Normal Developmental Milestones in Attachment: Diagnostic and Therapeutic Implications

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Why look at normal development?

- Normal development provides a “roadmap” for the behavioral assessment of children
- Acquire an understanding of different developmental dimensions
- Identify concepts that will be important in future clinical work
Domains of Development

Development is described in 3 domains, but growth in one domain influences the other domains.

- **Physical Domain:** body size, body proportions, appearance, brain development, motor development, perception capacities, physical health.

- **Cognitive Domain:** thought processes and intellectual abilities including attention, memory, problem solving, imagination, creativity, academic and everyday knowledge, metacognition, and language.

- **Social/Emotional Domain:** self-knowledge (self-esteem, metacognition, sexual identity, ethnic identity), moral reasoning, understanding and expression of emotions, self-regulation, temperament, understanding others, interpersonal skills, and friendships.
Some Theories...

Psychosocial Theory
Erik Erikson

- Erikson expanded on Freud's theories.
- He believed that development is life-long.
- Emphasized that at each stage, the child acquires attitudes and skills resulting from the successful negotiation of the psychological conflict.
- Identified 8 stages:
  - **Basic trust vs mistrust (birth - 1 year)**
  - **Autonomy vs shame & doubt (ages 1-3)**
  - **Initiative vs guilt (ages 3-6)**
  - **Industry vs inferiority (ages 6-11)**
  - **Identity vs identity confusion (adolescence)**
  - **Intimacy vs isolation (young adulthood)**
  - **Generativity vs stagnation (middle adulthood)**
  - **Integrity vs despair (the elderly)**
• **0-2 years - Hope: Trust vs. Mistrust**
  If caregivers are consistent sources of food, comfort, and affection, an infant learns that others are dependable and reliable. If they are neglectful, or abusive, the infant learns that the world is not dependable or predictable, and possibly dangerous.

• **2-4 years - Will: Autonomy vs. Shame & Doubt**
  If caregivers encourage self-sufficient behavior, toddlers develop autonomy. But if caregivers demand too much too soon, refuse to let children perform tasks they are capable of, or ridicule attempts at self-sufficiency, children may instead develop shame and doubt about their ability to handle problems.

• **4-5 years - Purpose: Initiative vs. Guilt**
  If parents and teachers encourage children's efforts, while helping them make appropriate choices, kids develop initiative in planning and undertaking activities. But if adults discourage independent activities or dismiss them as silly and bothersome, children develop guilt about their needs and desires.
Biological Theories

Belief that heredity and innate biological processes govern growth.
Maturationists: G. Stanley Hall and Arnold Gesell

- Believed there is a predetermined biological timetable.

- Hall and Gesell were proponents of the normative approach to child study. They used age-related averages of children's growth and behaviors to define what is normal.
Ethology

• Examines how behavior is determined by a species' need for survival.

• Has its roots in Charles Darwin's research.

• Describes a "critical period" or "sensitive period," for learning.
Konrad Lorenz

Ethologist, known for his research on imprinting.

Konrad Lorenz was one of the winners of the 1973 Nobel Prize in Physiology.

Imprinting is a term to describe any learning occurring at a particular age or particular life stage that is rapid and apparently independent of the consequences of behavior.
Attachment Theory

• John Bowlby applied ethological principles to his theory of attachment.

• Attachment between an infant and her caregiver can insure the infant’s survival.
Social Development

John Bowlby studied attachment from multiple perspectives and proposed that infant attachment behavior serves to ensure protection from danger, by keeping parents close and interested.

- Innate nature of social development
  - attachment occurs in spite of maltreatment
  - inanimate objects can serve for attachment
  - not all forms of attachment are equal

- Attachment theories as foundation
  - bonding involves active, reciprocal interactions between infant and caregivers
  - bonding time depends upon maturational and environmental factors
  - attachment occurs as the result of some social learning
Developmental Competencies

• Somatic and emotional regulation - Recovering from dysregulation

• Secure attachments - Repairing mismatches

• Trusting social relationships - Negotiating conflict

• Exploration and learning - Managing frustration and fear

In the context of cultural childrearing values.
Developmental Anxieties

• Fear of loss: Separation anxiety  
  *(Onset: 6-8 months; Peak: 18 months)*

• Fear of losing love and approval  
  *(Onset: 12 months; Peak: 24 months)*

• Fear of body damage *(Onset: 12 months)*

• Fear of internal badness: Social rejection anxiety  
  *(Onset: 24 months; Peak: 36-48 months)*
Developmental Expression of Expectable Anxieties

• **Infancy**
  - Sleeping and feeding disturbances
  - Distress on transitions
  - Separation anxiety
  - Crying

• **Toddlerhood**
  - Temper tantrums
  - Regressions in developmental milestones
  - Defiance, non-compliance, aggression
  - New fears
  - Problems with peers
Normative Parental Functions

- Protection from danger
- Caregiving
- Socialization

Each of these functions is vulnerable to stress/trauma.

Cultural differences in values, expectations, practices.

Support the parent in supporting the child.
Circle of Security

• Relationship based intervention designed to change child’s behavior through changes in parent’s behavior.

• Developed by Bert Powell, Kent Hoffman, Glen Cooper, and Bob Marvin.

• Derived from attachment and object relations theories.

• Shares features of Interaction guidance; Child parent psychotherapy; CBT.
Circle of Security: An Intervention

- Consistent with attachment theory and research.
- Caregiver has greater degrees of freedom for initiating dyadic change.
- Focuses on both the caregiver’s Internal Working Models of self and child and on his/her caregiving behavior.
- Uses either group or individual therapy models.
Components of Infant-Parent Relationship

Developing Attachment System

$R_{\text{Baby}} \leftrightarrow IB_{\text{Baby}} \leftrightarrow IB_{\text{Parent}} \leftrightarrow R_{\text{Parent}}$

What you see

What you hear

Adapted from Bruchweiler – Stern and Stern, 1989
Circle of Security

Parent Attending to the Child’s Needs

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Special thanks to Dr. Anilla del Fabbro for her assistance with this presentation.