infant cues as a central feature of healthy parent-child relationships. Seeing Is Believing is used by many professionals in varied programs and settings in North America, Australia and Europe. The strategy is integrated into service for several special populations, including indigenous families in impoverished urban neighborhoods, women identified as substance abusing during pregnancy, teen parents, families identified as abusive or neglectful, and families of pre-term, medically fragile infants in a neonatal intensive care unit.

This strategy helps parents and other caregivers adapt to the unique needs and strengths of their infants. Professionals who use the approach strengthen their own observation skills and their understanding of critical elements of parent-infant interaction. And they acquire an effective tool to help them keep a focus on the parent-child relationship, even during times when stressful family events threaten to pull the attention of both the home visitor and the parents away from the child. Finally, for supervisors, the Seeing Is Believing approach can improve and enhance ongoing training and consultation for frontline practitioners across a variety of settings.

Find it on the Internet

A wealth of information about the theme of attachment can be found online. Read on!

- About attachment theory
  www.excellence-jeunesenfants.ca
  Click on Bulletins (Vol. 5, No. 1)
- www.childandfamilypolicy.duke.edu/eca
  Click on “Early Childhood Attachment”
- Circle of Security
  www.circleofsecurity.org
- Speech and language development-screening; suggestions for play activities
  www.parentlinkalberta.ca
  Click on "Talk Box"
  www.hanen.org
  Under “Our Programs” click on You Make the Difference; It Takes Two to Talk;
a practical guide for parents of children with language delays.

—submitted by Evelyn Wotherspoon, MSW, RSW, Calgary Health Region
The Circle of Security is a set of innovative, evidence-based early intervention protocols designed to shift the developmental pathway of child-parent relationships toward more security and competence. It was originally developed by myself and colleagues Bert Powell, Kent Hoffman and Glen Cooper. To our knowledge it is the only standardized, attachment theory-based protocol designed to intervene in parent-child relationships of both toddlers and preschool children. Variations developed at the Ainsworth Attachment Clinic include a version for school-age children, an in-home version and a brief parent-education version. The following is an abbreviated outline of the original, group-based protocol.

The protocol uses established attachment theory and research procedures to assess each caregiver-child pair and design a specific, individualized treatment goal. The actual intervention, which is also derived from attachment theory and research, consists of 20 weekly group meetings led by a trained psychotherapist. Archived video clips, and video clips of interactions between each participating parent and his or her child, are used extensively in guiding each parent through specific exercises and experiences. These experiences are designed to help the parent: (a) develop a practical, “user-friendly” understanding of attachment and developmental theory; (b) increase his or her ability to reflect about her child and herself; and (c) become more accurate and empathic in reading the child’s cues and miscues.

The video-based exercises focus especially on children’s cues and ‘miscues’ while using the parent as a secure base for exploration and as a haven of safety when distressed (see the accompanying figure). The video-review is also used to trigger a reflective dialogue between therapist and caregiver about: the caregiver’s own attachment-history; how that history is related to the feelings experienced in challenging interactions with the child; and how the caregiver’s reactions to his or her own painful and confusing feelings in attachment-caregiving interactions can interfere with the strong desire to be sensitively responsive to the child. Finally, by assessing the pattern of attachment-caregiving interactions again after the intervention, we can scientifically evaluate the effectiveness of the protocol.

Data comparing children’s attachment patterns before and after the intervention reveal significant changes in these patterns toward more organized and secure attachments. The protocol appears to be especially effective in shifting the patterns of role-reversed controlling preschool children. The data also indicate little or no tendency for patterns to shift from secure to insecure, suggesting that the protocol has no negative side effects. This is an especially important finding, given the history of adverse side effects from rage-reduction, rebirthing and holding therapies.

– Dr. Bob Marvin is director of the Mary D. Ainsworth Child-Parent Attachment Clinic in Charlottesville, Virginia, is Professor Emeritus at the University of Virginia School of Medicine and also Research Professor at the University of Virginia Department of Psychology. For more details about the Circle of Security protocol and for data on pre- and post-intervention changes in the security of children’s attachments, see The Circle of Security project, Marvin, Cooper, Hoffman & Powell (2002), and Hoffman, Marvin, Cooper & Powell (2007). On the web, find out more: www.circleofsecurity.org
Venturing safely into a new world

When caregivers can acknowledge their child’s emotional needs, they take one more step toward building a secure attachment relationship.

By N. Sonya Vellet (Ph.D., R. Psych.) and Marta Dixon (MSW)

We introduced you to Sarah and her mother Wendy in the spring issue of Connections. Sarah is 12 months old. She has big blue eyes, loves pudding and has new shoes. Although she shows an interest in strangers and makes good eye contact with them, Sarah seems uncomfortable in the presence of her mother, frequently looking away. Sarah generally does not turn to her mother for support or comfort when distressed. Sarah’s mother reports that, although she longs to feel close to her daughter, she often feels overwhelmed and confused by their relationship.

Research indicates that the early attachment relationship provides an important foundation for later development and that a secure attachment may serve as a protective factor against the negative impact of various adversities. These findings suggest that efforts aimed at promoting a secure attachment may assist in promoting healthy long-term social and emotional adjustment.

What can Wendy do to build a secure attachment relationship with Sarah? Attachment theory provides a framework to assist us in understanding the fundamental relationship needs of all children, including Sarah. The Circle of Security, a user-friendly map to assist us in understanding attachment theory, is summarized by author Dr. Bob Marvin in this issue of Connections. According to the Circle of Security, when children feel safe, their exploratory system or innate curiosity is activated and they need support (either verbally or non-verbally) for exploration. As they are exploring, sometimes they need their parents to watch over them or help or enjoy with them. When they have explored long enough (get tired, anxious or find themselves in an unsafe situation), they need their parents to welcome them back. When they return, they need their parents to comfort them, protect, delight in and/or organize their feelings. When children get their needs met in this way they are ready to start the circle again (their attachment system becomes de-activated and their exploratory system becomes activated).

It would be helpful for Wendy to develop her observational skills to differentiate between Sarah’s need to explore and her need for comfort. For example, Wendy noticed that, while holding Sarah, her daughter seemed to avoid making eye contact with her and appeared to ignore Wendy’s repeated attempts (e.g., smiling or talking to Sarah). When distressed, Sarah frequently moved away from, rather than to, her mother. At these times, Sarah also did not explore or play with toys. Wendy noted that Sarah occasionally appeared to be fearful, apprehensive or to have a rather blank expression when in her presence.

As Marvin has noted, we do not learn from our experience but rather we learn from standing back and reflecting on our experience. Research tells us that early childhood experiences of parents with their own caregivers affect later relationships with their own children. As Wendy reflected on her own experiences, she described her mother as being uncertain, timid and passive, while her father was quite unpredictable, often aggressive and at times frightening. Using Circle of Security terminology, what Wendy experienced was that her source of support was also the source of danger, an impossible dilemma.

Emotional regulation is important in the health of individuals and relationships. The regulation of emotion is a capacity learned in infancy through a relationship with a primary caregiver. Wendy learns to identify, acknowledge and bring language to Sarah’s emotional experience. She labels Sarah’s emotional experiences by using phrases such as “You look mad that you are not allowed to have more cookies”, or “You look happy to see your puppy.” This process teaches Sarah that emotions are a useful source of information rather than something she needs to hide or be punished for feeling. Through the process of working with Sarah’s emotional experience, Wendy found she increased her own capacity for emotional regulation. Wendy found that as she gained experience using the Circle of Security and improved her observational skills, reflected on her own and Sarah’s experiences, attended to Sarah’s feelings and contained her own emotion, she was also able to have more empathy for Sarah. Wendy’s “empathic shift” involved shifting her focus from Sarah’s behavior to the relationship in general and to Sarah’s specific emotional needs. This enhanced her responses to Sarah’s behavior to further promote their secure attachment relationship.

– Sonya Vellet is a chartered psychologist with Vellet and Associates Child Psychological Services in Calgary.
Down at a child’s level:
A primer for increasing parental response to their children
By Nicole Nagy and Julie Panteluk

Young children’s early experiences in attachment relationships are crucial to the promotion of healthy social and emotional development. In order to nurture healthy attachment relationships, parents must be sensitive, attuned and responsive to their young children’s needs. Recent research favors brief, highly targeted interventions to enhance attachment quality among children and their primary caregivers. Interventions that target specific parenting behavior, especially parental sensitivity, appear to be more effective than interventions with more global goals.

When parents are sensitive to their children’s needs, children develop confidence that their parent will be available to them when needed. The following positive caregiver behaviors can enhance parental sensitivity:

- Be at your child’s level. Get down on the floor with the child and be approximately an arm’s length away.
- Face to face. Face the front of your child’s body when moving. This helps children to learn that what they are doing is important to you.
- Eye contact. Make eye contact with the child and have the child catch you looking at him or her. This helps children to feel like you are interested in what they are doing, thinking and feeling.
- Positive mood. The overall interaction and mood of the play should be fun and engaging although a variety of positive and negative feelings may be expressed. Follow your child’s lead. The child is the director of this play time and you are encouraged to join in the play only when invited by the child. Play is one of the ways that children learn about their world, about how to solve problems and about how to express feelings, conflicts and wishes. This is not a time for teaching the child. Instead, you act as an active observer, commenting on what your child is feeling and doing, much like a ‘sportscaster’ to your child’s play.
- Identify and label your child’s feelings. You are encouraged to help label both positive and negative feeling states. For example, label the feeling for the child by saying, “You’re upset,” and then stating the reason. “You’re upset because you want that toy.” Children need you to help them label their feelings so that they can begin to develop empathy and learn to manage their own emotions.

To begin practicing these skills, parents are encouraged to plan special play time with their child, for approximately 15 minutes once a day. A good variety of toys should be available that are appropriate to children’s developmental level. Some examples of toys are: blanket, doll, baby bottle, two phones, cars, dishes, blocks, stackers, animal families, family of small dolls, medical kit and puppets. It’s important to not overwhelm children with too many toys. Choosing five or six toys should be sufficient.
On the home front:

Building the parent-child bond

Alberta’s home visitors weigh in with their ideas, knowledge and resources in helping parents form healthy attachments with their infants.

Try a tiny massage

Parent educators from South Region Parents as Teachers have been certified in Infant Massage through the International Association of Infant Massage (Canada). In order to promote attachment, they offer instruction to parents through home visits or in group settings. Infant massage has many benefits:

- relaxes and soothes parent and baby
- deepens attachment and bonding
- improves communication between parent and child
- contributes to overall development
- provides relief of teething, colic and constipation
- helps baby sleep better

– Deborah Josuttes, South Region Parents as Teachers in Lethbridge

Getting down to baby level

The strategies we use to promote attachment are Floor time, sharing observations and accentuating positive interactions between parent and baby. We model attachment behaviors when we interact with babies. We also use the heart symbols on the Nipissing checklists to point out which activities promote healthy attachment.

– Holly Crone, Salvation Army Children’s Village in Calgary

Keys to Care Giving

This is a parent’s guide to learning how infants communicate, respond and interact. The guide helps parents learn their own baby’s “special language” and highlights the fun parents can have with their babies’ activities. The booklets are typically introduced at a rate of one per week and titles include Infant States, Infant Behavior, Feeding Is More Than Just Eating, State Modulation and Infant Cues.

– Nicole Nagy & Julie Panteluk are early childhood mental health consultants with Collaborative Mental Health Care in Calgary. For more information, consult authors M.J. Bakermans-Kranenburg, M.H. van Ijzendoorn and F. Juffer and their articles in the Infant Mental Health Journal (2005) and the Psychological Bulletin (2003). A helpful resource for service providers is can be found at www.pfrprogram.org: “Promoting first relationships: a curriculum for service providers to help parents and other caregivers meet young children’s social and emotional needs” by authors J.F. Kelly, R.G. Zuckerman, D. Sandoval and K. Buehlm.

Literacy boxes:

Decorative boxes, given out to all parents, include early literacy sheets with rhymes, activities and songs to share with the child. Age-appropriate books from a lending library are brought out on home visits and left behind until an exchange at the next visit. Home visitation staff often engage in the suggested activities or read the book to the child during the visit to demonstrate to the parent the child’s reaction (usually positive) to the activity. The home visitor will encourage parent-and-child time during the week.

The Nipissing District Developmental Screen

The Nipissing is a tool designed to provide an easy-to-use method of recording the development and progress of infants and children. It includes information on activities for baby/child that enhance the infant/child’s development. This tool also provides parents with some information. The screens coincide with immunization schedules as well as key developmental stages up to age six. Teen parents in particular appreciate the easy-to-read information left behind.

Let’s Play program

Terra offers a community based parent-child play program for all parents up to the age of 21, and their children. It is a drop-in facilitated play group for moms and dads that teach age appropriate play techniques in a fun, safe, interactive environment. If you would like more information about Let’s Play, contact Terra at 780-428-3772.

Kim Pender, Coordinator, P.A.T.H.S. Program; Nickall Bryan, P.A.T.H.S. Outreach Worker, Terra Association in Edmonton

In-home support workers who target these caregiver skills can enhance parental sensitivity, improve a parent’s understanding of their child’s emotional world and strengthen the attachment relationship.

– Nicole Nagy & Julie Panteluk are early childhood mental health consultants with Collaborative Mental Health Care in Calgary. For more information, consult authors M.J. Bakermans-Kranenburg, M.H. van Ijzendoorn and F. Juffer and their articles in the Infant Mental Health Journal (2005) and the Psychological Bulletin (2003). A helpful resource for service providers is can be found at www.pfrprogram.org: “Promoting first relationships: a curriculum for service providers to help parents and other caregivers meet young children’s social and emotional needs” by authors J.F. Kelly, R.G. Zuckerman, D. Sandoval and K. Buehlm.
Meet our board!

We continue to introduce you to some of the Alberta Home Visitation Network Association board members.

**Betty Miller** has worked in the human services field for over 15 years, first with Family and Community Support Services with the Town of Beaverlodge and then the City of Grande Prairie. Her involvement with home visitation began with the original call for proposals by Child and Family Services in 1999. She is now coordinator for Healthy Families Program Grande Prairie and area. On an interesting note, Betty has occasionally made contact while on holidays with Healthy Start, a sister program in Hawaii. Other than the fact that the staff is multicultural, she reports it was like being in any home visitation office in Alberta. Program and family issues are the same as those faced in our province. In 2008 Betty has taken on the challenge of becoming a certified facilitator under Dr. Gordon Neufled of the Power to Parent parenting series. The insight being gained into attachment theory is invaluable in its application to home visitation and she encourages anyone who is interested to look into this training. Betty has three adult sons and a four-year-old grandson. This is her second year with AHVNA and she believes strongly in the positive impact home visitation has on children and families.

New AHVNA Board Elected

At the June, 2008 Annual General Meeting the AHVNA board was elected. The Board members are as follows:

- Chairperson- Marianne Symons- Calgary Regional Home Visitation Collaborative, Calgary
- Vice Chairperson - Kathy Crothers- Alberta Parenting for the Future, Stony Plain
- Treasurer - Betty Miller- Grande Prairie Family Education Society, Grande Prairie
- Secretary - Tobi Kemp- South East Alberta Home Visitation Programs, Medicine Hat

Directors at Large

- Dawn Boustead- Childrens Cottage Society, Calgary
- Deborah Josuttes- South Region Parents as Teachers Society, Lethbridge
- Lori Prediger- Strathcona County FCSS, Sherwood Park
- Ruth Prill- Vermilion Brighter Beginnings Program, Vermilion
- Rose Reilly- Rocky Native Friendship Centre Society, Rocky Mountain House

Congratulations to all board members and all the best with the upcoming year.