Love
Circle of Love:
Attachment

There’s a family photo on my desk. It’s an image of me with my husband, Mark, and our about-to-be-adopted daughter, taken just moments after her orphanage director brought her to us. Mark and I are looking into one another’s eyes. The shot isn’t a close-up, so you can’t see the tears of joy glistening there, but you can feel them in the shape of our smiles. His arm curves around my shoulder; I lean slightly in his direction. After years of waiting and infertility, we’re thrilled to be beginning the grand adventure of parenting together, and our happiness and deep attachment and attunement to one another are as bright and self-evident as a sunflower.

But what of our new daughter? My arms envelop her body; my hands hold her tight. Her plump cheek rests softly against my shoulder. She clings to me and explores the bare skin of my arms with gentle, curious fingers. But her legs hang limp against my hips. She stares, not at her new father and me, but blank-eyed into the distance, and on her face is an expression of such sadness, worry, and fear that I can hardly bear to look at it.

In that photo, I read the history of our daughter’s struggles to attach to us. Her clinging arms, snuggled cheek and curious fingers show her intense desire and her need for love. But her averted, frightened eyes and her limp legs suggest the challenges we will confront in teaching her what love means and how to give and receive it.

Many of us who adopt post-institutionalized children will face similar challenges. All internationally adopted children are affected by their early experiences of neglect and loss, but some seem more profoundly damaged than others. For reasons we don’t fully understand, these children struggle harder to form secure attachments in their new families. Luckily, there is growing recognition of the importance of attachment among prospective parents, agencies, and professionals, and together we are learning what we can do to help build healthier relationships with our wounded children.

Definitions and Theory
As a new parent, the phrase “Reactive Attachment Disorder” (RAD) struck fear into my heart. Our social worker hadn’t even mentioned that attachment might be an issue for post-institutionalized children, but I’d heard several cries of warning from exhausted and frustrated parents on the big International Adoption e-boards, and I had read the angry and defensive responses (“Our kids don’t have problems like that!”). While I carefully filed those posts about
attachment on my computer’s hard drive for future reference and read the relevant sections of Mary Hopkins-Best’s *The Weaver’s Craft*, secretly I prayed that once our daughter joined our family, I’d never need to think about the subject again.

I didn’t understand then that attachment is not an all-or-nothing proposition, but instead occurs on a continuum, from the securely attached, to the insecurely attached, to the completely unattached. Several classificatory systems have been proposed to describe this arc, and you can also find a list of problematic symptoms, and warning signs of attachment impairment on page ???. Reading them, you may be tempted to ask, “Don’t all kids do that sometimes?” Apart from the most extreme behaviors, such as fire setting and deliberate violence towards animals or people, all kids do show some of these symptoms some of the time. The difference is in the severity and persistence of the behavior and the reasons the child is engaging in it. The child with attachment issues is not just “testing boundaries”. A part of her wants to hurt her caregiver or drive her caregiver away.

Attachment can be defined as the close, trusting tie between two people, or in particular, as the reciprocal relationship between an infant and her primary caregiver (usually her mother). Healthy attachment occurs when the infant experiences her caregiver as consistently providing emotional essentials such as touch, movement, eye contact and smiles, as well as the basic necessities such as food and shelter. In ideal circumstances, where the bonding cycle is proceeding as it should, the mother’s consistent response helps to regulate the child’s level of arousal; eventually, over many repetitions of the cycle, the child understands that it is safe to trust, and learns to modulate her responses to fit the situation. This capacity for modulation grows in part because throughout the cycle the mother is providing the infant with physiological experiences (rocking, swinging, sucking, touch) that are foundational for all future sensory, cognitive and affectional development.

It’s obvious, then, why children who suffer trauma, abuse, neglect, or multiple placements during their first few years of life are at special risk for attachment impairment. When an infant’s basic needs are not consistently met she is suspended in a state of helpless arousal leading to anxiety and anger; put simply, she can’t trust. Also, because she has been short-changed of experiences of touch and movement that help to build complex neural pathways, she has difficulty processing sensory messages from the environment in as efficient a manner as her more “typical” peers.

Instead, as recent research on brain development and trauma by Bessel van der Kolk, Alan Schore, Bruce Perry, Daniel Siegel and Daniel Amen confirms, she relies on more primitive areas of the brain and shows an exaggerated fight or flight response to stress. Even when conditions improve (when she joins a loving home, for example) she may remain developmentally “stuck” in ways that aren’t always obvious to the casual observer. It’s not surprising, then, that post-traumatic stress disorder (PTSD) and sensory processing disorder (DSI), as well as other disorders such as ADHD, Autism, Institutional Autism, bi-polar disorder, oppositional defiant disorder, and Tourette’s, often appear together with insecure attachment in our adopted children. Most of these could be classified under the very broad umbrella of “regulatory disorders.” All have to do with the child’s capacity to modulate emotional, behavioral, and sensory responses, and in internationa-
The Attachment Spectrum—Attachment is a Long-Term Process

Parents can assist the process by understanding how their internationally adopted child has been emotionally affected by a history that may have included multiple caregivers, loss, malnutrition, illness, abuse, and neglect. Helping our children move from the different classifications of insecure attachment to a healthy, secure attachment, is of primary importance. A child’s secure attachment to his parents will benefit every aspect of his life and contribute immeasurably to our own joy in parenting.

Secure Attachment

Secure babies cry upon separation from their mother and greet their mother with pleasure and excitement when reunited. They mold to the shape of their mother’s body when consoled, and hang on to their mother when being carried. They enjoy eye contact. Secure children tend to be better able to develop trust, self-regulate, think logically, develop a conscience, obtain self-reliance, develop meaningful relationships, attain full intellectual potential, cope with stress and frustration, and handle feelings.

Anxious/Ambivalent Attachment

<table>
<thead>
<tr>
<th>Traits of an Anxious/Ambivalent child:</th>
</tr>
</thead>
<tbody>
<tr>
<td>clingy, and unable to explore</td>
</tr>
<tr>
<td>“Hold me close/let GO of me!”</td>
</tr>
<tr>
<td>agitated upon separation, often crying profusely</td>
</tr>
<tr>
<td>baby seeks mother but simultaneously arches away</td>
</tr>
<tr>
<td>older child fears losing mother, but remains emotionally distant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Traits of an Insecure/Avoidant child:</th>
</tr>
</thead>
<tbody>
<tr>
<td>cannot trust parents</td>
</tr>
<tr>
<td>baby prefers to feed self</td>
</tr>
<tr>
<td>engaging with strangers, shows little interest in parents</td>
</tr>
<tr>
<td>hugs parent’s back or shoulder</td>
</tr>
<tr>
<td>afraid to explore and play; less able to pretend</td>
</tr>
<tr>
<td>has difficulty following rules and accepting limits</td>
</tr>
</tbody>
</table>

Insecure/Disorganized Attachment

<table>
<thead>
<tr>
<th>Traits of an Insecure/Disorganized child:</th>
</tr>
</thead>
<tbody>
<tr>
<td>often acts frightened or alarmed</td>
</tr>
<tr>
<td>acts as if being rejected or abandoned</td>
</tr>
<tr>
<td>often freezes in place</td>
</tr>
<tr>
<td>may exhibit hurtful behaviors to animals or other people</td>
</tr>
<tr>
<td>may be indicative of early physical or sexual abuse</td>
</tr>
</tbody>
</table>

Reactive Attachment Disorder (RAD)

RAD is at the far end of the attachment spectrum. A child with RAD has no attachment to anyone, has little conscience or fear of consequence, will hurt, lie and steal without remorse, and will not respond normally to nurturing or discipline. A child with RAD is an extremely traumatized child, and requires intensive treatment and specialized parenting.

Based on the original work of Mary Ainsworth, and on the continued research, work and writing of Mary Main, Judith Solomon, and Doris Landry
ally adopted children, all have their roots in the trauma and neglect of their first few months or years.

Parenting a child with attachment issues or regulatory problems is a challenge, and the degree of difficulty will depend on a combination of factors: her temperament and yours, the type and extent of trauma she suffered, the overall environment in which you are raising her, and her inborn sensitivities and gifts. Some of our children can be healed by attachment-oriented parenting alone. Some need a special kind of therapeutic parenting. Some need that, plus therapy for attachment issues and/or grief/loss and adoption issues. Some will need additional therapies or medication; my daughter, for instance, has received occupational therapy for her sensory processing disorder. Some of our children may need all of these, and even then they may struggle with some degree of attachment insecurity.

And yet, there is so much room for hope. Children with attachment disorder can heal. And by helping to heal a child who hurts, you are giving her the gift of better relationships for life.

A child who has struggled with insecure attachment and learned to love may become wise and empathic beyond her years. A child who has struggled with insecure attachment and learned how to love may love all the more deeply, when she does love, and may treasure her relationships more consciously than other children.

My own daughter, despite four years of parenting-for-attachment and several months of therapy, continues to show signs of anxious-ambivalent attachment. Yet I can’t count the times that others have commented to me on our obviously strong bond. “It’s wonderful seeing you two, as you always seem so happy together,” said the mother of one of her pre-school friends. “You seem to have so much fun together,” commented another acquaintance. “You two adore each other!” said a third. And we do. I can’t imagine feeling closer to any child than I feel to M. For her part, she says that she loves me to “infinity and beyond.” Could it be that we treasure our connection all the more for its being so hard won?

Problems and Issues
A child whose needs have not been met during her first year of life will learn, at a very basic level, that she cannot trust adults. Her sense that she cannot rely on anyone will engender high levels of anxiety, which may show itself in:

- hyper-vigilance and seemingly preternatural recall
- unusual fears or sleep issues
- a tendency to “check out” or dissociate
- hyperactivity, continual chatter and impulsiveness

As she gets older, she’ll often try to dispel her anxiety through excessive bids for control in the form of extreme opposition and defiance, passive-aggressive behavior, or manipulation. She will also feel a great deal of shame and rage about her unmet needs. She may try to repress those feelings, presenting a mask of “the perfect child” to the world. Or she may express those feelings through frequent or intense meltdowns, outbursts of violence towards others, or attempts to harm herself. Ordinary “good parenting” practices seldom work; the child continues to engage in dangerous or troubling behaviors regardless of the methods parents use to put a stop to them. For loving parents, this can be deeply frustrating and confusing.

People outside the family may not recognize the complexity of the problem. Even professionals can miss the subtle signs of attachment impairment. They may attribute the child’s behaviors to a developmental phase. Psycho-educational testing may identify cognitive or physical delays, or areas
Love

of giftedness, and the child’s “differences” or difficulties may be blamed on those. But her behavior may reflect her maturity level, her cognitive strengths or weaknesses, plus attachment strain (and PTSD or other related problems). A concrete example: Many preschoolers “chatter” almost constantly. A child with a special facility for words and relative weakness in other cognitive areas will talk even more than her peers; she uses language to mediate her world. But a young, verbally gifted child with attachment strain will give the phrase “non-stop talker” a whole new complexion. Normal children talk to communicate thoughts and feelings to another person, or at an early stage, to themselves. Children with attachment problems do that, sometimes. They also talk to make noise, to prove to themselves that they exist, and to control their world by forcing another to listen and to respond to seemingly endless questions and comments. They use language to manipulate rather than to connect.

Parenting a child with attachment issues can be isolating and lonely. Many children with attachment issues present one face to the world and another at home, and parents frequently find themselves disbelieved when they try to talk about the difficulties they are experiencing. Children with attachment issues, like all children, change as they progress through developmental phases, and sometimes parents are fooled into thinking that the situation has improved when, in fact, the problems have simply gone temporarily underground. Even when parents acknowledge that the family has a problem it can be very difficult to find professionals who understand the issues and who are experienced in working with post-institutionalized children. Parents themselves fall prey to feelings of anxiety, guilt, shame, and rage when “experts” suggest that they try techniques that they have already tried to no avail. It is painful when friends advise them that “all kids do that” or imply that they should “lighten up” or “be stricter”. It is humiliating and uncomfortable when strangers stare disapprovingly, or offer comments about (overly friendly) “delightful” children. It is very important that parents take good care of themselves, and seek understanding support in order to withstand the parental and societal stress they are under.

Nurturing and structure must be properly balanced before a child will heal. Each child will respond best to different elements of nurture and to a different intensity of structure. Some feel most connected when their parent plays with them one-to-one; others feel loved when their parent cooks their favorite foods or expresses appreciation for a job well done. Some accept limits easily, and some need the stronger containment of a “steel box with a velvet lining.” It may take some time to figure out what type of parenting

Basic Tools

Post-institutionalized children thrive on nurture and structure. These are sustenance for body and soul:

Nurture means eye contact, smiles, touch and movement, food, language, and fun.

Structure is the framework that nurture must have to make a child feel safe and secure. It includes family routines and rituals, firm but reasonable limits, and expectations of responsibility. Far from restricting a child, structure instead provides her with opportunities to reach her full potential.
best suits your child, and you may have to make some adjustments to your preferred or default style. Not only that, but you will need to learn new techniques and strategies as your child moves through various developmental stages and achieves new levels of healing. You may also discover that your philosophies of child rearing change as a result of parenting a child with attachment difficulties. Parents are on a growth curve, too!

The specific tools you use to secure your adopted child’s attachment to you will be as unique as the two of you. But if I could offer one general piece of advice to new parents, or even to more experienced parents who find themselves feeling discouraged about their relationships with their children, it would be this:

Find at least one activity involving touch, movement and eye contact that you both enjoy, and do it every day. This is especially crucial in your first few weeks and months together. Your shared activity might be dancing with your baby in your arms; it might be swinging with your toddler at the park; it might be blowing bubbles, reading stories, singing songs, or feeding one another bits of delicious fruit. Whatever you choose, a few minutes a day of shared pleasure can help lay the foundation for a richer connection.

From Rejection to Connection
What happens if your baby or older child rejects you, refuses to look at you, and does not want to be near you? This is without question one of the most worrisome situations for a new parent. But try not to despair. By moving gently but persistently into your child’s comfort zone, you will find a way closer to her heart. If you find yourself in this difficult position, reach out for professional help and parent-to-parent support. Seek others who will understand and make suggestions. Online support groups can be invaluable.

Tools that Build Connection—Nurture

1. Floor time or “special time.” This means fifteen to thirty minutes of focused, one-on-one imaginative play with your child, during which you allow her to set and develop the theme. Rather than directing or evaluating your child’s play, you facilitate, by describing what she is doing, interpreting her facial expressions, and mirroring and elaborating on her feelings. When you play this way regularly with your child you make her feel valued. You also foster trust, and you may make some interesting discoveries about her fears and preoccupations. It was during a floor time session that I learned about my three year old daughter’s fear that if she were very naughty she might be sent back to the orphanage. It was during floor time that she asked some of her first questions about birth parents. More

RESOURCES

Building Relationships With Young Children:
Toddler Adoption: The Weaver’s Craft
by Mary Hopkins-Best

First Steps in Parenting the Child Who Hurts
by Caroline Archer

Attaching in Adoption, Practical Tools for Today’s Parents
by Deborah D. Gray

Parenting the Hurt Child: Helping Adoptive Families Heal and Grow
by Gregory Peck and Regina M. Kupecky

Online support groups can be accessed through these web sites:
Attach-China-International
www.attach-china.org
(not just for China adoptions)

Attachment Disorder Network
www.radzebra.org

Older Child Adoption
www.olderchildadoption.com

Attachment Disorder Site
www.attachmentdisorder.net

Organizations
ATTACH
www.attach.org

Child Trauma Academy
www.childtrauma.org

Trauma Center
www.traumacenter.org
information and a full description of floor time can be found in the work of Stanley Greenspan, listed in the Resources.

Outdoor/active time. Many of our children seem “busier” than is typical. Many suffer subtle developmental delays or sensory processing disorder as a result of inadequate early stimulation. They need opportunities to move, both to curtail anxiety and to build important neural connections. Running, swinging, crashing, climbing and jumping, either in a gym class or at the park, all help to develop the proprioceptive (body’s sense of motion that detects the movement or position of the body or a limb) and vestibular (body’s sense of equilibrium) systems. These systems are both constantly activated under normal infant circumstances, when a parent picks up/puts down and carries around a new baby (it’s how a baby learns spatial skills!). Movement is great for parents, too. It helps us deal with the stress of parenting our often demanding kids.

Spending time outdoors can also help anxious children to slow down. Walks in the woods or at the beach or in a local park can prime a child for closer connection at other times of the day. Days when our daughter spends significant time outdoors are typically easier days for everyone in our family. And besides, being active together is fun!

2. Food. Some attachment impaired children struggle with hoarding and gorging. More information about how to deal with this issue can be found in the FOOD chapter of this book. When problems of this kind are not serious, food can be used to cement connection. Some new mothers choose to breastfeed, and where it’s feasible for both participants, this can be a wonderful opportunity to be close. Many children enjoy a “bottle time” long past toddlerhood. Some therapists recommend offering sweets in limited amounts. Games involving Cheerios, bits of fruit, candies or small crackers promote eye contact. And as children grow older, cooking together can become a fun family project.

3. Co-sleeping. Many experienced parents and some attachment therapists recommend the “family bed.” Co-sleeping can reduce children’s anxiety. Note, however, that some children have to build up to this level of intimacy. Highly active children like my daughter may thrash and kick too much in their first months with the family. They may be over-stimulated and unable to sleep at all. Some families put children in the same room, on a pallet next to the parents’ bed. Our daughter seemed most comfortable in her own room for her first year with our family. Gradually she began to come into our bed whenever she’d wake in the night. Now, for a variety of reasons, we co-sleep for the whole night. In other words, we’ve moved
towards more night-time contact rather than less, which is a pattern that is the reverse of what most families might expect. But I’m sure she will ask to sleep on her own when she is ready and for now, when she wakes, rather than crying out in fear, she simply touches us and goes back to sleep. We are all better rested as a result. Families should experiment to find what works for them [see **Sleep** chapter pages xx-xx].

4. **Smell and skin-to-skin.** Our olfactory sense taps into the most primitive parts of our brain. Sharing shampoo, lotions, and laundry detergent can be a powerful way to make a child feel that she “belongs.” My daughter’s favorite “blanket” is really an old shirt of mine; she loves to sniff my hair and sweaters. Skin-to-skin contact is also important. Bathing together, showering together, and swimming together can be wonderful opportunities to build closeness.

5. **Get Silly.** Tickles, blowing raspberries, pat-a-cake, hide and seek, nursery rhymes and family jokes: all of these feed a sense of shared fun and pleasure. They also promote eye contact and the kind of touch that some children find less threatening than kisses and embraces.

6. **Song and Story.** Music is a powerful tool for connection. Think how songs stick in our memories and remind us of specific periods of our lives. Similarly, stories, in the form of:
   - literature
   - life books
   - trauma and claiming narratives
   - anecdotes about “when I was little” and “when you were littler”

These all help create a sense of security and belonging. More information can be found in the **Life Stories** section (pages xx-xx) of this book. In our family, we used one of those children’s tape recorders to good effect. I read stories and sang songs onto tapes for my daughter; and she listened to them nightly after tuck-in time. She calls these tapes (and now, CDs) “Mama’s Voices.” They were especially comforting to her when I had to be out in the evening or had to go away for a few days’ time.

7. **Regress the Child to Her Emotional Age for Nurture.** Many internationally adopted children enjoy bottles, rocking, swaddling, nose-kisses and “peek” games far longer than one might expect. These children missed out on babying they needed and deserved; you are not indulging them by re-parenting them to meet these needs. Even if children resist cuddling, touch is important to their healing. **Woo your child. Cuddle her and hug her daily.**
Tools that Reduce Anxiety, Build Self-Esteem, and Teach Self-Control and Self-Regulation—Structure

1. Relaxation and visualization exercises. Children can begin to practice these even when they are pre-schoolers. Good examples of audio materials to help children relax are available from the Child Anxiety Network (www.childanxiety.net) and from MindWorks for Children (www.mindworksforchildren.com).

2. Yoga, Deep Breathing, “Strong Sitting.” My daughter responds well to the request that she take three deep breaths when she is becoming over-excited or angry. It helps if I do this with her. “Strong Sitting” is a technique promoted by Nancy Thomas. Parents direct the child to sit straight and quiet on a mat for a few minutes at a time. This helps the brain “shift gears” and promotes the development of the limbic system and the neo-cortex. “Strong sitting” is not meant to be used as a “consequence” or “punishment”; it is instead a meditative practice.

3. Provide visual sequences and schedules. Children with insecure attachment often profit from visual charts or “pictograms” that outline the day’s or week’s events. Knowing what will happen in advance frees them from worry. See www.do2learn.com for free picture cards and daily organizers.

4. Learn about temperament and teach your child to recognize and value her strengths. Is she stubborn or persistent? Impulsive or spontaneous? Viewing your child’s characteristic responses through a positive lens doesn’t mean that you’ll find them any easier to live with. And whatever you attribute them to or call them, some qualities and habits, taken to extremes, will contribute to her problems in relating to others. But reminding ourselves about how temperament influences behavior can help us view our children’s intensity in a slightly different light and offers a language to teach them self-respect and self-love.

5. Provide opportunities for success. Fulfilling family responsibilities or succeeding in a sport or in their schoolwork gives attachment challenged children reasons to feel good about themselves and can reduce their inner sense of alienation. Notice your child’s natural strengths and encourage her to pursue them. Get psycho-educational testing to find out about her preferred learning style and her cognitive abilities. Set high expectations and help your children meet them. (see the SCHOOL chapter for more on sports.)
6. Teach children to recognize their bodies’ signals and to monitor and maintain their own levels of arousal. A helpful guide is the Alert Program for Self-Regulation, How Does Your Engine Run? (www.AlertProgram.com) Designed by two occupational therapists, this manual promotes awareness of how we regulate our own arousal states and encourages the use of sensorimotor (senses and movement) strategies to manage our own levels of alertness.

7. Consider occupational therapy or programs such as Brain Gym. Movement tailored to the child’s specific deficits will help develop neural pathways in the brain. Often participants are encouraged to “cross the mid-line”, meaning, use both the right and left side of your brain to think, feel and respond. This bi-lateral stimulation seems to help modulate emotional responses and organize thought. Significantly, EMDR (Eye Movement Desensitization and Reprocessing), recommended as a treatment for trauma and useful for children with attachment difficulties, is also based on bi-lateral stimulation.

8. Help children identify and name feelings and provide safe outlets for strong feelings. Some insecurely attached children will try to deny all negative feelings, including anger. These are the “too-good” children. They can be helped with feelings charts, narratives that allow them to experience feelings vicariously through the characters, and with parents who identify and share their own feelings. Other children will try to deny all “soft” feelings, such as sadness, fear, and even happiness; these kids tend to act angry a lot of the time. Still others will show all their feelings, but in extremes. These children need experiences of “containment” where they learn that they are loved unconditionally, regardless of how angry or frightened they might be inside. Some families have benefited from keeping a “family feelings journal” or a mother-daughter journal. This can take the form of words or, more often, artwork. You might provide the angry child with a special jar; suggest that she can write down or draw pictures of her angry feelings and put them into the jar as an alternative to acting them out. Some kids will enjoy a special pillow that they can punch; others like to throw a substance like Gak Splat at a (parent-approved!) wall. Play and humor are also safe outlets for feelings (see Feelings chapter).

_Holding Time_ by Martha G. Welch, MD

Holding Time outlines the gentle method of “Holding Time” that a parent can use to connect to a child, and that can help build par-
ent-child trust and intimacy. Physical touch (holding) and loving eye contact provide the emotional safety net that encourages a child to express his thoughts and feelings.

NOTE: Dr. Welch did not write this book specifically for internationally adopted children; the examples in her book are of families addressing a biological child’s “here and now” behavior or experience. A “here and now” experience might be the catalyst for an adopted child’s “Holding Time” with a parent, but the adoptive parent needs to understand that she or he needs to address the underlying core issues of adoption (there are seven, please see sidebar and page XX in the chapter on Loss and Transition) in a HT with their child, not just the surface feelings or behavioral melt-down. Although still a valuable parenting tool, this extra layer of adoption may take a Holding Time in a different direction, or end with a different resolution than Dr. Welch discusses in her book.

Many families use some variation of “Holding Time”. Some parents “cuddle” at set times every day, or whenever their children seem especially disconnected from them. If the cuddling leads to rage, they may continue to hold the child until she moves through the rage to a calm or loving resolution. This is “therapeutic holding.” Parents should seek professional guidance about whether and how to practice therapeutic holding.

9. Respond to the child’s emotional age. If you feel tempted to shout “Act your age!” consider that your child may already be doing just that. She may be acting her emotional age, instead of her chronological age. When a baby pulls the cat’s tail, we don’t put her in time-out; instead we tell her to stop, then take her hand and show her how to touch gently. When a three year old throws a tantrum, we don’t ground her for a week; instead we stay near her until she is calm (possibly holding her) or we offer her another safe place such as her room where she can regain her balance. Then we reassure her and help her process her feelings. That’s not to say that you should ignore unacceptable behavior. On the contrary, most insecurely attached children need to know that their parents are in control, and maintaining firm boundaries is one way of conveying that. But be aware of your child’s emotional state. Has she been triggered into a PTSD reaction from another time, place and age? Before imposing consequences, you may need to help her reach equilibrium.

10. Recognize what your child can handle. Part of responding to your child’s emotional age means recognizing how much in the way of stimulation, freedom, choices, and privileges she can handle.
Many internationally adopted children need quiet environments when they first join their families. Some do poorly in crowd situations, particularly crowds of other children, for months or even years, post-adoption. Nancy Thomas advocates returning children to “the basics”, as in limiting stimulating activities to those we provide for babies and young toddlers until the child shows she is ready for more. The “basics” for all children include:

- stories
- active play
- building blocks or Legos
- markers or crayons for drawing
- and, of course, cuddles!

Once a child has shown that she can make good use of these playthings and can remain “respectful, responsible and fun to be around,” then she can gradually earn more privileges and freedom. Especially for children who are impulsive and/or violent, a system like this can be very helpful.

11. Model the calm response. Children with attachment issues push their parents’ buttons. Every parent of an attachment impaired child will “blow it” once in a while, and probably far more often than she would like! But anger, while understandable, is usually counter-productive. Try to model the response you hope your child will emulate. Keep P.L.A.C.E. in mind- The aim of psychologist Dan Hughes’ P.L.A.C.E attitude for parents: Try to remain Playful, Loving, Accepting, Curious, Empathetic!

Use natural and logical consequences wherever possible, without showing irritation about your child’s poor choices. Allow the consequences to do the teaching and refrain from lecturing. Some parents find the “Love and Logic” approach very helpful.

12. Reward? Children with serious attachment issues generally won’t respond well to behavior modification techniques such as rewards for desired behavior. But children whose issues are less serious can sometimes be helped by rewards in specific situations, or rewards of a particular kind. You may need to experiment. If rewards or incentives seem to motivate your child to tolerate greater closeness, to treat others with greater respect, or to use the calming strategies you’ve taught her more consistently, then by all means, reward her. The more “fun to be around” your child becomes, the more you will enjoy her, and the more you enjoy her, the stronger your attachment will grow.

13. Set and maintain limits: Rehearse, Replay, Rewind, Repair,
Repay. Children with attachment impairment and/or cognitive processing problems often need opportunities to rehearse expected behaviors and desired social skills. Role play is a useful technique. For instance, if your child has a habit of grabbing or interrupting, in a calm moment you can stage a similar scene and then allow one character to choose a better alternative. You can “play” the characters yourselves or you can use puppets. Model the responses you hope your child will internalize.

You can also re-play situations that did not go well and play out more positive endings. “Replay” can be a consequence. If your child has done something unintentionally rude or socially clumsy, you can ask her to practice the better response. This is empowering.

Offering children a chance to rewind and start over for minor infractions of rules or for unwanted behaviors can also be a way of maintaining limits and encouraging appropriate behavior without inducing shame. If my daughter uses an unpleasant tone of voice, for example, I can cue her to self-correct by saying “Would you like to rewind that?” This teaches that mistakes can be forgiven.

Children who hurt others or themselves, who break things or who waste parents’ time in constant opposition or control battles need to repair the damage and repay the person they have hurt. If they make a mess, they should clean it up. Repayment or restitution can take the form of chores or a fine, or time spent making something for the person they have harmed. Deborah Gray, Dan Hughes, and Nancy Thomas all offer useful ideas.

14. Give alternatives for “calm down”. Deborah Gray, author of *Attaching in Adoption*, recommends giving children specific parent-generated alternatives to help them defuse. Children whose PTSD has been triggered or who explode in anger will often settle more quickly when given a choice: “You can calm down in my lap or you can calm down in your room.”

15. Reconnect after conflict. All children need to reconnect after the relationship has suffered a rupture. Insecurely attached children can experience even the mildest limit setting as threatening, yet they will push and push the boundaries. For them, reconnecting after conflicts becomes all the more important. After your child has fulfilled the consequence for misbehavior, make sure you hug her and let her know she’s loved. If you lose your patience and shout at her, apologize. Children who rage or who make impulsive mistakes need help to process their difficult feelings. After the outburst or the incident, parents can ask children what happened, what they were feeling before it happened, how they handled their feelings, how their choice worked for them, and what they could do next.
These questions prompt children to take responsibility and to try different approaches. (Nancy Thomas)

Therapy
Therapy for attachment strain can be very helpful. However, traditional forms of therapy typically don’t work. Talk therapy, cognitive-behavioral therapy, play therapy, and art therapy, while potentially useful adjuncts (especially for the child who is only mildly affected or the one who is already well on the way to healing), do not get at the primary problem: the child’s impaired trust of her primary caregiver. Nor do they address the trauma and resulting neurological deficits that underlie her broken trust. Therapies that appear more useful include:

- Dyadic (a reciprocal parent-child relationship) Developmental Therapy. Variations of Daniel Hughes’ DDP therapy model may, or may not, involve nurturing Holding Time, practiced either at home or in the therapist’s office
- Family Narrative Therapy
- EMDR
- Theraplay (therapist-led play)
- Neurofeedback.

(More information on therapies can be found by following the links provided in the Resources)

Useful additions to these for many children are Occupational Therapy (OT) for sensory work, along with other forms of Physical Therapy, including Massage and Cranio-Sacral Therapy. Doris Landry, an attachment therapist, believes that for a child who has been “unmothered”, attachment work must go hand-in-hand with OT for either therapy to be completely effective:

Some families have also experimented with nutritional supplements such as Omega-3 fish oils or diets. Whatever the form of therapy chosen, the right therapist will:

- understand that the parents are not to blame for the child’s difficulties
- will not allow the child to triangulate (a child who sides with the therapist against the parents is an example of triangulation).
- will work together with the parents, coaching them and supporting them in practices that will move the child further along a path of trust and healing.

Attachment therapy in general, and therapeutic holding in particular, remain controversial in some circles. Much of this is due to some confusion of terminology and a horrifying episode several years ago resulting in the death of a child during a “rebirthing” session. Reputable attachment therapists do not practice “rebirthing”, and the type of holding they support is completely different from the type involved in the incident that made headlines. But parents should ensure that therapists are experienced and that they do not subscribe to abusive practices. In the USA parents may consult a national organization

EMDR
(Eye Movement Desensitization and Reprocessing)

EMDR was developed as a therapeutic treatment for traumatic memories, and research has demonstrated its effectiveness in the treatment of PTSD. The eye movements, or gentle tapping, help both sides of the brain work to process and release the trauma.

www.emdr.com and www.emdria.org

Through the Eyes of a Child, EMDR with Children by Robert H. Tinker and Sandra Wilson
Strategies for Building Attachment with Your Newly Adopted Child

Prepare
• Learn what you can about the sort of experiences your child might have had pre-adoption, what this might mean for their emotional development, and what sort of caring strategies might be helpful.
• Educate family and friends about how you might need to care for your child post-adoption and how and why this early attachment work is important.
• Talk with family and friends about how they can support you post-placement.
• Plan your move from the self-focused mental attitude of the adoption process, to the child-focused attitude that you’ll need post-placement in caring for your child.

Recognize
• Acknowledge the loss and hurt in your child’s past, and that the placement in your family was a stressful (or even traumatic) event for them.
• Evaluate: how you were parented will impact your parenting; be prepared to change your beliefs and parenting style if necessary.
• Accept that your child has special needs as a result of their past and that these special needs may be anything from minor and short-term, to major and long term.
• Admit that while it is quite normal to be rejected by your child initially, it is also very difficult!
• Affirm that as the parent you are the expert on your child.

Taking Care of You
Parenting a child with attachment issues will demand all your energy, and then some. Many parents become clinically depressed or suffer vicarious trauma. Take time for yourself every day to replenish body and spirit. Find or create a support system (in person or online – preferably both). And if necessary, seek therapy for yourself. Your child’s trauma may trigger trauma or unresolved issues from your own childhood. You will parent more effectively if you’re able to recognize your “hot spots” and look after your own emotional needs.

Full Circle
Recently my daughter and I were getting ready for her bedtime stories when she asked me to pause for a minute while she looked around her room for one of her stuffed animals. “Wait,” she said, snuggling back into the crook of my arm. “Kitty wants to be inside the love circle.”

Kitty is a stand-in for my daughter. These days, she is a full and eager participant in family hugs. Does that mean our struggles are over? Far from it. Every day remains a challenge. But it’s been years since I saw the worried face of our early family photos. Sometimes she leaps forward quickly, sometimes she spirals backwards, sometimes she slides sideways, but day by day, step by step, hug by hug, my daughter is learning it is safe to love.

~ By Susan Olding

called ATTACCh (www.attach.org) for recommendations and therapeutic guidelines. Parents may also find therapist recommendations through their local support associations for adoptive families, or in some cases, through their adoption agencies.

Taking Care of You
Parenting a child with attachment issues will demand all your energy, and then some. Many parents become clinically depressed or suffer vicarious trauma. Take time for yourself every day to replenish body and spirit. Find or create a support system (in person or online – preferably both). And if necessary, seek therapy for yourself. Your child’s trauma may trigger trauma or unresolved issues from your own childhood. You will parent more effectively if you’re able to recognize your “hot spots” and look after your own emotional needs.

Full Circle
Recently my daughter and I were getting ready for her bedtime stories when she asked me to pause for a minute while she looked around her room for one of her stuffed animals. “Wait,” she said, snuggling back into the crook of my arm. “Kitty wants to be inside the love circle.”

Kitty is a stand-in for my daughter. These days, she is a full and eager participant in family hugs. Does that mean our struggles are over? Far from it. Every day remains a challenge. But it’s been years since I saw the worried face of our early family photos. Sometimes she leaps forward quickly, sometimes she spirals backwards, sometimes she slides sideways, but day by day, step by step, hug by hug, my daughter is learning it is safe to love.

~ By Susan Olding
• Believe that “gut feelings” you have about your child are significant, and should be treated seriously.

• Be aware that others may not understand what you must do to meet your adopted child’s needs; you may have to act contrary to the advice of family, friends or health / child care professionals whose opinion you value.

• Realize that your child’s emotional age may be much younger than their chronological age, and that it is appropriate to provide nurture that is in line with their emotional needs.

• Value the hard work that may be involved in meeting your child’s needs early on in the relationship, because it will bear fruit in the long-term.

Nurture

• Because new experiences are hard to cope with during stressful times, minimize the stimulation your child receives in the early days post-placement.

• Keep your child close by frequently carrying them (children up to five or six years of age can be carried with the assistance of a sling).

• Control the contact your new child has with others until your child understands the specialness of family; this is especially important if your child is actively seeking to engage others.

• Provide physical closeness during the night via co-sleeping, or other sleep arrangements that keep you within arms reach and line of sight of your child at night.

• Avoid using devices that place physical distance between yourself and your child, including hard baby carriers, baby seats, high chairs and strollers.

• Breastfeed, or otherwise provide the experience of nurture through food via bottle feeding.

• Provide lots of touch and skin-to-skin contact via massage, swimming together or co-bathing.

• Respect that your child may initially not want to be close to you, or receive nurture from you, and that it may take some gentle persistence and patience before they are able to tolerate the intimacy involved in nurturing.

• Be responsive in your caregiving; in making decisions about caregiving choose options that encourage closeness rather than distance between your child and yourself.

• Do not ignore your child’s cries to avoid “spoiling” them or to teach them “good sleep hygiene”; this will be detrimental to their developing trust of you.

Refuel

• Don’t be too proud to ask for help if you need it, or too polite to reject offers of help that interfere with parent-child attachment.

• Seek contact via online or face-to-face support groups, with others whose children have similar histories and experiences.

• Prioritize, so your time and resources are spent on what is important.

• Don’t expect life to be “back to normal” soon after placement.

~ By Karleen Gribble
Both are feeling safe and relaxed. Neither feels judged nor criticized. These experiences of playfulness—combined with comfort when he is distressed—serve as the infant’s original experience of parental love. During frequent moments of playfulness, both parent and child become aware of how much they like each other. Playful moments reassure both that their conflicts and separations are temporary and will never harm the strength of their attachment. Playfulness also provides opportunities to convey affection when more direct expressions may be resisted. The child is likely to respond with less anger and defensiveness when the parent is able to convey a touch of playfulness in her discipline. While such a response would not be appropriate at the time of major misbehavior, when applied to minor behaviors playfulness keeps the behavior in perspective. The behavior is a threat to neither the relationship nor the worth of the child.

LOVE. When it is the central motive for the parents’ interactions with their child, love enables the child to have confidence that what underlies the behaviors involves the intention to do what is in the best interests of the child. Love, when it is expressed most fully, conveys both enjoyment and commitment. The child needs to know that basically his parent “likes” him, enjoys being his parent, and looks forward to having fun together. While at times enjoyment may not be obvious, for the child to feel loved, he needs to be confident that commitment is always present even when moments of reciprocal enjoyment are not. During these moments there remains an assumption that this basic “liking” will return.

Fundamental to the sense of being loved is the child’s conviction that his parents will do what is in his best interests. The parent will do whatever it takes to keep him safe.
and to insure that his basic needs will be met and his rights will be respected. “Hard times” will pass without abuse, neglect, or abandonment because the child’s welfare is at the core of the parents’ daily motives, decisions, and behaviors with regard to their child. Children who have lost their first parents for whatever reason need ongoing signs that their relationship with their adoptive parents is permanent—that they will never be “given away” regardless of the crises or conflicts that lie ahead.

**ACCEPTANCE.** Unconditional acceptance is at the core of the child’s sense of safety, value, and relaxed sharing with his parent. Within acceptance the child becomes convinced that his core sense of self is worthwhile and valued by his parents. His behavior may be criticized and limited, but not his “self”. He becomes confident that conflict and discipline involves his behavior, not his relationship with his parents or his self-worth. While the behavior of the child may be evaluated and limited, the thoughts, feelings, perceptions, and motives of the child never are. The child’s inner life simply “is”; it is not “right” or “wrong”. Am I suggesting that if a child says to his parents that he does not like his brother and wishes that he lived somewhere else, such expressions are “OK”? Yes—and the fact that your child disclosed his inner life to you may well reflect his trust that you will not dislike him because he has such thoughts and wishes.

If he is criticized for his inner life, he will most likely begin to conceal it as well as feel ashamed of that aspect of himself. When he is safe to communicate his inner life, his parents will be able to understand how he is struggling with his brother, the reasons for the struggles, and possible ways to reduce them. When he is not safe, the parent will be left with simply disciplining inappropriate behavior toward his brother, without addressing the underlying causes. When the child knows that his parents understand his dislike and his wishes to have his brother “go away”, often his experience of his brother begins to change on its own, the behavior problems reduce on their own, and there is no need for the parent to “fix” the problem. When the inner life is not expressed and accepted, the parent is often constantly managing conflicts between their children.

Accepting the child’s intentions does not imply accepting his behavior. The parent may be very firm in limiting behavior while at the same time accepting the motives for the behavior. In fact, this combination of making a clear difference between unconditional acceptance of intentions and presenting expectations regarding behaviors is probably the most effective way for your child to experience less shame toward self and more guilt toward others when he engages in inappropriate behavior.

Inner-directed guilt, in the absence of pervasive shame, is probably the most effective circumstance for facilitating socially appropriate behaviors.

**CURIOSITY.** Curiosity without judgment is crucial if the child is to become aware of his inner life and then communicate it to his parents. Curiosity does not mean adopting an annoyed, lecturing, tone and demanding, “Why did you do that?” Curiosity involves a quiet, accepting tone that conveys a simple desire to understand your child: “What do you think was going on? What do you think that was about?” The child most often knows that his behavior was not appropriate. He often does not know why he did it or he is reluctant to tell his parent why. With curiosity the parents are conveying their intention to simply understand “why” and to assist the child in such understanding. The parents’ intentions are to assist the child, not lecture him nor convince him that his inner
life is “bad” or “wrong”.

With curiosity, the parents convey a confidence that by understanding the underlying intentions behind the behavior, they will discover qualities in the child that are not shameful. As the understanding deepens, the parent and child will discover that the behavior does not reflect something “bad” within the child, but rather a thought, feeling, perception, or motive that was stressful, frightening, and/or confusing and seemingly could only be expressed in behavior. As the understanding deepens, the child becomes aware that he can communicate his inner distress to his parents. There is no need for the inappropriate behavior. The behavior does not reflect his being “bad”. He is much less likely to engage in that behavior again, since there is no need for it. He is also more able to step back from the behavior, be less defensive about it, and experience guilt about it.

For curiosity to be experienced as helpful it cannot be communicated with any annoyance about the behavior. Nor is it presented as a lecture that provides an excuse to “process” a behavior in what amounts to rational blaming. Curiosity is a “not-knowing” stance involving a genuine desire to understand and nothing more. When it leads to the child developing a deeper understanding of himself and a deeper sense that his parents understand and accept him, it will, when combined with empathy, naturally lead to a reduction in the inappropriate behavior much more effectively than will focusing on behavioral consequences.

**EMPATHY.** Empathy enables the child to feel his parent’s compassion for him, just as curiosity enables the child to know that his parents understand him. With empathy the parent is journeying with the child into the distress that he is experiencing and then feeling it with him. When the child is sad or in distress the parent is feeling the sadness and distress with him. The parent is demonstrating that she knows how difficult an experience is for her child. She is communicating that her child will not have to deal with the distress alone. She will stay with him emotionally, comfort and support him, and not abandon him when he needs her the most. The parent is also communicating her strength and commitment. The pain that the child is experiencing is not too much for her. She is also communicating her confidence that with her sharing his distress, it will not be too much for him. Together they will get through it.

Empathy enables a child to develop his affective resources so that he can resolve and integrate many difficult emotional experiences. He will be able to manage such experiences without being overwhelmed by anxiety, rage, shame, or despair. Curiosity enables a child to develop his reflective resources that will enable him to understand himself more deeply including his intentions underlying his actions. With both empathy and curiosity the parent lends herself to her child for the purpose of his developing the affective/reflective skills necessary for him to be able to act in ways that are in the best interests of both self and other. Researchers are increasingly clear that it is deficiencies in these affective and reflective skills that are often at the core of behavioral problems.

**In essence, PLACE focuses on the whole child, not simply his behavior.** PLACE facilitates attachment security and the closely related affective and reflective skills that are so necessary for maintaining a successful and satisfying life. The child discovers that he is doing the best that he can, he is not “bad” or “lazy” or “selfish”. Through PLACE and the associated attachment security, he is discovering that he can now do better. He can learn to rely on his
parents and they will facilitate the development of his inner life and behavioral choices in a manner that he could never do on his own. Then as he experiences PLACE first hand, time and again, these same qualities will become part of his stance toward others—now toward parents and friends, and later also toward his partner and children. He will clearly know that both intentions and behavior matter. He will also know that both “self” and “other” matter.

When we angrily lecture and scold our child about his behavior and our assumptions about his equally unacceptable thoughts, feelings, perceptions, and motives, our child is not feeling safe. He is likely to become shameful, isolated, and defensive, all of which will reduce the likelihood that he will change his behaviors. If instead, we relate with PLACE, he will be likely to feel safe even when his behavior is being limited. He too will strive to understand his inner life and associated behaviors. Feeling safe that the “self” is not being attacked and that his attachments with his parents are still secure, he is likely to become motivated to change his behavior. When his inner life is respected, valued, felt, and understood, first by his parents, and then by himself, his difficult behaviors are likely to lose much of their reason for being.

~ By Daniel Hughes, Ph.D.

Bubbles of Happiness

My mommy goal is to create “bubbles of happiness” each day. As many as I can! I check in with my children often, and ask them regularly, “What’s the best thing about today/this month/this week?” Then I ask them what they remember most in the same time frame. When both things match, I count that as a success.

What they will take with them into their adults lives are the small joys, celebrations, and successes-- moments of fun and laughter. Creating these bubbles each day, both in thought, mind, and experience, and shaping the meaning my children are making from their lives is something that I have lots of fun with. This brings things down to a very achievable goal that is more often successful than not. Success encourages me to keep working; the more positive interactions I have with my children, the stronger our relationship becomes.

Since I chose to adopt children with significant mental, emotional and cognitive challenges, to me it feels like I’m in a race. My race is to build the strongest possible parent/child bonds before we begin to negotiate the rapids and whirlpools of the teen years.

We each shape how our children make their own meaning and weave their own tapestry. How we frame things, how we teach values, how we weave our perception of their personal tapestry might be something that we haven’t truly been conscious of before. How do we do that? What skills do we have? What resources do we have? How might we improve what we’re doing now? Not in the “I have to be perfect” thinking, but in the spirit of continued self assessment and forward growth.

~ By Deborah Anderson

---

Books by Daniel A. Hughes, Ph.D.

**Building the Bonds of Attachment, Awakening Love in Deeply Troubled Children**
The tragedy of the unattached child and the possibility of transformative intervention

**Facilitating Developmental Attachment, The Road to Emotional and Behavioral Change in Foster and Adopted Children**
How to work successfully with emotional and behavioral problems rooted in deficient early attachments

~ By Deborah Anderson
Attachment is fundamental to healthy development, normal personality, and the capacity to form healthy and authentic emotional relationships. How can you determine whether your child has attachment issues that require attention? What is normal behavior, and what are the signs of attachment issues? If you’ve adopted an infant, will you see attachment problems develop? These and other related questions are often at the forefront of adoptive parents’ minds.

Attachment is the base of emotional health, social relationships, and one’s worldview. The ability to trust and form reciprocal relationships affected the emotional health, security, and safety of the child, as well as the child’s development and future inter-personal relationships. The ability to regulate emotions, have a conscience, and experience empathy all require secure attachment. Healthy brain development is built on a secure attachment relationship.

Children who are adopted after the age of six months are at risk for attachment problems. Normal attachment develops during the child’s first two to three years of life. Problems with the mother-child relationship during that time, an orphanage experience, or breaks in the consistent caregiver-child relationship, all interfere with the normal development of a healthy and secure attachment. There are wide ranges of attachment difficulties that result in varying degrees of emotional disturbance in the child. One thing is certain; if an infant’s needs are not met consistently in a loving, nurturing way, attachment will not occur normally and this underlying problem will manifest itself in a variety of symptoms.

When the first-year-of-life attachment-cycle is undermined and the child’s needs are not met, and normal socializing shame is not resolved, mistrust begins to define the perspective of the child and attachment problems result. The cycle can become broken for many reasons:

- Multiple disruptions in care giving
- Post-partum depression causing an emotionally unavailable mother
- Hospitalization of the child causing separation from the parent and/or unrelieved pain. For example, stays in a NICU or repeated hospitalizations during infancy.
- Parents who are attachment disordered, leading to neglect, abuse (physical/sexual/verbal), or inappropriate parental
responses not leading to a secure/predictable relationship
• Genetic factors.
• Pervasive developmental disorders
• Caregivers whose own needs are not met, leading to over-load and lack of awareness of the infants needs
The child may develop mistrust, impeding effective attachment behavior. The developmental stages following these first three years continue to be distorted and/or retarded, and common symptoms emerge. Although I am listing several common symptoms it is very important to realize that when you are trying to parent a child with attachment difficulties you must focus on the cause of the behaviors and not on the symptoms or surface behaviors. It is the cause or motivation for the behaviors that must be your focus...otherwise you are like a doctor who treats a cough without figuring out whether the cough is caused by TB, an allergy, the flu, or lung cancer.

NOT-SO-SUBTLE signs of attachment problems:
• Superficially engaging and charming behavior, phoniness
• Avoidance of eye contact
• Indiscriminate affection with strangers
• Lack of affection on parental terms
• Destructiveness to self, others, and material things
• Cruelty to animals
• Crazy lying (lying in the face of the obvious)
• Poor impulse control
• Learning lags
• Lack of cause/effect thinking
• Lack of conscience
• Abnormal eating patterns
• Poor peer relationships
• Preoccupation with fire and/or gore
• Persistent nonsense questions and chatter indicating a need to control
• Inappropriate clinginess and demanding behavior
• Abnormal speech patterns
• Inappropriate sexuality

The underlying causes of these various symptoms
The cause is some break in the early attachment relationship that results in difficulties trusting others. The child experiences a fear of close authentic emotional relationships because early maltreatment or other difficulties has “taught” the child that adults are not trustworthy, and that the child is unloved and unlovable. Fundamentally, the cause is a developmental

The Process of Attachment
Some adopted children will form an almost immediate dependency bond to their adoptive parents. To mistake this as secure and healthy attachment can lead to many problems down the road. Just because a child calls someone “Mom” or “Dad,” snuggles, cuddles, and says, “I love you,” does not mean that the child is attached or even attaching. Saying, “I love you”, and knowing what that really feels like, can be two different things. Attachment is a process. It takes time. The key to its formation is trust, and trust becomes secure only after repeated testing. Generally attachment develops during the first two to three years of life. The child learns that he or she is loved and can love in return. The parents give love and learn that the child loves them. The child learns to trust that his needs will be met in a consistent and nurturing manner. The child learns that he “belongs” to his family and they to him.

—Arthur Becker-Weidman.
delay. The child may be chronologically six, ten, or fifteen, but developmentally these children are much younger. It is often useful to consider, “at what age would this behavior be normal?” Frequently you will find that the child’s behavior would be normal for a toddler. Chronic Maltreatment (abuse or neglect) or other disruptions to the normal attachment relationship cause:

1. Fear of intimacy
2. Overwhelming feelings of shame. (Not guilt...shame causes you to want to hide and not be seen. So, for example, some children’s chronic lying can be seen as a manifestation of this pervasive sense of shame. What is a lie, but another way to hide?)
3. Chronic feelings of being unloved
4. Chronic feelings of being unlovable
5. A distorted view of self, other, and relationships based on past maltreatment.
6. Lack of trust
7. Feeling that nothing the child does can make a difference; which translates to low motivation and poor academic performance
8. A core sense of Being Bad
9. Difficulty asking for help
10. Difficulty relying on others in a cooperative and collaborative manner

So how does one distinguish the difference between a child who “looks” attached and a child who really is making a healthy, secure attachment?

This question becomes important for adoptive families because some adopted children will form an almost immediate dependency bond to their adoptive parents. To mistake this as secure and healthy attachment can lead to many problems down the road. Just because a child calls someone “Mom” or “Dad,” snuggles, cuddles, and says, “I love you,” does not mean that the child is attached or even attaching. Saying, “I love you”, and knowing what that really feels like, can be two different things. Attachment is a process. It takes time. The key to its formation is trust, and trust becomes secure only after repeated testing. Generally attachment develops during the first two to three years of life. The child learns that he or she is loved and can love in return. The parents give love and learn that the child loves them. The child learns to trust that his needs will be met in a consistent and nurturing manner. The child learns that he “belongs” to his family and they to him. It is through these elements that a child learns how to love, and how to accept love.

Older adopted children need time to make adjustments to their new surroundings. They need to become familiar with their caregivers, friends, relatives, neighbors, teachers, and others with whom they will have repeated contact. They need to learn the ins and outs of new household routines and adapt to living in a new physical environment. Some children have cultural or language hurdles to overcome. Until most of these tasks have been accomplished, they may not be able to relax enough to allow the work of attachment to begin. In the meantime, behavioral problems related to insecurity and lack of attachment, as well as to other events in the child’s past, may start to surface. Some start to get labels, like “manipulative,” “superficial,” or “sneaky”. On the inside, this child is filled with anxiety, fear, grief, loss, and often a profound sense of being bad, defective, and unlovable. The child has not developed the self-esteem that comes with feeling like a val-
When are problems first apparent?
Children who have experienced physical or sexual abuse, physical or psychological neglect, or orphanage life, will begin to show difficulties as young as six-months of age. For example, the signs of difficulties for an infant include the following:
• Weak crying response or rageful and/or constant whining; inability to be comforted
• Tactile defensiveness
• Poor clinging and extreme resistance to cuddling: seems stiff as a board
• Poor sucking response
• Poor eye contact, lack of tracking
• No reciprocal smile response
• Indifference to others
• Failure to respond with recognition to parents.
• Delayed physical motor skill development milestones (creeping, crawling, sitting, etc.)
• Flaccid muscle tone

What are the SUBTLE SIGNS of attachment problems?
Gail tells her seven-year-old daughter, Sally, to pick up the napkin Sally has dropped. As Sally crosses her arms a sad and angry pout darkens her face. Gail says, “Sally, I told you to pick up the napkin and throw it away.” Sally stomps over to the napkin, picks it up, and throws it away. Crying and whining, Sally stands with her back to Gail. Sally, angry and unhappy, is exhibiting one of the subtle signs of attachment sensitivity that nearly all children adopted after six-months demonstrate.

Attachment is an interpersonal, interactive process that results in a child feeling safe, secure, and able to develop healthy, emotionally meaningful relationships. The process requires a sensitive, responsive parent who is capable of emotional engagement and participation in contingent collaborative communication (responsive communication) at nonverbal and verbal levels. The parent’s ability to respond to the child’s emotional state is what will prevent attachment sensitivities from becoming problems of a more severe nature.

Subtle signs of attachment issues:
• Sensitivity to rejection and to disruptions in the normally attuned connection between mother and child
• Avoiding comfort when the child’s feelings are hurt, although the child will turn to the parent for comfort when physically hurt
• Difficulty discussing angry feelings or hurt feelings
• Over-valuing looks, appearances, and clothes
• Sleep disturbances. Not wanting to sleep alone
• Precocious independence (a level of independence that is more
Love

frequently seen in slightly older children)
• Reticence and anxiety about changes
• Picking at scabs and sores
• Secretiveness
• Difficulty tolerating correction or criticism

Internationally adopted children experience at least two significant changes during the first few months of life that can have a profound impact on later development and security: Birth mother to orphanage or foster care, and then orphanage to adoptive home

We know from extensive research that prenatal, post-natal, and subsequent experiences create lasting impressions on a child. During the first few minutes, days, and weeks of life, the infant clearly recognizes the birth mother’s voice, smell, and taste. Changes in caregivers are disruptive. The new caregivers look different, smell different, sound different, taste different. In the orphanage there are often many care givers but no one special caregiver. Adoption brings with it a whole new, strange, and initially frightening world. These moves and disruptions have profound effects on a child’s emotional, interpersonal, cognitive, and behavioral development. The longer a child is in alternate care, the more these subtle signs become pervasive.

There are effective ways for a parent to help his or her child.

Parents and the right parenting are vital to preventing subtle signs from becoming anything more than sensitivities. Parenting consistently with clear and firm limits is essential. Discipline should be enforced with an attitude of sensitive and responsive empathy, acceptance, curiosity, love, and playfulness (“PLACE”). This provides the most healing and protective way to correct a child.

As Sally walks away to pout, Gail comes up behind her, scoops her up, and begins rocking her gently while crooning in Sally’s ear. Gail sings songs and tells Sally she loves her and understands Sally is angry at being told what to do. Gail expresses sadness that Sally is so unhappy. At first Sally resists a bit, but she soon calms down and listens as Gail tells her how much she loves Sally. Sally is sensitive to feelings of rejection and abandonment that are evoked by her mother’s displeasure, so Gail brings Sally closer to reassure Sally nonverbally.

It is by experience that the subtle signs are addressed and managed. Nonverbal experience is much more powerful than verbal experience since most of the subtle signs have their origin in nonverbal experience and nonverbal memory.

Finally, Sally eventually did what she was asked to do and was praised for doing what was expected. In this manner, Sally experiences acceptance of who she is while becoming socialized. These types of behaviors or interactions do not constitute a mental illness or Reactive Attachment Disorder. They are subtle signs of attachment sensitivities. So, what can you do?

Maintain Attunement. The most important thing you can do is maintain an attuned emotionally close and positive relationship with your child even when your child is being nasty or pushing your buttons...it is at those times that the child most needs to feel loved and loveable, even if the behavior is unacceptable. Create a connection with your child and then discipline.

Physical Closeness. Bringing the child in close is better than allowing the child to be
alone or isolate him or her self.

**Verbalize.** Talk for the child. Put words to what the child is feeling. This allows the child to feel understood by you, maintains a connection, and helps assuage the fear of rejection and abandonment. It also helps the child become self-aware, models verbal behavior, and facilitates a sense of emotional attunement between parent and child.

**Provide Ready Food.** Don’t make food a battle. A child who steals food or hoards food usually has sound emotional reasons for this. Providing the child with food so that your child experiences you as provider is often the solution. Put a bowl of fruit in the child’s room (be sure to keep it filled!) In some instances, I’ve recommended that the parents provide the child with a fanny pack and keep it stocked with snacks. This usually quickly ends hoarding and stealing of food.

**Encourage Dependence.** For the child who is overly independent, doing for the child and not encouraging precocious independence is helpful. So, making a game of brushing your six-year olds teeth, dressing your seven-year-old, or playing at feeding a nine-year-old, are all ways to demonstrate that you will care for the child. Keeping it playful and light, allows the child to experience what the child needs and helps eliminate hurtful battles.

**Time-In Rather Than Time-out.** When your child is becoming dysregulated, they need you to regulate their emotions. You do that by reflecting the child’s emotions back to the child; putting into words what you think the child may be feeling. In this manner you demonstrate that you can accept what the child is feeling, that feelings can be tolerated and discussed; even if the behavior will be disciplined at a later time. Remember; first connect with your child, then discipline.

**Reduce shame.** Avoid shaming parenting methods and interactions that might be harsh or punitive. If the child is already experiencing too much shame, increasing that will only be destructive to the child and your relationship with your child. You set the emotional tone for the relationship, so keeping things positive is important. An example: your seven year old has just screamed “I hate you,” because you said it’s time to go to bed. I’d start by reflecting the child’s feelings back to the child as you walk the child to bed with your arm around the child,

“Boy, you are really mad that you have to go to bed now.”
“You sure don’t want to go to bed now. “
“I wonder what you think is making me send you to bed now?”
“Maybe you just think I’m being mean?”

Through this sort of dialogue you are demonstrating your acceptance of the child’s feelings and your interest in the child’s thinking and feeling...you are showing the child how to reflect on one’s inner life.

These subtle signs are important reminders that our children have ongoing sensitivities that as parents we must address. Responsive and sensitive communication is essential. Attachment is a function of reciprocal communication; attachment does not reside in the child alone. It is very important for the parent to manage and facilitate this attuned connection within a framework of clear limits and boundaries, natural consequences, and firm, loving discipline.

~ by Arthur Becker-Weidman, Ph.D.
Day Care and Adoption:  
*Staying Attached*

Nothing divides adoptive parents like a good, volatile conversation about day care! Most parents agree that ideally, adopted children flourish emotionally with as much time spent with mom or dad as possible. Post-institutional children often have deficits to fill up, and may need concentrated attachment-parenting in order to build a strong parent-child bond. Day care has been hung with the damning accusation that it is merely another orphanage stand-in, and that parents who use day care are oblivious to the needs of their children.

These provocative arguments are moot points for good parents who love their children and who must work outside the home. Day care is often a necessity, and there are ways of minimizing any ill-effects of time away from home, while maximizing the time a parent does have with her or his children. Attachment-parenting techniques (consciously parenting to promote child-bonding) can be helpful when applied over the day care experience, and focusing on a child’s needs can cultivate a regular, non-traumatic separation.

How to Choose Care

How do you choose childcare? With care and sensitivity and an ear trained to the ground for good reports of the placement you think might work! Word of mouth brings news of where works and where doesn’t. But gleaning “insider info” can be hard for first time adoptive parents, especially those with no bio-born children. How do you tap the grapevine, the parent/mother network, when your children arrived without nine months of pregnant mom-to-mom networking?

Pre-Adoption Sleuth-work

- If your agency or local friends can help, listen to their recommendations for day care centers, or home-based care.
- Look at local childbirth groups’ noticeboards and you might see where every one wants to place their kids. Chance a visit, reserve a place for your child.
- Is there a local community care website? Check it out!
- Is there a day care facility available at your place of work?

Family finance planning, fiscal and emotional

- Can you afford not to work? If the answer is no, how much of your income can you divert to childcare? What you can afford in terms of care will decide where you place your child. Like diapers and other essentials, it usually costs far more than you think.
- Can you and your partner agree to occasional “respite” care? Will s/he give you time out or will you have to hire a babysitter to be sure of it?
- Can you use family or friends for care? What’s the pay back? Are you comfortable with using Grandma? What if you disagree with a good friend who is being paid to care for your child?

Post-adoption considerations

When your child is home, VISIT the places you have found and ask if you may stay a day to observe. Think beforehand what issues matter to you, and what issues you want the staff to be pro-active on. Questions you may want to ask:

- Will you be allowed to ease your daughter into day care over time? Can you stay with her during the transition?
- How does the staff support diversity? What are the rules against discrimination,
teasing, bullying. What is the ethnic mix?

- How many staff understand and have been trained in child trauma? (senior staff should have some knowledge of this)
- Can you direct how your child is treated when your child’s needs run contrary to the norm? (regarding food or toileting, for example)
- Can you give directives about child’s contact and cuddling with staff? (important if you have an affection-indiscriminate child and are trying to limit number of caregivers)
- Do they provide daily reports on how your child is coping? Do you want to be called if she continues to cry after twenty minutes, an hour, two hours?
- How are leaving and re-uniting handled?
- How are naps handled? (does your child have sleep issues?)
- How will they handle it if your child has oral-sensory issues or is unused to a western diet?
- What are their toileting and potty-training practices?
- What discipline style do they use? (isolation, “shaming”, or any form of corporal punishment is inappropriate for post-institutionalized children)

What Type of Day care Will You Choose?

Family care
It is great to build bonds with Grandma/Grandpa, but care parameters need to be explained in advance. Can you “direct” your mother/father? Some relatives refuse to “see” attachment difficulties, and some continue to use racial slurs around trans-racially adopted children. And if you don’t hire care, you can’t fire it! Family care absolutely depends on individual families, but if it works, it is ideal. Family care can be a truly wonderful experience for everyone.

Home-based childcare providers
These professionals (make sure you see the official accreditation) who care for a group of children in their home, can be excellent or awful. It’s vital to ask to spend some time with them, because you must see how they deal with anger, anxiety and control issues with their charges. What works with the kid down the street might not be appropriate for a child adopted from Russia.

Nannies
They make have very specialized qualifications (top-end) or they may be au pairs, workers or students from abroad who attend classes and look after your kids. Check accreditation and references. With top-end nannies, breathe deeply and get a top job yourself to pay for them! Will you mind that your child comes to love them? Will you feel replaced, or can you work as a team? Will your children cope when Nanny “moves on” and they are bereft of a loved person from home? How will you deal with this? Will you breathe a happy sigh because if your child is well-cared for at home, then that’s one less stressor when you’re not there to care?

Day care Centers
Most are designed to optimize their hours to suit working families; center hours may start at six am and go through till seven pm. Staff are likely to be trained, but not necessarily in the issues adoptive families deal with. Again, spending time before committing your child is vital, as is checking accreditation and listening to testimonials. If you are a working mother, and opt for full-day care, you might need to consider whether or not your child is assigned a designated caregiver, and whether or not you like her. Can you cope if your
Child’s play may be simple, but playing for a child’s love, playing for keeps, is both imperative and purposeful. Nothing should be as satisfying to your young son or daughter as your touch, your eyes, and your smile. Therapeutic play between a parent and child recognizes the importance of a parent’s position as nurturer, and places Mom or Dad in the starring role as The Best Toy in The World. Therapeutic play stresses the normal, healthy pattern of playful attachment that occurs naturally between a mother and her biological baby or toddler, and it re-teaches an adopted child the magical give-and-take of a reciprocal relationship. Reciprocal play reproduces and formalizes the healthy biological pattern, and is directed by the parent with a conscious goal of shared experience and playful intimacy.

Therapeutic play is focused interaction and eye contact and FUN. Physical and emotional closeness can be frightening to a child with attachment issues, or even rage-inducing to a child with Reactive Attachment Disorder. Play can teach basic trust with disarming silliness, and promote re-parenting of the young child through a loving “babyhood” he or she may never have had.

Play is one key to unlock an insecurely attached child’s heart. It doesn’t take the place of attachment therapy for children with difficult issues, but therapeutic play is a wonderful, additional tool for parents to practice regularly at home. To equip families for purposeful fun, therapist Doris Landry, MS, has put together a Bonding Box of supplies to keep on hand:

Parent and child can take turns “face-painting” each other with cotton-balls or paint brushes. They can doctor imaginary boo-boos with body lotion and band-aids, play barber shop or hair salon, measure each others arms and legs, and look into each others eyes with a magnifying glass. A parent can read stories to their child by sitting knee to knee, and holding the book next to their face to receive their child’s eye contact. Snacks can be fed to each other, face to face, and guessing games played with foods, materials and textures. “Caring for baby” can be acted out, with parent and child switching to play both roles.

Outdoors, tea-parties with mud-pies embellished with leaves and pebbles can be “fed” to each other after a “drive” to the party via swing (stand in front of the swing to push). Swimming together can also be a magical catalyst to imaginary play. The skin-to-skin proximity and the necessity of holding on to mom or dad, promotes physical and
emotional closeness, dependency and trust. Sheena Macrae explains:

“I have done most of our therapeutic play in the pool. “Beauty Salon” is fun because you really can wet Mom’s hair with the watering cans. The sinkers and hoops are the scissors, and the float-boards and noodles become seats and tables. Face “makeup” is easy because it’s water, and the amount of mutual bubble-blowing and toe-kicking is great. “Hospital” is also a favorite drama. My car (a float) crashes, and the ambulance (my youngest on a floatable frog) must reach me. My oldest daughter can pull and push me in the water now, so she saves me. I am then doctored with the water toys turning into medical instruments. We end every pool session with a “twirl” where I swing both of them together, horizontal on the water. The swinging, and the feel of the water, is bliss for them! We hop out to towels, shampoo and body lotion sessions, then on to hair gel and hair drying. It is wonderful.”

Parents can be creative with the backyard, the pool, and the contents of their Bonding Box, remembering that the point of play is to draw the child into a reciprocal, nurturing experience. The play may be child-led, but it is designed and engineered by mom or dad. Therapeutic play is interactive play with a purpose, and it can help to create the moments of intimacy that reinforce a healthy parent-child relationship.

~ By Jean MacLeod & Sheena Macrae

child begins to bond with her? This is part of the deal; you should be amenable to accepting this, but will you? Bonding with a day care giver does not mean that she is supplanting you, just that you have to consciously establish what your being MOM means.

A Toolbox for Coping
Work is a necessity for many of us, but adoptive parents with children in day care do need to consider what being absent for part of the day means to a child adopted from institutional or foster care. Initially, our children may not trust the difference in day care, to the regimes they had in their birth country. We parents may end up looking like a “senior caregiver” popping in and around their daily routine. We need to ask:

• How do we make ourselves special over our chosen caregivers, but still allow the caregivers to become significant others in our children’s lives?
• How do we tell our kids that we will always be there, but caregivers may move on? (There is no easy answer, apart from the simple fact that time, and the cycle of caregivers coming and going, proves our staying is permanent).

Settling into Day care
• The ritual of the drop off, with a kiss and a hug and a special remembrance of Mom / Dad become important. And the ritual of the return, when we go right into the care facility and pick our kids up, when there is time for a hug, a quiet sit-together, some (shared) food...these become important to our premier place as mother / father.
• We also need to acknowledge that our kids will need to make bonds with their caregivers. Allowing this is important, because we need to allow our kids to settle and feel
secure. It’s a question of balancing how attached our children become at day care, to the detriment of attaching to us. It’s important to be able to talk this over with staff, and have them problem-solve with you, if necessary.

- It’s also important for the children to see, and the staff to emphasize, that parents drop their kids off, and parents return. In fact, learning by watching that the other children have mothers and fathers and are always collected, may enhance our children’s notion of belonging to a family. To maintain this trust, it’s important to ensure not being late to pick up a child. If another adult is picking up your child, make sure you talk about it with your child in advance. Be clear that no matter who picks up, you will return!

Making it Work
- Parent and child may need time to settle together into the facility, with a planned withdrawal of Mom or Dad. This requires the support of the staff. Some facilities may require the settling to be concluded over a day, over a week, or even over months. Be sure you know, and understand what your child can handle!
- Settling also requires that we parents continue to assess both what the staff reports to us about our child and how we find her at the end of the day. A child whose behavior regresses to baby stuff or escalates to violence after a “honeymoon period” at day care, may not be suited either to that particular facility, or to day care, or both.
- Deciding on placement in care is a matter of judgment, but it is useful to take along a friend to observe who is versed in how adopted children fare in day care. It’s also at this critical stage that having chosen a facility with staff able to comprehend a child’s difficulties comes into its own: staff should be able to advise us if our child displays readiness; this is part of what we pay for.

Integrating a child into day care, and day care into your family, takes time, nurturing and patience. Every family needs to find what works for their specific circumstances, but there are keys to making day care run smoothly and keys to staying connected to your children after being separated during the day. Devising day care “sacred ground rules” for your family (and sticking to them) will help you stay aware of what you can do to make your child feel loved, while you are together or apart.

---

A Day care Family

Pre-adoption, I always thought I’d be a stay at home mom. But then was another sort of family. Now, I think we’ve constructed a good life together even though I work full time. I believe it is possible for some families to build a strong, supportive, family in this way. I also believe that there are children (adopted and not) who are too damaged or fragile to handle this lifestyle. Day care children need to be able to develop the ability to understand and trust that you’re going to come back. My kids attend a day-care where they feel cherished, safe and are supported in ways that leave them free to learn how to be comfortable and happy in the world. I take them to this good place each morning. Thus, they trust that I, too, keep them safe. We are free to keep growing deeper as mother and daughters.

~ Becky Miklos

---

~by Sheena Macrae
My Sacred Ground Rules

To create and maintain the balance in our family life that enables my children to thrive in day care, I’ve developed certain sacred ground rules for us:

- I eliminate all separating from my children except for the time they spend in day-care. We sleep together. I don’t ever leave my two year old with anyone, not even her grandparents. If my five year old chooses to, she can go to her grandparents for a few hours on the weekend. No evening separations on school days, ever.
- I do lots of attachment parenting stuff, everyday. Giggles and stories in the mornings. Rock-a-bye baby with kisses and eye contact at night. Wrestling, tickling, giggling. A bottle for the baby at morning and night, and for my big girl on request. Hair fixing, lotion rubbing, shoe-lace tying are all opportunities for eye contact and attunement. Videos are watched with a kid in my lap.
- I NEVER speak of day care as being optional or non-compulsory. This is how our family operates. Period. Some days I don’t like to go to work, and you don’t like to go to school. It happens, but we go.
- I NEVER speak of going to day care in terms of punishment. It’s neutral. A fact. Sure, we’d all rather be together all day everyday. But this is how our family works.
- I try to keep our mornings routine and low stress. Find and set out everything the night before. The kids eat breakfast in the car. We have to be out the door by seven am; there’s major potential for yelling and disconnect if things go awry and I’m concerned about being late for work. Nobody needs that anxiety.
- I remain neutral when dropping off. Pleasant and matter of fact. Goodbye honey (hug), I love you (kiss), have fun, I’ll see you later. If you’re too upbeat, too much on the sell, kids sense ambush.
- I always pick up the little one myself. On the occasion I’ve taken the little one for a doctor’s appointment, I’ll let grandparents pick up the older one and bring her straight home, but only by pre-plan.
- I avoid all activities (even running errands) after day care. They’ve had enough stimulation for the day. I run the errands either on my lunchtime, or squeeze them in just before I pick up the kids. We don’t meet family or friends for dinner or fun on school nights. It’s way too disruptive and tiring for all of us. When kids are tired, they’re more apt to feel anxious and unsafe; we have to maintain optimal emotional health by staying rested and grounded. There will be years in the future for entertainment, stimulation, going out into the world. At this point our family is still connecting and it is best done at home.
- I always have a comfort object in the car for each child when picked up from day care. The big one gets her blankie, the little one her bottle. This is an immediate easer of tension and anxiety. It’s a simple way to reconnect by giving them something good that comes directly from me. Never, ever forget it; they trust that you will have it there for them.
- I keep to the same routine every evening. We get home at six pm and I feed them as quickly and simply as possible. Everybody’s cranky when they’re hungry, and since we only have two hours before bedtime, I really try to keep it friendly, pleasant and loving. I don’t waste our brief time together prepping meals or doing chores. When they’re older and can help (without trying my patience too much) we’ll do these things together. For now, I have a healthy snack before I leave the office because I can’t eat macaroni and cheese or ramen noodles every night!
Dealing With Doctors and Hospitalization

Opportunities to Build Trust

Hospitals, doctors, dentists and their procedures can be frightening for any child, but for post-institutionalized children there are additional reasons for anxiety. Caregivers in institutions often wear “white coats” and our children may have experienced terrifying breaks from daily institutional normality when undergoing tests for medical reports when sick, or in order to be cleared for adoption. Our children may both fear the environment for the painful things that occurred in medical testing, and may also fear that hospitals are a part of the past that has come back to haunt them.

Children may:

- React to the stress of hospitals by shutting down, disassociating, talking incessantly, becoming hyperactive or uncooperative.
- Become disregulated by a trip to a medical professional. Even a short visit can disrupt the child for several weeks. They may need a parent’s help in processing their reaction.

Parents/Professionals may find it helpful to:

- Arrange for the child’s history to be discussed with health care professionals via telephone in order to stay out of the child’s radar.
- Minimize the waiting before an appointment (parents may wait outside the hospital building and be called by mobile phone when their child is to be seen).
- Permit post-institutionalized children who are hospitalized to have their parents with them at all times, even at night, regardless of their age.
- Understand that the child is difficult or uncooperative because of fear and anxiety, perhaps based on past institutional experience.
- Be aware that parents can often understand their child’s reaction to the hospital environment better than the doctors and staff; parents should be prepared to advocate.
Parents can:
• Use a child’s hospitalization and need to be cared for as a tool in furthering the bond with the child. Use child’s increased dependence on you while ill as an opportunity to create trust and build attachment.
• Tell the truth to a child; never tell them “it’s not going to hurt” or try to minimize either their fears or what they are experiencing physically.
• Address a child’s feelings while staying calm and positive.
• Practice and role play what happens at the dentist or at the doctor in advance of an appointment. Explain why shots or drawing blood is necessary. Put together a Dr.’s bag of instruments and pills (M & Ms) and “make pretend”. Saying AHHHH with a tongue depressor in the mouth is hard for an orally defensive child, but it won’t be as traumatic at the Dr.’s if it’s been practiced (and rewarded) at home.
• Reward with hugs and even some candy when the child emerges from the doctor, dentist or hospital. Make the special treat contingent on getting through the experience, NOT on getting through it without tears or trauma.

When a Parent is Ill or Hospitalized
An adopted child may be terrified that he or she will lose a parent who is ill or who must be hospitalized. Loss issues may manifest in anxiety or anger, which both can mask the child’s underlying fear. A child may appear to be coping, but may experience nightmares or breakdowns over small provocations at home or at school. Children may not “allow” an ill parent to be sick, and escalate their own needs in order to hold the sick parent’s attention.

The hospitalization of mom or dad should be treated by the parent as a short “break” of attachment, and mending the break should begin when the parent is able.
• Phone contact and visits to the hospital should be regular and encouraged.
• Child needs to know he or she will be well-cared for regardless of how long the parent is gone from the home. Tell your child about the caregiver plan-of-action that you have in place, even if it’s not necessary to use it.
• Establish a regular routine for child at home when possible.
• Openly acknowledge child’s mad/scared feelings; understand child may feel out of control.
• Explain to your child’s caregiver, and to your extended family, what your child is experiencing and how they can be supportive.

Text based on work by Sheena Macrae, Jean MacLeod, and on The Post Institutionalized Child by Karleen Gribble.
Adult Attachment:  
Becoming the Parent I Need to Be

For all of us, our ways of interacting with others have some constancy and consistency across relationships. And, whatever our style of interacting, it is always expressed when we interact with our children! Further, how we interact with our children impacts how they learn to interact with others... So how do we learn enough to change how we relate to others if our style of relating impacts on our children? How I ‘am’ and how I relate to my daughter was brought home a while back at a play date where my daughter, Rachel, and I met with my friend Michelle and her daughter Sara.

Both children were adopted from China. Rachel has been diagnosed as anxiously attached by a therapist specializing in adoption, and has trouble feeling completely safe unless I am nearby. I have worked hard to understand my daughter’s needs. (See the categories of attachment on pageXX). Sara shows many of the same signs of anxious attachment as Rachel, but her mother takes a different approach. Michelle has done no reading or consulting around attachment issues and feels that many people make too big a deal out of these issues. She feels that if she and her husband provide regular, good parenting, her daughter will be fine. Michelle is a very different kind of mother than I am, and is generally not over-worried about how her daughter is feeling. Feelings are not her focus - but she is a good mother and cares for her daughter very well. As the play date progressed I saw how my anxiety impacted on my daughter – and I believe that my friend’s lack of empathy for her daughter’s also impacted on that child.

As our daughters are playing I am very aware of my daughter, where she is playing and how she seems to be feeling. At one point she seems to be preoccupied or unsettled. I go over and ask her if she is all right. She says she is fine and goes on playing. She does not like me to ask how she is feeling, but I feel a need to be sure that she is okay.

When Michelle goes to get food she leaves the play area without telling her daughter. Sara misses her mom while she is gone, and I explain to her where her mommy is. Sara stares for a while in the direction of her mommy, then eventually resumes playing. Michelle returns and Sara comes running to her. Michelle says, “Oh honey, you are all right,” and proceeds to get the food ready. At times Sara wants to cuddle with her mom while eating. Michelle cuddles a bit, but then encourages Sara to sit in her own seat and play with Rachel.

Clearly, Michelle and I are very different kinds of mothers. Different – but how does how we relate to our children affect how they behave?
• I am an anxious, worried mother. I am never quite sure that my daughter is okay, and I am always checking on her.
• Michelle is a more a minimizing mother. She minimizes her daughter’s feelings, and will tell her daughter that she is okay, regardless of what her daughter may be feeling.
• I smother my daughter in an attempt to make her feel safe.
• Michelle ignores her daughter’s own feelings in an attempt to smooth a situation.
We both have good intentions, but for both of us, our mothering styles don’t necessarily translate into accurately hearing what our children need from us.

Michelle and I have different styles of interacting, different ways of relating with adults and children. How did we get to where we are? There is research available which strongly indicates that how we relate to others in adulthood depends on how our parents related to us as children. Because that is how attachment styles form—it’s all in how we relate to and are comforted by our parents!

The pioneer in observing and identifying childhood attachment styles was Mary Ainsworth. The three childhood styles (each related to a particular way of being parented) as identified by Ainsworth are:

- **Secure Attachment:** Children with this kind of attachment style tend to have had consistent, predictable, and nurturing caretaking. Their caretaking has not necessarily been perfect, but at the same time, there have been few, if any major let downs or traumas. For these children, the world has treated them well, and they expect it to continue to do so.

- **Anxious/Ambivalent Attachment:** Children with this kind of attachment style have had inconsistent and unpredictable nurturing. They have had some nurturing and they are attached to a caregiver, but the caregiver has been notably inconsistent. These children are not sure that they can count on the world to meet their needs. They generally do not feel safe, and they vacillate between being clingy and angry.

- **Insecure or Avoidant Attachment:** Children with this attachment style have had mothers or caregivers that have tended to not be available for nurturing. These children have not received much emotional support from their caregivers, and they have learned not to expect much.

**Parenting style dictates our children’s attachment style**

Ainsworth’s observations show us that our parenting style impacts the degree to which our children will be able to trust and interact in the world. The more consistently and predictably we can nurture our children, the more trust and ability to attach they will have. In the 1980’s Mary Main, a developmental psychologist, developed a method assessing adult attachment. It was found that unless there were significant intervening variables such as therapy or further trauma, childhood attachment styles are carried into adulthood. Main found that children usually develop the same attachment style of their primary caregiver. If a mother is dismissive, a child will have to learn to be dismissive. If a mother is anxious, a child will learn to be anxious, and will not be certain the world is a safe place. If a mother is secure, responsive, but not smothering, a child will learn to feel safe in the world and know that there is a reliable home base to which they can always return.

Of course this makes sense, but it was a stunner for me. As mentioned before, my daughter is anxiously attached. My husband and I are spending a great deal of time, energy, and money on therapy and other activities to increase my daughter’s ability to feel safe in relationships. And, the one thing that will have the greatest impact on her attachment style is ME and my attachment
A Different Dance

Biology is POWERFUL. It choreographs an invisible, important, tightly-stepped mother-baby dance. There is an extra “base-level” of connection inherent in a biological mother-infant relationship, a connection knit by nature, and that connection is perfect trust.

Adoption is different. Not in what we feel for our children, but in parenting around loss, both our children’s and our own. A securely attached biological child who hasn’t been abandoned by a birth parent, would never believe that his mother would ever permanently leave him, for any reason. And primal loss will always be a deep, dark possibility for our internationally adopted children, because the unthinkable did happen to them. It happened to them, it severed their connection, and it spun them halfway across the world…

Understanding the importance of the connection forged by healthy biological parenting, helps adoptive parents to proactively fill in some of our children’s missing pieces. We can adoption-parent to build feelings of trust, safety and love in our adopted children. We can work to replicate the natural dance of attunement a bio-child has with his mother, while acknowledging a different adoptive mother-child dance. The music is there; we just need to teach our children to trust our lead, to hold on tight and to follow our steps. Adoption is not lesser than biology, but we can apply the biological two-step to our adopted children to help keep our families in-tune, and attuned.

~ Jean MacLeod

style. I realized that no matter what else I do, if I do not address my own attachment style, my daughter will have the same attachment level and fears that I do. My own attachment level will limit her.

Getting Beyond the limits...

That my own attachment level could limit my daughter was a tough realization for me. I would like to think that I could parent my child perfectly, out of my good intentions or out of all the love that I have for her. After exploring the adult attachment issues, it became clear to me that no matter what else I do for my daughter, if I do not understand my own fears and issues in relationships, my daughter will not surpass my level of trust with others. This would be also be true if my daughter were my birth child, but since my daughter has her own adoption-related attachment issues and we are working so hard to help her in this area, this insight seemed even more important to me. The lifesaver is that along with the above finding, Mary Main also found another, very encouraging finding. She discovered that adults who started with less than secure attachment styles, could, with work, reach secure attachment status. Main called these adults “earned secure,” and she found that these adults could raise securely attached children, just as other securely attached adults do.

In her research, Main measured adult attachment by asking adults to talk about their childhood memories, and to place them in a coherent life narrative. Main found there to be four categories of adult attachment, three of which corresponded with Ainsworth’s findings for children, and a fourth category that Main added based upon her research. (See Attachment Table on page XX). Main categorizes adult attachment as:
Secure: These adults were able to describe their childhood in a way that made sense in terms of all the characters or people, and included the strengths and weaknesses of each.

Preoccupied: These adults, when talking about childhood memories, could not help but still have some anger, frustration, or some part of their histories that did not really make sense to them.

Dismissive: Main labeled as dismissive those adults that often spoke of their parents in very positive terms, but had trouble giving examples to demonstrate the qualities of which they spoke. Generally, these people are cut off from the emotions that they and others feel.

Disorganized: These adults have experienced physical, sexual, or emotional abuse, or the loss of a parent in childhood. These kinds of events are so overwhelming and confusing that people who have experienced these events often have unusual, confused behavior that was different than any other category.

How do we assess all this?
The most encouraging aspect of Main’s research was the finding that adults who started with anxious, avoidant, or even disorganized attachment styles, could reach secure attachment status and raise children with a secure attachment style. The lifesaving finding is that an adult can by working on understanding their own style of forming relationships, and understanding how past events impacted in it – we can move to being earned secure.

How do those of us with insecure childhoods move toward an earned secure attachment status?
We find earned secure:
• in our willingness to emotionally work through and understand the feelings from difficult experiences in our childhood.
• with therapy, where we learn to understand or “hear” the difficult emotions that we experienced as children. In leaving denial, we gain peace over our childhood experiences.
• by gaining perspective, tying in our feelings, and providing a coherent story or narrative about our past. Gaining insight about our childhood and how we were parented allows us to be understanding, while still acknowledging our feelings and emotional reactions.

Earned secure status occurs when both anger and denial from past events have been mastered so that a person is fully present in the moment, and able to make present-moment choices based on current events, not on past feelings. It is the unprocessed or “unheard” feelings of the past that make it difficult for us to tell what is really happening in the present. Once we have heard and understood the feelings from the past, we are able to see the present more clearly, and are able to be available to our children so that we can provide them the consistency and nurturing they need. Children need us fully engaged with them, so we need to start a parallel process of meeting our own needs as we attempt to meet those of our children. It might help if we keep a stage or two ahead!

Doing the best we can (and our parents may have said that, too)
In attempting to understand feelings from childhood, people are uneasy about blaming their parents. It’s thought to be to easy an excuse and that it is disloyal.
I would agree that our parents probably did do the best they could; we are all human and we have our strengths and our weaknesses. But what we need to understand is that our parents perhaps did the best job they could, but at the same time, their “best” may not have been ideal for us. Our feelings and reactions to what may not have been ideal for us are important as well, and need to be validated. The trick is to be able to hold in one part of our mind how it was for our parents; at the same time, in another part of our mind, realize how it was for us…and be compassionate with both. Discovering how our life experience has impacted us is important. So is understanding that our parents did the best they could with the tools, experiences, and information they had at the time.

And what of me – as an adoptive mother?
I’ve sought therapy since the McDonalds play date I described, and I am proud and grateful to say that I am not the same mother I was then. I still have tendencies and inclinations to be an anxious mother. But, I am increasingly able to try to judge what my daughter needs, versus what I fear. My relationships with friends and my husband have also benefited, and I am having more fun, with less anxiety.

I believe understanding these issues with an adopted child can be even more important than doing so with a birth child. An adopted child’s attachment issues may interact / clash with the adoptive mother’s issues in ways that are not as likely to happen with birth child and birthmother pairs. With birth children, to a large degree, attachment style is derived from and runs parallel with the birthmother’s style. In adoption, there are two different processes occurring:
• Adoptive Mother and child may have different attachment styles, making it difficult to connect
• Adoptive Mother and child have the same insecure style, doubling the anxiety or anger or dismissiveness between the two! In this case it may be hard to identify the attachment issues, as both the parent and the child may be most comfortable at a distance.

Each attachment style combination is unique and presents its own special challenges. But, because there are so many more variations, and because they can impact and spiral off of one another, I believe it is even more important in adoptive families to have some understanding of how these issues interact.

If I had not been an adoptive parent, I would not have been forced to explore my own attachment issues nearly so deeply. My child’s life would have been much more limited by my own attachment issues than I ever would have known. As it is now, my daughter is thriving due to the attachment work we have done, and I am thriving, too. I now take risks and become involved in things I would not have in the past. I can tell in subtle ways that my friendships are deeper, nicer and more satisfying, and my marriage feels richer, as well. Attachment work is not easy, but I feel good about what my daughter and I have accomplished together. I wouldn’t have life any other way, for my daughter or for me.

Tools for Getting Help
Once we realize that our adult attachment style will impact and limit the attachment style of our children, our first task is to begin to assess what our adult attachment style might be.
• **Assessment:** The best method for identifying adult attachment style is assessment by a professional familiar with Main’s Adult Attachment Interview system. Therapists trained in infant mental health, child attachment, foster care, or adoption, will be familiar with the interview, as they are more accustomed to assessing attachment issues.

• **Books:** If a formal evaluation is not readily available or possible, reading can also be of great help. Books can be extremely helpful for exploring and examining adult attachment issues.

• **Self-reflection:** Thinking about the following questions can also be a tool in evaluating attachment issues:
  - How did you interact with your parents in your early childhood?
  - Did you feel safe with your mother and father?
  - What is your earliest memory with your mother?
  - What is your earliest memory with your father?
  - What did you “not get enough of” in childhood?
  - What do you fear in relationships?
  - What do you fear for your child in relationships?
  - What do you think was difficult for your parents to do in childhood? Why?
  - Did anyone die in your early childhood?
  - Were there other adults that were significantly involved in your caretaking when you were young?
  - Were there other adults that you could rely upon as you were growing up?

**The Use of Therapy**

I believe that therapy is by far the most effective way to become ‘earned secure’, or to “hear” those parts of us that have not yet been heard.

• The most important factor in finding a good therapist is to find someone that you are comfortable with, someone you can talk to with complete honesty. It is perfectly legitimate to shop around for a therapist to make sure you find someone you like and respect. It can be a good idea to talk to several different therapists, either on the phone, or in person, to see who feels right for you. As a good friend of mine says, “We don’t expect the first pair of shoes we try on to fit, so why would we expect the first therapist to fit?” Some therapists will be willing to meet without a fee for the first session to facilitate finding a good working relationship; this is worth asking about.
It takes more than love...

One very real, but often overlooked, symptom of emotional pathologies like attachment disorder is an unhealthy family dynamic. To paraphrase Nancy Thomas (author of *When Love is Not Enough*), emotional pathology is contagious. My current attachment therapist told me she can practically diagnose an attachment disordered child by simply talking to the mother! Is the mother depressed, angry, frustrated, or stressed out way beyond the point of a regular parent? Is her relationship with her husband or partner strained? Are the other children in the house acting prematurely responsible and covering for the attachment disordered child to keep peace?

I am sad to admit that I was thrown in a deep depression from living with a child who rejected me, was not compliant, was destructive, and who caused chaos constantly. Not only was I unable to find love for her in my heart, I became anxious and super-charged with adrenaline whenever I was near her! Needless to say, I was not the ideal parent. To make matters worse, I had an immense sense of guilt and failure that was heightened by the well-meaning words of those around me, who told me to just “love my child more” and to “change my expectations”.

In order for me to help my family heal, I had to first get myself to a better place. One major turning point was finding a therapist who validated and recognized my feelings as “normal and completely expected” for a parent of a child with Reactive Attachment Disorder. I was freed by the notion that I could be a good parent without feeling much love or attraction for my child. All that was required was a desire to love her and a desire to help her. Of course, this is not easy. We are tired, over scheduled, and financially strained (therapy is not cheap or fast!). Every moment of every day is a living practical exam on how much I want to love her and how much I want to help her.

Every whine, every blood-curdling scream, every repetitive chant, every stiff hug, every averted look, every lie, every deliberately spilled or broken item is an opportunity for me to do the right thing. If I miss it, it is not long before I am given another chance! My daughter’s gift to me is to give me endless chances for me to redeem myself and become the mother I want to be: the one that loves her children and is strong enough and wise enough to heal her family.

~ By Lisa Kastner

---

~In My Own Words~

The therapist should also be well trained and familiar with attachment or developmental theory. Good therapists can include social workers, psychologists, or psychiatrists. Ask how long they have worked as a therapist, and if they helped others do adult attachment work. When deciding who is right for you and how you feel about them, trust your gut instinct.

Finally, there are many kinds of therapies that can be helpful in working on adult attachment. Among those available are: Psychodynamic, Interpersonal, Cognitive, Humanistic, Imago, and Infant Mental Health work with adults or families. EMDR (Eye Movement Desensitization Reprocessing) is a somewhat new technique for processing past trauma, which can be incredibly helpful within a short amount of time. For all these types of therapies, find a professional who specializes in the technique, talk to them about how applicable it might be for you and what you hope to accomplish.

~by Kathy Reilly, Ph.D
10 Tips from a Do-Over Dad

I have often referred to myself as a “second chance dad”. In what seems like a lifetime of perpetual parenting, I seized the exceptional second chance to parent a duet of infant daughters, united with me through the miracle of adoption. Thirty years had passed since my first round of two a.m. feedings, sterilizing bottles and the unending procession of cloth diaper washing, but the memory of those experiences was still fresh in my mind. The experience wasn’t entirely positive and still lingering was the uneasy memory of what I neglected in my juggle between family and career. I was about to become a do-over dad, but I vowed this time would be different. I prepared for a higher level of fathering skills, anticipating that my Chinese-born daughters, already separated from their first family, would need the special touch that only an understanding and better disciplined dad could provide.

From the beginning, I understood that Jing Ying’s world was about to be turned upside down. In one brief exchange of loving arms, all that she came to recognize and experience in her few short months of life would vanish into a too-soon faded memory. Sights, sounds, smells and the culture of her birth, along with the familiarity of her caregiver’s touch, would now be replaced with her new dad. To transition her life experiences and to help her learn to trust and love her new “baba”, I would need to call upon both the old and the new dad to communicate the love I ached to share. I wanted more from this parenting connection than the rushed “hurry and grow-up” routine that prevailed in my initial version of fathering.

For the new and soon-to-be dads, I will share with you a China dad’s dim sum of thoughts and experiences that have made fatherhood akin to heaven on earth for me:

1) Take your time, and savor every moment of those first months and years of being a dad. Your child has but a short time to be a kid without the pressures that accumulate with the teen years and the metamorphosis to adulthood. Allow them the freedom to live the “kid experience” and enjoy this magical time at their own pace. This may be your last chance to be a kid again, too!

2) Communicate at their level, both figuratively and philosophically. Get down on the floor, connect eye to eye and share a simple dialogue sparked with excitement and imagination. Teach your child to dream, explore the world around them and learn to “just imagine” by finding animals in the clouds, building bedspread forts in the living room or floating Popsicle stick ships down the gutter after a spring rain. A simple touch can be magic too. My daughter Jing Ying loved to touch and be touched, often falling asleep while lying on my chest, listening to my whispers and feeling the beating of my heart next to hers.

3) Make yourself available to spend quality time with your child, and be spontaneous. Unscheduled outings with dad can be adventurous or a great time to share an ice cream, with a few giggly butterfly kisses added for good measure. When you are with your child, give her your undivided attention. I put my personal hobbies on hold for a few years and learned to fish with only my daughter’s fishing pole in order to give her my undivided attention. Now at age ten, she still loves to fish with dad and often makes dates with me to share a picnic lunch (and passes along her tips for catching the most fish!).
4) Remember you are building a family, not just adding a child. If there are older siblings, set aside private time to build and strengthen those relationships. Let them know you value their input and encourage them to claim ownership in the decision to adopt. Striking a comfortable balance between work and home is an important issue to address. Plan on spending as much time as possible with your family, especially in the first days and weeks of a new arrival.

5) Give yourself an emotional green light to talk to your children about their feelings, fears and emotions. Validate their concerns and practice being a good listener. Don’t be afraid to show your emotions and try to refrain from telling your teary-eyed three-year-old that “big boys and girls don’t cry”. It sends the message that expressing the pain of minor injuries or lamenting emotional losses in life isn’t allowed.

6) Avoid the “Superdad Complex”. It’s not dad’s job to fix every problem, be the ultimate sports authority or provide all of the gifts to your children. Parenting is not about meeting your expectations of being the greatest dad; it’s about being the best and most consistent dad you can be.

7) You can’t relive your life vicariously through your child’s activities. It’s their turn to be the star athlete, studious scholar or heralded artist as they choose. It’s your job as dad to be the counselor and cheerleader, and it doesn’t hurt to keep your chauffeuring skills intact.

8) Praise, praise, praise at every opportunity the efforts and accomplishments of your children. Encouraging the “can do” attitude early on will make a big difference in how they perceive and adjust to difficult situations in the years ahead. I often tell my daughters, “I’m proud to wear your name; thank you for being my daughter.”

9) CONNECT. Share meals together to start the day and reconnect after work, school or play. Turn off the television and talk; make plans together or share a laugh as a family. Experience connectedness in sharing the simple pleasures of being together.

10) Adopting a child of a race different than yours brings the responsibility to educate and prepare your child for life in a color conscious society. Learn to be sensitive to the issues your child may face and provide a cultural connection that will promote a positive identity and healthy self-esteem. I suggest participating in one of the cultural camp programs that offer workshops and activities for both children and their parents. The children get to interact with other adoptees that share their cultural connection, and parents get access to the adoption professionals and experienced adoptive parents who will become the nucleus of a life-long support network.

~ By Richard Fischer