Promoting Attachment Security in Pediatric Practice: Using the Circle of Security

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INTRODUCTION

Parent-child attachment is a key developmental process and pediatricians are uniquely positioned to assess and track the development of attachment in early childhood. Observing parent-infant interactions during the pediatric visit, listening to how the caregiver talks about their relationship with their child, and asking key questions when concerns arise, allows the pediatrician to gauge attachment security and identify families that need intervention.

THE PEDIATRICIAN'S ROLE

In line with the American Academy of Pediatrics' focus on what has been termed "the new morbidity," pediatricians have been asked to focus on the psychosocial aspects of care. The new morbidity refers to social, emotional, or developmental difficulties. The pediatric practice has increasingly focused on prevention and early intervention for such difficulties. Attachment to a primary caregiver is central to psychosocial development. Tracking attachment security is therefore central to pediatric practice.

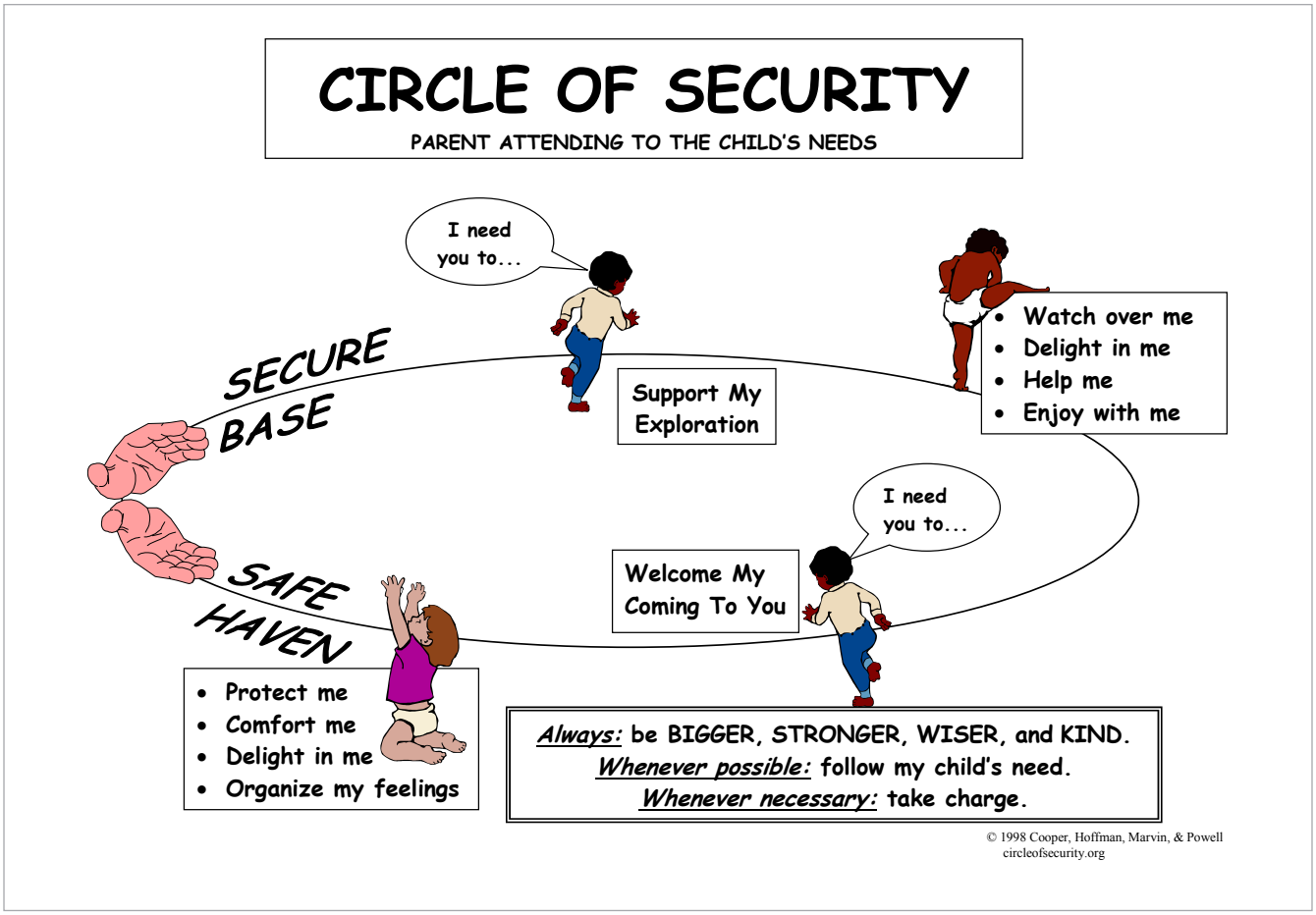
WHAT IS ATTACHMENT?

Humans, like many other species, are hard-wired to attach in infancy. In times of stress, infants and toddlers reliably signal their caregivers for comfort and protection. Many caregivers have no difficulty recognizing their child's need for comfort and protection and will respond to help the child manage their emotions. When all goes well, by 7-9 months of age, the child will show clear preference for those caregivers who have consistently provided them the comfort and protection they need. A secure attachment might be considered to be the natural order of things: a warm, engaged caregiver with a child who is curious and well-regulated make up a dyad that is a joy to be around.

Pediatricians know, however, that some caregivers struggle to be emotionally available to their young children. Office visits with such parents can be distressing. The nervous parent with a highly anxious and difficult toddler or the disengaged parent with an aggressive 3-year old can leave the pediatrician feeling like something is wrong. What now?

Practitioners need a way to track attachment. In other words, as in all of medicine, a diagnostic framework will help to sort out what's wrong. A useful model that identifies the component parts of attachment is the Circle of Security (see Figure 1).

Figure 1



Attachment is best conceived of as a developmental process that is based on repeated experiences—or repeated trips around "the Circle." The caregiver is represented as the hands on Figure 1. The words "secure base" and "safe haven" were coined by John Bowlby, the British psychologist whose seminal works laid out the theory of attachment in the mid-20th century. As a secure base, the caregiver's ***relaxed presence*** gives the child confidence to explore their world. As a safe haven the caregiver ***welcomes in*** the child at times of distress and ***takes charge*** of helping them regulate that distress.

The top half of the Circle is all about exploration. As the toddler navigates the Circle, their "needs" are listed as bulleted points within the boxes on the graphic. For instance, as toddlers explore they may need the caregiver to ***watch over them, enjoy with them, delight in them, or help them*** at any given moment. Caregivers who maintain a relaxed presence without "taking charge" of the exploration until the child cues them for help are being developmentally sensitive.

Inevitably, the young child will travel the bottom half of the Circle—returning to the caregiver, perhaps when startled, frightened, or simply tired. In these moments the young child's need would be for ***delight, comfort, protection or to have his or her feelings organized***. When the young child gives a signal that he or she needs the caregiver on the bottom the circle, caregivers who shift from watching over the child to taking charge to assist the young child are being developmentally sensitive.

ATTACHMENT AS A LIFELONG PROCESS

No matter what the age, children will go out on the top half of the Circle to explore and will return on the bottom half of the Circle in some way expressing the need to be welcomed in. In infancy, exploration might consist of turning one's head and widening one's eyes to explore a light source and then, perhaps, looking back to the caregiver with a narrowed gaze and a whimper when that light becomes too bright. In toddlerhood, the exploration would be motorically more complex—pulling open a cabinet to see what's inside—while in adolescence, exploration might even involve driving. But whatever the mechanics of exploration and return might be, the idea is that children of all ages venture out to explore and return to their caregivers in what could be considered a cycle of circles that never ends. Viewing interactions using the Circle of Security Diagram can give the pediatrician a new lens for tracking attachment across time.

APPLYING THE CIRCLE OF SECURITY IN PEDIATRIC PRACTICE

Using the Circle of Security framework in practice first requires training oneself to look for Circle moments in the office setting. Attachment behavior is typically activated by stress. Visits to the pediatrician's office, particularly when paired with an injection, are reliably stressful for young children. Simply observing how caregivers manage their distressed infant, toddler, or preschooler after inoculation gives the pediatrician insight into the attachment relationship. For example, a recent study showed that the caregiver's reactions following inoculation in infancy predicted attachment security in toddlerhood. The key predictor of attachment during immunization *was physical comfort (holding) and rocking of the baby after inoculation*. Caregivers who held and rocked their baby more after inoculation had children who were more likely to be securely attached; those whose level of holding and rocking of the baby decreased most sharply from 2 months to 12 months were more likely to have children whose attachment was coded as being disorganized at 18 months. This study shows that effectively being the "Hands" for an infant dealing with the stress of inoculation means providing physical comfort and close contact. In fact, other things caregivers did with their infants after inoculation (distraction, talking to the baby, etc.) were not predictive of later attachment security.

BEYOND OBSERVATION—LISTENING TO THE CAREGIVER REFLECT ON THEIR CHILD

In cases where the caregiver's response is frequently distant, unpredictable, or insensitive, insecure attachment is a likely consequence and optimal social and emotional development is compromised. By observing the flow of exploration and welcoming in, the pediatrician will soon have a feel for whether the caregiver struggles to meet her/his child's needs on either the top half of the Circle or the bottom half. The first column in Table 1 contains what the pediatrician should be concerned about when tracking interactions using the Circle.

On the other hand, observations alone don't capture the whole story. One of the key insights John Bowlby shared in his seminal books on attachment is that each caregiver's interactions are influenced by their own "state of mind." In other words, each caregiver's reactions in the moment are influenced by the caregiver's own history in relationships (never mind what kind of day they may have had!). As the pediatrician gets to know a given caregiver and has concerns about that caregiver's capacity to meet the child's needs, it will be instructive to use a few minutes of a visit to ask the caregiver about their experiences as a parent. In listening to the parent talk about parenting in general or their relationship with their child, the pediatrician may note concerns. Table 1 includes examples of such concerns.

Finally, pediatricians are becoming more accustomed to screening for conditions that impact parenting. In fact, the AAP Committee on Psychosocial Aspects of Child and Family Health, in renewing the call for pediatricians to focus on "the new morbidity" in childhood, laid out specific recommendations for screening in practice. In Table 1, the screening focus is on parental depression, using the Patient Health Questionnaire (PHQ-9) or PHQ-2 screener, and parental trauma.

Table 1 - Understanding Attachment: Looking, Listening, Asking

What to Look For:	What to Listen For:	What to Ask About if You are Concerned:
On the Top Half of the Circle, the Caregiver: ▪ Has difficulty watching over the child; will either take charge by intruding or withdrawing; or do both unpredictably ▪ Misses "help me" moments ▪ Restricts the child's exploration through intrusion, pressuring to achieve, or teasing ▪ Rarely delights in or enjoys with the child **On the Bottom Half of the Circle, the Caregiver:** **Responds to cues for comfort or protection by:** ▪ simply avoiding or rejecting the cue ▪ exhibiting harsh or mocking affect or tone of voice; ▪ Responds to cues that the child needs his or her feelings organized, by: • ignoring or rejecting the child's cue • behaving as if the child's need is overwhelming or irritating • begging or pleading with the child rather than being calming	▪ Caregiver expresses anger about the child's needs: "He's just so manipulative!"; "She just never stops looking for attention!" ▪ Caregiver expresses that the child's needs are hurtful, frightening, or overwhelming ▪ Caregiver expresses that the child is responsible for the caregiver's own distress ▪ Caregiver is disengaged such that the caregiver struggles to find language to talk about the child's needs and seems disinterested ▪ Caregiver expresses indifference or disappointment, anger or hostility, guilt, or shame regarding the caregiving role	**Assessing for Depression:** Caregivers may struggle with comforting their young children for many reasons. Among the most common challenges that might explain struggles with providing comfort are depression or trauma. Fortunately, a 2-question brief screener called the PHQ-2 has similar detection for maternal depression as the longer questionnaire. 1. *"During the last 2 weeks have you often been bothered by feeling down, depressed or hopeless?"* 2. *"During the last 2 weeks have you been bothered by having little interest or pleasure in activities?"* *Any Yes answer should lead to the use of the PHQ-9, which is available free for downloading and use in your office.* **Assessing for Trauma:** Asking about trauma can also start with a simple screen: "Since the last time I saw you (your child) has anything really scary or upsetting happened to you (your child) or anyone in your family?" If there is no current trauma, then it is reasonable to ask about a history of trauma: "Parenting is difficult at times for ***every*** parent, but parenting can be especially challenging if the parent grew up dealing with childhood trauma. Do you notice times when your own history of trauma impacts your parenting?"

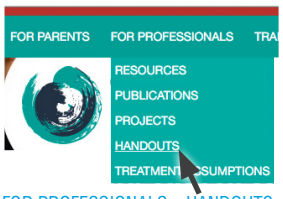
The creators of the Circle have emphasized the concept that to be "the Hands" on the Circle for children of different ages, caregivers need only to consider being "Bigger, Stronger, Wiser and Kind." Of course, one can't be a secure base or safe haven without being all of these at once and so, for example, balancing being "stronger" and being "kind" becomes one of the challenges of sensitive caregiving. When this balance is lost, a caregiver may become mean (bigger and stronger without kindness) or weak (attempts to stay kind without being bigger and stronger). Both mean and weak are problematic for children.

The Circle can be presented to caregivers, or used by clinicians, as a graphic conceptual model that captures the essence of the ever-functioning attachment system (see www.circleofsecurity.net for more information on this model). Pediatricians can download helpful handouts from this site and these can be used to start a conversation with caregivers about what attachment is and why attachment is important. For example, this concept of balancing being "Bigger, Stronger, Wiser and Kind" is a key message on one such handout and the Circle diagram reprinted here is also available for download. Pediatricians who find the model especially helpful may wish to get trained to be a parent educator using this model.

Get helpful handouts at www.circleofsecurity.net

Here's how:

1



FOR PROFESSIONALS > HANDOUTS

2 I Agree (At the bottom of screen)

3 Download your choice of PDF documents from the list on the left sidebar.

KEY POINTS

Attachment is hard-wired in many species, including humans. From infancy forward, children venture out on the top half of the Circle to explore and return on the bottom half of the Circle to reconnect with their caregivers.

Pediatric office visits are perfect for attachment assessment. For example, observing the dynamics of parental comforting following immunization is a reliable indicator of evolving attachment security.

Observing interactions when combined with listening to the caregiver talk about their relationship with their child (what is called assessing "state of mind") allows the pediatrician significant insight into where parents struggle in meeting their children's needs on the Circle.

When there are concerns about attachment, screening for depression or trauma impacting the caregiver is a logical first step: the PHQ-2 and PHQ-9 are reliable office tools for depression and simply asking about trauma exposure can start an important dialogue with caregivers who struggle with soothing their infants. A new book, *Circle of Security Parenting* which discusses the parenting paradigm will be available in 2017.

RESOURCES

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Patient Health Questionnaire (PHQ) Screeners

Funded through a contract with the Florida Agency for Health Care Administration.