Infant Mental Health: Attachment and Regulation

Essential Tools to Transform Relationships

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What is Attachment?

Components of Attachment

- Attachment is: the emotional bond that individuals form with their caregivers over the course of their infancy (Malekpour, 2007)
- Dynamic, bidirectional process
- Child uses the primary caregiver as a secure base from which to explore and, when necessary, as a haven of safety and a source of comfort (Sullivan et al, 2011)
- Creates internal working models for future relationships (Bowlby, 1973, 1980)
- Begins in the first months of life, and is an ongoing process

Purpose of Attachment

- Survival of the infant
- Organizes the infant’s brain
- This process is both innate and influenced by experience
How is Attachment Achieved?

- Attachment is attained through timely and consistent responsiveness to the infant’s cues and needs.

Attachment and Brain Development

- Brain is most adaptable in the first few years of life.
- Primary caregiver acts as a regulator that helps to shape the infant’s brain though experience.
- “Emotional Communication” (Siegal, 1999)

- Attachment is linked with development of right brain regulatory functions (Schore, 1998).
- Early experience impacts maturation of the limbic system (Mesulam, 1998).
Attachment Theory

**Bowlby (1950s)**
- Attachment is: “an enduring emotional bond characterized by a tendency to seek and maintain closeness to a specific figure, particularly during stressful situations”
- Representational Models: mental representations of the self and others, based on early attachment that provide the foundation for future relationships

**Ainsworth (1960s)**
- Baltimore study: longitudinal study of 26 mothers in their natural setting, followed by “Strange Situation” lab procedure

**Types of Infant Attachment:**
- **Secure**
  - Able to use attachment figure as an effective secure base from which to explore the world
- **Insecure-ambivalent**
  - Anxiety and mixed feelings about the attachment figure are observed
- **Insecure- avoidant**
  - Defensive strategy developed to manage anxiety that masks the covert anxiety about the attachment figure’s responsiveness
- **Disorganized/disoriented**
  - No consistent strategy for managing separation from and reunion with attachment figure noted

**Ainsworth and Main & Solomon**
- Mary Ainsworth’s Strange Situation test produced 3 categories of attachment
- Subsequent research by Mary Main & Judith Solomon (1986) identified the fourth category of attachment
Secure Attachment

- Caregiver is responsive and attentive to baby’s needs
- Baby feels secure that they are able to express negative emotion and it will elicit comforting from caregiver
- “Organized” strategy for coping with distress develops
- Linked with positive outcomes later in childhood, and in life

Insecure Attachment

**Anxious/Avoidant**
- Caregiver responds with rejection or insensitivity
- Baby avoids caregiver when distressed and minimizes displays of negative emotion around caregiver
- “Organized” strategy for dealing with distress

**Ambivalent**
- Caregiver responds inconsistent or unpredictable ways
- Baby displays extreme negative emotion to draw attention from caregiver
- “Organized” strategy for dealing with distress
Insecure Attachment: Disorganized

- “Atypical caregiver behaviors”/abusive parenting
- Baby does not use any organized strategy for dealing with difficult emotion or distress
- “Unsolvable Dilemma” for child (van Ijzendoorn, 1999)

Secure Attachment from Infancy to Adulthood:

- Infants more compliant with parental requests, more autonomous and cooperative (Stayton, et al, 1971)
- Toddlers are still toddlers! But are more cooperative and affectionate, and more social (Londerville & Main, 1981)
- Children are more curious, competent, empathic, resilient, confident, and have more close friends (Arend et al, 1979; Elicker et al, 1992; Jacobson & Wille, 1986; Youngblade & Belsky, 1992)
- Adolescents are able to have strong friendships
- Adults can have healthy relationships with spouses, friends, and their own children

Attachment and Later Development

Secure attachment is linked with more positive outcomes, psychological well-being and resiliency to stress (Thompson, 2000)
Secure Attachment Promotes:

- Self-Regulation
- Pro-social behavior
- Healthy self-esteem
- Resiliency/Protective factors for stress
- Empathy
- Cognitive development
- Framework for healthy relationships throughout life

Insecure Attachment from Infancy to Adulthood:

- Infants less likely to explore surroundings (Gearity, 2005)
- Toddlers less attuned with mothers, and are more angry, aggressive, and noncompliant toward mothers (Londerville & Main, 1981; Matas et al, 1978)
- Young children more inhibited (Calkins & Fox, 1992) and hostile (Lyons-Ruth et al, 1993)
- School age children have lower self-esteem (Cassidy, 1988) and have more social problems (Verschueren et al, 1999)
- Children with Disorganized Attachments can display both internalized and externalized behavioral problems (Moss et al, 1999)
- Adolescents more vulnerable to peer pressure and negative feedback (Barnett & Butler, 1999) and have difficulties forming healthy relationships
- Adults with ambivalent attachment may be withdrawn from others or compulsively dependent (Malekpour, 2007)

Attachment and Later Development

Insecure attachments are risk factors for psychopathology (Hong & Park, 2012)
Attachment and Special Considerations

- Child Temperament
- Child Disability
- Maternal Mental Health concerns

Child Temperament

- Individual differences in emotional, motor, and attentional reactivity (Rothbart & Derryberry, 1981)
- Temperament and experience together “grow” a personality, which will include the child’s developing cognitions about self, others, and the physical and social world, as well as his or her values, attitudes, and coping strategies (Rothbart, 2007)
- Dimensions of temperament: activity level, approach/withdrawal, intensity, threshold, adaptability, rhythmicity, mood, attention span, persistence, and distractibility
- Perceived “difficult” child temperaments can impact caregiver’s ability to be responsive and can affect attachment
- Strategies to positively impact attachment:
  - Reflective Parenting (Fonagy, 1991)
Child Disability

- Child may behave differently than typically developing children and may be unable to respond to mother’s interaction
- Caregiver stresses and need to mourn the loss of the child they expected may impact mother’s responsiveness
- Strategies to help caregivers form secure attachments with infants:
  - Physical connections
  - Positive social interactions

Maternal Mental Health

- Maternal depression, anxiety, and other mental health issues can have impacts on the attachment security of the infant
- “Ghosts in the Nursery” (Fraiberg et al, 1975)
- Strategies to protect infants from insecure attachments:
  - Psychotherapy for mom to target symptoms and mother-infant relationship (Forman et al, 2007)
  - Addressing mom’s negative/unhelpful representational models and/or childhood pain
  - Interventions aimed at improving mom’s social supports (Herwig et al, 2004)
  - Involvement of fathers can help mom and act as a protective factor for the infant (Fletcher, 2009)
  - Infant Massage (Porreca et al, 2016)
Maternal Behaviors that Support Secure Attachment: Promptly picking up crying baby

- Baby will cry less
- Baby will learn to self-soothe
- Baby will respond more promptly to caregivers efforts to soothe
- Secure attachment will develop

(Benoit, 2004)

More Strategies to Positively Impact Attachment

- Physical proximity
- Attachment Play (Solter, 2015)
- Connect with baby using ABCs:
  - Elicit positive “Affect”
  - Stimulate “Behavior” with physical activities
  - Challenge baby’s “Cognition” with activity
Maternal Characteristics that Support Secure Attachment

- **Maternal Sensitivity linked with Secure Attachments** (Isabella, 1993)
  - Defined as mother’s ability to perceive the infant’s signals accurately and respond to these signals appropriately (Ainsworth et al., 1974)
  - Vulnerable to environmental stressors

- **Synchrony and Mutuality, Positive Attitude, Emotional Support and Stimulation also linked with attachment security** (DeWolff & van IZendoorn, 1997)
Interventions to Support Secure Attachment

Focus on Increasing Parental Sensitivity  (Juffer et al, 2014)
- Best practice approach for improving attachment security
- “Less is More”
- Home-based approach especially helpful
- Empirical evidence to support for low-risk, typically developing children and for clinical, at risk populations

Addressing parental attachment representations (Velderman et al, 2006)
- Best outcomes when used in conjunction with parental sensitivity approach
- Can produce long-term results in that parent is able to flexibly adapt to changes in the future

Two Approaches to Fostering Secure Attachment

Infant-Parent Psychotherapy
- Client is the relationship between infant and mother
- Focus is on increasing maternal sensitivity and helping mom form positive internal representations of herself and her relationship with baby

Psychoeducational Parenting Interventions
- Addressing parenting skills deficits through education and linkage for supports
- Education focuses on:
  - Child development
  - Parenting techniques
  - Problem solving
  - Relaxation skills
Characteristics of Successful Intervention Strategies

- Focus on mother’s responsiveness to baby
- Psychotherapy addresses mother’s past which may be negatively impacting baby
- Short vs long-term services
- Practical supports and resources offered
- Note: meta-analysis of research on this topic shows that it is easier to impact maternal sensitivity than to enhance infant attachment security (Bakermans-Kranenburg et al, 2003)

Final Thoughts/Questions?