

Ensuring the Attachment of Newly Arrived Infants

An Article for Larger Adoptive Families

By Arleta James, PCC

While the content of this blog is relevant to any family adopting a young child—domestic or intercountry, it is specifically targeted for larger families.



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

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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.

Following is a menu of thoughts about these youngest arrivals—domestic and international—and the children already residing in the family. Parents and professionals may select those best applicable to a particular family composition. These ideas ensure that these young arrivals form solid attachments to their parents, brothers and sisters:

Pre-Adoption

- An abrupt move that separates the young child from everything familiar is injurious to his well-being. Infants are very sensory. The familiar smells, sounds and “feels” of their environment are their way of knowing their world. Social workers and parents are encouraged to make their best effort to move the infant’s belongings along with the infant. If it is not possible to keep some clothing and linens from your child’s orphanage or foster home, investigate sending ahead, or bringing with you a transitional object—a blanket, a stuffed animal or a small toy. When possible:
 - Ask about detergents and softeners, and soaps and lotions used. Consider using them for a few days or weeks as your child transitions.
 - Look around at the lighting of the child’s bedroom/sleeping area. Is it brightly colored or rather plain? Consider using similar lighting and colors.
 - Does the foster mother sing a particular lullaby? Are there particular background sounds? A recording of the foster mother, orphanage caregiver or the background noise may be comforting to the infant post-placement.
- A number of children’s books exist to help present the changes incurred when a family adds a younger sibling. Three excellent titles are [A Pocket Full of Kisses](#), [Emma’s Yucky Brother](#) and [The Lapsnatcher](#). All portray the positive and negative aspects of a young child joining the family from the perspective of an older sibling. Preparation is a key to post-placement adjustment.

Preparation is the key!

- Consider that moving may be particularly overwhelming for the young arrival. For example, the intercountry adoptee experiences the noise of the airport, the popping of their ears on the plane, new people, riding in a car, etc. Certainly, extended family and friends may be excited to meet the new addition to the family. Urge relatives to wait to meet their new grandchild, niece or nephew. You can actually schedule these meetings prior to placement, which will help these important people understand both that everyone will be getting a turn to come and see your new son or daughter (so their needs will be satisfied), and why it is important that things be done slowly (so that the child’s needs are met.) This protects the infant from further sensory overload.
- Do not be afraid to ask for what you need from friends and family members. If you know that your friends or family are planning a shower or it’s your birthday, speak up! Let them know that gift cards to restaurants that deliver or a cleaning service would be of great benefit. Alleviating yourself of duties that others can carry out and making arrangements to take as lengthy an absence from work—or providing a stay-at-home parent—will allow time to get acquainted with your new son or daughter as well as time to keep connected to the kids already in the family.

Post-Adoption

- Plan to spend some time at home and gradually introduce the child to his surroundings. Put off a trip to the mall for a few weeks or a welcome home party. Limit toys, trips to the park and restaurants.

- The infant benefits when routines are maintained immediately post-placement. Even if her routine does not flow with your family's schedule initially upon her arrival, it is important to make the changes necessary to accommodate the schedule to which the child is accustomed. Allow the baby to gradually adjust to your family's everyday's life, with its own unique routine and sensory stimulants.
- Keep in mind that attachment needs to first form between the parents and the new child. Then, it extends to siblings, extended family and the rest of the world. This is not to imply that siblings cannot interact with their new brother or sister. **However, this is to say that parents need to carry out all primary care giving over the first six to twelve months.** Parents need to feed the child or provide the food, parents need to change the baby, bathe the newcomer and be the ones there when the child awakens and goes to sleep.
- Parents need to provide comfort. Parents need to rock the child or teach the child about giving and receiving affection. Parents need to be the ones holding the baby most of the time. In fact, a sling is strongly recommended. Wearing your newcomer is a great way to enhance attachment. It will certainly be tempting to let your older children assume many care giving tasks, however this would delay the attachment between you and your adoptee. This will inhibit developmental growth.
- Adolescents, especially females, often rush to carry out the care giving. Parents must find ways to curtail this eagerness. This can be accomplished through a discussion of attachment and how it forms. After that conversation, you can sit with your children and list ways that they can be helpful. Your resident children can heat up bottles, get diapers, carry the diaper bag, change the sheets, sing lullabies or nursery rhymes along with you and so on. The children you already parent may be especially helpful with the language development of the new child and reinforcing rules. In fact, there are most likely a hundred ways they could help you without directly providing the care to the new child. It could be fun to make a list of these 100 things! Overall, we certainly want to encourage strong sibling relationships. However, there are times when we must direct the manner in which the siblings interact with the adoptee.
- If the family includes previously adopted children with mental health issues, monitor the play between these blended children. Interrupt play that is aggressive or inappropriate. This may mean supervising at a higher level than anticipated or altering your own planned activities.
- Read a good book or browse a website on "normal" child development,
 - [Your Baby and Child: From Birth to Age Five](#)
 - [Ages and Stages: A Parent's Guide to Normal Child Development](#),
 - www.zerotothree.org
 - www.childdevelopmentinfo.com

Be alert for developmental delays. ***Seek professional assistance if need be—do so early. Early intervention is the key to healing!***

- After arrival and as the child matures, provide opportunities to play with typically developing peers. Arrange regular play dates or use a day-care center a few hours per week (keep minimal.) Also be informed that while peers influence development, parents are the primary influence on a child's growth—physical, emotional, social and cognitive. A few dust bunnies under the bed may be a small sacrifice to facilitate the well-being of all of your children. Play with your new arrival and the resident children often!