

SHOW  HOPE

HOPE

for the Journey

CONFERENCE

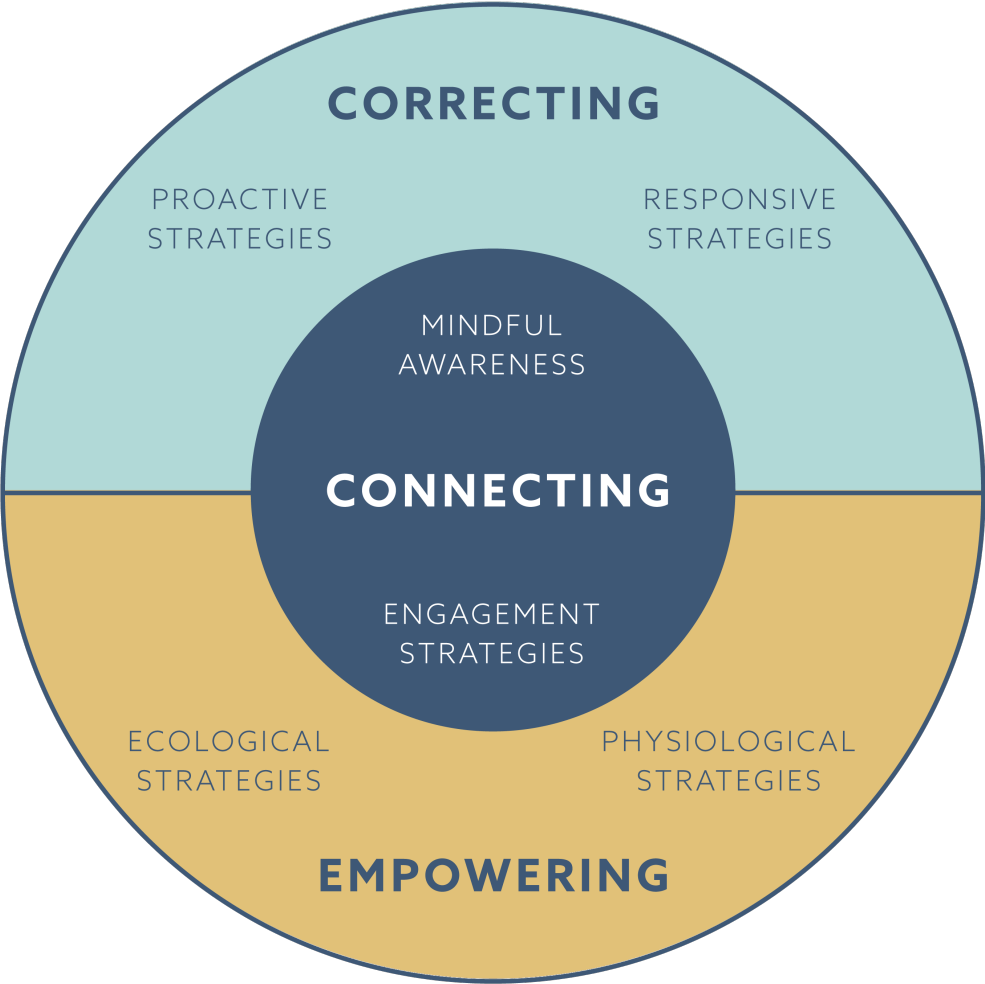
Connecting Principles

Amanda Purvis

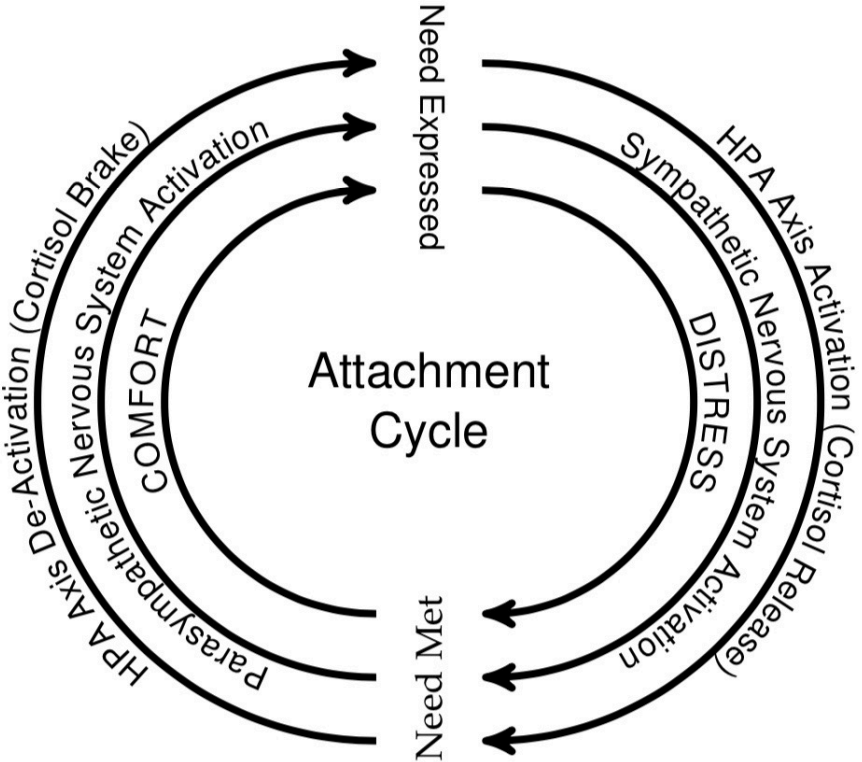
Consultant With the

Karyn Purvis Institute of Child Development (KPICD) at TCU





Creating Felt Safety through Attachment



Foundation for:

- Trust
- Self-worth
- Self-efficacy (Voice)
- Self-regulation
- Mental health

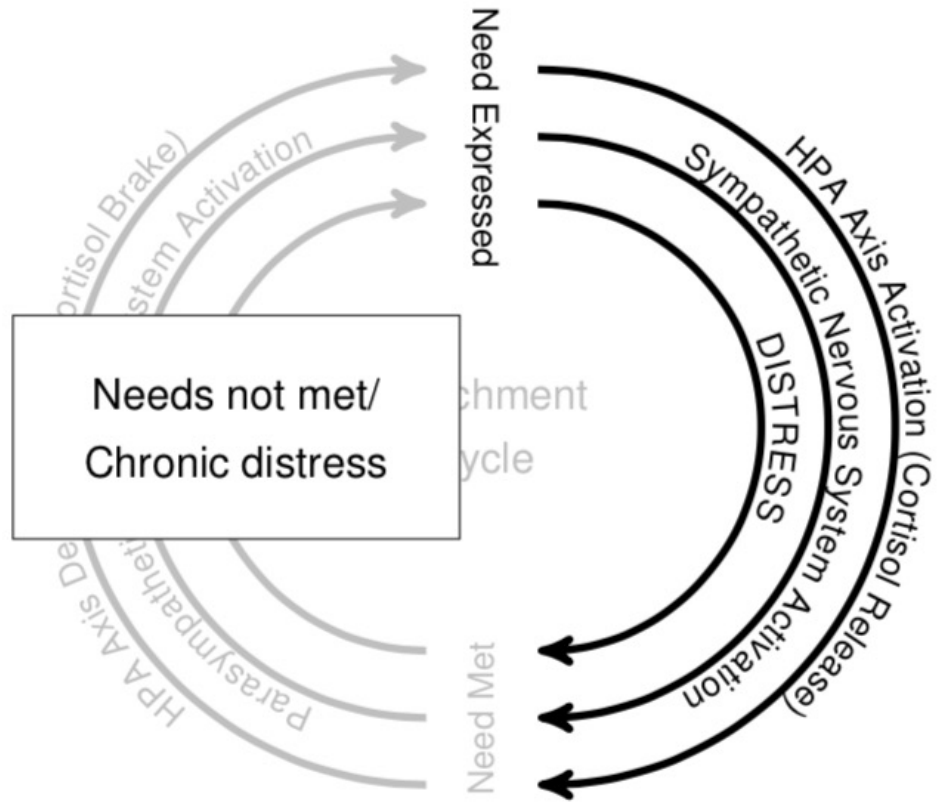


SHOW HOPE

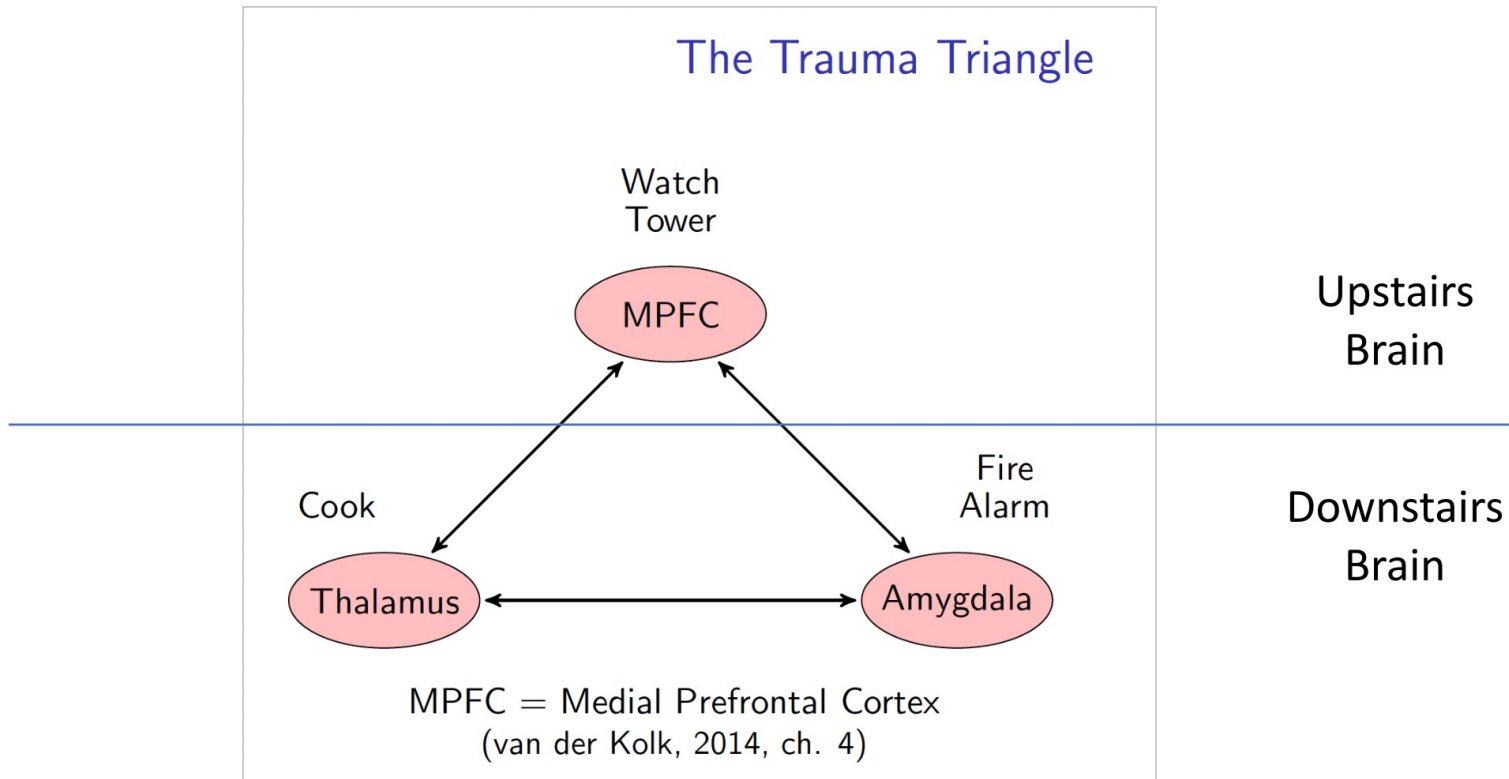


HOPE
for the Journey
CONFERENCE





Attachment and Brain Development



Infant Attachment

- Histories with caregivers influence attachment patterns
 - Infants use attachment as model for relationships

Attachment Style	History with Caregiver	Infant's Strategy When Upset
Secure	Caregiver consistently, warmly responds when infant is upset	Cries; infant knows that caregiver will soothe
Anxious-Avoidant	Caregiver does not respond in emotionally warm way when infant is upset	Infant has learned not to cry to get needs met
Anxious-Ambivalent	Caregiver inconsistently responds when infant is upset	Infant cries (and is difficult to soothe) in an effort to stay in caregiver's direct attention
Disorganized	Caregiver is frightening or traumatic	Infant has no clear strategy when upset

Secure Attachment

- Greater than 50% in typical population
- Learn to trust that safe people meet needs
- Healthy cognitive, social, behavioral outcomes

The Secure Infant / The Secure Adult

Ability to:

- Give care (instrumental and nurturing)
- Receive care
- Negotiate needs
- Be autonomous

Avoidant Attachment

- Caregiver does not meet *emotional* needs of child.
- Child turns attention toward toys/objects.
- Infants often seem "desirable" or independent.

The Avoidant Infant / The Dismissing Adult

- Emotionally closed off
- May not remember details of childhood/relationships
 - May idealize childhood/relationships
 - Not inclined toward physical affection
- "Things" more reliable than people
- Four skills: + giving care in an instrumental way
 - receiving care
 - negotiating needs
 - + autonomy

Ambivalent Attachment

- Caregiver meets emotional needs of child *inconsistently*.
- This is confusing; child occupied with whether caregiver is emotionally available.
- This can lead to anxiety/uncertainty in social situations.

The Ambivalent Infant / The Entangled Adult

- May have anger/resentment toward parents

AND/OR

- Identity closely tied to parents
- May be intrusive
 - With caregiving
 - In relationships
- Four skills: + giving care
 - receiving care
 - negotiating needs
 - + autonomy

Disorganized Attachment

- Caregiver is frightening of infant *or* caregiver is frightened.
- Infant does not have strategy for approaching caregiver.
- This can lead to clinical behaviors in childhood/adolescence.

Disorganization/Unresolved Loss or Trauma

- Mental "checking out"/dissociation
- Unable to be present in moment with child
- Not limited to trauma in childhood

Remember, there is hope and healing for EVERY person.

Mindfulness

- Being fiercely honest with the past
- Moving on with compassion

Engagement Strategies

Authoritative Voice

Valuing Eye Contact

Healthy Touch

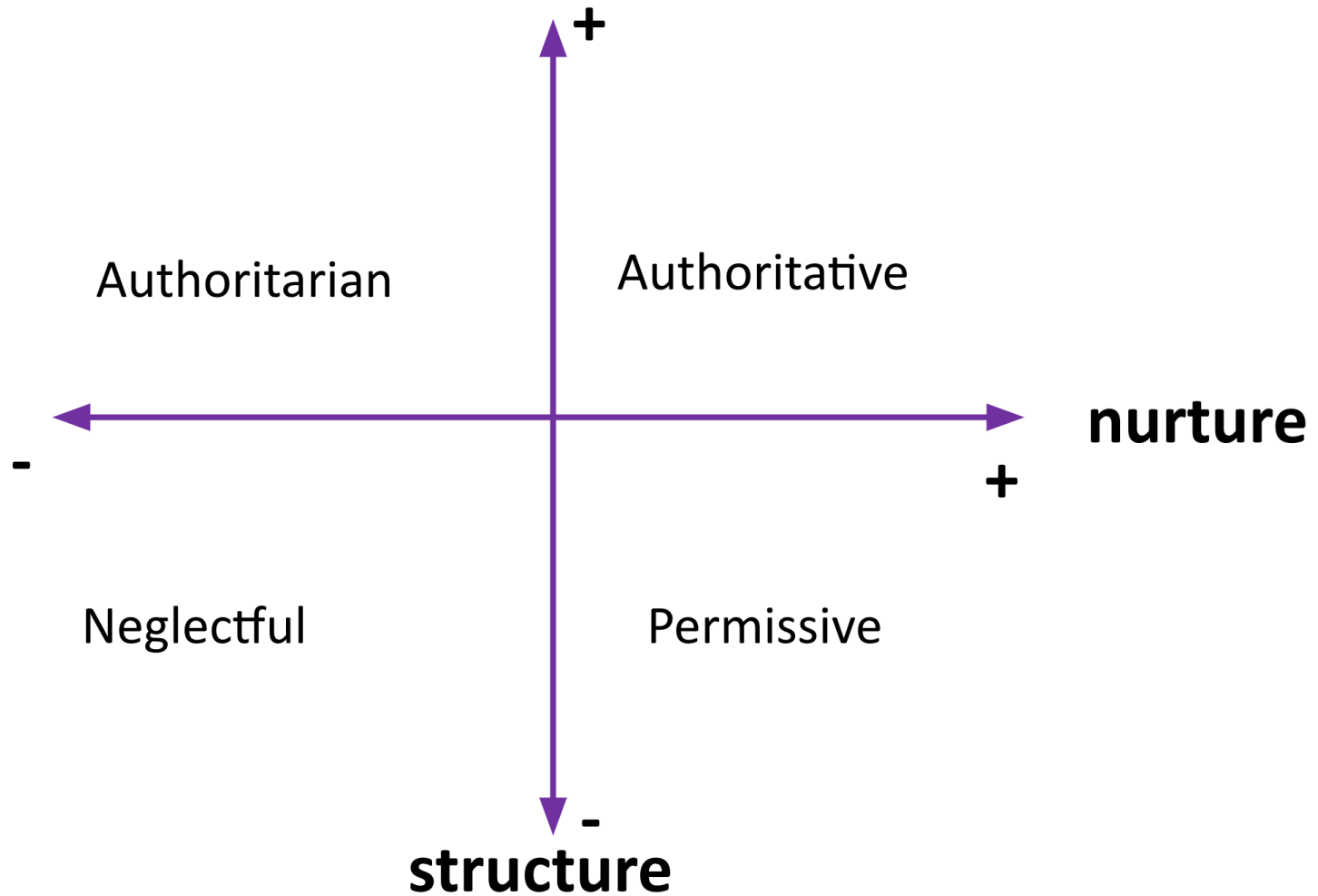
Behavioral Matching

Playful Interaction

Engagement Strategies

Authoritative Voice





Engagement Strategies

Authoritative Voice

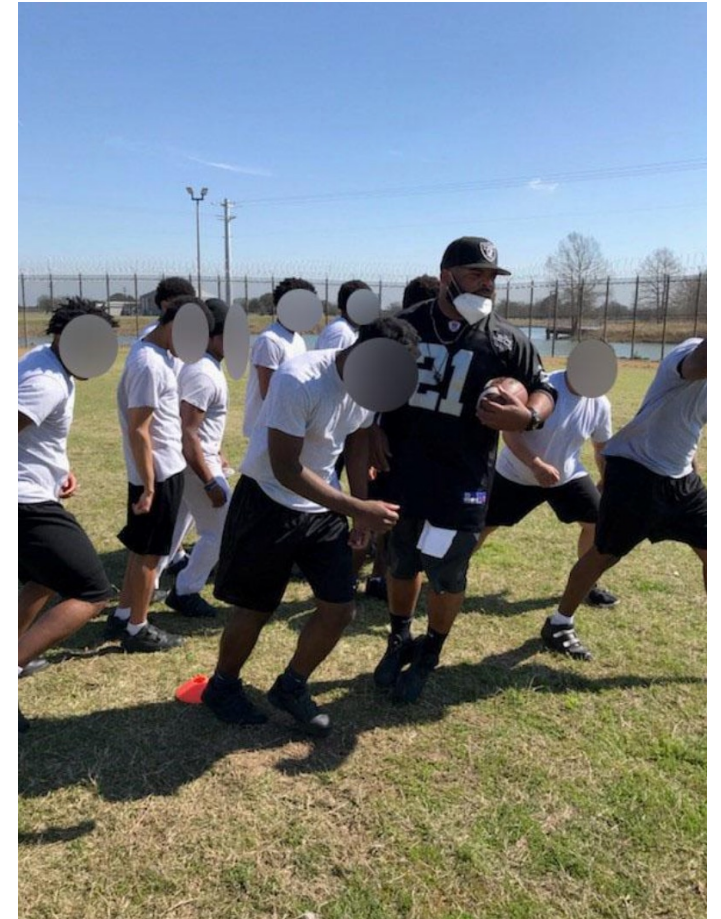
Valuing Eye Contact

Engagement Strategies

Authoritative Voice

Valuing Eye Contact

Healthy Touch



Engagement Strategies

Authoritative Voice

Valuing Eye Contact

Healthy Touch

Behavioral Matching



Engagement Strategies

Authoritative Voice

Valuing Eye Contact

Healthy Touch

Behavioral Matching

Playful Interaction



Engagement Strategies and Attachment

	Secure	Anxious-Avoidant	Anxious-Ambivalent
Touch	Infant may 'mold' to caregiver when being held	Caregiver may have a 'mechanical' quality when touching/interacting with infant	Touch may be intrusive/ on caregiver's terms and infant may defend against (e.g., turn away, squint)
Eye Contact	Sustained eye contact provides an increase of dopamine which aids in learning and connection	Eye contact may be missing from interaction/ focused on objects instead of each other	Caregiver may insist that child look at him/her or what caregiver is doing
Voice Quality	Caregiver has soothing melodic quality to voice when infant is upset	Interactions often contain little verbal interaction	Caregiver's voice may be shrill/whiny; not calm/soothing; may talk over infant
Behavior Matching	Caregiver is able to 'sense' infant's needs/ signals without verbal communication	Caregiver and child have difficulty matching as caregivers cues may be confusing	Caregiver may seem uncertain about how to soothe/interact with infant
Playful Interaction	Play seems natural, not forced; caregiver respects infant's lead and abilities	Caregiver and child often engage in parallel play- each playing independently	Play may be on caregiver's terms; caregiver may shake toys in infant's face or manipulate body (e.g., shake arms)

AJR – It's on Us

It's not your fault you don't feel safe.

It's not your fault so don't take blame. (No, it's on us)

It's not your fault you don't feel safe

It's not your fault so don't take blame

We can try together

Make it right together

We can fight together

It's on us

Though your trust is stolen

Though your heart is broken

You are never broken

It's on us

Know that it's on us



SHOW  HOPE

HOPE

for the Journey

CONFERENCE



KARYN PURVIS INSTITUTE
of
CHILD DEVELOPMENT

EST. 2005



EMPOWERED
TO CONNECT