



The Newsletter of
**The Indiana Association for Infant and Toddler
Mental Health**

From The Chair

REFLECTIONS

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Ask a new parent to name the most important skill a baby learns during the first year of life and they may say, "Sleeping through the night". Although a good's night sleep is great for parents and babies, there is another set of skills that trumps somnolence in importance both now and for a baby's future. The magical milestone? Attaining a secure or positive attachment relationship with their parents. Successful attainment of this developmental milestone has been connected with many future benefits--positive sense of self, better peer relationships and school performance, and even growing up to be a competent parent. Parents who talk and play with their babies, attend to their babies' cues and meet their needs in reliable and sensitive ways will have babies who are strongly bonded to them. Through these positive relationships babies learn to experience and regulate their emotions and attain a strong, positive sense of self. Learn more about the importance of about social and emotional development in early childhood with a visit to websites such as Zero to Three (zerotothree.org), National Association for the Education of Young Children (naeyc.org) and the Indiana Association for Infant & Toddler Mental Health (iaitmh.org).

Angela M. Tomlin, Ph.D., HSPP

Attachment Patterns in Children with Autism

Pervasive Developmental Disorders (PDD), sometimes called autism spectrum disorders (ASD), are developmental disorders that affect a person's behaviors, social skills, and social communication abilities. For a diagnosis of a PDD to be made, the person must show deficits in social interactions including behaviors such as maintaining eye contact, sharing emotions through facial expressions, and demonstrating concern about the feelings of others. Because autism is at its core a social and emotional disorder, questions sometimes arise about its possible effect on the formation of attachment bonds with parents and other caregivers.

Attachment Patterns

Attachment researchers have identified behaviors that form four different attachment patterns. The patterns develop when the child organizes his or her behavior around the behaviors of the caregiver in a way that allows the child's needs for safety and exploration to be met. The secure pattern is formed when caregivers are reliable and consistent. Three insecure patterns may form when the caregivers provide inconsistent care (avoidant, ambivalent) or even frightening care (disorganized). Because attachment is understood as dyadic, the child's behavior is also important in formation of the bond. The child must respond appropriately to the parent's behaviors in order for the attachment to flourish. If either member of the dyad has difficulty exhibiting the expected behaviors, the relationship may be challenged.

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Autism and Attachment (Continued from p 1)

Early behaviors that signal the possible presence of autism include behaviors that are also implicated in the formation of a secure attachment, including the ability to establish and respond to joint attention and to engage in reciprocal or back and forth interactions. Although delays in communication skills may bring a child with possible autism to the attention of professionals, deficits in social behavior are usually evident. When asked to think about the child's early development, parents may recall that the child was a "good baby" who did not signal or even seem to have many needs.

Attachment and Autism

Limited research is available assessing the attachment relationships that are formed by children with autism. It is possible that researchers have been reluctant to address the potential relationship due to initial but now disproved theories about autism that infamously pointed to "refrigerator mothers" as a cause of the disorders. Another possible reason is that autism is typically identified at age 3 or 4, whereas attachment research has historically focused on children under the age of two years. With better understanding of attachment behavior across the lifespan, some research has become available assessing the attachment behaviors of children whose behaviors meet criteria for an autism spectrum disorder.

A recent meta-analysis revealed that the majority of children with a pervasive developmental disorder will form a secure attachment with parents (Rutgers, Bakermans-Kranenburg, van IJzendoorn, and Van Berckelaer-Onnes, 2004). However, the rate of secure attachment in children with autism and autism spectrum disorders is lower than the rates reported for children who are typically developing.

When assessing for insecure attachments in children with autism, researchers have utilized coding schemes that ignore repeated behaviors in order to avoid inflating rates of disorganized attachments. Even so, insecure attachments, including disorganized attachments, are found in children with autism at higher levels than in non-clinical groups (Rutgers, et al., 2007). In another study, diagnosis of autism spectrum disorders with additional diagnosis of a cognitive disability increased the rates of insecure attachment and children with autism had the highest rates of disorganized attachment (van IJzendoorn, Rutgers, Bakermans-Kranenburg, Swinkels, van Daalen, Dietz, et al., 2007). It is important to recognize that researchers have also found that rates of parental sensitivity and responsibility are not reduced in parents with a child with autism. Furthermore, unlike families with typically developing children, parental sensitivity does not predict security of attachment in children with autism (van IJzendoorn, et al., 2007). Therefore, insecure attachments in children with autism may have a different source than in children without autism.

Intervention

A literature search did not reveal specific interventions for enhancing the attachment relationships between children with autism and their parents. However, recommendations are

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Autism

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available for other groups of children who might be at risk for insecure attachments due to their harder to read attachment signals, including children born premature, drug exposed, or requiring many medical procedures and those who have atypical or insecure attachment patterns related to pathogenic care giving or participation in institutional care or foster care settings. These approaches address caregiver ability to accurately read a child's cues, anticipate needs, and form appropriate responses. Examples of these types of interventions include Mary Dozier's Attachment Biobehavioral Catch-up Program and the Circle of Security approach (See Berlin, Zeanah, & Lieberman, 2009, for a good review).

Strategies designed to address the core deficit of autism, social interaction deficits, also seem likely to assist in the formation of positive attachment relationships. Specifically, caregiver efforts to read child cues and to make their own communications simpler and easier to read, along with interventions that aim to enhance child communication capacity and to encourage reciprocal play and interactions are often parts of autism treatments. Finally, a parent's own thinking and behavior related to attachment has also been shown to affect the attachment pattern developed by the child. This finding suggests that provision of supports to parents using a relationship-based model may be beneficial.

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TRAINING CALENDAR

MHAI Annual Meeting, June 5, 2009, Indianapolis, IN

7th Annual Conference on Health, Disability, and Law, Autism & Vaccines, June 5, 2009, Indianapolis, IN


IMH Task Force Meeting: TBD

IAITMH Board Meeting, July 24, 2009

IAITMH Annual Conference, Early Childhood Partnerships: Working Across Systems to Support Families with Young Children, August 14, 2009, Indianapolis, IN

REFERENCES

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- Naber, F., Swinkels, S., Buitelaar, J., Bakermans-Kranenburg, M., van IJzendoorn, M., Dietz, C., van Daalen, & van Engeland, H. (2007). Attachment in toddlers with autism and other developmental disorders. *Journal of Autism and Developmental Disorders*, *37*, 1125-1138.
- Rutgers, Bakermans-Kranenburg, van IJzendoorn, and Van Berckelaer-Onnes, (2004). Autism, attachment, and parenting: A comparison of children with autism spectrum disorder, mental retardation, language disorder, and non-clinical children. *Journal of Abnormal Child Psychology*, *35*, 859-870.
- van IJzendoorn, Rutgers, Bakermans-Kranenburg, Swinkels, van Daalen, Dietz, et al. (2007). Parental sensitivity and attachment in children with autism spectrum disorder: Comparison with children with mental retardation, with language delays, and with typical development, *Child Development*, *78*(2), 597-608.

 Membership renewals will be sent in June. If you do not receive your renewal, please contact Tiffany Peek at tpeek@mhaj.net. 

Bill passed to address shortage of mental health professionals in Indiana

HB 1210, signed by Governor Daniels, creates mental health services development programs to provide incentives to attract psychiatrists, psychologists, psychiatric nurses, and public sector psychiatrists to practice in Indiana. It creates the mental health services development programs board to administer the programs. HB 1210 creates the mental health services loan forgiveness account and the public sector psychiatry development program account within the state general fund to provide funding for the programs. HB 1210 establishes the Mental Health Corrections Quality Advisory Committee. Indiana is the only state to have such a committee to ensure open access to mental health medications within the Department of Corrections.

MEMBERSHIP

Yes, I want to become a member of the Indiana Association for Infant and Toddler Mental Health

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- Professional \$50
- Family/Retired Professional \$25
- Student \$15

Send me info about group or corporate rates

Please make your check payable to IAITMH
1431 N. Delaware Street
Indianapolis, Indiana 46202

Advocacy Committee Restarting

The Advocacy Committee of the IAITMH will resume its efforts to make IAITMH a leader in advocacy regarding public policy for young children and their families in the state of Indiana. Committee work will be accomplished by conference calls and occasional face to face meetings (e.g., lunch meeting at the annual conference when possible). We will begin by learning more about the project that the Frameworks Institute, a leader in communication skills related to shaping public policy, has to investigate how people think about early childhood mental health and to reframe how the public thinks about child mental health (see www.frameworksinstitute.org for a preview!). **Please email Lynne Sturm, if you are interested in learning more about the Advocacy Committee : lsturm@iupui.edu**