

MODULE 4

FALLING IN LOVE

promoting parent-child attachment



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INTRODUCTION

"Attachment is the emotional bond of infant to parent or caregiver. It is described as a pattern of emotional and behavioral interaction that develops over time, especially in contexts where infants express a need for attention, comfort, support or security. Parents' ability to perceive, interpret and react promptly to their infants needs and attention, in turn influence the quality of their attachment relationships"

(Encyclopedia on Early Child Development (EECD), Attachment, Synthesis)) The quality of the attachments built during the early years influences the child's development and relationship for the lifetime, including the relationship developed with the individual's own children later on in life.

Thank you for all that you do to improve the lives of children and families in your community!

KEY MESSAGES - why is this topic important for you?

- Infants and young children develop best through social interactions and trusting and safe relationships with their mother and father and other regular caregiver/s.
- Over time, the mother-child and father-child attachments tend to be more significant than attachments with others, unless another individual is the primary caregiver.
- Research in many cultures has found that about half of all young children are securely attached to the mother, father or other primary caregiver.
- Parent-child attachments are like the "glue" that helps connect all the components of child development together - health, learning, development and overall wellbeing of the child. When the child develops poor attachment with the mother, father or primary caregiver, this can have negative consequences for development.
- When it comes to building attachment timing is essential. Early bonding can lead to secure attachments. In your role as the home visitor, you have the opportunity to support mothers, fathers and other primary caregivers from the very beginning.
- Parents and children do not always automatically "fall in love" with each other. However, fathers, mothers, and primary caregivers can learn skills to be more attuned to their child, and this contributes to better attachment. As a home visitor, you have a unique opportunity to support them in this process, when there are some difficulties.
- Promoting secure attachments between young children and their caregivers contributes to all other home visiting goals and to the overall wellbeing of the child and family. With your knowledge and skills, you can contribute to the development of secure attachment through empathy, attunement, and building trust with the mother and father and other family members. This can be challenging, but for the sake of the children and families you will always want to do your best!
- As part of your government's effort to reach out to families of young children and support them in their challenging task, you show the value your community and society places on the wellbeing of its next generation.



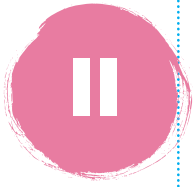
LEARNING OUTCOMES

This module will provide you with the basic theory on attachment and practice exercises to help you support secure parent-child attachments during your home visits.

By the end of this module, you will be able to:

- **Explain** the critical role of affection and a secure parent-child attachments for health, development and overall wellbeing of the child and the family
- **Identify** patterns of secure or insecure attachment
- **Be aware** that patterns of attachment can be transmitted across generations, and
- **Practice** some skills that promote secure and healthy parent-child attachment during every home visit.





THE NEUROSCIENCE OF AFFECT AND PARENT-CHILD ATTACHMENT



Self-assessment

1. List, in order of priority, which of the following factors are, in your opinion, the most important for child's ability to learn
 - A. IQ (Intelligence Quotient)
 - B. Language and communication abilities
 - C. Reading abilities
 - D. Self-regulation
 - E. Mathematical abilities
 - F. Affective engagement

2. Do you know how a secure attachment between the parent/caregiver and child can protect the child from toxic stress?
 - A. Yes
 - B. No

ANSWERS:

1. The author proposes the following order of importance:

- F) Affective engagement
- D) Self-regulation
- B) Language and communication abilities
- C/B) Reading or mathematical abilities (Each child is different. A child might be stronger in one of these areas, which will help him/her learn more).
- A) IQ (Intelligence Quotient): While "higher IQ" correlates with "faster learning", ALL children can learn, regardless of their IQ.

- 2.** Secure attachments serve as important emotional buffers that protect the child from negative experiences ("toxic stress") that can accumulate.

When you finish this chapter you can come back and do this self-assessment again to check what you have learned!



Important points

For you as home visitor, it is of great importance to keep the following in mind:

a) Experiences build the brain's architecture

Babies and children learn through experiences, and social interactions during the early years of life are essential, as much as nutrition and physical care, for appropriate early brain development. Genes only help us to get started, but experiences with caregivers and the environment shape what and how every child learns. Neuroplasticity, the ability of the brain cells (neurons) to organize and connect, is greatest in the first years of life.



Watch the following video- “Experiences Build Brain Architecture”

(<http://www.youtube.com/watch?v=VNNsN9IJkws&list=SP0DB506DEF92B6347>)

b) The power of attachment - “Attachment Is...”

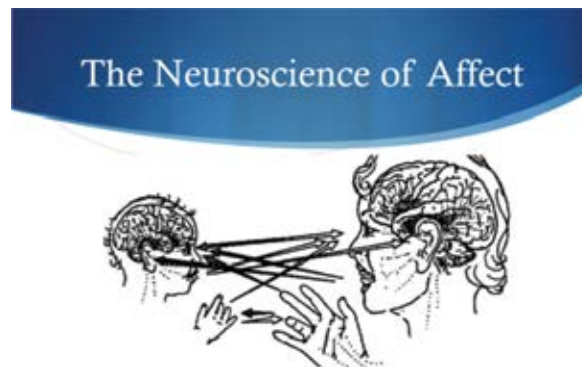
John Bowlby, a psychologist and psychiatrist, first described and studied the importance of attachment. He stated that attachment is one specific and circumscribed aspect of the relationship between a child and caregiver that is involved with making the child safe, secure and protected (Bowlby, 1982). The purpose of attachment is not to play with or entertain the child (this would be the role of the parent as a playmate), feed the child (this would be the role of the parent as a caregiver), set limits for the child (this would be the role of the parent as a disciplinarian) or teach the child new skills (this would be the role of the parent as a teacher). Attachment is where the child uses the parent or other primary caregiver as a secure base from which to explore and, when necessary, as a haven of safety and a source of comfort (Waters & Cummings, 2000). Secure attachment between parent and child can protect the child against toxic stress.

c) The power of affection

Falling in love with a baby is a gradual process that often begins before the baby is born. How a mother and father feel towards pregnancy and whether they are looking forward to this child influences both the physical and psychological state of the mother and, therefore, also the growing fetus. Fear, constant stress, and a conflictive relationship between the parents can influence their feelings towards the pregnancy and the baby.

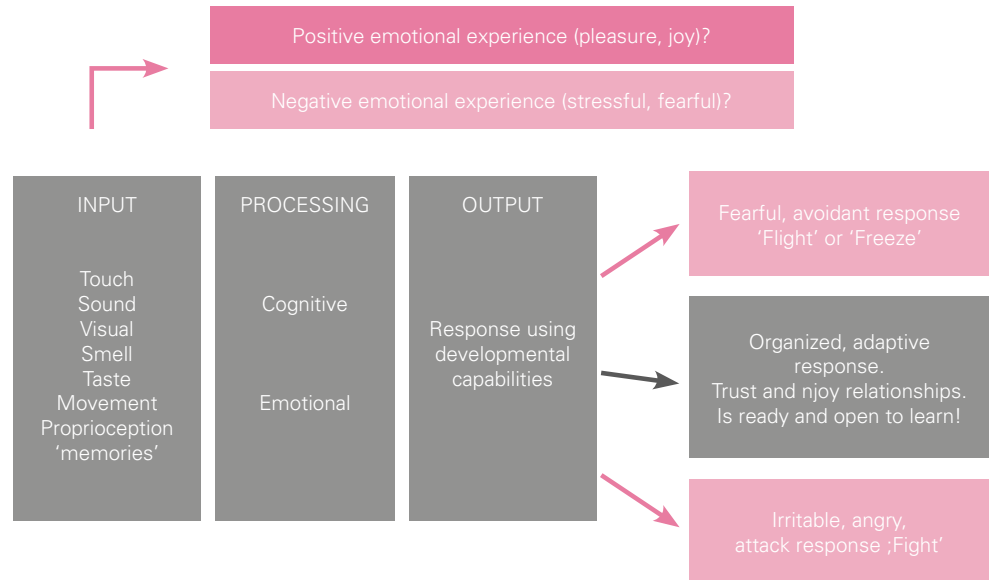
When babies are born, they have very limited ability to “regulate” themselves and are almost entirely dependent on parents/caregivers. One of the most important tasks of parenting in the early years is to help children manage their emotions and needs when they are not yet able to do it on their own.

Over time, the baby learns to self-regulate by enjoying a warm and affectionate relationship with the parents/caregivers, exploring the world and learning through the basic senses, touch, sound, images, movement, smell, and taste. However, these senses can also bring negative and stressful emotional experiences, and the baby may react with signs of distress. These different types of early emotional experiences influence how babies and young children learn to self-regulate (i.e., the way in which they control their own behavior), create trusting safe relationships (affective engagement), and learn through interaction.



<http://www.educationscotland.gov.uk/learningandteaching/earlylearningandchildcare/prebirthtothree/nationalguidance/conversations/colwyntravarthen.asp>

For example, infants that are very sensitive to sound can become overwhelmed by loud music. Parents/caregivers need to notice what is happening with the baby, why she is crying and refusing to eat and to find ways to help her regain a sense of self-control. Fathers and mothers who are sensitive will comfort their child, turn down the music, and find a quiet place in home.



d) Toxic stress derails healthy development

Toxic stress is the accumulation of negative, stressful experiences that occur frequently and/or have a high intensity. Babies or young children do not have sufficient “emotional buffer” or positive relationships to protect themselves from the harmful effects of stress on their physical and emotional health, unless they have caring and nurturing caregivers. A caring and nurturing parent or caregiver can provide some protection, but better protection is afforded by relationships with more than one caring and nurturing caregiver.



Watch the following video explaining the concept of toxic stress - “Toxic stress derails healthy development”

(<http://www.youtube.com/watch?v=rVwFkcOZHJw&list=SP0DB506DEF92B6347>)



Additional resources

If you want to learn more on this topic you can look at:

- **Relationships.** Early years national guidance and multimedia resource, Education Scotland. Includes video and transcript. This website has excellent resources. http://www.educationscotland.gov.uk/video/p/video_tcm4637463.asp?strReferringChannel=earlyyears&strReferringPageID=tcm:4-633599-64&class=14+d140647
- **Center on the Developing Child.** Harvard University. This website includes links to excellent videos and further explanation about toxic stress. http://developingchild.harvard.edu/topics/science_of_early_childhood/

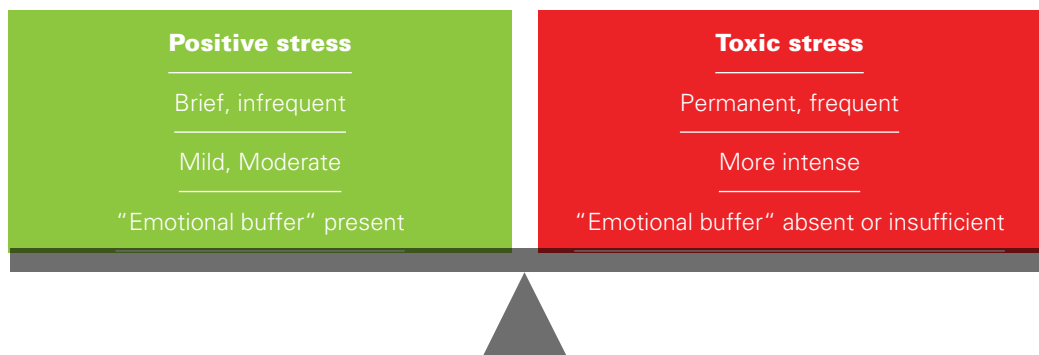
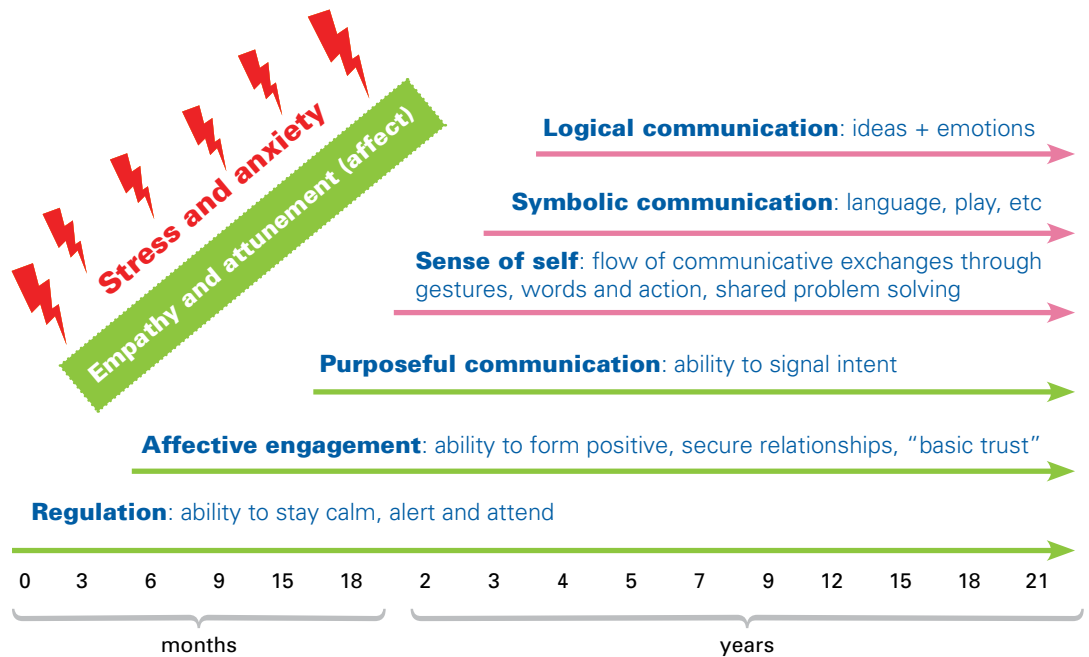


Reflection and discussion

Personal or group reflections:

- How can you tell that there is affection or secure attachment in some of your families that are dealing with adverse life circumstances?
- In your experience, are babies and young children in your community exposed to toxic stress? What are the main reasons? Is toxic stress caused by poverty, civil unrest, unemployment, intra-family violence, or conflict, or insensitive parenting? Are there other sources of toxic stress you have encountered?
- How can parents protect children from toxic stress? How can you contribute?

Secure attachment promotes development and protects against the impact of toxic stress



Adapted from
<http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>



PATTERNS OF PARENT-CHILD ATTACHMENT



Self-assessment

1. Do you know when a young child is securely or insecurely attached?
 - A. Yes
 - B. No
2. Mark True (T) or False (F) next to each statement
 - A. An autistic child might develop a secure attachment with well-attuned parents.
 - B. All children who show insecure attachment have abusive or neglecting parents.
 - C. Children who show patterns of disorganized attachment might have developmental difficulties.
 - D. Attachment and attunement are the same concept.
 - E. "Serve and return" and "circles of communication" are similar concepts describing the reciprocity (give and take) that builds secure attachment.

ANSWERS

1. **A.** Observe the reaction of the child when the parent returns, after briefly leaving the room. For details review section 2, describing the reactions in each type of attachment and watch the video. Remember that some children with developmental difficulties might show "insecure attachment responses" (avoidant or disorganized), because they cannot organize a clear response to the situation. b) Observe if the child seeks comfort from the parent/caregiver or from strangers. Children with developmental difficulties who are securely attached will seek comfort from the parent/caregiver instead of strangers, when experiencing distress or after brief separations.
2.
 - A. An autistic child might develop a secure attachment with well-attuned parents (T)
 - B. All children with insecure attachments have abusive or neglecting parents (F)
 - C. Children who show patterns of disorganized attachment might have developmental difficulties (T)
 - D. Attachment and attunement are the same concept (F)
 - E. "Serve and return" and "circles of communication" are similar concepts describing the reciprocity (the give and take) that builds secure attachment (T)

When you finish this chapter you can come back and do this self-assessment again to check what you have learned!



Parents' attunement to their children. When talking about the parental role in secure attachment between parent and child, infant mental health specialists are increasingly using the term "attunement". While the term "attachment" tends to focus on the child's behavioral response to his/her parents, the term "attunement" is used to describe parent's responsiveness to the baby's moods and emotions.



Watch a video (1:57 minutes) explaining the difference between "Attachment or attunement?" <http://www.youtube.com/watch?v=IGeS7o4FmRI>

Well-attuned parents respond to their baby's affect or emotions in the given moment and connect emotionally, using facial expressions (smiles, looks), vocalizations, a nurturing tone and other gestures and actions. Through this reciprocal communication, the attuned parent shows the baby that he/she understands how the baby feels, what he/she wants, and what he/she might need. Attuned parents help their children recognize their own emotions and feelings and learn how to regulate them.

The mother's or father's capacity to be attuned to the baby can be affected by stress (e.g., living in poverty, being unemployed, experiencing conflict or violence at home or in the neighborhood), family dysfunction or parental physical and/or mental health problems (e.g. chronic pain, depression, anxiety disorders, alcohol or drug dependency).

For you as the home visitor, it is important to be able to recognize and distinguish secure from insecure attachment. It will help you define your actions and interventions and support the development of secure attachment in your families.

Psychologists have studied the importance of attachment for some time. John Bowlby became interested in this topic because of his own separation from his primary caregiver and later research on orphans. His research focused on mothers, and initially he assumed that attachment is only significant in relation to 'the' primary caretaker, usually the mother. By the end of his life he was acknowledging the importance of father-child attachment. Subsequently, researchers all over the world have begun to gain a better understanding of the role of father-child attachment, as well as the role of the relationship of the parents in "co-parenting" the child on the quality and security of infant-parent attachment (Newland et al, 2011).



Additional resources

To find out more about the historical background of research on attachment, see Information Card 1.

The research of John Bowlby and Mary Ainsworth, his student, suggests that attachment is universal across different cultures and languages. Mary Ainsworth developed the "strange situation," an experiment where young children are briefly separated from their primary caregiver and then reunited. The researcher observes the different ways children respond to this stress and how their responses are associated with the quality of the parent-child relationship:

Type	Percent of children	Response to separation
Secure attachment	60-70%	The child demonstrates mild distress when separated from the caregiver. However, when the caregiver returns, the child seeks comfort from the caregiver and is easily soothed. Children with secure attachment clearly prefer their caregiver to a stranger, and when frightened or distressed, they find comfort in their caregiver.
Insecure: ambivalent or resistant	10-15%	Children may become very distressed when the parent leaves, but are difficult to comfort when reunited with their caregiver. This may be based on the child's past experience that the caregiver's response and comfort has been inconsistent or unpredictable.

Type	Percent of children	Response to separation
Insecure: avoidant	15-20%	The child does not show clear concern when the mother/ caregiver leaves, and upon the return, the child does not actively seek her contact or may even avoid contact with her. Avoidant children show no preference for their caregiver over a complete stranger. This pattern can develop when the parent is insensitive or rejecting (ignores or belittles the child, becomes annoyed with the child), and therefore the child's needs are frequently not met. It has been observed in situations when the parent/primary caregiver suffers from depression or had an avoidant attachment to his/her own parent/s.
Disorganized or disoriented	5-10%	Children act confused when the parent leaves the room. They might show a mix of incoherence, fear, and disorganized expression of fearful or controlling behaviors. Such children may also show a mixture of avoidant, ambivalent or resistant attachment towards the parent. Research has shown that this attachment style can be associated with a potentially abusive and/ or neglectful home environment, institutionalization, or maternal deprivation. The caregiver may serve as both a source of comfort and a source of fear, leading to disorganized behavior.

Insecurely attached children tend to experience higher rates of depression and anxiety during adolescence and adulthood.

Babies and young children can develop different attachments with the significant people in their lives, including their fathers (Bretherton, 2010; Easterbrooks & Goldberg, 1990).

The security of these attachments impacts the baby or child simultaneously: secure attachments generate joy; insecure attachments generate distress. For example, dis-engaged and remote father-child interactions as early as the third month of life have been found to predict behaviour problems in children when they are older (Ramchandani et al, 2013).

Often a child will be securely attached to one parent but not the other. In 2013, Umemura and his colleagues found that only 57% of two-year-olds were judged to have a secure attachment with both parents. Under some circumstances, a secure attachment with one parent can 'buffer' the child against an insecure attachment with the other; and while children with insecure attachments to both parents do worst, children with two secure attachments do best (Carter & Almaraz, 2014; Duchesne & Ratelle, 2013; Easterbrooks & Goldberg, 1990).

The amount of time spent with the caregiver is not the only factor in attachment. The parent's sensitivity/ responsiveness is key, too. Although mothers typically spend far more time with babies and young children than fathers do, by 15 months the same percentage of mother/child and father/child relationships are rated insecure (Ahnert et al, 2006).



Watch the following video (3.38 min), which illustrates secure vs. insecure (avoidant and ambivalent) attachment: http://www.youtube.com/watch?v=DH1m_ZMO7GU.

As is usually in attachment videos, most video clips focus on mothers and infants. There is no freely available substantial video material that explores father-infant communication or attachment. However, 'Hello Dad: infant communication for fathers. New South Wales Institute of Psychiatry (Australia) is wonderful, inexpensive and can be ordered from <https://www.goodbeginnings.org.au/shop/hello-dad/>

- Make your own list of most important differences between secure and insecure attachment.



Important points

While working with families you need to keep in mind that **building a strong attachment is not only the responsibility of the individual parent or the couple -- children's individual differences also contribute to the quality of attachment.**

There are five important variables that influence the type and quality of attachment (Perry, 2013) :

1. Infants /babies: Infants show individual differences from the very beginning and actively shape their interactions with their parent/s. They have their own needs and wants, their likes and dislikes, what gives them pleasure and joy, and what frightens or stresses them. From birth, they signal and communicate their needs, wants, preferences, or emotions primarily through increasingly complex non-verbal communication. To do this, they need to integrate the information that comes through their senses (what they see, hear, touch, smell, etc.), assign meaning to this experience (e.g. they like or don't like it, they feel happy, afraid, or sad) and organize a response by looking (visual motor orientation), smiling, vocalizing, crying, extending the arms, following, hugging, kissing, protesting and other complex gesturing.

This process is affected by a child's temperament. Longitudinal studies have found that about two thirds of all babies fit into one of the following categories: easy (about 40%), "difficult" (10%), and slow-to-warm up. Easy babies tend to have a positive approach to new situations, adapt to changes in their lives quickly, and have regular eating and sleeping routines.

"Difficult" babies tend to be fussier, have tantrums and cry, and have irregular eating and sleeping routine; while slow-to-warm up infants may need more time to get used to new experiences and people. These patterns were found to be relatively stable over infancy and childhood and are also observed in other cultures.

Infants with more difficult temperaments or with developmental disorders and disabilities (e.g. Cerebral Palsy, Down Syndrome, other genetic syndromes associated with developmental delays, Autism Spectrum Disorders, Sensory Integration Disorders, blindness, deafness) can show disorganized responses or appear to be avoidant or ambivalent/resistant when separated and then reunited with their significant caregiver either because of their temperament or because of their developmental difficulties in integrating experiences and organizing a "typical" response. This can make parenting such a child more challenging, particularly if the mother or father also has difficulties, is experiencing stress, and/or is not supported in parenting.

Vulnerable infants and children with more difficult temperament are at a higher risk of developing insecure attachments. Parents may find it more challenging to "read" or interpret their baby's subtle signs, signals, and non-verbal communication. They may try their best to be available and responsive to their children's needs and wants. However, if they do not receive a response, as for example with a child with Autism Spectrum Disorder who does not seek eye contact or stiffens in the parent's arms, they may enter into "vicious cycles of negative reciprocity", where parent and infant are literally not on the same wavelength (this is sometimes called "parent-infant dysregulation"). In such a case, the joy of the interaction gets lost in mismatched, frustrated efforts to communicate with each other.

On the other hand, when in such cases fathers and mothers receive help early on in becoming attuned to their children, these can also develop secure attachments, including children with autism spectrum disorder.

2. Parents/Caregivers: The caregivers' behaviors support or impair attachment. Parents that speak to the young child in a warm voice, smile at the child, praise the child, are physically close, use positive

expressions, are engaged in interacting with the child, and show emotional warmth create mutual affection and a secure attachment (Roggman et al, 2013b). Critical, rejecting, and interfering parents tend to have children that avoid emotional intimacy. Abusive mothers and fathers tend to have children who become uncomfortable with intimacy and withdraw. One or both parents may be unresponsive to the child due to depression, substance abuse, couple conflict, overwhelming personal problems, or other factors that interfere with their ability to be consistent and nurturing for the child.

3. Family factors: Proximal factors such as parental sensitivity have long been known to have impact. Now factors such as parental resources, parent involvement, and the couple relationship are found to contribute to infant attachment security with both mothers and fathers (Lickenbrock & Braungart-Rieker, 2015). Supportive co-parenting may be particularly significant, and this is of interest to health visitors because of opportunities they have to encourage this in home visits. Supportive co-parenting means accepting the other parent as competent, respecting his/her contributions and opinions, upholding his/her decisions and cooperating on parenting and childrearing issues. Supportive co-parenting may have particular impact on the father-child relationship and on attachment security in boys (Brown et al, 2010).

4. Environment: A major impediment to healthy attachment is fear. If infants are distressed due to pain, pervasive threat or a chaotic environment, they will have a difficult time participating in even supportive caregiving relationships. Infants or children exposed to domestic violence, refugee situations, community violence or war zones are vulnerable to developing attachment problems (ibid, pg. 5).

5. Fit: The “fit” between the temperament and capabilities of the infant and the mother or father is crucial. Some caregivers can be just fine with a calm infant, but would be quickly overwhelmed by an irritable infant. The process of paying attention to each other, reading the other’s non-verbal cues and responding appropriately is essential for building secure attachments. Sometimes a style of communication and response familiar to the parent from one of the other children may not fit their current infant. The mutual frustration of being “out of sync” can impair bonding. (ibid, pg. 5)

During your home visits you need to take these factors into account. It is important to carefully observe the child, caregivers and their interactions with each other, the environment and fit, before you make any conclusion or take any action! It is important not to judge or blame anybody, but to stay open to different options and solutions to strengthen the relationship between each parent and their child. You also need to think what you can do to improve the existing situation, and what is beyond your professional capacities: You may need to include a colleague, supervisor and/or other professionals and services (e.g., in cases of serious couple conflict, domestic violence, poverty, etc.)

As a home visitor you need to be aware that these interaction patterns between mothers and fathers and their young children are very powerful: “the action is in the interaction”, meaning that the daily interactions between each parent and child will shape the form of their attachment, whether or not any ‘player in this domestic drama has characteristics that make this process more difficult.

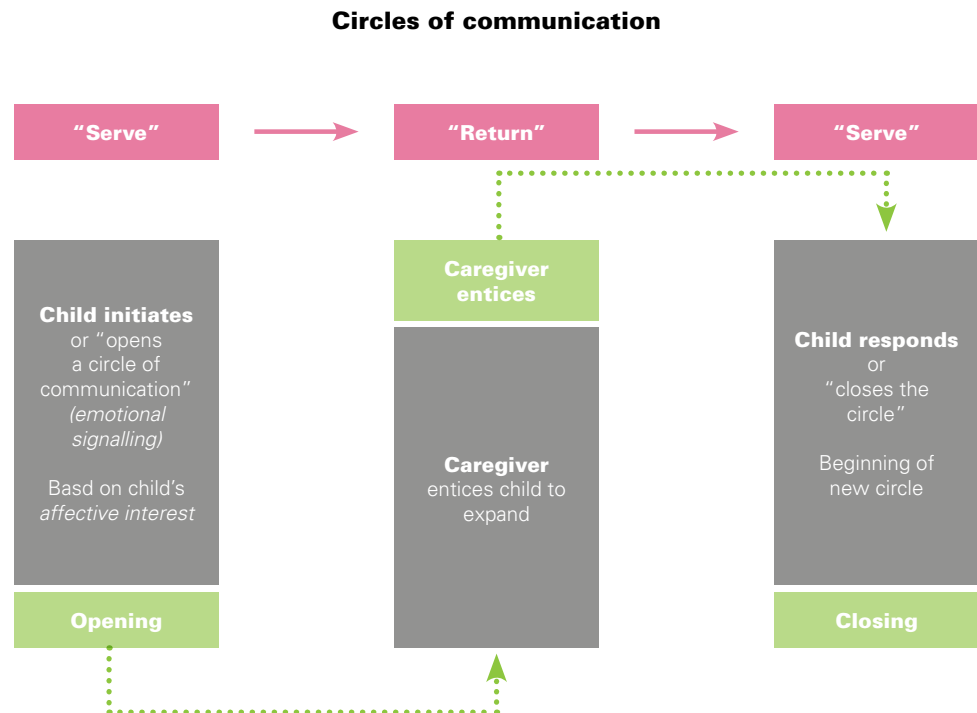
The type of attachments established with the parent/s during these early years can last a lifetime and influence the relationships and attachments the child subsequently forms with others during childhood, adolescence, and adulthood.

Attachment security also influences the child’s ability to learn and meet the daily challenges of living: securely-attached children tend to be more able to explore on their own, they tend to be more self-reliant, achieve better in school, have more successful relationships, and are less likely to experience depression. Early and later attachment representations can also affect the child’s own parenting.



Video clips

In the following video (1:42 minutes), observe the type of interaction between parent and infant that leads to attachment. This interaction style has been labeled “serve and return”. Maybe this image will help you better understand the “serve and return process”.



As in a game of tennis, one player sends the ball, the other player watches for and receives the ball, and then sends the ball back. This only works, if both players are attentive to each other:



“Serve and return interaction shapes brain circuitry” http://www.youtube.com/watch?v=m_5u8-QSh6A&feature=c4-overviewv&list=PL0DB506DEF92B6347

What can you apply from this video to your practice?

A Child psychiatrist, Stanley Greenspan, has described the “serve and return” concept as “circles of communication”.



Additional resources

If you want to learn more on this topic, you can look at:

- The Action is in the Interaction: Clinical Practice Guidelines for work with Parents of Children with Developmental Disorders. Rebecca Shamoon-Shanok, MSW, PhD. The Interdisciplinary Council on Developmental and Learning Disorders. <https://docs.google.com/a/icdl.com/>

Perception of attachment security in families with children affected by neurological illness <http://www.doiserbia.nb.rs/img/doi/0048-5705/2013/0048-57051302099L.pdf>



Creating secure infant attachment (22:10 minutes) <http://www.youtube.com/watch?v=w3lB1cSMMFU>



Reflection and discussion

- When you do home visits, how can you observe these different patterns of child attachments?
- How do patterns of child attachments vary between mothers and fathers?
- Have you noticed parents that don't seem to be attuned to their infants? What kinds of behaviors did you observe in such a parent that made you think so?
- What kinds of things can you do to help mothers and fathers become better attuned to their children's needs and wants?



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IV

**Self-assessment**

1. When children become adults, approximately what percentage (%) of them transmits their attachment patterns to their own children?
 - A. 33%
 - B. 55%
 - C. 75%
 - D. 99%

2. Do you know what is the difference between empathy and attunement, and how could you foster them with parents and grandparents?
 - A. Yes
 - B. No

ANSWERS:**1. C**

2. Empathy is the ability to sense other people's emotions and to understand what other people are feeling ("put themselves in their shoes"). Empathy is the first step of "attunement". Attunement is a kinesthetic and emotional sensing of the baby, understanding and connecting with the baby's rhythm, affect and experience.

According to psychologists, Daniel Siegel, Benjamin Nelson and Suzanne Parker (see reference section), attunement is "the parent's ability to reflect on mental life and to "see" the internal world of the child and of the parent beyond simply observing external behaviors". "It allows the parent to focus on the inner mental experience of a child and to resonate with that internal state". According to these authors, attunement is essential to secure infant-parent attachment and to promote healthy neuronal development. In order to foster empathy and attunement with parents and grandparents you first need to experience empathy and be able to attune to the mother/father and/or grandmother/grandfather's internal world.

When you finish this chapter you can come back and do this self-assessment again to check what you have learned!

**Important points**

There is a solid body of evidence showcasing trans-generational transmission of patterns of attachment. Longitudinal studies show that there is a high correspondence (68-75%) between child attachment patterns and adult attachment patterns. This means that most adults continue to have the same attachment pattern (secure or insecure) that they acquired during their early years. So, when children become adults, do they transmit their attachment patterns to their own children? The answer is YES. A meta-analysis of 661 mother-child pairs from 13 different studies showed that 75% of mothers and infants have matching secure or insecure patterns of attachment. The transmission of insecure attachment tends to be of the opposite pattern. For example a child with an insecure avoidant father or mother will mostly present as insecure ambivalent with that parent; while a child with an insecure ambivalent mother or father will present as insecure avoidant in that relationship.

The power of empathy and attunement to prevent neglect and violence is vast. However, empathy – the ability to sense other people’s emotions and to understand what other people are feeling (“put themselves in their shoes”) – does not come naturally to all parents. This is especially the case for mothers and fathers who developed insecure attachments to their own parents when they were young. Many of them did not receive much empathy as children.



© UNICEF/McConnico

Attunement, the concept reviewed earlier in this module, goes one step beyond empathy. It starts with empathy, the ability to sense the baby’s or child emotion, followed by communicating the parent’s own emotions to the baby in a nurturing voice, facial expression or body movement. This signals to the baby that his or her feelings and needs are important to the parent. Attunement is a kinesthetic and emotional sensing of the baby, understanding and connecting with the baby’s rhythm, affect and experience. It is like an “emotional dance”. It requires the parent/caregiver to observe and anticipate the effects of his or her behavior on the baby. It also

requires at the same time that the parent remains aware that s/he and the baby are two different people, and that s/he, as parent has feelings that may be different from those of the baby. When both father and mother are in the room, you may want to try make connections between their feelings, perhaps verbalizing the father’s feelings and trying to connect those with the mother’s. e.g., similarity in feelings of joy and pride when they look at their baby.

Attunement does not always come naturally to parents. If they did not experience empathy and attunement in their earlier relationships with their parents, empathy and attunement is not “under their skin”. The same may be true for the grandparents. Many of them did not have these experiences when they were young. The lack of experience of attunement across generations can be one of the factors that lead to neglect and violence.

As the home visitor, you can help foster empathy and attunement among the family members during each of your visits and thus reduce the likelihood of a trans-generational transmission of insecure attachment, neglect and abuse.

Mothers and grandmothers may be more available, but fathers may be willing to take part if you specifically invite them and give them time to adjust any work schedules (*see Module 5 on Engaging Fathers*), as may grandfathers (who may be particularly delighted to be invited). As when drawing parallels between the parents’ feelings, you may also be able to connect the parents’ feelings in relation to their infant with the grandparents’, for example, love, pride, protectiveness, which you may encourage them to express to each other.

Empathy and attunement can be practiced in every-day contact. By drawing on our own feelings and empathy, we can sense better what the baby or parent is feeling, and start to be in tune with the feelings of all those present.

Some experts also try to ‘keep in mind’ an important parent, such as a father, who is not in the room, perhaps by referring to his possible feelings or experiences, where these are known or can be accurately surmised.



Reflection and discussion

- What is your own experience with attachment and attunement?
- Within the culture of your country, how are emotions and the expression of emotions regarded?
- Are parents and grandparents encouraged by society to be warm, nurturing and responsive to infants and young children? In what way? How can you contribute to increase empathy and attunement?
- Are there gender differences in what is expected of men's and women's emotional expression and caregiving? In your experience, how consistent are these social/cultural expectations in your own experiences within your family?



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V

**Self-assessment****FALLING IN LOVE, EVEN DURING HARD TIMES**

1. What is the first and most important thing you could do when you arrive to a home you are visiting? Write a short answer (1-3 sentences) before starting this section.
2. What is "Floortime"?
3. What are the three building blocks of reflective supervision? Why is this so important?

ANSWERS

1. The first and most important thing you could do, when the family opens the door for you, is to establish a positive relationship of trust with all the members of the family. Be attuned to the needs of and feelings of your families and see the life from their perspective. Promoting a secure home visitor-family relationship is like the "glue" that will help you connect all the skills that you are expected to promote during a home visit.
2. Floortime is a term that psychologist Stanley Greenspan used to describe dedicated time (20-30 minutes) when parents focus only in establishing nurturing interactions with their children. During this time they by follow their interest ("lead"), joining them with shared JOY (having fun together), and then helping the child expand on his/her interest by promoting circles of communication (see video of section 2), introducing gradually new challenges and learning opportunities.
3. The three building blocks of reflective supervision are: 1) Reflection, 2) Collaboration and 3) Regularity. Dedicating time regularly, at least once a month, to collaborate with peers (other home visitors) and a supervisor and reflecting on your emotional experiences, difficulties and successes is critical to take care of yourself ("self-care"). Regular reflective supervision continues to develop your reflective function and help you support families develop secure attachments.

When you finish this chapter you can come back and do this self-assessment again to check what you have learned!

You will visit families according to the prescribed home visiting schedule, and you will have different tasks and goals according to the time and type of the visit. However some issues will be common to all visits, and some will be different depending of the time of the visit, situation in the family etc. Sometimes everything will be easy and simple, sometimes you will face challenges. Some families are going to be happy and content, and in others you will be facing serious problems. In every situation your goal is to promote a secure and positive attachment between child and parents/caregivers, both during easy and hard times.

There are key issues during each of the stages of development (prenatal period, newborn period, the first year, the toddler years) that can affect attachment and the following discussion will provide you with some important considerations:



Home visitors' "Attachment" TO DO list – visit by visit Prenatal home visits

Prenatal home visits are extremely important. As you already know, there are multiple “risk factors” that can affect the pregnancy and wellbeing of the mother, father and child:

- living in poverty
- low paying jobs or unemployment
- a prior history of neglect and abuse
- a young mother (under 20 years old) or father (under 25 years old)
- stress and anxiety about the future
- an unplanned pregnancy on the part of either parent
- a conflictive relationship and poor communications
- low level of education in one or both parents
- exposure to stigma and marginalization
- living in household or community where there is violence
- substance abuse (alcoholism, drug consumption)
- poor access to health and social services
- inadequate nutrition
- Poor physical and/or mental health, etc.



Chances are that you will find these risk factors in some of the families you are visiting. Most of these factors are beyond your immediate control. So, how can you make a difference when working in this very complex environment? What is under your control? What is the first and most important thing you could do when you arrive to a home that you are visiting?

Mental health professionals always say: “It’s all about relationships!” Resiliency that is succeeding in the face of adversity; it is not a character trait. Resiliency happens because an individual exposed to adverse events has supportive relationships in the family or community.



Important points

The first and most important thing you could do, when the family opens the door for you, is to establish a supportive relationship with the family (not just one person in the family) through your own empathy and attunement and your ability of building a relationship of trust with the members of the family.

As we reviewed in section IV of this module, some parents and grandparents have not had the experience of receiving empathy and well attuned interactions during their earlier years. This is particularly the case for families that have lived in poverty or in other adversities. As mentioned in the introduction of this module, promoting secure parent-child attachments is like the “glue” that helps connect all the skills that you are expected to promote during a home visit.

A good way you can help mothers and fathers to “fall in love” with their baby is by establishing a trusting, warm relationship with them, where you help them experience, in their relationship with you, some of the concepts of empathy and attunement.

Many of the mothers and fathers you will visit during their pregnancy will feel stressed and anxious, often for valid reasons. Some might feel happy, especially if they planned or wanted to have a baby. Others

might not be sure they want this baby. Some mothers might be pregnant against their will, as a result of unwanted intercourse or sexual assault. Either or both parents may be experiencing depression, anxiety, or other mental health disorders. While the most complex cases must be referred to a local mental health professional, you are still the link between the mother and the mental health professional, and you need to make sure she receives the required services.

In cases, where referral to local mental health professionals is not readily available, you can increase the number of home visits during pregnancy, while you receive supervision by a mental health professional. Your role may not include referring the father to an appropriate service, whether for mental health, substance misuse or domestic violence. If so, you should raise this with your supervisor: 'doing nothing' really isn't an option if you hope to deliver high quality support to mother and infant.

Once you have established a relationship of trust with the parents, using empathy and attunement (review concepts in sections III and IV of this module), you can also use elements of "promotional interviewing" to explore the feelings of the parents, as well as their attitudes and expectations regarding the pregnancy, the birth and baby. Promotional interviewing includes respectful, non-judgmental and flexible listening, encouraging and empowering mothers and fathers to find solutions that work for them, using their strengths and their support networks, and offering support to implement their decisions through guidance and coordination with locally available services.

Keep in mind that most fathers and mothers who are under stress and have a history of insecure attachment will see home visitors as intrusive, distant, and unable to understand their specific challenges. Since the number of contacts during pregnancy are limited, they are often seen as bureaucratic ("the home visitor just doing her job of checking on the family") and not really related to the parents' needs.

Therefore, using elements of a promotional interview can contribute to a "secure home visitor-family relationship" and increase the trust the whole family places in the home visitor and her advice and support.

A relationship of trust will ultimately help the parents and the family learn about and adopt healthy behaviors, in the same way that a "secure child attachment" promotes learning and healthy behaviors, and buffers the child from toxic stress.



Use *Information Card 2* to see what promotional interview could look like during pregnancy

Once you have established a warm and supportive relationship with the parents, and have gone through the promotional interview with both parents, you can make some suggestions that will help them get mentally ready for the baby and parenthood and "fall in love" with their baby, even during hard times:

- Talk and sing to the growing baby, using a nurturing voice. Babies start listening to sounds in utero and can recognize both their mother's and their father's voice.
- Touch the baby as he or she starts kicking and enjoy as the baby moves in utero.
- Start exploring a name for the baby. Suggest the names to the baby and feel if he or she responds with a nice or not so nice kick!
- Share with both parents the importance of skin-to-skin after delivery, breastfeeding, touch, and massage for the development of the newborn and for bonding.

Home visits during the newborn period

The newborn period is an emotionally intense period, hopefully filled with joy. It also brings fears of the unknown and anxiety, especially for new parents. Even if this is not the first baby, every baby is different.

Everything is new for the baby after leaving the security of the mother's womb, where all sensations were filtered and muffled. Now the baby is bombarded with bright lights, loud noises, touch, movement, smells, and the taste of the mother's milk. Everyone is exhausted, trying to find ways to stay "self-regulated" and build predictable patterns for eating/feeding, sleeping and awake periods for nurturing interactions. In addition, some mothers might have medical problems associated with the pregnancy and delivery (e.g., excessive bleeding, infections, pain), and some babies might have medical problems as well (e.g., prematurity, jaundice, infections, pain). Some babies will have an easy or slow to warm up temperament, other babies will be more irritable and cry more.

As a home visitor, you will have a list of things to check during this critical period, including the mother's mood (*see Module 7 on Parental Wellbeing*). Your most important task is to help the mother and father "fall or stay in love" with their baby and to support "emotional co-regulation" during this intense period. It may not happen immediately, but you can contribute to this process. This will be much easier if you were able to establish a supportive relationship with both mother and father during the prenatal home visits!



Use the *information card 3* to see how a post-natal visit could look like. This kind of dialogue with mothers and fathers will contribute to closeness and mutual trust and respect between parents and you as home visitor.

Stanley Greenspan, a Child Psychiatrist, described self-regulation as the ability of the baby to stay calm, when bombarded with multiple sensations, in a way that allows the baby to pay attention and gradually start interacting with others. At the same time, the parents also need to find ways to stay calm, when bombarded by new experiences in order to be able to pay attention and interact with the baby. For example, when a mother is able to breastfeed her baby successfully, where her hungry baby ceases to cry or be fussy and becomes content sucking while gazing at the mother, the mother experiences the physiological effects of releasing oxytocin. This hormone is the same chemical that is released in the brain when people are falling in love. It may be a powerful experience during the early weeks and strengthens the mother's bond with her baby. Similarly, within 15 minutes of holding his baby, the father's body will start to change: oxytocin and prolactin (known as the "breastfeeding hormone") will be released. It will replace testosterone, and paternal sensitivity will be enhanced.

Infants learn to self-regulate with the help of well-attuned parents. Mothers and fathers also regain self-regulation as the infant responds positively when his/her needs are met. This well-attuned "emotional dance" becomes a cycle of "co-regulation". Often times, this does not come naturally to parents, especially when there is added stress during the newborn period.

During this intense period you have the opportunity to promote parent-child attachments by giving the mother and father experiences of "co-regulated emotional interactions". You can help them show empathy and attunement to their infant (e.g. when the baby is crying, show them how to explore if the baby is hungry, wet, or tired) and "read" the first emotional signals that their baby is sending them.



Video clips

You may want to watch the following two short videos. Pay special attention on tone of voice, facial expressions, gestures and affect of the narrators:

Soothing a crying baby, with Dr. Brazelton (2:21 minutes). You have to sign in to watch this video. <http://www.youtube.com/watch?v=CmJxrkaL5TI>

Newborn zone regulation, demonstration with a newborn baby (5:38 minutes) <http://www.youtube.com/watch?v=ZpHqmHU34ik>

What have you learned from these videos?

First year home visits

The first year is a period of rapid growth and change for the baby. As a home visitor, you probably will have the joy of watching a baby develop through the scheduled visits. There are several instruments that can help you monitor the baby's developmental progress (see also the Module 13 on Developmental Monitoring and Screening)



Additional resources

If you want to learn more on this topic you can read The Centers for Disease Control and Prevention (CDC) has a very helpful website with information about developmental milestones: <http://www.cdc.gov/ncbddd/actearly/milestones/index.html>

Falling in love with a child that develops according to the expected schedule might be easy, especially if the pregnancy was wanted and the parents had secure attachments in their infancy. However, for some of your parents, this will not be that easy. As reviewed earlier in this module, some of the families you visit may have multiple "risk factors" that can interfere with healthy family dynamics, perpetuate insecure child-parent attachments, and ultimately affect the child's development.



Reflection and discussion

Monitoring and promoting child development is a critical task during the first year home visits. How can you combine this with your other routine activities during your home visits?

To help parents, ask them to show you how they interact and play with the child every time you visit them. By observing the parents' natural interactions and play, you can guide them by giving them ideas of how to follow the child's lead or interest, promote circles of communication, and introduce new activities that are developmentally appropriate for the child's age. This playful approach based on the parent-child relationship is much more effective than having the child do certain activities that are appropriate for age, when the child has no interest in those activities. This is especially true for children with developmental difficulties or disabilities.

Every child is different, and "one size does not fit all children". Insisting in activities that the child is not interested, sometimes because such activities are too difficult, can be stressful, frustrating and harsh.

The psychologist Stanley Greenspan developed the concept of "Floortime" to refer to a "dedicated time (20-30 minutes) that all parents should spend every day ENJOYING interacting and playing with their children.

During this time, parents start by following the child's interest (lead), join the child through shared pleasure and joy in the interaction, and then expand on the child's interest by promoting circles of communication, introducing gradually new challenges and learning opportunities.



Information cards

Here are two Information cards, 4 and 5 that you can use to give ideas to parents for nurturing interactions and games that can contribute to attachment during the first year (you can download them or use the template at the end of the module:

- **younger infant:** <https://docs.google.com/a/icdl.com/viewer?a=v&pid=sites&sr-cid=aWNkbC5jb218aWNkbHxneDo2ZmYyODkyMjkxNjgxODU2>
- **older infant:** <https://docs.google.com/a/icdl.com/viewer?a=v&pid=sites&sr-cid=aWNkbC5jb218aWNkbHxneDoyOTg1NTNhNTBkN2U2MmU4>

Second and third year home visits

During the second and third year, home visits you should continue to

- Develop a secure relationship with all family members, building trust through empathy and emotional attunement
- Promote "emotional co-regulation" between parents and the baby or child, especially during times of intense emotions (e.g. newborn period, but applies to any period of intense stress or emotions).
- Work on the process of falling or staying in love through daily fun, JOYFUL nurturing opportunities for interaction and play, building on the child's interest (also described as "Floortime" by Stanley Greenspan)

So, what is unique and what is the next important step to consider when you do home visits during the second and third year?

Usually, there are not many visits during the second and third year, while the child goes through enormous developmental and emotional changes. During this time the child is developing a sense of self and is more aware of what he or she wants or does not want. Depending on children's language and communications skills, they will communicate their wishes and needs through non-verbal behavior or with words. Sometimes, parents and grandparents see this as "problematic" oppositional defiant behaviors and struggle with setting limits and discipline. Some adults become more authoritarian, imposing strong and rigid limits and punishing the child if he or she doesn't comply or if he/she throws a temper tantrum. Other adults become very permissive. They allow the child to do anything, without setting clear expectations and without helping the child learn to self-regulate his or her behavior in line with family and cultural norms.

The preferred parenting style is called "authoritative". It requires warm, nurturing interactions with clear expectations and guidance on how the child can learn to meet expectations and is most effective when all adults in the household, mother, father and grandparents, use this parenting style. But healthy parenting is not just about setting limits. It is about nurturing a "warm, intimate, and continuous relationship between the parents and the child, in which ALL find satisfaction and enjoyment, and through this interactive process, the child grows, develops and learns.



Here are two *Information cards 6 and 7*, that you could use to give ideas to fathers and mothers on how to promote secure attachment through nurturing interactions and games during the second and third year.



To summarize this section, **watch** this excellent video (6 minutes)

Love builds Brains, produced by Best Start (www.beststart.org), Canada
<http://www.healthybabyhealthybrain.ca/love-builds-brains.htm>

What was for you the most powerful in this video? Why?



Additional resources

If you want to learn more on this topic, you can read:

My Child and I. Attachment for Life. Produced by Best Start (www.beststart.org), Canada
http://www.beststart.org/resources/hlthy_chld_dev/pdf/parent_attachment_eng.pdf



Community-based reflective supervision as self-care

Promoting secure parent-child attachments through home visits can take an emotional toll on home visitors. Many times they observe precarious conditions for infants and children, but still need to use empathy and attunement to the parents' enormous emotional needs to establish a trusting, secure, warm relationship. Home visitors become "emotional buffers" for the toxic stress that the family experiences on a regular basis. Having opportunities to attend regular support groups with other home visitors in their community, led by a professional trained in reflective supervision, where home visitors can share difficult, complex cases, is a self-care necessity. Home visitors must have the opportunity to reflect on their own feelings and problem-solve together to be able to recharge their batteries.



Read the 3 building blocks for Reflective Supervision:

<http://www.zerotothree.org/about-us/areas-of-expertise/reflective-practice-program-development/three-building-blocks-of-reflective-supervision.html>



Why do you think having daily **JOYFUL** nurturing opportunities for interaction and play, building on the child's interest, can be so critical to promote secure child-parent attachments and support the child's growth, health and development?

VI

SUMMARY OF KEY POINTS

**Final summary**

Healthy, strong and secure attachment is of crucial importance for overall wellbeing of child and family. Attachment profoundly influences every component of the human condition: Mind (how we think & perceive the world); body (secure attachment leads to less physical illness, good hygiene, and sensory integration); emotions (secure attachment helps moderate and regulate emotional states); relationships (secure attachment promotes healthy and positive current and future relationships) and values, morals, spirituality (secure attachment influences positive social values, faith, compassion, remorse, meaning in life).

Babies and children learn through experiences. When growing up in poverty and/or neglect, they often experience “toxic stress”, the accumulation of negative, stressful experiences that occur frequently and/or are intense, where young children do not have sufficient “emotional buffer” or positive relationships that protect them from the harmful effects on their physical and emotional health. The type of early emotional experiences that babies and children have will influence how they learn to self-regulate, create trusting safe relationships (affective engagement), and learn through interaction.

Every infant and young child should experience warm, intimate, and continuous relationships with his/her parents and other main caregivers in which both the child and the adults find satisfaction and enjoyment. When parents and caregivers are available and responsive to the baby’s needs, the child develops “basic trust”, a sense of security that those who care for them are dependable. This provides the child with a “secure base” (ideally more than one) from which to explore the world and return for comfort. A child who has positive attachment experiences (“secure attachments”) will build new relationships with other adults and children based on this initial “affective experience” with their mother, father and other primary caregivers.

Vulnerable infants and children, who might have a difficult temperament, be “fussy babies”, have chronic health problems or constitutional developmental disorders or disabilities are at a higher risk of developing insecure attachments. On the other hand, if mothers and fathers receive early support and guidance as needed, all children can develop secure attachments including children with disabilities like autism.

Well-attuned fathers and mothers attend to their babies’ affect or emotions in a given moment, and connect with them emotionally. They use facial expressions (smiles, looks), vocalizations with a nurturing tone, and other gestures and actions. Through this reciprocal communication, attuned parents let their baby know that they know how the baby is feeling and what he/she wants. Attuned parents help children to recognize and learn how to regulate their own emotions and feelings.

The action is in the interaction. Whether the child or the parents have factors that might interfere with establishing secure attachments, the pattern will be established based on the interactions that occur on a daily basis, particularly when the infant or child experiences distress. Concepts of “serve and return” or “circles of communication” illustrate this reciprocal interaction.

Longitudinal studies show that there is a high correspondence (68-75%) between child attachment patterns and adult attachment patterns. This means that most adults continue to have the same attachment pattern (secure or insecure) that they learned during their early

years. Attachment patterns are transmitted from one generation to the next one in 3 out of 4 cases. Children who develop insecure attachment tend to have parents who are most of the times unavailable, unresponsive to the children's needs, neglectful or abusive.

Empathy and attunement are key elements that can help break the cycle of trans-generational transmission of insecure attachment. However, empathy and attunement don't come naturally to parents and grandparents who did not have this experience when they were young. Home visitors have a unique opportunity to foster empathy and attunement among all adults interacting with the infants and children in a family.

Daily fun, JOYFUL nurturing opportunities for interaction and play, and building on the child's interest will help parents and grandparents fall and stay in love with their children.

You as home visitor can and should play a very important role in the process of falling in love between mothers, fathers and their children. To be able to do that you need to build trusting and respectful relationships with children, parents and other family members. It is important that you always do your best! Sometimes this will not be enough, and you will need to ask for support from your colleagues, supervisors or experts from other services.



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ANNEX



INFORMATION CARD 1

John Bowlby was the first mental health professional (psychologist /psychiatrist) to describe the importance of infant attachment, defined as a “lasting emotional bond between the child and his parents or caregivers.” He was influenced by a personal experience of separation from a primary caregiver, as well as his work with maladapted and delinquent children, wartime events separating young children from caregivers, and the work of Rene Spitz with orphans on maternal deprivation. In his seminal report, published by the World Health Organization (WHO) in 1951, he stated *“the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment”*.

Bowlby was the father of “attachment theory”, published later in his 1988 book, *A Secure Base: Clinical Applications of Attachment Theory*. He described that when parents are available and responsive to the baby’s needs, the child develops “basic trust”, a sense of security that the parent/caregiver is dependable, and is a “secure base” from where the child can explore the world and return for comfort. A child who has a positive attachment experience (“secure attachment”) will build new relationships with other adults and children based on this initial “affective experience” with their mother/father or other primary caregiver.

Psychologist Mary Ainsworth studied with Bowlby and further researched the effects of maternal separation on child development while living in Africa (Uganda). She carefully observed what happened with children ages 12-18 months, when briefly let alone and then reunited with their mothers.



INFORMATION CARD 2: ANTENATAL PROMOTIONAL INTERVIEW

Antenatal promotional interview with parents/caregivers should cover the following topics (under topics you can see sample questions):

1. Your feelings about your pregnancy
How did you feel when you learned that you are pregnant?
2. Your family & friends
How your family and friends reacted when they learned that you are pregnant?
3. Changing family life & relationships
How do you think the arrival of the baby will affect your relationship with your partner?
4. Looking after yourself & your baby
How do you feel about yourself now?
5. Your unborn baby
How do you feel when you think about your baby? What are the things that you enjoy, and the things that worry or upset you? What do you think how your baby is going to look like?
6. Your labour & your baby's birth
What are you doing to prepare for the labour? What kind of support you need?
7. Becoming a mum/dad, becoming parents
What becoming mummy daddy for you means personally?
8. Caring for your baby
What is your experience until now about taking care of babies?
9. Your circumstances & community
Do you know what is available locally for young mums and dads?
10. Recent and & life events
How are things going in general for you these days?
What's going well and good for you at the moment?
11. Your priorities, plans & support
Is there anything that you would like to change or improve before your baby is born?

(From: Dr Crispin Day, South London & Maudsley NHS Foundation Trust, King's College, London, UNICEF UK Baby Friendly Initiative, Annual Conference, Glasgow, November 28th, 2013)



INFORMATION CARD 3: POST-NATAL PROMOTIONAL INTERVIEW

Post-natal promotional interview with parents/caregivers should address the following topics (under topics you can see sample questions):

1. Your labour, birth & recovery
How do you feel? Do you think that you are feeling strong and healthy?
2. Your emotional wellbeing
How do you feel? Are you happy and content? Is there something that worries you?
3. Becoming a mum, dad & family
How do you feel as mum/dad?
4. Your family & friends
What are the main reactions among your family members related to the birth of the child?
5. Your baby's development
*How is your baby doing? In what ways has s/he changed and developed since s/he was born?
What have you learnt about your baby so far? What sort of person is s/he?*
6. Caring for your baby
*How is feeding going? How is your baby sleeping? How are you coping with broken nights?
How do you cope when your baby cries a lot or is difficult to settle?*
7. Baby cues, getting to know your baby
What have you learned about your child until now? What kind of person he/she is?
8. Your circumstance & community
Do you use services available in community?
9. Recent & past life events
*How are things going in general for you these days?
What's going well and good for you at the moment?*
10. Your priorities, plans & support
Who is around you to help? Do you need any additional help?

(From: Dr Crispin Day, South London & Maudsley NHS Foundation Trust, King's College, London, UNICEF UK Baby Friendly Initiative, Annual Conference, Glasgow, November 28th, 2013)



INFORMATION CARD 4: STAGE 2: 2 – 7 MONTHS

Goal: Falling in love with each other

Throughout this stage, which roughly spans from first smiles to crawling; your baby becomes more and more focused on you and other persons and things outside herself. Your delightful task during these months will be to promote pleasurable feelings between you and your baby. Emotional engagement and attachment is important because as your baby relates to you and expresses loving feelings, various motor, sensory, language, and cognitive achievements are also often taking place. The milestone of falling in love usually gives purpose to these skills. For example, when your baby is physically capable of reaching out and grasping something, she will more often attempt to reach for something that she is interested in and takes delight in. There's nothing more interesting in her world than you, and her love for you will continue to spur her on as she learns to reach, grasp, sit, and eventually crawl toward you, the object of her affection. How you know your baby is falling in love with you:

- Responding to your smiles with a big one of her own;
- Making sounds and or moving her mouth, arms, legs, or body in rhythm with you as you move in rhythm with her;
- Relaxing or acting comforted when you hold her or rock her;
- Cooing when she is held, touched, looked at or spoken to;
- Anticipating with curiosity and excitement the reappearance of your face and voice;
- Looking uneasy or sad when you withdraw in the midst of playing with her.

There are many ways to fall in love. Sometimes it takes a while for love to blossom, sometimes there are lots of bumps along the way. What's important is that your shared intimacy is gradually growing. You have plenty of time to cement a loving relationship with your child, as long as you stay emotionally involved. Your baby may have individual preferences regarding what is pleasurable to her, and radiate excitement when you amplify her pleasure by:

- Talking and babbling to her, using a variety of high and low pitches and soft to loud tones;
- Offering her a range of different facial expressions while talking and babbling;
- Touching or massaging her, using gentle touch while telling her what you are doing;
- Gently moving her arms and legs while talking to her and looking at her;
- Moving her horizontally or vertically fast and slow, through space while beaming at her with big smiles accompanied by lots of sounds and words.

Games to help your child master Stage 2:

- **The Smiling Game.** Enjoy using words and/or funny faces to entice your baby into breaking into a big smile or producing other pleased facial expressions such as sparkling or widened eyes. You can chatter about the spoon you've stuck in your mouth, or the rattle you've placed on your head, or simply about how "bee-you-ti-ful" her hair is!
- **The "Dance with Me" Sound and Movement Game.** Try to inspire your baby to make sounds and/or move her arms, legs, or torso in rhythm with your voice and head movements. You might say, "Are you going to dance with me, sweetheart?" Oh, I bet you can – I know you can!" while looking for a gleam of delight in his eyes.



INFORMATION CARD 5: STAGE 3: INDIVIDUAL COMMUNICATION 6 – 10 MONTHS

Goal: Becoming a two-way communicator.

How you know your baby is communicating: Your baby may open up gestural dialogues with you by doing the following:

- Reaching out to you to be picked up, or hugging you back when you hug him;
- Smiling, vocalizing, putting a finger in your mouth, taking a rattle from his mouth and putting it in your own, or touching or exploring your hair;
- Pushing undesired food off a high chair tray with an accompanying angry look, screaming when a desired toy isn't fetched quickly enough, or wiggling out of your arms when he has no interest in getting dressed (His angry face, shouts, and squirmy body clearly communicate his sense of protest or anger);
- Looking for the toy that fell to the ground or (toward the end of this stage) looking in your hand for a hidden, desired rattle;
- Showing caution or fear by turning away, clinging to your leg, or looking scared when a stranger approaches too quickly.

Follow your baby's lead and challenge him to exchange gestures and emotional signals with you about his interests.

Do's and Don'ts as your baby learns to communicate

- Do simultaneously exercise as many of the sensing, smelling, hearing, touching and moving elements of your child's nervous system as you can while the two of you interact.
- Don't be a ringmaster and direct the way your play unfolds. Follow your baby's lead and help him use his interests to give direction and organization to his new abilities.
- Do play lots of emotionally pleasurable games for longer times. The more interactive playtimes you share, the more fun you'll have.
- Do seek out the magic moments.

Becoming a Communicator

Take note of the things your baby is naturally interested in (your funny nose, or the rattle you've placed in your mouth, for example) and then challenge him to express himself with feelings and actions in a purposeful way. In this way you will help him become a two-way communicator!

Games to help your baby master Stage 3:

- **The Funny Sound, Face, and Feeling Game.** Notice the sounds and facial expressions your baby naturally uses when he's expressing joy, annoyance, surprise, or any other feeling, and mirror these sounds and facial expressions back to him in a playful way. See if you can get a back-and-forth going.
- **The Circle of Communication Game.** Try to see how many back-and-forths you can get going each time your baby touches a tiny red ball or pats your nose and you make a funny squeal or squawk in response. Or see how many times he will try to open your hand when you've hidden an intriguing object inside. Each time your baby follows his interests and takes your bait, he is closing a circle of communication.



INFORMATION CARD 6: STAGE 4: ORGANIZED COMMUNICATION AND PROBLEM SOLVING 9 - 18 MONTHS

Goal: Using a series of interactive emotional signals or gestures to communicate.

Stage 4 Do's and Dont's

- Do engage in long chains of interaction around all your toddler's interests
- Do make a point of exploring a range of feelings: pleasure, excitement, curiosity, closeness, anger, defiance, and limit setting.
- Do challenge your toddler to experience different feelings in the same play session so she can make various feelings part of who she is.
- Do let your toddler know what you expect in terms of behavior, much as a corner policeman directs traffic. Use expressive facial expressions, body postures and vocal tones.
- Do challenge your child to solve more and more complex problems, like finding you in a hide-and-seek game.
- Do challenge your toddler to use her gestures to show you what she wants.
- Don't label your child as good or bad.
- Don't focus only on playing with blocks, puzzles, or cause-and-effect toys.
- Don't become preoccupied with teaching your toddler about discipline and controlling her behavior.

Learning How to Solve Problems

Challenge your toddler to interact with you to solve problems- not only those that she wants to figure out on her own, but also those that you present to her. Exchange many gestures as the two of you problem-solve, including sounds or words and actions such as pulling each other in various directions.

Games to help your child master Stage 4:

- **The Working-Together Game.** Note your toddler's natural interest in various toys, such as dolls, stuffed animals, trucks, balls, etc., and create a problem involving a favorite toy that she needs your help to solve. For example, you might have a favorite teddy bear "runaway" and "climb" to a high shelf. Your child will have to raise her arms to reach, and gesture for you to pick her up to extend her reach, and you will gladly comply. Such a simple game will involve opening and closing many circles of communication while solving a problem at the same time.
- **Copycat Game.** Copy your toddler's sounds and gestures, and see if you can entice her to mirror all of your funny faces, sounds, movements and dance steps. Eventually, add words to the game and then use the words in a purposeful manner to help her meet a need, for example, by saying "Juice" or "Open"



INFORMATION CARD 7: STAGE 5: EMOTIONAL IDEAS 18 – 36 MONTHS

Goal – Using symbols or ideas to convey intentions or feelings.

Now is the time to help your child tell you what he wants or thinks, and to become a partner in his emerging make-believe play. You can pretend to be a puppy, or talk for a puppy puppet, and ask your child for a hug or a kiss or a dog bone, for example. You can also open up conversations with him about his desires and wishes, and ask, “What do you want to drink, milk or juice?” His reply of “juice” could be met by your eager head nod and response of, “Let’s go and get it! Show me where to go.” As he answers, “There, Mommy,” while pointing toward the refrigerator, he’ll know that he can get his needs met by interacting with you.

Stage 5 Do’s and Dont’s

- Don’t rely on puzzles, books, structured games, DVDs, or TV to spark your child’s use of ideas.
- Do get down on the floor and become a character-such as a bear or wizard-in a pretend drama of your child’s own choosing. Ham it up! Interact, talk, and emote through your character.
- Do hold long conversations about anything that interests your child, from a new toy to his favorite or most despised food. Use games, TV, and videos as a basis for long back-and-forth conversations rather than as ends in their own right.

Games to help your child master Stage 5:

- **Let’s Chitchat.** Using your child’s natural interests, see how many back-and-forth circles of communication you can get going using words, phrases, or short sentences. You can even turn your child’s single-word response into a long chat. For instance, when your child points to the door and says, “Open,” you might reply, “Who should open it?” He is likely to say “Mommy do it,” and you could shake your head from side to side and say, “Mommy can’t now. Who else?” He’ll probably turn his head to his father and ask, “Daddy do it?” Daddy might reply, “Do what?” When your child once again points to the door and says “Open, open!” Daddy can walk toward him saying, “Okay, can you help me push the door open?” With his eager head nod, your little boy will be closing this long sequence of back-and-forth words and gestures.
- **Let’s Pretend.** Become a dog or cat or superhero in a drama of your child’s own choosing. Ham it up and see how long



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