



Alberta Home Visitation
Network Association

*“Ensuring the
Quality,
Accountability
and
Sustainability
of Home*”

Contact Information:
AHVNA Phone: 780-429-4787
www.ahvna.org
Email: info@ahvna.org

Why Is Attachment Between a Parent and Child so Important?

By Wanda Polzin

While in the womb, the fetus begins the process of emotional attachment with its mother, the primary caregiver. Prior to birth, a child’s brain “systems” and senses develop (e.g. can hear music, detect light). Studies show that newborns can determine their mother’s scent and distinguish her voice from other female voices. A healthy, secure attachment expands a child’s senses, thoughts and movements. The brain systems that allow us to form and maintain happy, healthy and empathic relationships with others develop during infancy and early childhood.

What happens when children have been abused or neglected when they are very young?

As humans, we have different coping strategies and levels of resilience. Two children growing up in the same environment may not necessarily be affected in the same way. Often, however, when a child experiences very negative experiences (abuse, lengthy separation from the primary caregivers, abandonment and/or neglect) early in their development, they learn a “fight or flight” response. Certain behaviours, which may at one time be necessary to survive, develop as a result. When children have repetitive experiences that tell them the world is unsafe and they cannot rely on others for protection or safety, their brain development and overall behaviours begin to reflect this.

What is an attachment disorder?

Attachment disorders range from mild (quite easily addressed) to most severe (known as Reactive Attachment Disorder or “RAD”). RAD occurs when a child is unable to consistently “connect” in a meaningful way with a primary caregiver. A child with RAD

likely has had difficulties building and maintaining healthy relationships and managing feelings and emotions with resulting problems at home, school and/or in the community.

What does RAD “look” like?

Individuals with RAD have different strengths and weaknesses. While, children and teens with RAD have many strengths and are resilient in many ways, they often exhibit some common behavioural issues or concerns:

- often present as “younger” than their actual age
- cannot pay attention (e.g. being hyper-vigilant to ensure safety)
- are extremely withdrawn and have a tendency to “push others away”
- have no stranger anxiety (will go with anyone, anywhere, anytime and/or will seek comfort from virtually anyone), or alternatively,
- have severe stranger anxiety
- have poor boundaries
- seem to have no conscience (i.e. do not congruently show remorse)
- have an aversion to touch and/or physical affection and may feel like a gentle hug “hurts” (maybe the result of a disorganized internal system)
- avoid eye contact
- do not reach out to be picked up as an infant; will cry inconsolably and/or reject the primary caregiver’s attempts to calm or sooth

How can we help a child with a diagnosis of RAD?

A primary caregiver must be willing to work on rebuilding and mending the attachment process a child or adolescent who struggles with RAD. Attachment repair can and does occur with lots of energy, love, patience and understanding of the issues. To a caregiver, teacher or home visitor, a child with RAD can present some very difficult, frustrating and even exhausting



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behaviours. Therefore, it is necessary to develop a clearer understanding of the behaviours that a child with RAD often presents, find support and ask for help.

Dr. Wanda Polzin, MA, RSW, EdD is the clinical practice lead, Trauma and Addictions with Child, Adolescent and Family Mental Health (CASA) in Edmonton.