

Ensuring the Attachment of Newly Arrived Infants- Part One

While the content of this blog is relevant to any family adopting a young child—domestic or intercountry, it is specifically targeted for families whose composition includes children—typical or previously traumatized.

Ron, age 4 1/2, was adopted when he was three-months-old. His adoptive family is comprised of two parents, four birth children, and three adopted children. The birth children—all typically-developing—were adolescents (ages 17, 15 and 13) when Ron joined the family. These two sisters and a brother, are currently 21, 19 and 17. The adoptees are now ages 6, 7 and 9 (They were 2, 3 and 5 when Ron was an infant.)

The older children smothered Ron with affection. They were quick to shout to Mom, “I’ll get his bottle.” “I’ll feed him.” “I’ll change him.” “I’ll hold him.” Certainly, this seems idyllic. However, Ron was born testing positive for cocaine and he was neglected during the three months he resided with his birthmother. Unfortunately, pre-natal drug and alcohol exposure impairs the physiological process of attachment. That is, the brain functions that move forward the social and emotional process of attachment, are damaged. The [neglect](#) exacerbated this situation. As a result, Ron never developed a primary connection to his mother or father. His attachment was diffused among his older brother, sisters and parents.

This is significant because attachment is the process by which infants develop a model of human interaction. It sets the tone for the infant’s sense of self as a good worthwhile, important human being.

Attachment occurs because a consistent, nurturing care giver—a mother or father—will be present and repeatedly meet the infant’s needs. Time and again, one or both parents will come when the baby cries and soothe him when he is hungry, cold or scared. As his brain develops, these loving care givers provide the template that he will use for human relationships. This template is profoundly influenced by whether the infant experiences kind, attuned parenting or whether he receives inconsistent, frequently disrupted, abusive, or neglectful “care” (Perry & Szalavitz, 2006).

This early care-giving relationship provides a relational context in which children develop their earliest models of self, other and self in relation to others. This attachment relationship also provides the scaffolding for the growth of many developmental competencies, including the capacity for self-regulation, the safety with which to explore the environment, early knowledge of agency (i.e., the capacity to exert an influence on the world), and early capacity for receptive and expressive communication (Cook, Blaustein, Spinazzola and van der Kolk, 2003).

Most professionals who work with and study the process of bonding and attachment agree that a child’s first eighteen to thirty-six months are critical. It is during this period that the infant is exposed—in a healthy situation—to love, nurturing and life-sustaining care. The child learns that if he has a need, someone will gratify that need, and the gratification leads to the development of his trust in others. This cycle of needs is repeated thousands of times in the first two years of an infant’s life, forming the foundation of every other developmental task of human life (Keck and Kupecky, 1995). Attachment not only shapes the child’s world view, it is the context in

which development—neurological, social, emotional, cognitive, behavioral and physical—is put into motion.

Further complicating Ron's situation is that two of his adopted siblings present with moderate mental health issues. Their own pre-adoptive history, replete with domestic violence, physical abuse and neglect—[complex trauma](#)—left this sister and brother with cognitive, emotional and social delays. Their play was filled with violence and their actions toward each other were aggressive. They scattered their toys. They shoved Candy Land off the table if losing. Dolls were strewn about, naked or missing limbs—broken in the same manner as these children felt torn apart by their birth parents and from their birth homes.

These primary playmates did little for Ron's development. In fact, at 4 1/2, his social skills were far more similar to a young toddler. His emotional development lagged as well. Fits occurred several times per day—the intensity and duration of which would be well-beyond what would be considered normal for his age. He shouted “no” when asked to do simple tasks. He stole candy and cookies. He whined chronically. Developmentally and behaviorally he mirrored his younger siblings more so than his parents or older brother and sisters. Ron was not proceeding within normal parameters for social, emotional and cognitive growth.

Ron's story is common at the [Attachment and Bonding Center of Ohio](#) where I work. Young children—adopted as infants—arrive quite affected by life with brothers and sisters with mental health issues. They are disconnected and developmentally delayed because the family composition has led to a diffused attachment—there is no one solid primary attachment and not enough interaction with typically-developing peers to promote developmental growth. *Certainly, these situations occur due to lack of information about the ability of infants, compromised immediately after birth, to form healthy attachments.* There is an assumption that these young and vulnerable children will just simply recover. Unfortunately, for many, because of their pre-adoptive trauma they are not primed to arrive in a family and accept the nurture provided.

When placing infants into a family whose composition is large and/or includes adoptees with a history of complex trauma, we must understand that extra effort is needed to ensure that these youngest children are offered the utmost opportunity to thrive within these families.

Part two of this blog, coming Tuesday, puts forth an array of thoughts to ensure the healthy attachment of these young and vulnerable adoptive family members.

Strong and healthy attachments in childhood lead to adults who can navigate the world—happy, motivated to succeed, empathic, with a good self-image and able to get married, raise children and pursue the career of choice. With attachment the possibilities are endless!