Attachment in practice

Workbook for everyone involved in the education and care of children and adults with a visual-and-intellectual or intellectual disability

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Foreword

When John Bowlby developed the attachment theory, no one could have foreseen that 70 years later, experts around the world would still be working on translating its principles into daily practice. The number of those daily practice groups is growing. This book is an example of the diligent work of Paula Sterkenburg and her colleagues in translating attachment theory into practical care for children and adults with visual impairment and/or intellectual disabilities.
For a long time, this target group did not receive a lot of attention in attachment research. This has changed thanks to the work of Paula Sterkenburg and her team. Together with our increased understanding of attachment problems and attachment development in this target group, there is a greater realisation of the adequate care they need in terms of attachment-oriented support. After all, our ability to 'attach' to caregivers is not a luxury that makes our lives more pleasant, but the result of thousands of years of selection to maximise our chances of survival. Without our inborn need to connect closely with a select group of care figures, we would have far less chance of survival. Therefore this need is fundamental and deserves constant support and attention.

Attachment is ingrained in our emotional circuits. The inability or impossibility to grow up in the security of an attachment relationship is accompanied by existential pain, loneliness and a degree of sadness that fundamentally undermines our mental and physical health. Those who are confronted with the existential fear that they cannot count on the care of others around them, have no choice but to either express their hurt and anger, or withdraw from social life altogether. The price of these 'solutions' increases as people are confronted with problems they cannot solve by themselves. This price is therefore all the greater for children and adults with visual impairment and/or intellectual disabilities. Consequently, this book is an important reference for providing optimal care to this target group.

This book gives parents and caregivers concrete tools to offer these children and adults the support they need. It is an important objective to stimulate a quality attachment relationship between parents/caregivers and children and adults. When the quality of this relationship improves, it is more likely that the target group will experience fewer problems in stressful situations. In this way, parents

and caregivers can once again, or for the first time, play a protective role for this group.
Because of this, Paula Sterkenburg and her co-authors deserve all credit for bringing this work together and the valuable result of her work, reflected in this beautiful book. I congratulate the authors on the result. Above all, I hope it will inspire caregivers and parents, so that children and adults with visual impairment and/or intellectual disabilities can feel even more connected and protected by their caregivers.

Prof. Dr. Guy Bosmans, Faculty of Psychology and Educational Sciences, KU Leuven

About the authors

Paula Sterkenburg is endowed Professor of People with a visual impairment and/or intellectual disabilities; social relations and ICT at the Vrije Universiteit Amsterdam. The chair was established by the Bartiméus Foundation and the Bartiméus Fund. The chair links two areas of care; care for people with a visual impairment and care for people with visual impairment and intellectual disabilities. In addition, the chair connects science and practice by substantiating applications and applying them in practice. Paula is a healthcare psychologist and a general developmental psychologist at Bartiméus. Since 2009, she has also coordinated the academic lab 'Social Relationships and Attachment' at Bartiméus - Vrije Universiteit University Amsterdam. Since 2015, she is coordinator of the collaboration Ons Tweede Thuis - Vrije Universiteit Amsterdam, together with Mirjam Wouda.

Beanka Meddeler-Polman is a general developmental psychologist. From 2000 to 2021 she worked at Ambiq, a remedial educational centre for people with mild intellectual disabilities. Recently (from 2022) she started to work at the Twentse Zorgcentra, a centre providing of care and services to people with intellectual disabilities. Since 2005 she assesses many children and adolescents, and often finds problematic attachment as the explanation for the problem behaviour. She gives guest lectures on these issues and is often consulted in situations where attachment problems are suspected.

Joss Schrijver works as a senior behavioural psychologist at Horizon in Harreveld, a children and youth residential care organisation, open and closed, which also provides family treatment. She has many years of experience in the assessment and treatment of children and adolescents with a (mild) intellectual disability and their parents/caregivers. She has become an expert in the fields of attachment, trauma and sexuality. She also developed the method 'Mediation and attachment' for children and adolescents with attachment problems which includes treatment via the caregivers of the children and adolescents with attachment problems. In addition, she is a consultant in the area of attachment and trauma at the Dutch Centre for Consultation and Expertise. As a senior behavioural psychologist, she currently shares her knowledge and experience within open and

closed youth residential care institutions and engages in family treatment.

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Introduction

Research shows that almost 40 percent of all adolescents and adults with intellectual disabilities have mental or behavioral problems (Cooper, Smiley, Morrison, Williamson, & Allan, 2007). This vulnerability appears to be even greater among people with visual impairment and intellectual disabilities (Carvill, 2001). Research by Bartiméus has shown that 60 percent of the adolescents and adults with visual impairment and intellectual disabilities who were assessed also had challenging behaviour which could be attributed to attachment problems (Stolk, Arentz & Sterkenburg, 2009). Došen (2014), a (child) psychiatrist who is renowned in the area of diagnostics and treatment of psychiatric disorders and challenging behaviour in people with ID, also indicates that psychological problems in children with ID can be caused by attachment problems.

For children and adults with visual impairment and/or intellectual disabilities, challenging behaviour can be prevented by building a relationship of trust. This relationship provides protection in times of stress. Building a relationship of trust is in some cases extremely difficult and requires a different approach for children and adults with visual impairment and intellectual disabilities. Because of this, the Academic Lab 'Social Relationships and Attachment' Bartiméus - Vrije Universiteit Amsterdam has in recent times done a lot of research on the theme 'attachment'. This led to various books being written, DVDs produced, studies conducted, treatments developed and a creation of an e-learning tool. An example of this is a workbook for caregivers for people with visual impairment and severe intellectual disabilities: 'Developing Attachment' (Sterkenburg, 2012). For this workbook, Paula Sterkenburg received the Han Nakken Award (2012), a Dutch award for the most remarkable scientific or practical accomplishment in the care for people with visual impairment and severe intellectual disabilities.

However, there remained a great need for a practical workbook for caregivers who are working in this domain of people with mild to moderate intellectual disabilities. A workbook gives more insight into attachment in daily practice. Such a workbook is important because a sensitive, empathic and responsive caregiving style increases the quality of care for and life of children and adults with visual impairment and/or intellectual disabilities. In this book, we will use

examples from the day to day care of people with severe to mild intellectual disabilities, with and without visual impairments.
There is a great demand and need for information on the translation of scientific knowledge into practice. The goals of this workbook are to increase:

- The understanding of attachment, sensitivity, empathy and responsiveness of caregivers for people with visual impairment and/or intellectual disabilities (VI and/or ID).
- Insights into challenging behaviour.
- The well-being of children and adults with VI and/or ID.
- Having fun in the relationship with children and adults with VI and/or ID.

And further to:

- Reduce challenging behaviour in children and adults with VI and/or ID.
- Enhance the developmental abilities of children and adults with VI and/or ID.

I hope you will enjoy reading in this workbook *Attachment in Practice* and wish you the best of luck in your practice.

For whom is this book?

Over the years, much scientific research has been done into attachment. In this workbook, we have taken the step of explaining this difficult concept, so that scientific knowledge about attachment can be used to establish secure relationships in daily practice. These secure relationships are of great importance in daily practice in the care and support of people with visual impairment and/or intellectual disabilities. Secure relationships help to deal with stress and they also help making new developmental steps. This workbook focuses on developing secure relationships with children and adults with visual impairment and/or intellectual disabilities.

When we refer to attachment, we mean the bond or connection between an adult and a child or person with a visual impairment and/or intellectual disability. Attachment is not a goal in itself, but it is necessary for further personal development and social interaction. Secure attachment increases self-confidence and helps learning to regulate the emotions and developing resilience to deal adequately with disappointments and frustrations. Secure attachment also helps in the development of empathy and the development of the ability to mentalize. For more information on mentalizing, we refer to the book 'Mentalization can be learned' (Dekker-van der Sande & Sterkenburg, 2016).

In Chapter 1 we explain the concept of attachment and why a secure attachment relationship is important. The chapters that follow explain how you can observe attachment behaviour, how you can further develop a secure attachment relationship and the role your own attachment representations plays in this. The examples in this book have been written in such a way that they are not traceable to concrete situations. The themes have been divided into chapters, so that the workbook can be used per theme, for example during: theme days, team meetings, introducing new employees, supervision, workgroups, psycho-education for caregivers and within (vocational) education.

In this workbook we usually speak about the child, but it can also refer to your client. 'Where it says 'children' we mean either children, adolescents or adults. Where 'he' is mentioned, 'she' can also be read. When we discuss the theory, we use the term caregivers unless

another role is specifically meant. This book is suitable for caregivers, parents, carers and professionals responsible for the upbringing and care of people with visual impairment and/or intellectual disabilities. Actually, this workbook is for everyone who is involved in the care for people with a disability. It can also be valuable in the care for children without intellectual disabilities.

Important information is displayed in blocks marked IMPORTANT TO KNOW. This is followed by an explanation with a practical example. Then it is up to the reader to start working with their leanings under AND NOW... IN PRACTICE. Here we ask questions about what you learned, new insights and reflections. The answers and explanations are found at the end of each chapter. Also included is an glossary and a list of references.

Paula Sterkenburg, Beanka Meddeler-Polman and Joss Schrijver

Table of Contents

1 What is attachment?

This chapter describes attachment and what we mean by sensitive, empathic and responsive behaviour. It explains why it is important to be sensitive, empathic and responsive. Furthermore, different types of attachment are discussed.

Example: A good relationship with your caregivers

Emma (5 years of age) is at home with her mother. The doorbell rings. Emma jumps up, looks at her mother and walks to the door. She calls in a happy voice: 'Grandma!' Mother accompanies Emma to the door and opens it. It's not Grandma; a man unfamiliar to Emma is standing in the doorstep. Mother says, 'That's the postman with a parcel.' Emma quickly moves behind her mother. She holds her mother's legs tightly. Mother gives Emma a pat on her head. She says: 'That is strange and exciting, you thought it was Grandma'. Emma looks up along her mother's legs at the postman. When the postman says 'Hello' to Emma and waves at her, Emma replies with a little smile.

Thomas (6 years of age) has heard at school that his best friend is going to move away to a new house. He had not expected this and is very angry and sad about it. He runs home stamping his feet. When he arrives at his home, his mother is sitting behind her computer. She greets him and asks if he would like a drink. Thomas quickly wipes away his tears and sits down at the table. When his mother asks him if he had a nice day, Thomas tells about a joke his teacher made. He does not mention the news of his best friend moving away.

We won't go into these examples now but reflect on what they do to your feelings.

These examples are illustrative of the different aspects we will discuss in this chapter.

Learning goals

At the end of this chapter you will know:

- What attachment is.
- Why attachment is so important.
- What is needed to build a secure attachment relationship.
- What an attachment representation is and what role it plays in building an attachment relationship.
- How to recognise a secure and problematic (insecure and broken, disordered) attachment relationship.
- More about attachment of children with visual impairment and/or intellectual disabilities and the associated risk factors.

1.1 Why is attachment important?

IMPORTANT TO KNOW

Attachment is the bond a child has with his most important caregiver. This person can be an adult from whom the child seeks comfort, such as the mother and/or father, but also other caregivers. From the moment a child is born, he needs support and comfort from a trusted adult when scared. This also happens when the child is stressed, tired or ill. It is a basic need in order to survive. Therefore, behaviour associated with attachment is inborn.

The British (child) psychiatrist John Bowlby (1907-1990) was the first person to research attachment. Mary Ainsworth (1913-1999), an American psychologist, devised a way of measuring the quality of attachment in children. She discovered that not every child has a good bond, a secure attachment relationship, with his caregiver. She described secure and insecure attachments. We will explain this further in this chapter.

An attachment relationship is very important. The attachment relationship is just as important as food, water and care. Children who have a strong bond of trust with an adult, have more self-confidence and explore their environment more. A child with a secure attachment relationship knows better how to deal with stress. A problematic attachment relationship contributes to performance anxiety and insecurity. A child can

develop problem behaviour because of an insecure attachment. However, this does not always happen.

Example: Pepin goes to a party

Pepin (2,5 years of age) goes to a birthday party with his mother. When they arrive, other children are already there with their parents. Pepin sits on his mother's lap and looks around. Then he sees a red toy car on the floor and he looks at it. He looks up at his mother. Pepin's mother looks at him and smiles. She says: 'That's a nice red car, isn't it?' Pepin looks at the car again and then at his mother and slides off her lap. He moves to the car. When he reaches the car, he looks at his mother again. Mother nods to him in an encouraging way: 'What a beautiful car! Hoot, hoot.' When Pepin starts 'driving' the car, Gus, another boy approaches him. He takes the car from Pepin and moves in the opposite direction. Pepin is startled and runs back to his mother. He raises his arms and his mother takes him on her lap. She gives him a big hug and then says: 'Another child also came to play with the car and this scared you a bit. The red car is Gus' and he also has a blue car. Mother walks with Pepin towards Gus, who is now playing with both cars. She sits down next to Pepin and asks Gus if she can take the blue car. Gus nods 'yes'. She moves the blue car across the floor: 'Hoot, hoot!' and gives the car to Pepin. Pepin takes the car, moves it across the floor and looks at Gus. Then he looks at his mother and stays close to her. Mother sits down on the floor and nods encouragingly at Pepin. Pepin plays with the car and moves a little closer to Gus. He still keeps a close eye on his mother and his mother on him. When Pepin and Gus are both playing with the cars, mother gets up and sits down on her chair again. When Pepin looks in her direction, she looks back and smiles.

AND NOW... IN PRACTICE

Question 1
This is an example of a secure attachment relationship between Pepin and his mother.
How can a secure attachment relationship help children?
Please indicate: 'correct' or 'incorrect'.

(The answers follow at the end of this section, on page 53.)

	Correct/incorrect
a. It helps to feel good about yourself.	.....
b. It helps in dealing with stress.	.....
c. It helps you to stay calm.	.....
d. You can express emotions well, for example by crying.	.....
e. It helps in learning to think logically.	.....
f. You learn to understand your own feelings and those of others.	.....
g. You develop your conscience.	.....
h. You learn to build relationships.	.....
i. You learn not to argue with other children.	.....

1.2 Attachment behaviour

IMPORTANT TO KNOW

Attachment behaviour is behaviour of the child that indicates to the adult that he needs comfort or help. If the adult responds well to this, the child learns he can receive comfort, help, support and protection from the trusted adult.

If you observe well and are sensitive to the signals, you will 'see' more and more. If the caregiver is sensitive, empathic and responsive, the child demonstrates secure attachment behaviour. The child learns how to deal with stress. The child has a role, but is never responsible for secure attachment. After all, the child is dependent on his caregiver.

Attachment behaviour can take different forms: for example, snuggling up to you, asking for help or crying. The goal of the child is the same: getting in touch with the caregiver, sharing pleasure, asking for support, comfort, help or understanding. In Chapter 2: 'Observing attachment behaviour' will be further discussed, and in Chapter 4: 'Empathy'

Example: Baby Fleur and adolescent Dan

Children of different ages demonstrate different attachment behaviour.
For example, by crying, baby Fleur (4,5 months of age) shows and tells her caregivers that she needs them; perhaps she is hungry or want to burp or has a dirty nappy. Crying is attachment behaviour and if the caregiver is sensitive, the caregiver will go to Fleur. This caregiver is sensitive to the crying baby and picks up on this signal. He then reacts by saying: 'Yes, indeed it's time, you want to drink' (empathic) and: 'Come here, I will give you your bottle' (responsive).

Adolescent, Dan (14 years of age) lives in a care home. When school finishes, Dan sees that he has a flat bicycle tyre and calls his caregiver Vincent (adolescent attachment behaviour) and asks Vincent to help him. Vincent sees on his phone that Dan is calling (sensitive). He answers his phone and says: 'How annoying that your tyre is flat' (empathic) and 'Yes, it's oke, I am on my way' (responsive).

AND NOW... IN PRACTICE

Question 2
Indicate when attachment behaviour is aimed at making contact.

		Yes/no
a.	The crying of a baby.	.....
b.	Continuously getting out of bed and going to the caregiver.	.....
c.	Screaming in the sandpit.	.....
d.	Continuously repeating the words of the caregiver.	.....
e.	Being completely engrossed with a puzzle.	.....
f.	Looking at the caregiver and smiling while playing.	.....
g.	Touching the caregiver in passing.	.....
h.	Sitting on a new caregiver's lap spontaneously.	.....
i.	Hitting a fellow group member.	.....
j.	Continuously keep talking so that the caregiver cannot leave.	.....

	Yes/no
k. Squeezing the trusted caregiver and not squeezing others.	.....
l. Squeezing all the caregivers.	.....

1.3 How does a child develop an attachment relationship with his parent?

IMPORTANT TO KNOW

A newborn baby can already seek for care and protection, for example by crying. He smiles and stretches out his arms to get and keep his caregivers close to him. The reason a baby does this is because he is completely dependent on adults. The baby can hardly do anything by himself yet. In the beginning this behaviour happens naturally. A baby who is hungry will cry because he does not feel well. After eating, the baby will feel relaxed until he has a dirty nappy, for example. Then the baby will again indicate that he needs something. If all goes well, the caregivers will respond in the correct way to their baby's needs.

If the caregiver is able to satisfy the child's needs, the child develops trust in the caregiver. The child becomes attached to the person who comforts and helps him. He seeks safety and care from the adult. If the child feels safe, he develops confidence in this adult and in himself.

Child: The child seeks the attention of his parent by his behaviour. This is called attachment behaviour. One child is better at letting you know what he needs than the other. For example: one child can cry louder than the other and another child has ways of being very cute. Every child reacts very differently, among other things because of his temperament, or because of a particular syndrome or a disability.

Caregivers: Caregivers naturally give their child attention and protection. This is due to hormones (oxytocin) that are produced by both mothers and fathers when caring. The body produces these so-called 'cuddle hormones' when the caregiver offer the child attention and warmth. Cuddle hormones are also produced in the child. This is how a bond grows between caregiver and child.

Together: The caregiver and the child provoke behaviour from each other. If the child laughs, the caregiver gives the child positive attention. He smiles back or says positive things. The child responds to this. It is important to interact in a playful way.

You can tell by the contact between the caregiver and the child whether the child is securely attached to his caregiver. One child may like to be cuddled, another may prefer to be comforted when he has hurt himself; he will let his parents know if he is angry or sad. A primary school child is able to take other people's wishes into account. In Chapter 2, we will further discuss observing this attachment behaviour.

A caregiver needs various skills that lead to an attachment relationship of the child with the caregiver.

The reaction of a caregiver to the child takes place in three steps:

1. The caregiver is sensitive – he understands when the child wants something from him. He sees and hears what the child does.
   For example: He realises that the child is crying.
2. The caregiver is empathic – he understands and sympathises with the child.
   For example: He shows that he understands what is going on.
3. The caregiver is responsive – he knows what the child needs and reacts in an appropriate way.
   For example: He solves the problem, for example by giving the child food or a clean nappy.

If the caregiver does not manage to react in this way on one occasion, it is important to 'make up' and try to react in the correct way the next time.

When the caregiver thinks about the feelings and wishes of the child, about his own feelings and wishes and how they affect each other, we call this 'mentalizing'. Mentalizing means: seeing yourself from the outside and seeing the other from his inside. Seeing yourself from your outside means that you look at yourself as if you were watching a film in which you yourself have a role. Seeing the other person from the inside means that you pay attention to the feelings and thoughts that the other person might experience in that situation. When you think about the behaviour of yourself and the other and realise that behaviour is motivated by 'something from within', we call it a mental state. (p.13. Dekker-van der Sande & Sterkenburg, 2016). Being able to mentalize also contributes to an attachment relationship of the child with the caregiver. If you want to know more about this, you can read about it in the book *Mentalization can be learned* (Dekker-van der Sande & Sterkenburg, 2016).

Example: Noa plays with daddy

Noa (4 months) is lying in the playpen. Above hangs a mobile with coloured birds. As soon as Noa's father taps the mobile, the birds start moving. Noa looks at the moving birds, follows them, waves her arms and legs and makes noises of happiness. Father smiles, he repeats the sounds and says: 'That's beautiful! All the little birds are moving'. Father sees that Noa enjoys the moving mobile and gives it another tap. Again Noa reacts to the movements; she looks, follows and fidgets with her arms and legs. She repeats this a few times. When father taps the mobile again, Noa looks to the left and rubs her eyes with her hands. Father stops the mobile and says: 'That makes you tired, doesn't it? The little birds have stopped flying again'. Father picks Noa up and takes her to her bed.

Example: Myrthe goes to a new place

Myrthe (4 years of age) is at her new school for the first time. Her mother understands that she feels insecure and scared. She takes Myrthe on her lap and gives her the attention and protection she needs at that moment. She says: 'You have never been here before, have you? It is new for you and you are a bit scared. That's OK, I am

here with you'. She gives Myrthe the time she needs to get used to the new environment.

AND NOW... IN PRACTICE

Question 3
How does a child develop an attachment relationship with his caregiver?
Please indicate which statements are correct.

	Correct/incorrect
a. All babies are born with attachment behaviour.	.....
b. Children can only develop an attachment relationship with their biological parents.	.....
c. Sensitive people pick up on signals from the child very well.	.....
d. Someone is empathic when he does what the child wants.	.....

	Correct/incorrect
e. Someone is responsive when he picks up signals from the child, understands them and responds to them appropriately.	.....
f. Any caregiver can become a child's attachment figure.	.....
g. An attachment relationship develops by how a caregiver interacts with the child.	.....
h. An attachment relationship is a deep, long lasting and emotional relationship.	.....

1.4 The way you see your caregivers = the way you see yourself = is different for everyone

IMPORTANT TO KNOW

When you hear the word 'fire', an image immediately comes to mind. Some people may think of a cosy campfire with friends. But if you have ever experienced a fire at home, you instantly think of danger.
It is the same with caregivers. Everything a child experiences with caregivers changes the image he has of them. The child learns what he can expect from his caregivers and whether they love him or not. That image colours the way children interact with their caregivers. They start to expect consistent behaviour from their caregivers.

Through the contact with their caregivers, children also gain an image of themselves: Am I worthy of my parents' love?

The image of oneself and one's parents, the **attachment representation**, is formed in the child's mind at a very young age. It forms the basis for the child's development: his brain, his feelings and the way he deals with others in relationships.

The caregiver helps to manage stress. This has a positive effect on the functioning of the brain (neurochemistry).

Even caregivers have their inner thoughts, 'pictures', of how to engage with others. When they interact with their child, they do so with a whole range of expectations, hopes, fears, knowledge and insights. They draw on everything they have learnt in the course of their lives, consciously or unconsciously, in their caretaking styles.

Example: Peter does not expect comfort

Peter (6 years of age) falls hard on his knees. You can see from his face that he is in pain, but he gets up and carries on playing. His parents think he should be strong and not cry. They don't comfort him, they think that's for wimps. He has learned that he has deal with his pain by himself. When he sees another child crying, he laughs at him.

AND NOW... IN PRACTICE

Question 4
Read the poem and answer for yourself:

1. **How does this child feel?**
2. **Why does the child not seek comfort?**
3. **What makes this dream difficult for the child?**

A Child's Dream (English translation of a poem by: Neeltje Maria Min, in: *Maatstaf,* 1966(14), p. 215*)*

When I was a child, I sailed with
Three bears in a boat on the sea,
we took bread with us for three days
and a green jug for water.
We were not afraid of drowning,
There was not much wind.
They were three adult bears
and I was still a child.
After we had passed through a garden of waves,
our ship hit the moon,
It broke into three and bled dry,
The bears screamed and I remained silent.
I had three cold hands from the fright.
The only one left was me.

1.5 Different types of attachment styles

The quality of an attachment relationship between the caregiver and the child can be divided into the following groups.

Attachment	- Secure attachment		
	- Problematic attachment	- Insecure attachment	- Avoidant
			- Resistant
			- Disorganised
		- Broken attachment	
		- Disorders: DSM-5	- Reactive Attachment Disorder
			- Disinhibited Social Engagement Disorder

We will explain these terms in more detail in the following texts. With the exception of 'broken attachment' and the disorders, the behaviours associated with them will not be covered extensively in this book.
More information on the two disorders can be found in Giltaij (2017) and Giltaij, Sterkenburg and Schuengel (2016).

1.6 Secure attachment

IMPORTANT TO KNOW

Caregivers provide a secure base for their child when they help and encourage the child in discovering the world. They pay attention to the child and share in his joy. They actually say: 'Go ahead'. See Figure 1.

When the child gets frightened, the bond (secure attachment) with his caregiver provides a safe haven. The child can always fall back on his caregiver. The caregiver recognises and acknowledges the feelings of his child. He shows this by comforting the child or guiding his feelings in the right direction. He actually says: 'Go ahead'. See the bottom of Figure 1.

There is a secure attachment when the child goes out to explore his environment and experiences his caregiver (attachment figure) providing a secure base. When the child has been away for a while, he reacts joyfully when he sees his parent again. He will then quickly start to explore his surroundings again. If the child becomes frightened or stressed, he returns to his caregiver for help and support. He learns to 'recharge' with his caregiver who has become a safe haven. When the child feels safe again, he soon continues to explore again. Each time the child experiences that he can explore, have fun together, is taken care of, he can explore more of his environment and the secure attachment relationship gets reinforced.

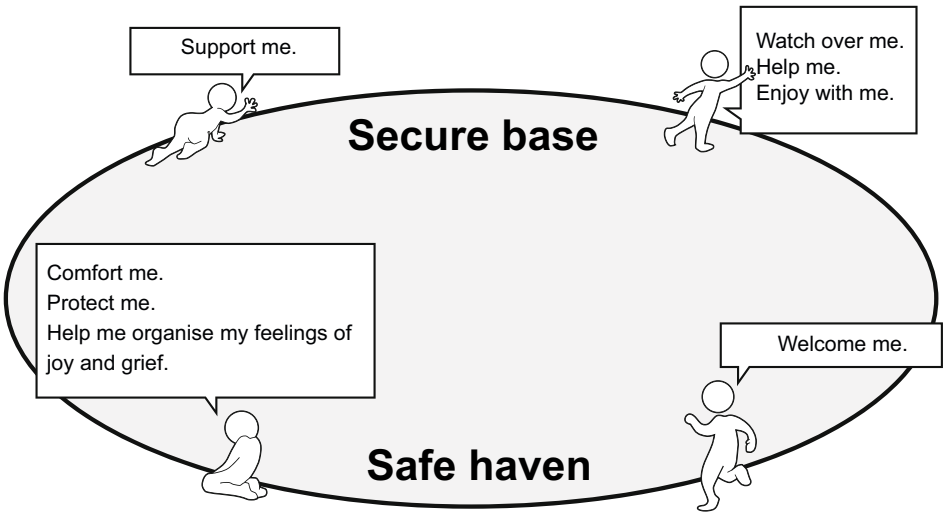


Figure 1: What children need from their parents. Based on: The Circle of Security. Powell, B., Cooper, G., Hoffman, K., & Marvin, B. (2016).

Example: Lisa learns to ride a bike

Lisa (4 years of age) learns to cycle without training wheels. Father and Lisa practice together on a quiet little road. Father helps Lisa on her bike, holds her firmly by her shoulders and runs alongside her. Father speaks encouragingly to Lisa: 'This is great Lisa! You are cycling without training wheels! Very good!' When Lisa is cycling all by herself for a moment, it does not go well and Lisa falls hurting her knees. She cries. Father quickly walks towards her and says: 'Oh, you've fallen, that must hurt. What a fright. Does your knee hurt?' Father takes Lisa on his lap and gives her a kiss on her knee. Then he looks at Lisa's bicycle, as does Lisa. Father says: 'Shall we go and look at the bicycle together and try cycling again?' Lisa stops sobbing and nods clearly: yes.

Question 5
Read the English translation of the song by the Belgian band Clouseau.

1. **How can you tell that he is singing about a secure attachment?**
2. **Do you know another song about the bond between parents and children?**
3. **Do you know a film about a child's secure attachment to his parents?**

Love me ('Zie me graag')

(Chorus)

Love me
I need you
What I feel for you today
I never want to change
Love me
I need you
I don't want anyone else but
You and no one else

You have a place here in my heart
That heart of mine sometimes seems to be locked
It makes you so confused
I just want to do
Things together with you
And if you would like that too
Then please come soon

(Chorus)

When your road is littered with doubts
Please know that for me
No one else matters
Can't you just see
I simply love you
And that all my life

I want to be dreaming with you
I would give you anything
I stand here naked in the cold
And it must seem like I am crazy
But I already hear every word
Because you whisper
That you belong to me

Clouseau
Music/text: Kris Wauters (1995), album: *Oker,* label: EMI 8323362

1.7 Problematic attachment in general

IMPORTANT TO KNOW

Problematic attachment concerns children who have not built up enough trust in another person. In this case the attachment relationship is disturbed. This can be because there is an insecure attachment, a broken attachment relationship or because an attachment relationship has not been able to develop adequately.

Children who are **insecurely attached** derive insufficient emotional security from the relationship with their parent(s) or important others. There are three types of insecure attachment. In this chapter, you will read more about them.

If a child is insecurely attached, this does not have to continue for the rest of his life. The child can also enter into different attachment relationships with different people. A relationship can change from secure to insecure if There is a major change in family circumstances such as a lot of fighting in a home. However, if the caregiver treats the child sensitively, empathically and responsively again, the relationship can change from insecure to secure.

When caregivers react sensitively, empathically and responsively to their child we call this ‘emotionally available’. Insecurely attached children have not gained sufficient confidence in the emotional availability of their caregivers in times of stress. For

example, when a parent may not be able to comfort the child or may have other things on his mind. Or when the signals the child gives are not clear or even absent. Consider Sebastian: he is blind from birth. It is very difficult to determine whether he enjoys the interaction with his parents because this cannot be 'read' from his facial expressions. However, the fact that he enjoys music, is apparent from his rocking movements.

Some people suffer so much from their insecure attachment that they experience too much stress. They can no longer handle that stress and subsequently develop problem behaviour or relationship problems. They do not show attachment behaviour, such as seeking out a caregiver when they are in pain or sad. Then there are problems with attachment. Not all people with insecure attachment suffer from this though. As long as there is not too much stress in their lives, people with an insecure attachment usually manage just fine.

There is a **broken attachment relationship** when the first attachment figure suddenly falls away, for example, due to death or after a divorce with a lot of conflict. Only in extreme situations can the choice be made to break off the attachment relationship between a child and an adult. In all cases, there will be mourning and grief.

There may be an **insufficient or absence of an attachment relationship** when a child has experienced a pattern of extreme, inadequate care such as neglect, abuse or social deprivation. For example, when the child grows up in a home where the possibility of entering into an attachment relationship was severely restricted by a very unfavourable adult-child ratio. The child can then develop a disorder, such as Reactive Attachment Disorder or Disinhibited Social Engagement Disorder.

Example: Kevin has a broken heart

Kevin (13 years of age) and was dating Sofia. She broke up with him yesterday via WhatsApp. Kevin is sad, because he is still in love with her. When he arrives home, he has red eyes and is muttering. His mother is busy with her phone and asks what's wrong. Kevin says he thinks it's unfair that there's a test tomorrow and he only has one day to revise. Mother says that if he starts quickly, he will soon have it out

of the way. She does not react to the red eyes and does not ask if there is anything else the matter. Kevin does not mention anything about Sofia. He thinks: 'Mom will never understand me. She didn't think it was a real relationship and she laughed about it earlier on'. Kevin expects his mother to say that he shouldn't be so devastated about it: as it wasn't that serious after all. Kevin goes upstairs. He can't get started on his homework; he is still preoccupied with his thoughts which are still on Sofia. During dinner, mother asks him how his revision is going. Kevin says: 'fine', even though he didn't manage at all. He contemplates whether someday he might talk to his Grandmother about what has happened.

AND NOW... IN PRACTICE

Question 6
How can you tell if someone is insecurely attached to a a parent?
Which answers are correct?

	Correct/incorrect
a. The child does not dare to tell that he is sad.	.....
b. The child does not tell the caregiver when he has problems.	.....
c. The child calls his mother to let her know that he is in trouble.	.....

1.8 Insecure attachment: Avoidant

IMPORTANT TO KNOW

When someone has **avoidant** attachment behaviour, there is an insecure attachment.

When a child is **insecure avoidant** attached, things can go well as long as the child explores the environment. The child does not often return to the caregiver. When the child experiences stress, things stop going well. The child will not go back to his caregiver to be comforted. On the contrary, the child will runs away from the caregiver. These children do not trust the **emotional availability** of the caregiver, because that caregiver constantly rejects the child or reacts on a non-sensitive way. Another possibility is that the child's signals are so unclear that the caregiver does not know how to offer comfort or support. The child learns that when it comes to emotions, he must take care of himself. He can appear as if he is independent.

What do we see in the behaviour of children who have an avoidant attachment?
They have learnt to distrust adults and only to trust themselves. Their emotional development is disturbed, because in their early years they unfortunately have already experienced a lot of pain and fear that was not dealt with by anyone. Therefore, they have learnt that it is safer and more pleasant to shut themselves off emotionally.

They have learnt that it is safer not to share their emotions and that they should not 'whine'.

Example: Sandra practices cutting with scissors

Sandra (5 years of age) is doing a craft project. She wants to cut beautifully shaped hearts, but she can't do it properly. She keeps trying, but every time, she accidentally cuts into the heart or the heart turns out asymmetrical. Her mother sits down next to her. She is looking at her phone and is reading messages on social media. She does not pay any attention to Sandra. Sandra starts to sigh and grumble. Mother does not respond to these signals. At some point Sandra throws her materials aside and runs to her room. Her mother says that she often runs away like that. Sandra never asks for help of her own accord.

AND NOW... IN PRACTICE

Question 7
Which of the following behaviours indicate insecure-avoidant attachment?

	Correct/incorrect
a. Sharing emotions with the important other.	.....
b. No trust in the emotional availability of the attachment figure.	.....
c. Fear of intimacy and closeness.	.....
d. Shutting down emotionally/withdrawing.	.....
e. Minimising attachment signals and behaviour.	.....

1.9 Insecure attachment: Resistant

IMPORTANT TO KNOW

When someone demonstrates **resistant** or **ambivalent** attachment behaviour, there is an insecure attachment.

Children with an **insecure-resistant** attachment *do* have a caregiver who can provide a safe haven, however the child has difficulty in letting go of the caregiver. This is caused by the uncertainty of the child; whether he can count on his caregiver or not, as the caregiver reacts unpredictably to the child. For example: when the child (a baby) cries, the caregiver picks the baby up one time and the next time he reacts in an angry way to the crying.

The child has little confidence in adults and in himself. The basic feeling of these children is fear. Every time the child wants to explore, he is afraid to lose his parent. The child keeps a

constant eye on his caregiver and panics if the caregiver is out of sight. But the child is also scared when the caregiver *is* around. When cuddled, the child cannot relax and often does not make eye contact. The child develops less well because he does not explore his environment. It *seems* as if the child only *wants to* stay close to his parent, but what the child actually needs is more support to have the courage to explore his environment.

What do we see in the behaviour of a child with resistant attachment? He has little confidence in the adults and in himself. He has a great deal of fear, because precisely when the child wants to use the attachment figure as a secure base for exploration, this insecurity and fear of separation appear. There is a great deal of proximity-seeking behaviour and little exploration. When exploration is not supported in an active, sensitive way and the child can have positive experiences, the child will continue to believe that its fear is justified.

Example: Nicole's aunt is celebrating her birthday

Nicole (5 years of age) is at her aunt's birthday party. There are many children there and Nicole knows most of them. She sits close to her mother. Her mother says she can go and play with the other children. Nicole does not do this and sits even closer to her mother. Mother puts her arm around her daughter. Suddenly mother takes her arm away and says in an angry way: 'you are not a small child anymore; you should go and play with the other children'. Nicole starts crying, but her mother pushes her away. Nicole moves towards the other children, but after a few minutes she comes back and sits down again beside her mother.

AND NOW... IN PRACTICE

Question 8
Which of the following behaviours indicates insecure-resistant attachment?

	Correct/incorrect
a. Being unsure about the availability of the attachment figure.	.....
b. Panic when the attachment figure is out of sight.	.....
c. Shutting down emotionally/withdrawing.	.....
d. Not going exploring.	.....
e. Not wanting to leave and not letting the caregiver go either.	
f. Going exploring.	.....
g. Getting angrier and angrier.	.....

1.10 Insecure attachment: Disorganised

IMPORTANT TO KNOW

When someone demonstrates **disorganised attachment** behaviour, there is insecure attachment.

Children with a **disorganised attachment** perceive their attachment figure as a safe haven and at the same time as someone to be afraid of. This happens, for example, when children have been abused by their caregivers or when the caregivers themselves have an unresolved trauma. The caregivers are sometimes helpful and sometimes threatening. The child wants to seek comfort from his caregiver when he is afraid, but at the same time he is afraid of the reaction of his caregiver. This is an unresolvable situation for the child, which can lead to contradictory and bizarre reactions: for example, laughing and crying at the same time.

What do we see in the behaviour of these children? They confuse others with their behaviour, because sometimes they demonstrate secure attachment signals and sometimes they show signals of insecurity. They are often anxious and behave chaotically. You also see controlling behaviour. It seems as if they want to maintain control over the situation in order to avoid new frightening situations. There is an increased risk of disturbed emotional and cognitive development. There is a high chance that they will develop problem behaviour and psychological disorders.

Example: Roy doesn't know anymore

Roy (12 years of age) is in his room and it is bedtime. His father comes to talk to him and asks how school was today. They give each other a kiss on the cheek and Roy goes to sleep. The next evening when it is time for bed again, his father is busy. Roy asks if he is coming to tuck him in. His father gets angry and shouts that he has already said that he is busy. The father slams the door shut. Roy is scared and sad. Who can he turn to? His mother is no longer living at home after the divorce. And it is not clear to Roy how his father will react the next morning. It may be that his father will pretend that nothing has happened, but it may also be that his father is still so angry that Roy

will not get breakfast. The next morning Roy does not know how to behave. He asks if he can have chocolate sprinkles, but he does not look his father in the eye. His father often reacts unpredictably. Roy would like to talk to his father, but he does not know what to expect from him. During the day his father can get very angry out of the blue, sometimes beating him or forcing him to go to his room.

At school, Roy is seen as a busy boy who is very suspicious. He is very alert: he knows where everyone is and constantly looks around. When playing with other children, he is dominant. The other must do what he wants and if the other does not agree, Roy will get angry. Sometimes he will even slap the other person.

The teacher tries to be understanding to Roy. He regularly makes attempts to talk to him about his feelings and behaviour. Roy sometimes accepts his teacher's advice, and sometimes he does not: sometimes he willingly replies and allows himself to be comforted. Even though Roy does not make eye contact, the teacher feels he is getting through to him. But just as often, the teacher is scolded as a reaction to his well-intentioned attempts. Roy can change from one second to the next and his teacher is often at a loss what to do.

AND NOW... IN PRACTICE

Question 9
Which of the following behaviours indicates disorganised attachment?

	Correct/incorrect
a. Emotional shutdown/withdrawn behaviour.	.....
b. Contradictory behaviour.	.....
c. Anxious and chaotic behaviour.	.....
d. Wanting to be in control.	.....
e. Wanting to be in control and to decide on everything.	.....
f. Being unsure about the availability of the attachment figure.	.....
g. Panic when the attachment figure is out of sight.	.....
h. Avoiding eye contact.	.....

1.11 How to act when you suspect problematic attachment?

IMPORTANT TO KNOW

When a child is nine months or older, a child psychiatrist, a health-care psychologist, a registered child and youth psychologist or a developmental psychologist can examine whether the child has an attachment problem. Signals of a problematic attachment are: a child hardly ever turns to his caregivers (the attachment figures) for support, comfort or

protection. The child also barely responds to the comfort offered by caregivers and does not show any love or friendly emotions to them during care. These children may suddenly become angry, frightened or irritable for no apparent reason. It may then be the case that the attachment is problematic. The child psychiatrist, health-care psychologist, registered child and adolescent psychologist or developmental psychologist will then also look at the living conditions of the child: are there any psychological complaints among the caregivers? Are the caregivers themselves still adolescents? Are there any signs of violence in the family, substance abuse or are any members institutionalized? And is the attachment behaviour of the child with a visual impairment and/or intellectual disability noticeable? These are aspects which can play a role in the attachment relationship between the caregiver and the child.

What are the consequences of problematic attachment?
A child with problematic attachment usually develops emotion regulation difficulties, social skills and the development of his conscience. He develops less quickly compared to his peers. These children distrust others and the world and either want to control their behaviour completely, or they fly off the handle and can for example break things. The child also has problems forming relationships. He can only enter into a short or superficial relationship; he is either too open or too withdrawn in the contact. The child finds it difficult to put himself in another's shoes and avoids feelings or hides them. The child has changing moods, anxiety, low self-esteem and little self-confidence. Some children may later develop psychological problems.

Example: Pedro has no 'real' friends

Mary, the caregiver of Pedro (23 years of age), feels that she cannot connect with him. He always seems to be near her, but when something does not go well and Mary wants to help him out, he suddenly becomes very angry. In the home-care facility Pedro always has one friend but which one changes frequently. Mary is worried about Pedro because he never seems to have a 'real' friend for a longer period of time. Mary knows that there was domestic violence in Pedro's family and that his mother suffered from depression. Both Pedro's behaviour and his life history are sufficient reason for Mary to ask the developmental psychologist to assess for attachment problems.

Question 10
What risk factors are present that could indicate an insecure attachment relationship? Think of characteristics and behaviour of the caregiver and of the child. Also consider family circumstances and living conditions and stability and continuity in the contact between caregiver and child.

What are the risk factors related to family and living environment?

	A risk factor: Yes/no
a. Neglect, abuse and/or domestic violence.	.....
b. Having a teenage mother.	.....
c. Having caregivers who are significantly older.	.....
d. Children with developmental disabilities.	.....
e. One or both parents have psychiatric problems.	.....
f. Children growing up without grandparents.	.....
g. Growing up in a large family.	.....
h. Children who lose a parent early on in their lives or experience their parents divorcing.	.....
i. Growing up in a residential care home or institution.	.....
j. Being adopted or growing up in foster families.	.....

	A risk factor: Yes/no
k. Premature birth and/or long-term hospitalisation in childhood.	.....

1.12 Attachment and persons with visual impairment and/or intellectual disability

IMPORTANT TO KNOW

Insecure attachment occurs twice as often in children with intellectual disabilities as in people without intellectual disabilities. This is often a case of disorganised attachment (Van IJzendoorn, Schuengel, & Bakermans-Kranenburg, 1999).

Research by Bartiméus has shown that 60% of the adolescents and adults with visual impairment and intellectual disabilities, who participated in the study, also had serious problem behaviour due to attachment problems (Stolk, Arentz & Sterkenburg, 2009).

Approximately 40% to 60% of people with intellectual disabilities are insecurely attached. The good news is that many people with insecure attachments can still build up a secure attachment relationship. Sensitivity, empathy and responsiveness of the caregiver are important for the development of a secure attachment (see: Chapters 2 and 3). Also, insight into one's own attachment representation is important (see: Chapter 8).

Example: The life of Martha

Martha (19 years of age) has a visual impairment and an intellectual disability. Her mother was 18 years of age and single when Martha was born. At a young age she was placed in a school for children with a visual impairment. She was placed in this school as her development was delayed compared to other children of her age (mild intellectual disability). Due to this she lived in a boarding home and could only go home at weekends. She does not dare to talk about her problems and has psychosomatic complaints such as headaches and pain in her joints. She smokes a lot of cigarettes and does not sleep well. She also gets into many fights with the others in the boarding

home. She has difficulty maintaining stable relationships and is afraid to talk to her mother or others about her problems. This is an example of an insecure-avoidant attachment.

Example: Britt's life

Britt (21 years of age) has a mild intellectual disability. She attends practical education but her grades are not very good. She enjoys colouring and listening to music. She likes to be around her mother and she does not really have any good friends. She manages independently when doing groceries in a shop she knows well. If she cannot find a particular product, she is able to ask a shop assistant. Mother knows exactly how Britt is feeling, she can tell by her behaviour and face. When Britt is not doing well, she looks for her mother; sometimes she needs an arm around her shoulder while at other times she needs to be left alone. This is an example of a secure attachment.

AND NOW... IN PRACTICE

Question 11
Think of several people you know, with whom you have a caregiving role. Describe below the attachment behaviour of this these people.

What type of behaviour do these people display?
Are these cases of a secure attachment, or possibly insecure-avoidant, insecure-resistant or insecure disorganised behaviour?

Remember that you can always consult with a psychologist.

.....

.....

.....

.....

1.13 Risk factors in children with visual impairment and/or intellectual disabilities

IMPORTANT TO KNOW

Parents who have a child with an intellectual disability can be very sad about it. They also experience a lot of stress. They have questions, worries and uncertainties about their child. If the child has to go to hospital often, it makes the situation even harder. Those nearby do not always understand these parents well, which makes them feel even more alone than other parents.
If the parents can process these experiences and accept the child the way he is, the child feels understood and secure. It is important that the parents are emotionally open to the needs of their unique child.
A risk factor for the development of a problematic attachment is the inability of the parents to process and accept their child's disability.

People with intellectual disabilities process information at a slower pace compared to others and are often less able to indicate what they need. If in addition they have a sensory impairment it is even more difficult to process information. Blind children are less able to pick up signals from their parents. Caregivers may also be less able to understand the signals of children with sensory impairments because social recognition signals such as mutually smiling, a hand gesture or a directed movement of the head towards the parents, relatives or carers are missing in the interaction (Sterkenburg, 2019). For parents and relatives, this can create a sense of lack of emotional involvement (Gunther, 2004). Therefore, the child's disability may be a risk factor.

Parents with a child with a disability need a lot of coping skills and parents need to be extra attentive, sensitive, empathic and responsive. With unfamiliar problems, they cannot do what they always do or have been taught at home. They have to learn to 'read' their child's signals, but those signals are often less strong, complicated and/or contradictory. For the development of the attachment relationship more time is needed.
Difficulties in raising the child can be a risk factor, because the upbringing of a person with a disability requires a lot of extra skills and persistence.

Placing children in care or admitting to hospital without the caregiver for a long period of time disrupts the relationship between the caregiver and the child and can cause great deal of stress. Outside the parental home, children have different supervisors and caregivers. It is important for the child to have a new attachment figure.
A risk factor can therefore also be an out-of-home placement or long-term hospitalisation with the absence of specific caregivers.

Example: Anne's parents can no longer cope

The parents of Anne (8 years of age) tell us during an intake (interview) for her out-of-home placement into care that they can no longer cope with raising her. Anne often has temper tantrums and they don't know how to deal with this aspect of her behaviour anymore.

Anne's parents said she was difficult in this respect from birth. She reacted so differently compared to other children, or sometimes she didn't react at all to them. They didn't know what was wrong with her and at the health clinic they were told that Anne's delayed development was not a problem and would be fine. They were still very worried. They did not understand Anne and therefore took her to the family doctor and the pediatrician. When Anne was two years of age, they were told that Anne had a developmental delay. This fact was very hard for the parents to deal with. They were sad, angry, disappointed and also afraid for the future. Anne's father buried himself in his work and was hardly available for her and he did not understand her either. Anne's mother felt alone in raising her children and found it difficult to accept that Anne was developmentally delayed. She experienced a lot of stress because of this. She constantly wondered how it was possible that Anne had a developmental delay. She spent a lot of time reading about this and therefore had less time for Anne. She thought that if she was strict with Anne it would all pass, and she would develop. But Anne's developed delayed even further and problem behaviour increased over time. Eventually things became too much for her mother and she became depressed. Anne became increasingly angry and aggressive. She hit her mother, threw toys at her and did not listen to her anymore. She only calmed down when her father was present. She seemed afraid of her father, mother said.

Later Anne's mother can't cope anymore, no matter how hard she tries. She does not understand Anne nor why she behaves in this way. All the circumstances also have an effect on the relationship between Anne's parents as partners: the tension between them increases. After the intake, it is advised not to place Anne out of the home (yet), but first to receive Intensive Remedial Educational Family Guidance. Also weekend and holiday care is advised in order to give some space to the parents, especially to Anne's mother.

AND NOW... IN PRACTICE

Question 12
Can you now answer the following questions about attachment in children with intellectual disabilities?

		Yes/no/Other
a.	Is attachment in children with intellectual disabilities the same as in other children?	.....
b.	Is it more difficult for the caregivers of a child with intellectual disabilities to be sensitive, empathic and responsive?	.....
c.	When caregivers are emotionally open to the needs of their child with a disability, can they be a secure attachment figure for the child?	.....
d.	Can children who have been placed out of home still build a secure attachment relationship?	.....

1.14 Summary

IMPORTANT TO KNOW

Most children have a secure attachment relationship with their parents. Parents gently let go of the child and continue to be emotionally available to comfort their child when needed. This attachment relationship is important for the rest of the child's life. A child with a secure attachment relationship has a good chance of optimal development, has confidence in others and in themselves and will explore the world.

Sometimes things do not go well: if caregivers do not react sensitively to the child, the child learns that he cannot expect any support from the caregivers. Later on, these children have no confidence in themselves or their environment and they develop less well. They are insecurely attached. Some children do not look to be comforted when in fear and pain (avoidant attachment), others are too afraid of let go of their carers to explore the world independently (resistant attachment). These

children can manage fine, as long as there is not too much stress in their lives.

When there is no one who can offer comfort and emotional involvement, for example in a large orphanage, or when a child is emotionally neglected, there is a chance that the child cannot enter into an attachment relationship with anyone. This is a case of a disorganised attachment relationship or a disorder. This can be established by having the child observed by experienced healthcare psychologists, developmental psychologists and/or psychiatrists. You can read more about this in Chapter 2.

Children with intellectual disabilities are more often insecurely attached than children without disabilities. One reason for this could be that their behaviour is sometimes more difficult to 'read' for their caregivers. It can also be difficult for caregivers to come to terms with their child's disability. This makes it more difficult for them to react appropriately to the behaviour. Children with intellectual disabilities often have more long-term hospital admissions. Out-of-home placements and hospital admissions can make it more difficult for children to develop an attachment relationship.

The good news is that caregivers can always try again to work on the development an attachment relationship of the child with the caregiver. You can start today by paying attention to attachment behaviour, by being sensitive, empathic and responsive. Keeping the other person in your mind, predictability for the child and paying attention to 'repairing' the relationship are also important.
When it comes to sheltered care facilities, it is important that there is a limited turnover in caregivers. The psychologist can support the team by giving advice on how the child or the client can best be guided and cared for. Furthermore, it is very important to have enough time for (joint) reflection on the caretaking of the client with problematic attachment.

Example: Peter regains confidence

Peter (11 years of age) has been living in a family home (a home where children receive professional care) for two years. He has a mild intellectual disability. When he was 6 years of age, he was placed out of home under a court order due to severe neglect and suspicions of sexual abuse. He was placed with a family who was available for emergency situations for three months. He then went to a foster family, which did not go well. His foster parents did not know how to deal with Peter and indicated that they could not get connect with him. He seemed to live in his own world and he was hardly able to do anything. He could not dress himself independently. He hardly ate anything and when he did, he ate slowly and did not chew. He also did not play or only played in a corner by himself. He kept a close eye on his foster parents, slept badly and always seemed tired. Things were not going well at school either and Peter could hardly keep up. A psychological test was conducted from which it appeared that he had a mild intellectually disability and his problematic attachment. Peter was placed in another foster family home and enrolled for treatment.

Peter receives weekly individual therapy in which he works in small steps on developing epistemic trust and self-confidence. They also work on developing a secure attachment relationship with his new foster parents. These foster parents regularly participate in this therapy. Furthermore, his new foster parents receive counselling. In this they are taught interaction and mentalization skills and they learn how to become more sensitive, empathic and responsive. They want to give Peter the feeling that they hear and see him, even when he does not ask for it specifically. And also that he is important and loved by his foster parents. Through these therapies, Peter starts to trust his foster parents, which gives him self-confidence and this allows him to develop a secure attachment relationship with his foster parents.

After two years, the symptoms of problem behaviour disappeared. Peter also developed cognitively, as a result of which he could progress to the next level in his school. He developed a secure attachment relationship with his foster parents. He experiences less stress in his life now and hardly demonstrates any problem behaviour. Instead of constantly having to keep an eye on the unsafe and frightening world around him, he can now focus more inwardly towards himself. He dares to share his thoughts and feelings within

the secure attachment relationship with his foster prarents, which allows him to develop, both emotionally and cognitively.

AND NOW... IN PRACTICE

Question 13
Why are there attachment problems of the child with their parent? Please state correct or incorrect.

		Correct/Incorrect
a.	It is because of the caregiver: he has not cuddled and comforted the child sufficiently.	.....
b.	It is because of the caregiver, who did not fully understand the child's needs.	.....
c.	It is because of the caregiver: he did not give the child enough compliments.	.....
d.	It is because of the caregiver: he did not offer enough comfort.	.....

		Correct/Incorrect
e.	It is because of the child: he should have gone to his parents.	.....
f.	The child did not give enough signals making it difficult for the parent to understand him.	.....
g.	A combination of the parent and the child: problems in communication are always due to two parties.	.....
h.	It is due to the circumstances, for example, because the caregiver experienced a difficult childhood.	.....
i.	It is due to other circumstances, such as major financial problems.	.....

1.15 Answers

Question 1
This is an example of a secure attachment relationship between Pepin and his mother.
How can a secure attachment relationship help children?
Please indicate: 'correct' or 'incorrect'.

a. It helps to feel good about yourself.
Correct.

b. It helps in dealing with stress.
Correct, it helps to regulate stress and to handle stress.

c. It helps you to stay calm.
Incorrect, even children with an insecure attachment relationship can be calm. However, a secure attachment relationship does help with stress regulation.

d. You can express emotions well by, for example, crying.
Incorrect, crying is a physiological reaction. Children with an insecure attachment relationship can also cry. They may try to suppress it though.

e. It helps in learning to think logically.
Correct.

f. You learn to understand your own feelings and those of others.
Correct.

g. You develop your own conscience.
Correct.

h. You learn to build relationships.
Correct.

i. You learn not to argue with other children.
Incorrect. This depends on other possibilities such as social information processing and social skills. Arguing occurs in both securely attached and insecurely attached children.

Question 2
Indicate when attachment behaviour is aimed at making contact. Yes/No.

a. The crying of a baby.
   ***Yes** with that, the baby 'asks' his caregiver for comfort.*
b. Continuously getting out of bed and going to the caregiver.
   ***Yes** if the child wants to be reassured.*
c. Screaming in the sandpit.
   ***Yes** if the screaming is meant for contact, because it is exciting or to share pleasure.*
d. Continuously repeating the words of the caregiver.
   ***Yes/No** It can be a need for contact. It can also be echolalia. In that case, it is good to know why.*
e. Being completely engrossed with a puzzle.
   ***No** because there is no interactional behaviour aimed at contact.*
f. Looking at the caregiver and smiling while playing.
   ***Yes** because sharing fun together is important in an attachment relationship.*
g. Touching the caregiver in passing.
   ***Yes** usually someone is asking for contact when he does this. Sometimes this is a manifestation of Tourette's syndrome, but that is rare.*
h. Sitting on a new caregiver's lap spontaneously.
   ***No** the question is whether there is attachment behaviour and that is not the case here because attachment behaviour is directed towards important others i.e. towards the specific caregivers.*
i. Hitting a fellow group member.
   ***Yes/No** If it is intended to get your attention it is a negative way of seeking out contact. If it is not aimed to get your attention, it is not attachment behaviour.*
j. Continuously keep talking so that the caregiver cannot leave.
   ***Yes** with this, the client seeks out contact. People with visual impairment and intellectual disabilities cannot see whether the caregiver is present: they have to find out by making him make a noise.*
k. Squeezing the trusted caregiver and not squeezing others.
   ***Yes** that is a negative way in which the client shows that he needs support and comfort. He is not able to say it in a correct manner at that moment.*
l. Squeezing all the caregivers.
   ***No** it is not aimed at contact with an important other. It is*

undesirable behaviour. Perhaps this client does not have a special bond with anyone.

Question 3
How does a child develop an attachment relationship with its caregiver?
Please indicate which statements are correct. Correct/incorrect.

a. All babies are born with attachment behaviour.
Incorrect. Certain syndromes can cause a baby to demonstrate no attachment behaviour. Such babies never cry, for example.

b. Children can only develop an attachment relationship with their biological parents.
Incorrect. Children may also have an attachment relationship with their adoptive or foster parents. People with intellectual disabilities may have an attachment relationship with their caregivers.

c. Sensitive people pick up on signals from the child very well.
Correct. Sensitivity is understanding what another person wants.

d. Someone is empathic when he does what the child wants.
Incorrect. It is about the caregiver doing what is important for the child at that moment. Always saying 'yes' when a child asks for sweets is not good for the child's health. It is then a matter of saying 'no' in a loving way.

e. Someone is responsive when he picks up signals from the child, understands them and responds to them appropriately.
Correct. Responsiveness is reacting in an appropriate way to address the needs of the other person.

f. Any caregiver can become a child's attachment figure.
Correct. By taking time to develop up an attachment relationship, the caregiver can be an attachment figure.

g. An attachment relationship develops by how a caregiver interacts with the child.
Correct. Being sensitive, empathic and responsive to the child is very important for the development of an attachment relationship. However, in Chapter 8 we also explain that it is important to consider how your own relationship with your parents, for example, can play a role in how you deal with others.

h. An attachment relationship is a deep, long lasting and emotional relationship.
Correct. It is important to make time for relationships and then to focus all your attention on the other person.

Question 4

Read the poem and answer for yourself:

1. **How does the child feel?**
2. **Why does the child not seek comfort?**
3. **What makes this dream difficult for the child?**

A Child's Dream (poem)

Answer: *This seems to be a traumatic event and an insecure attachment. No mother, but three adult bears in a ship that breaks in three. The bears scream and the child remains silent. The child is not cared for, her hands are cold and she is alone.*

You will discover that you do not have all the information to answer the questions of whether there is secure or insecure attachment. Suppose you meet this girl in real life. Then you can observe her to learn more about her attachment behaviour. No judgement can be made on the basis of a text alone.

Question 5

Read the English translation of the song by the Belgian band Clouseau.

1. **How can you tell that he is singing about a secure attachment?**
   We can only indicate whether there is secure attachment when it concerns a relationship between an adult person who is in a 'parenting' situation and a child or a person with a disability. Suppose it is about a parent and a child: then it is clear that the other is important and that he can trust the other person. If it is about two adults (not family), then it is also about trust, but we do not call it 'secure attachment'. Then we use the term 'trusting romantic relationship' or 'friendship relationship'. With attachment, we mean an 'unequal' relationship, in which there is a 'caregiver' and a child or a person with a disability who receives guidance or care.
2. **Do you know another song about the bond between parents and children?**
   A song could be: 'Papa' by Stef Bos.
3. **Do you know a film about a child's secure attachment to his parents?**
   A film can be: 'Tonio'. This film shows that there is a secure attachment relationship that allows the parents to grieve. In the phase of attachment development, your toolbox for dealing with loss is also filled. You learn early on how to deal with emotions and vulnerability and gain experience with comfort. In the film you

see how one learns to deal with emotions, how one can deal with vulnerability in contact.

Question 6
How can you tell if someone is insecurely attached to a parent? Which answers are correct? Correct/incorrect

a. The child does not dare to tell that he is sad.
   Correct
b. The child does not tell the caregiver when he has problems.
   Correct
c. The child calls his mother to let her know that he is in trouble.
   Incorrect

Question 7
Which of the following behaviours indicates insecure-avoidant attachment? Correct/incorrect

a. Sharing emotions with the important other.
   is incorrect: this is a behaviour that indicates a secure attachment.
b. No trust in the emotional availability of the attachment figure.
   correct.
c. Fear of intimacy and closeness.
   correct.
d. Shutting down emotionally/withdrawing.
   correct.
e. Minimising attachment signals and behaviour.
   correct.

Question 8
Which of the following behaviours indicate insecure-resistant attachment? Correct/incorrect

a. Being unsure about the availability of the attachment figure.
b. Panic when the attachment figure is out of sight.
c. Shutting down emotionally/withdrawing.
d. Not going exploring.
e. Not wanting to leave and not letting the caregiver go either.
f. Going exploring.
g. Getting angrier and angrier.

Behaviours a, b, d and e are characteristics that belong to insecure-resistant attachments.
Behaviour c and f belong to insecure-avoidant attachment.

Question 9

Which of the following behaviours indicate disorganised attachment? Correct/incorrect

a. Emotional shutdown/withdrawn behaviour.
b. Contradictory behaviour.
c. Anxious and chaotic behaviour.
d. Wanting to be in control.
e. Wanting to be in control and to decide everything.
f. Being unsure about the availability of the attachment figure.
g. Panic when the attachment figure is out of sight.
h. Avoid eye contact.

Behaviours b, c, d, e and h indicate disorganised attachment.
Behaviour a belongs to insecure-avoidant attachment.
Behaviours f and g belong to insecure-resistant attachment.

Question 10

What risk factors are present that could indicate an insecure attachment relationship? Think of characteristics and behaviour of the caregiver and of the child. Also consider family circumstances and living conditions and stability and continuity in the contact between caregiver and child.

What are the risk factors related to family and living environment? Risk factor: Yes/no

a. Neglect, abuse and/or domestic violence.
   Yes
b. Being a teenage mother.
   Yes
c. Having caregivers who are significantly older.
   No
d. Children with developmental disabilities.
   Yes
e. One or both parents have psychiatric problems.
   Yes
f. Children growing up without grandparents.
   No
g. Growing up in a large family.
   No
h. Children who lose a parent early on in their lives or experience their parents divorcing.
   Yes

i. Growing up in a residential care home or institution.
Yes
j. Being adopted or growing up in foster families.
Yes
k. Premature birth and/or long-term hospitalisation in childhood.
Yes

Question 11
Think of several people you know, with whom you have a caregiving role. Describe below the attachment behaviour of this these people.
What type of behaviour do these people display?
Are these cases of a secure attachment, or possibly insecure-avoidant, insecure-resistant or insecure disorganised behaviour?
Remember that you can always consult with a psychologist.
You may have gained an impression of a certain type of attachment behaviour. However, objective observation is extremely important. Consult with the Developmental psychologist when you think of problematic attachment. See also the following chapters for more information.

Question 12
Can you now answer the following questions about attachment in children with intellectual disabilities? Yes/no/other
a. Is attachment in children with intellectual disabilities the same as attachment in other children?
Yes, it is true that intellectual disability is a risk factor for insecure attachment.
b. Is it more difficult for the caregivers of a child with intellectual disabilities to be sensitive, empathic and responsive?
Yes, it is more difficult to recognise and correctly interpret the child's signals.
c. When caregivers are emotionally open to the needs of their child with a disability, can they be a secure attachment figure for the child?
Yes
d. Can children who have been placed out of home still build a secure attachment relationship?
Yes, this process continues. When the parent is out of the picture, an attachment relationship can be established with another caregiver.

Question 13
Why does a relationship between a parent and a child go wrong? Please state correct or incorrect. Correct/incorrect

a. It is because of the caregiver: he has not cuddled the child enough.
   Incorrect: *Cuddling is extremely important, but it is not the only thing that matters in an attachment relationship.*
b. It is because of the caregiver, who did not fully understand/notice the child's needs.
   Not necessarily and not always correct: *But it is primary and extremely important that a parent always pays close attention to the signals of the child.*
c. It is because of the caregiver: he did not give the child enough compliments.
   Incorrect but important: *But reacting sensitively and responsively is more important for development than just getting compliments. It is important to give the child compliments though.*
d. It is because of the caregiver: he did not provide enough comfort.
   Correct: *That is possible. Parents can also comfort in the wrong way; in a way that does not suit the child.*
e. It is because of the child: he should have gone to his parent.
   Incorrect: *There is a dependency relationship and therefore children cannot and must not be blamed for a failed attachment relationship.*
f. The child did not give enough signals, making it difficult for the parent to understand him.
   Both correct and incorrect: *This is very common. The signals from visually impaired and intellectually disabled children sometimes look very different compared to children without these disabilities. Therefore it is harder for the parent or caregiver to understand exactly what the child is trying to communicate. But in a relationship between parent and child, the child is never responsible for the communication.*
g. A combination of the parent and the child: difficult communication is always due to two parties.
   Both correct and incorrect: *In a relationship, it can be difficult to understand each other. But in a relationship between parent and child, the child is never responsible for the communication.*

h. It is due to circumstances, for example because the parent or caregiver had a difficult childhood.
Correct: *This is indeed possible, but it need not always have to be the case with a parent who had a difficult childhood.*

i. It is due to other circumstances, such as major financial problems.
Incorrect: *If the stress of financial problems causes the caregiver to be less sensitive and responsive, this can be a risk factor for insecure attachment, but this need not always be the case with major financial problems.*

2 Observing attachment behaviour

In Chapter 1, we examined the concept of attachment and why a secure attachment relationship is so important. The following chapters elaborate on how you can observe attachment behaviour, how you can promote a secure attachment relationship and what role your own attachment plays in it.

In this chapter we will discuss how to observe attachment behaviour. Why is it important to describe and observe attachment behaviour? What is the difference between describing and interpreting behaviour? We will examine eight types of attachment behaviours and will give examples. We will also discuss how you can best describe observations.

Example: Drinking tea with Faïda

Three children are sitting at the table with caregiver Faïda during teatime. They are talking about how everone's weekend has been. Roger and Yousouf are talking in particular. Yousouf played football and won. He describes one of his moves in detail and who were involved in the actions. Roger talks about having visited his grandparents and that they baked biscuits. When Roger finishes, Yousouf starts talking about his grandparents and that they have chickens. Esmeralda is also sitting at the table. Before the weekend, Esmeralda's mother has told Faïda that her aunt is getting married that weekend. Esmeralda moves a bit on her chair and looks down. Faïda knows that Esmeralda is always a bit quiet and will not start talking on her own initiative. Because of Esmeralda's visual impairment, it's hard to for her to see/tell when she can take a turn. Faïda tells Yousouf that it is Esmeralda's turn now. Then she says: 'Esmeralda, Yousouf has talked about his weekend, now it's your turn. Would you like to tell us something about the wedding?'

Example: Team discussion about Charlotte

A developmental psychologist mentions the following case during a team meeting: Charlotte (10-years of age) follows her wherever she goes. Even when she visits the bathroom, Charlotte would quickly approach the bathroom door and ask her for something. This annoys the caregiver. It's not necessary for Charlotte to continuously ask the caregiver for something. Besides she could also ask another caregiver. Or she could just wait for a while. Perhaps 'waiting patiently to ask a question' could become a new learning objective for Charlotte. For now, she would like another colleague to take care of Charlotte when she is on duty, so that she can do her own work.

These examples are illustrative of the different aspects we will discuss in this chapter.

Learning targets

At the end of this chapter you will know:

- What observing is.
- What the difference is between observing and interpreting.
- Why observation is important.
- What the eight signs of attachment behaviour are.
- How to do an observation yourself.

2.1 What is an observation and how does it differ from an interpretation?

IMPORTANT TO KNOW

To observe:
Synonyms for observing are watching, perceiving, recording, viewing, looking, gazing or signaling.
Observation is not only about what you can see with your eyes; other senses also play a role. Sometimes observations are clearly perceptible signals, other times they can be very small. Think of a glance, someone's posture, the tone of one's voice or the movement of a finger.

An observation is watching without attributing a meaning to it. You simply register the facts without interpreting them (Sterkenburg, 2012).

To interpret:
Synonyms for interpreting are explaining, understanding, clarifying, identifying, categorizing, experiencing or representing. An interpretation is more than only what you see and perceive. By interpreting you include your own knowledge and experiences too. You draw conclusions based on what you observe, know and have experienced. Therefore, two people who witness the same situation can have different interpretations.

A good observation is factual and is the same for everyone. Interpretations can differ per person.

Visually impaired people miss out on nonverbal communication. For example, a smile would indicate that what you are saying is a joke. Another example is looking at someone to indicate that you would like them to say something. For Esmeralda who is visually impaired for example, it is important to 'subtitle' such nonverbal behaviours – and to articulate in words what you are doing.

It is important to be aware of specific behaviours that children with VI and ID show, so that you can observe their behaviour. For example, in order to focus their attention on the caregiver, children with a (severe) visual impairment do not turn to face the caregiver to listen or when they want to ask something.

Example: Ellis' daily observation

Mark (11 years of age) stands close to his caregiver Ellis. An observation by Ellis could be: 'He is standing right next to me'. Interpretations from Ellis are: 'He is claiming me', or: 'He wants to ask me something'. A little later, Daniëlle (10 years of age) and Ellis are working together at the table. Danielle then hits the table hard. Ellis' observation at this point is: 'She bangs her fist on the table'. Interpretations of Ellis could be: 'She is angry', or: 'She is stuck with her work and wants help'.

AND NOW... IN PRACTICE

Question 1
Here are some examples. Read them carefully and check whether they are based on an observation or an interpretation.

	Observation	Interpretation
a. Lately, Harry behaves more and more aggressively when I ask him to do something for me. *Is this observation or interpretation?*		
b. Evita wants to determine everything herself. Everything must go her way. *Is this observation or interpretation?*		

	Observation	Interpretation
c. This afternoon, Mike cried in front of the TV. He had tears in his eyes and was sobbing. When I sat down with him, he snuggled up against me. After a few minutes, he stopped crying. *Is this observation or interpretation?*		

2.2 Why is good observation important?

IMPORTANT TO KNOW

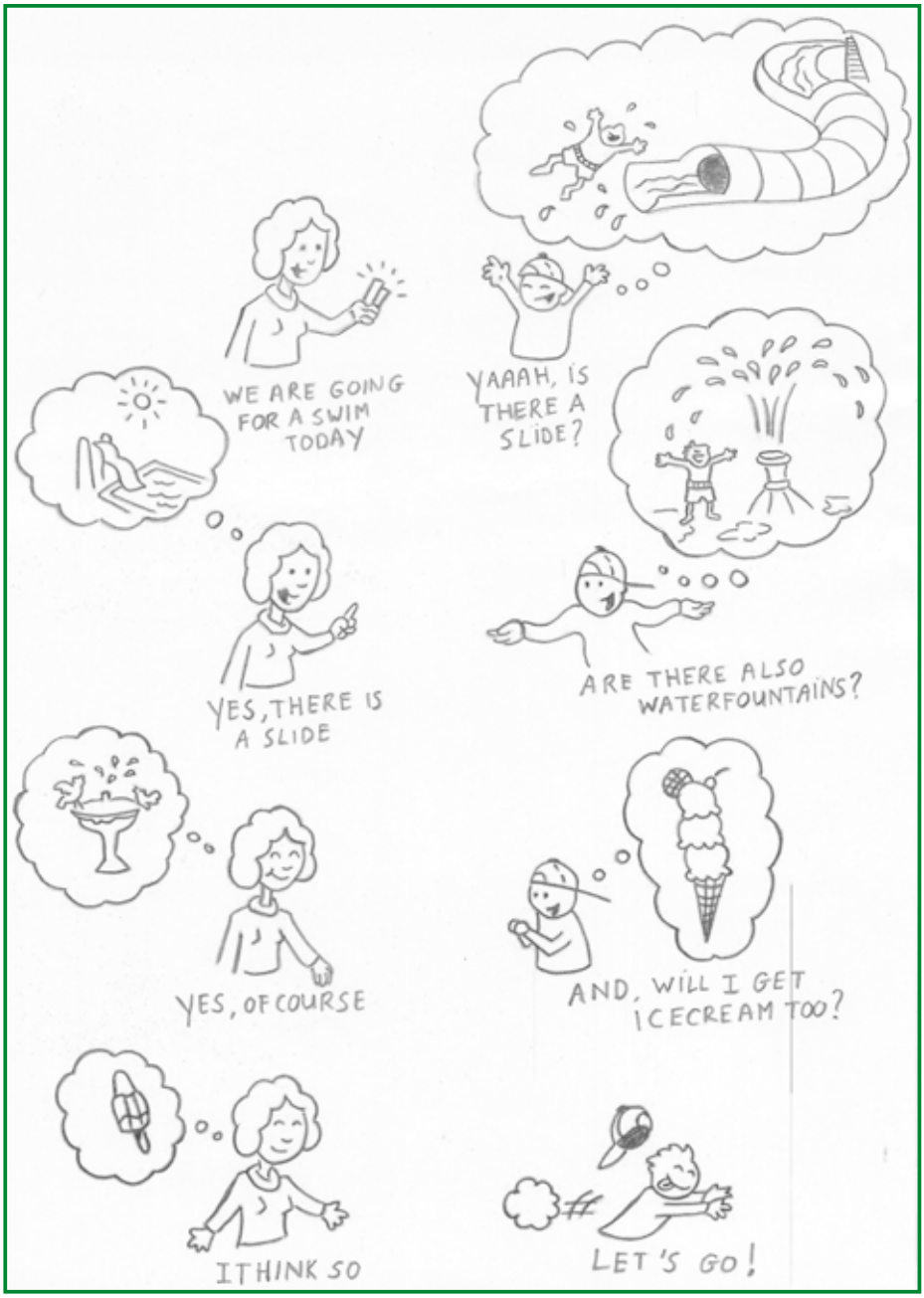
It is important to describe behaviour very concretely as one person may think and interpret something in a different way from another. In order to describe behaviour, it is imperative to observe behaviour first. This is because when you describe behaviour based on your own interpretation, the description may be incorrect, and you could draw the wrong conclusions.

You can compare the behaviour that you observe with descriptions of secure or insecure attachment behaviour. Together with a psychologist or a developmental psychologist, you can compare the descriptions of behaviour and check whether there might be any attachment problems.

The concrete descriptions help to draw the right conclusions and to give appropriate advice in line with the child's needs. This is important not only in daily care, but also during treatment by a (developmental) psychologist.
'During treatment, you can apply existing treatment protocols in a personalised manner by adjustments and/or by conscious actions. For example, regarding residual vision and auditory and tactile senses. More specific adaptations can be made using the MBT protocol (MBT: Mentalization-Based Treatment) aimed at attuning to the client (does the client understand what you are saying, but also attuning to the client's wishes); at lowering the tempo; at the use of language (choice of words); and at the use of materials to explore the client's inner world.' (p. 769, Sterkenburg & Braakman, 2019).

Example: Sandro and his mother are going to have fun

The example below shows how important good descriptions are. You can also see how it is possible for different people to have different interpretations when the description is not given clearly.



Question 2
Think of someone (a child or a client). Think of the moment when you found his behaviour 'difficult'.

a. Describe the behaviour you observed (without judgement as concretely as possible).

.....

.....

.....

.....

b. Describe the way you interpreted the behaviour and how you reacted to it. Also describe the other person's reaction.

.....

.....

.....

.....

c. Which other interpretation could you have given to the other person's behaviour?
What would *then* be the other person's reaction?

.....

.....

.....

.....

d. Do you find that you can interpret behaviour in more than one way?
And that, therefore, you can also react differenctly?
The other person will in return also react in a different way.

.....

.....

.....

.....

2.3 Observing attachment relationship and attachment behaviour

IMPORTANT TO KNOW

The relationship is central
A critical starting point in observing and assessing the attachment relationship is that the relationship between the child and the caregiver is central.

Mapping the attachment relationship
Boris and Zeanah (2005) are American researchers who described a number of different types of attachment behaviour. They do not use the terms ‘safe’ or ‘unsafe’ but ‘normal’ and ‘disrupted’ attachment behaviour. In 2006, Stor and Storsbergen translated their work into Dutch. These types of behaviour fit with an attachment relationship or problems in the attachment relationship. Dekker-van der Sande and Janssen then also described the attachment behaviour in 2010. In 2014, this was incorporated into a guideline by De Wolff, Dekker-van der Sande, Sterkenburg and Thoomes-Vreugdenhill.

There are eight types of behaviour or signals which indicate attachment behaviour:

1. Affection or signals that indicate caring dearly about the other person (affection).
2. Seeking comfort.
3. Asking the other person for help.
4. Cooperating when asked to do so (working together).
5. Pushing boundaries (showing exploratory behaviour).
6. Wanting to determine what the other does (controlling behaviour).
7. Being happy to see the other person again (reaction at reunion/return).
8. Reacting in a wait-and-see manner towards people unfamiliar to the child.

The same eight types of behaviour or signals can also indicate problems in the attachment relationship.
They indicate problems in the attachment relationship when the typical characteristics of attachment behaviour are not present. We will describe this behaviour later in this chapter.

(Developmental) psychologists use this list of signals during interviews with caregivers or other important adult persons of the child. It is important for the professionals that the behavioural descriptions are given by a person who knows the child or client well. Developmental psychologists have been trained to use the lists of signals and to report about attachment behaviour and about the attachment relationship. In order to interpret the behaviour correctly, the (developmental) psychologist combines knowledge about normal development with the social-emotional development of the child or client.

The (developmental) psychologist needs behavioural descriptions from professionals and family. To observe attachment behaviour properly, it is important that caregivers learn to accurately to describe the behaviour being observed. It is important to know and recognize the signals of attachment behaviour.

Example: Muriel is back

Muriel (8 years of age) last saw her foster mother two days ago. When she sees her again, she runs to her and throws her arms around her. She gives her foster mother a kiss and a cuddle. Her foster mother gently lets go of her and looks at the drawing she made. She compliments her. Muriel says the drawing is for her foster mother. They quietly unpack and tidy Muriel's bag. Meanwhile, Muriel tells her about her weekend with her biological mother. Her foster mother asks her to put her clothes in the wardrobe. Muriel picks up the pile of clothes but she cannot put it on the high shelf herself. She asks her foster mother to help her. After that, Muriel sits down at her desk and reads a book, while her foster mother tidies up the rest neatly.

AND NOW... IN PRACTICE

Question 3
Which signals of attachment behaviour do you recognise in Muriel's example? The signals in the example are:

a. Affection (caring dearly about the another).

.....

b. Seeking comfort.

.....

c. Trust in the other person/asking for help.

.....

d. Cooperation (working together).

.....

e. Exploratory behaviour.

.....

f. Controlling behaviour.

g. Reaction at reunion/return.

h. Reaction towards people unfamiliar to the child.

2.4 Observation of signals of attachment behaviour

IMPORTANT TO KNOW

We will discuss the signals of attachment behaviour further in this chapter and also refer to work done on the 'The Circle of Security' (Secure base, Safe haven) as described by Powell, Cooper, Hoffman & Marvin (2016). Figure 2.

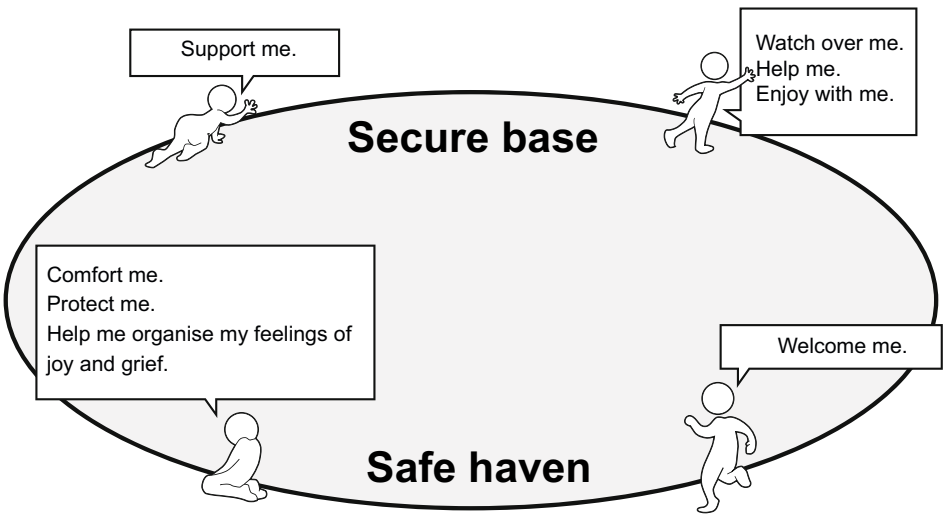


Figure 2: What children need from their parents. Based on: Powell, B., Cooper, G., Hoffman, K., & Marvin, B. (2016).

2.4.1 Observation of affection

Affection (affection or behaviour that indicates feelings of caring dearly about the other person).
When a child has a secure attachment with his parents, he shows that he has a specific preference for certain people. This is shown as the safe haven (see the bottom of Figure 2). The child expresses feelings of fondness towards the important other. The child does not show this to everyone but only to specific people.

Does your child show affection towards certain people in particular? For example, by showing that he likes someone? How does he show this? Perhaps indirectly, by staying physically close to this person and/or by making eye contact? Or directly, by saying that he likes this person or by hugging him? Is this behaviour the same towards everyone or does the child distinguish between people around him?

Example: Mara shows affection

Mara (6 years of age) is making drawings of hearts for everyone, including the substitute caregiver in the group. Her mother gets hugs, and so does the substitute caregiver when Mara meets her for the first time.
This is a case of remarkable (disturbed) attachment behaviour. One would expect that Mara would be reserved towards the substitute caregiver and would not give hugs right away.

Example: Mark shows affection

Mark (11 years of age) sits beside Bart, his personal caregiver. He puts his arms around Bart's shoulders. He does this with his father and grandfather and only with people he knows very well. This is an example of normal attachment behaviour.

2.4.2 Observation of comfort

Seeking comfort
Does the child seek comfort in situations of stress (anxiety, pain or illness) after which he then calms down? This can be either direct (approaching you) or indirect (crying, seeking eye contact). Does the child choose a particular person for this or does he not differentiate between people and can be comforted by someone unfamiliar to him as well? Or does the child react strangely or differently each time?

It is normal attachment behaviour when the child shows that he can calm down with a specially chosen person. This again corresponds with the safe haven (see the bottom of Figure 2).

Example: Sonia falls and seeks no comfort
Sonia (7 years of age) who is blind, fell off a bench. Although it would most probably have hurt, she does not seem to be in any pain. The teacher therefore does not notice that Sonia has fallen and is in pain. Sonia slowly gets up and continues playing. She shows no signal of attachment behaviour. She could have cried or screamed for example. Because she did not, there might be attachment problems.

Example: Marianne falls and seeks comfort

Marianne (7 years of age) has fallen and has a graze. A friend of hers goes to get the teacher. The teacher takes Marianne on her lap and comforts her. She then cleans the wound. When Marianne is calm again, the teacher says: 'Now go on and enjoy playing again'. Marianne slides off the teacher's lap and walks to her friends in the sandbox. In the afternoon, Marianne's father comes to pick her up from school. When she sees her father, she shows him the wound and starts crying again. Her father puts his arm around her shoulder and comforts her. Soon Marianne calms down again. This is a signal of normal attachment behaviour, because she seeks comfort and allows herself to be comforted.

2.4.3 Observation of help-seeking behaviour

Trusting the other person/seeking help

When something becomes too difficult, does the child seek help? And does he look for the help of someone in particular or can it be from anyone? Is there a (too) great dependence on others? Does he seek help (too) often and (too) quickly from someone he knows or from anyone at random?

The child demonstrates normal attachment behaviour when he asks another person for help if something is too difficult or he cannot do it himself. The child trusts that, when things become too difficult, he will receive help from the person who is important to him. This again is consistent with the safe haven (see Figure 2 at the bottom of the figure).

Example: Joseph accepts help

Joseph (8), a boy with a mild intellectual disability, does not ask for help himself. He does however accept help when offered. This is somewhat striking; after all, he does not ask for help when he needs it (disrupted attachment behaviour). It is positive that Joseph accepts offers of assistance; this part of his behaviour is normal attachment behaviour. A signal of normal attachment behaviour would be that he asks for help when it is needed. There are clients who ask for help with everything, even if they are able do it themselves. This could indicate attachment problems.

Example: Mark accepts help

Mark (11 years of age), a boy with a mild intellectual disability, has written a card for his grandmother. He wants to put the card in the envelope, but he is not able to do this. His personal caregiver offers to help him. Mark tries again, but then asks his personal caregiver to help him put the card in the envelope. Whenever someone unfamiliar to Mark offers to help him, he is always reluctant. Both asking for and accepting help from a familiar person are signals of normal attachment behaviour.

2.4.4 Observation of cooperation (working together)

Cooperation (working together)
When a child receives an instruction from a caregiver, how does he react? Does he simply carry out the instruction, does he do this as quickly as he can or does he not want to do it at all? Does it make a difference who gives the instruction; for example someone unfamiliar to him or someone he knows?

Trusting the other person and cooperating with the other person are signals of attachment behaviour. Not wanting to cooperate or never doing what the other person asks are signals of attachment problems.

Example: Rachid never cooperates

Rachid (18) has a visual impairment and a severe intellectual disability. When his caregiver wants to dress him, he protests violently. He bites his caregiver and shouts. This is an unpleasant situation for any caregiver. This is an example of Rachid not cooperating with people familiar to him, as well as those unfamiliar to him. If he behaves this way in other situations, it may be a sign of attachment problems.

Example: Stephan does not always cooperate

Stephan (12) gets a task. If he understands the task, he carries it out; but often he grumbles a lot first. Sometimes he asks if he can do the task at a later time. This is not striking behaviour, but common at his age.

2.4.5 Observation of exploratory behaviour

Exploratory behaviour
Other words for explore are inspect, discover, investigate and learn.

How does a child react in an unfamiliar situation? Does he stay close to you, does he run away from you immediately, does he go exploring, do you lose sight of him instantly? Does he keep a close eye on you when he goes off exploring (keep a leash on you), do you always have to join him when he wants to explore something?

When the child dares to explore in an unfamiliar environment from a secure base, this is normal attachment behaviour (Top of Figure 2). By doing so, we mean that the child does keep an eye on his parent. Or that he checks with his parent whether it is OK for him to go somewhere or talk to someone.

If a child does not go out to explore, but stays near his parent continuously, this is striking. It is also noticeable when a child immediately goes off to explore without keeping an eye on the whereabouts of his parent. These are children who are lost out of sight easily and whom must always be watched closely.

Example: Chong often runs away

Chong (6 years of age) likes to go to town with his granddad. He sees all kinds of things and runs off all the time. Granddad finds this difficult, because he doesn't have time to do his own shopping. Granddad often loses Chong. A shop assistant sees Chong running around and takes him to the customer service and calls his granddad. If Chong also behaves like this with his other caregivers, it is a sign of attachment problems.

Example: Robin stays close to his mother

Robin (7 years of age) is a little reluctant in strange surroundings. 'He always needs some time to get used to new situations', his mother says. When he has got used to the others and they ask him to join them in their play, Robin looks at his mother. She nods in agreement after which he would join them. By being reserved and checking with his mother whether it is all right, Robin demonstrates signals of normal attachment behaviour.

2.4.6 Observation of controlling behaviour

Controlling behaviour
Is the child sometimes angry or bossy? Does he impose his will on others so that they have to do certain things or are not allowed to do them? And is this only the case with people he knows or also with people unfamiliar to him? And how often does this behaviour occur?

A signal of normal attachment behaviour is when the child demonstrates little controlling behaviour. When there is sufficient predictability for the child, the child without attachment problems does not need to create more predictability through controlling behaviour. This fits in with a secure base (top of the Figure 2).

Example: Emily is decisive

When Emily's mother wants to sit down after dinner in the evening, Emily (8 years of age) acts very decisive towards her mother. In fact, Emily is always decisive. She would indicate that her mother should pack her things and that her mother should tidy up, etc. Wanting to decide on everything for another specific person could indicate attachment problems. Hereby it is important to also consider the

developmental age of the child. For a toddler for example, it is normal behaviour to want to control others. Therefore, a strong desire to control the behaviour of others is not in itself sufficient to be able to say whether there are attachment problems. However, it could be a part of a greater picture of several signals of disturbed attachment behaviour.

Example: Bob listens to his father

At home, Bob (8) wants his father to read a book to him. Because of his visual impairment, reading requires a lot of energy. He asks his father to read to him. When his father indicates that he first wants to put Bob's sister to bed, and that Bob could enjoy a good read on his own, Bob sighs a little but sits down to read anyway. The fact that Bob follows his father's suggestion is a sign of normal attachment behaviour.

2.4.7 Observation of behaviour during reunion

Reaction at reunion/return
What does a child do when a parent returns after having been gone for a while? For example, when the parent has been away for a few days or when a child is being picked up for the weekend?

When a child shows that he is happy to see the important other again, this is normal attachment behaviour. He can make contact again with his parent in a positive way. This corresponds with a safe haven (Bottem part of Figure).
If a child cries continuously, gets angry or ignores the attachment figure constantly, there may be attachment problems.

Example: Wilma sees her mother

When Wilma's mother walks into the care home, Wilma (36 years of age) starts screaming continuously and seeks eye contact with her caregiver. It is important to find out why this might be: might it be due to a visual impairment, auditory impairment or fear? When this screaming occurs in the relationship between mother and Wilma, it is also important to examine whether it could be a signal of attachment problems.

Example: Mark sees his caregiver

When Mark's personal caregiver walks into the group, Mark (11 years of age) looks up and greets him. His personal caregiver responds by greeting him and saying that he is also happy to see Mark again. This is normal attachment behaviour.

2.4.8 Observation of reaction to people unfamiliar to the child

Reacting/responding to people unfamiliar to the child
How does the child react to a person unfamiliar to him? Is he somewhat reserved or does he establish immediate contact? How would he react if a person unfamiliar to him asked him to join him? Does the child ask permission of his caregiver or would he join him no questions asked?

When a child is reluctant to establish contact with a person unfamiliar to him, this is normal attachment behaviour. It corresponds with a secure base (Top of Figure 2) when the child does not make contact immediately and only responds to the person unfamiliar to him after receiving permission to do so from another person important him.

When a child with severe intellectual disability directs his attention towards his caregiver first, before he goes out with people unfamiliar to him, this is a sign of normal attachment behaviour. It is also normal when he is reserved towards a person unfamiliar to him. The child clearly feels more at ease with important others than with people unfamiliar to him.

Example: Eva goes to the doctor

Eva (7 years of age) is sitting in the waiting room of the doctor's office. When the doctor comes to collect her, she immediately gets up and walks to the door that the doctor has just left open behind him. In the case where Eva does not know the doctor, this is striking behaviour and possibly a sign of attachment problems.

Example: Maria goes to the doctor

Maria (6 years of age) is sitting in the waiting room of the doctor's office. Her tummy is bothering her and she asks the doctor to have a look at it. When the doctor comes to collect her and offers her a hand, Maria hides behind her mother. When her mother says that Maria must shake hands with the doctor, she does so. When the doctor says: 'You two can walk along', Maria takes hold of her mother's hand. These are signals of normal attachment behaviour.

Question 4
Here are some cases.
Read them carefully and tick the signal(s) you recognise from the list of disrupted attachment behaviour.

a. When Viktor (42 years of age) arrives at his new care home, he is a bit out of sorts. He looks around and tries to make eye contact with his personal caregiver. When a new caregiver wants to show him his room, he first looks at his personal caregiver. His personal caregiver asks him if he wants her to come along too. Viktor smiles and nods yes. Then Viktor joins them both to his new room.
What attachment behaviour do you recognise?

- ☐ Affection
- ☐ Seeking comfort
- ☐ Trusting the other person/asking for help
- ☐ Cooperation (working together)
- ☐ Exploratory behaviour
- ☐ Controlling behaviour
- ☐ Reaction at reunion/return
- ☐ Reacting/responding to people unfamiliar to a child

b. Evita (13 years of age) is particularly forceful to people she knows well in deciding on what should happen. This behaviour is one of the behavioural signals of attachment problems.
Which behavioural signal do you recognise?

- ☐ Affection
- ☐ Seeking comfort
- ☐ Trusting the other person/asking for help
- ☐ Cooperation (working together)
- ☐ Exploratory behaviour
- ☐ Controlling behaviour
- ☐ Reaction at reunion/return
- ☐ Reacting/responding to people unfamiliar to a child

c. Farhad (8 years of age) is introduced to his new group. His father joins him. When they approach the group, a caregiver from the new group (a person unfamiliar to them) walks towards them. Farhad gives her a hug. This is a signal of attachment problems.
Which behavioural signal do you recognise?
- ☐ Affection
- ☐ Seeking comfort
- ☐ Trusting the other person/asking for help
- ☐ Cooperation (working together)
- ☐ Exploratory behaviour
- ☐ Controlling behaviour
- ☐ Reaction at reunion/return
- ☐ Reacting/responding to people unfamiliar to a child

d. While his mother was present, Dan (10 years of age) lies down against a person unfamiliar to him when he cried. This is a signal of attachment problems.
Which behavioural signal do you recognise?
- ☐ Affection
- ☐ Seeking comfort
- ☐ Trusting the other person/asking for help
- ☐ Cooperation (working together)
- ☐ Exploratory behaviour
- ☐ Controlling behaviour
- ☐ Reaction at reunion/return
- ☐ Reacting/responding to people unfamiliar to a child

2.5 How do you observe correctly? What do you need to do this?

IMPORTANT TO KNOW

Observing attachment behaviour in a correct way is difficult. It becomes even more difficult when one's own emotions come into play. Focusing too much on one idea (tunnel vision) also makes it more difficult to observe properly. This happens for example, when you interpret behaviour too quickly or on the basis of a *possible* explanation.

In order to remain as objective as possible (without interpretations), it is good to describe exactly what behaviour you see or hear. For example: Peter swears very loudly. This way of describing is objective: everyone describes it in the same way.

Example: Team meeting

Care mentor: 'I would like your advice on a subject that comes up regularly during the care for Peter.'

Developmental psychologist: 'Of course, tell me, what is it about?'

Care mentor: 'Well, Peter runs after me all the time. He claims me completely. It almost seems as if I am a magnet for him. But, what is he thinking?! I can't be there for him all day long! There are others in the home who also need my attention. But Peter just goes on and on until I get angry. Only then he stops.'

Developmental psychologist: 'OK, I see that Peter's behaviour is bothering you, can you tell me specifically what is happening? Would you like to describe exactly what is happening? Could you give me an example?'

The Developmental psychologist is right to ask this question, because practically all she heard so far were general descriptions and interpretations. She does not *exactly* know yet what happens (observation). The next answer to the question: 'What is the matter?' indicates a better observation, without interpretation.

Care mentor: 'Well, when I leave the room to myself for a moment, because I have to go to the bathroom for example, Peter follows me immediately. He stays standing at the closed-door asking me questions until I come out of the bathroom again. Then he goes back to the room and asks me to help him with his activity.'

2.6 Points of attention during observation

IMPORTANT TO KNOW

In order to describe attachment behaviour, it is important to carefully note the behaviour.

Use The ABC-tool for points of attention while observing:

- What is the setting for the behaviour in which the behaviour takes place? (Antecedent)
- What does the other do or not do? (Behaviour)
- What is the consequence of this behaviour? (Consequence)

Describe the behaviour as much as possible on the basis of what you hear, see, smell or feel, and describe it concretely.

Example: Marion sees her mother

Marion (22 years of age) has multiple disabilities (visual and intellectual). Marion's mother walks into the multi-sensory stimulation (the Snoozel) room (antecedent). Marion smiles a bit and she makes a noise with a little 'cry' (behaviour). Mother immediately smiles and she walks over to Marion to give her a cuddle (consequence).

Example: Mark sees his mother

Mark (11 years of age) has a mild intellectual disability. When he sees his mother getting out of her car (antecedent), he walks towards her (behaviour). He says that he finds his mother kind and immediately gives her a hug (behaviour). Mother smiles and says that she finds Mark very sweet too (consequence).

AND NOW... IN PRACTICE

Question 5
Describe an observation in your daily work.
Use the ABC-tool for this: Antecedent, Behaviour and Consequence.
Remember that your description should remain an observation and must not turn into an interpretation.

a. What are the outlines of the situation in which the behaviour takes place? (Antecedent)

.....

.....

b. What does the other do or not do? (Behaviour))

.....

.....

c. What is the consequence of this behaviour? (Consequence)

.....

.....

d. What do you notice after completing these steps?

.....

.....

2.7 Summary

IMPORTANT TO KNOW

The difference between observing and interpreting
With an observation, everyone talks about the same thing. With an interpretation, people relate their own different experiences to what they see and hear. Observation is observing without interpretation. You register the facts without reading anything into them. Interpretations can vary a lot between different people; observations do not vary so much because they are purely descriptive.

There are **eight signals** that may indicate either attachment behaviour and/or attachment problems. These signals are; affection, seeking comfort, trust in the other person/asking for help, cooperation (working together), exploring behaviour, controlling behaviour, reaction at reunion/return and reaction/ response to people unfamiliar to a child.

Example: Mary-Ann practices observing

Mary-Ann is observing Mark (11 years of age). Mark is preparing a sandwich. Mary-Ann has explained to him that she is going to observe him. She has one goal only: to observe Mark correctly without interpreting his behaviour. She describes his behaviour. It is also important to describe how he reacts when someone else enters the room. If this is someone unfamiliar to him, does he make eye contact with this person? If it is someone he knows, does he show that he is happy to see this person again?

AND NOW... IN PRACTICE

Question 6
Observe a child for a week using the eight signals of attachment behaviour. Describe your observations for each signal and then present it to the (developmental) psychologist.

- **Teams can choose to observe the same client and subsequently compare their observations in the next team meeting and present them to the (developmental) psychologist.**

a. Affection (caring de arly about the other person)

.....

.....

b. Seeking comfort

.....

.....

c. Trusting the other person/asking for help

.....

.....

d. Cooperation (working together)

.....

.....

e. Exploratory behaviour

.....

.....

f. Controlling behaviour

.....

.....

g. Reaction at reunion/return

.....

.....

h. Reacting/responding to people unfamiliar to a child

.....

.....

2.8 Answers

Question 1
Here are some examples. Read them carefully and check whether they are based on an observation or an interpretation.

a. Lately, Harry behaves more and more aggressively when I ask him to do something for me.
Interpretation

b. Evita wants to determine everything herself. Everything must go her way.
Interpretation

c. This afternoon, Mike cried in front of the TV. He had tears in his eyes and was sobbing. When I sat down with him, he snuggled up against me. After a few minutes, he stopped crying.
Observation

Question 2
Think of someone (a child or a client). Think of the moment when you found his behaviour 'difficult'.

a. Describe the behaviour you observed (without judgement and as concretely as possible).
Here is your answer.

b. Describe how you interpreted the behaviour and how you reacted to it. Also describe the other person's reaction.
Here is your answer.

c. Which other interpretation could you have given to the other person's behaviour?
What would *then* be the other person's reaction?
Here is your answer.

d. Do you notice that you can interpret behaviour in more than one way?
And that, therefore, you can also react differently?
The other person will then also react in a different way.
Here is your answer.

Question 3
Which signals of attachment behaviour do you recognise in Muriel's example? The signals in the example are:

a. Affection (caring dearly about the other person).
   Affection: Muriel has made a drawing for her foster mother and gives her a hug.
b. Seeking comfort.
   Seeking comfort: the cuddle she needs
c. Trust in the other person/asking for help.
   Trust in the other person/ask for help: Muriel asks her foster mother for help when she does not manage to put the clothes in the wardrobe.
d. Cooperation.
   Cooperation: The foster mother asks her to put the clothes in the wardrobe and Muriel tries to do so.
e. Exploratory behaviour.
   Exploratory behaviour: Muriel chooses a book to read at her desk.
f. Controlling behaviour.
g. Reaction at reunion/return.
   Reaction at reunion/return: Muriel runs to her foster mother after she has been with her biological mother and tells her foster mother what she has done there.
h. Reaction towards people unfamiliar to a child

Question 4
Here are some cases.
Read them carefully and tick the signal(s) you recognise from the list of disrupted attachment behaviour.

a. When Viktor (42 years of age) arrives at his new care home, he is a bit out of sorts. He looks around and tries to make eye contact with his personal caregiver. When a new caregiver wants to show him his room, he first looks at his personal caregiver. His personal caregiver asks him if he wants her to come along too. Viktor smiles and nods yes. Then Viktor joins them both to his new room.
What attachment behaviour do you recognise?
- ☐ Affection
- ☐ Seeking comfort
- X *Trusting the other person/asking for help: by looking at the caregiver he knows well, he asks for help*
- ☐ Cooperation
- ☐ Exploratory behaviour
- ☐ Controlling behaviour
- ☐ Reaction at reunion/return
- X *Reacting/responding to people unfamiliar to a child: Viktor takes a wait-and-see attitude.*

b. Evita (13 years of age) is particularly forceful to people she knows well in deciding on what should happen. This behaviour is one of the behavioural signals of attachment problems.
Which behavioural signal do you recognise?
- ☐ Affection
- ☐ Seeking comfort
- ☐ Trusting the other person/asking for help
- ☐ Cooperation
- ☐ Exploratory behaviour
- X *Controlling behaviour: Evita forcefully decides on things with people close to her*
- ☐ Reaction at reunion/return
- ☐ Reacting/responding to people unfamiliar to a child

c. Farhad (8 years of age) is introduced to his new group. His father joins him. When they approach the group, a caregiver from the new group (a person unfamiliar to them) walks towards them. Farhad gives her a hug. This is a signal of attachment problems. Which behavioural signal do you recognise?
   - X *Affection: Farhad gives the person unfamiliar to him a hug*
   - ☐ Seeking comfort
   - ☐ Trusting the other person/asking for help
   - ☐ Cooperation
   - ☐ Exploratory behaviour
   - ☐ Controlling behaviour
   - ☐ Reaction at reunion/return
   - X *Reacting/responding to people unfamiliar to a child: the caregiver in this case is a person unfamiliar to him*

d. While his mother was present, Dan (10 years of age) lay down against a person unfamiliar to him when he cried. This is a signal of attachment problems. Which behavioural signal do you recognise?
   - ☐ Affection
   - X *Seeking comfort: Dan sought comfort from someone unfamiliar to him, when he cried*
   - ☐ Trusting the other person/asking for help
   - ☐ Cooperation
   - ☐ Exploratory behaviour
   - ☐ Controlling behaviour
   - ☐ Reaction at reunion/return
   - X *Reacting/responding to people unfamiliar to a child: Dan did not know the caregiver in this case.*

Question 5
Describe an observation in your daily work.
Use the ABC-tool for this: Antecedent, Behaviour and Consequence.
Remember that your description should remain an observation and must not turn into an interpretation.

a. What are the outlines of the situation in which the behaviour takes place? (Antecedent)
   Your answer.

b. What does the other do or not do? (Behaviour)
   Your answer.

c. What is the consequence of this behaviour? (Consequence)
Your answer.

d. What do you notice after completing these steps?
Your answer.

Question 6
Observe a child for a week using the eight signals of attachment behaviour. Describe your observations for each signal and then present it to the (developmental) psychologist.

- **Teams can choose to observe the same client and subsequently compare their observations in the next team meeting and present them to the (developmental) psychologist.**

a. Affection (loving another)
Your answer.

b. Seeking comfort
Your answer.

c. Trusting the other person/asking for help
Your answer.

d. Cooperation
Your answer.

e. Exploratory behaviour
Your answer.

f. Controlling behaviour
Your answer.

g. Reaction at reunion/return
Your answer.

h. Reacting/responding to people unfamiliar to a child
Your answer.

3 Mirroring and paying attention to the other

In Chapter 2 we focused on the difference between observing and interpreting and on recognising attachment behaviour. In Chapter 3, we will focus on a number of skills that help to further develop the attachment relationship.

We will focus on mirroring another person. We will describe what mirroring is and why it is important. We will discuss the importance of mirroring in developing an attachment relationship.

Example: Jonas celebrates his birthday

It is Jonas' 9th birthday and later he is allowed to hand out treats at school. He is very busy and can hardly eat anything. He keeps talking about presents, cake and visitors. His father says: 'You find this exciting, don't you, it makes you nervous?' Jonas feels heard by his father and calms down a bit.

This example is illustrative of the various aspects we will discuss in this chapter.

Learning targets

At the end of this chapter you will be able to explain:

- What mirroring is.
- What the risk of incorrect mirroring is.
- What causes you to not mirror correctly.
- What the role is of incorrect mirroring in combination with the type of attachment.
- Why mirroring is important.
- What mirror neurons do.
- How to mirror correctly.

3.1 What is mirroring?

IMPORTANT TO KNOW

People who feel comfortable with each other often automatically adopt the same kind of posture. For example, they all sit with their legs crossed, and face towards each other. They feel at ease with each other and they radiate that feeling. It is part of making contact. This is called mirroring behaviour. A person has the tendency to imitate the behaviour of the person he is talking to. There is often a leader and a follower. For example, when caregivers mirror behaviour, they follow the behaviour of the child.

In situations where people trust each other and feel comfortable with each other, mirroring is quite common. It often happens unconsciously.

In situations where there is no trust, there is no mirroring behaviour.

A parent will mirror the child's behaviour by, for example, repeating the child's noises, copying the rhythm of the noises, clapping their hands in the same rhythm.

Arianne Struik (2000) has beautifully described what mirroring is and what you can achieve by doing it:
'Mirroring is the articulation into words of the child's (bodily) sensations and feelings that you think the child experiences. By mirroring a child, he learns to think about his inner world and his own intentions. A next step is learning to think about the inner world of *another* and *his* intentions. You can only mirror a child if you yourself are able to reflect well on yourself and on the other. Articulating your own feelings and those of the other into words are also important. By feeling and thinking about your own inner world and that of the other, you can imagine what the inner world of the other might be like.'

In order to make contact with a person with severe intellectual disabilities, it is often necessary to mirror in such a way that it is very clear what you are mirroring. For example, that you are imitating behaviour, noises or clapping. You use more intonation when mirroring.

When the child has a visual impairment, it is important to articulate his behaviour and emotions into words in addition to mirroring (Sterkenburg, Van den Broek, & Van Eijden, 2022).

You can mirror in an appropriate way by being sensitive, empathic and responsive. For the exact differences between these terms, you can have a look at the attachment theory again in Chapter 1.

As a caregiver, you need to be alert to signals. By being very empathic, you can offer the other what he needs. It is important to really connect to the experience of the other person.

Example: Mirroring as a game

Mirroring can be practiced well in a game situation. You then mirror behaviour by imitating what the other does. For example, by sitting up straight or leaning with your head in the palm of your hand. You can mirror emotion by saying: 'You are laughing because you threw six and are now allowed to throw another time' or: 'You lost and you don't like it.'
By articulating into words what you are mirroring, you show that you follow the other person in their game. The other person feels seen and heard. You must mirror unconditionally. As a caregiver, you follow the child without expecting anything in return. You pay attention to the child, listen and connect.

Example: Exaggerating mirroring

As a caregiver, you mirror clearly what you think the emotion of the child is. For example: your child is crying because he has fallen. He is seeking you out. You see that his knee is bleeding and you understand from his reaction that it hurts a lot. You mirror the child's emotion by saying: 'You have fallen and your knee is bleeding. That must hurt a lot.'

You may mirror this emotion more clearly than you actually feel it, in order to show the child that you understand that it really hurts. By exaggerating feelings (to a certain extent), the other person feels recognised and understood. It is therefore very important to clearly show through your own reaction that you understand the emotion of the other and that you 'sympathise'.

AND NOW... IN PRACTICE

Question 1
What is mirroring, and what is not?

	Mirroring or not
a. A child is crying and his mother says: 'You are crying, I understand that because you just fell.'' 	.....
b. A child cries and his mother feels his sadness and cries together with him. 	.....

	Mirroring or not
c. A child is crying and his mother articulates this into words: 'You are crying, I understand that, you just fell.'  	.....

3.2 Risks of incorrect mirroring

IMPORTANT TO KNOW

Mirroring correctly is not easy. Children with a visual impairment and/or intellectual disability are not always capable of showing their emotions well, because of physical and/or sensory limitations or developmental delay.
The caregiver is then also unable to read the child's emotions properly and is therefore unable to mirror them (correctly).

With children who are intellectually disabled, it is important to take their developmental age into account. Mirroring should therefore be simple and concrete. And because these children benefit from a lot of repetition when learning, it is important to continue mirroring for a longer time. For example by repeating the behaviour and also by continuing to mirror while playing.

Mirroring children with visual and/or intellectual disabilities can be difficult. One reason for this is that the child demonstrates little exploratory behaviour or because it is difficult for the parent to notice/register the child's behaviour and emotions.

It can also happen that the emotions you feel yourself are so overwhelming and strong that you are not able to sense and mirror the child's feelings accurately. For example, because you yourself are afraid of thunderstorms or because you were very sad at a particular moment. It is also possible that you are too busy with other things and that you do not have sufficient attention left for your child. It is not a problem if this happens once in a while.

If the emotions you felt yourself were too strong to be able to mirror the other person properly, that's not a problem either. A child is resilient. But it is important that you come back to and make up for this later.

Mirroring is not the same as giving the child what he wants. Sometimes a child needs a boundary. For example, a child may whine about not being allowed to go to bed later. The child thinks he is not tired yet, while you see him yawning. You can then mirror what the child would prefer, for example: 'You would like to stay up longer' and indicate what your answer is: 'That would be nice, but it is now time to go to bed. Lets go to you room now.'

Problems arise when the caregiver *regularly* mirrors a child's behaviour or feelings incorrectly. For example, when the caregiver systematically states that the child is tired, while the child is actually very angry. A result of this can be that the child gets confused about his own feelings. He will then find it more difficult to correctly recognise and articulate his own emotions. He cannot come to think about himself or others (which is the start of learning to mentalize).

Example: Cynthia must tidy up

It is 10 o'clock in the evening. Cynthia (40 years of age) is told by her caregiver Sandra to tidy up her belongings. Cynthia yells back that she is not going to clean up anything. Cynthia says in an angry way that the television programme she is watching has not even finished yet and now her caregiver starts telling her what to do. The caregiver, Sandra, is tired after a long day's work and gets irritated. She also has a handover report to finish. Sandra gets angry and raises her voice, saying that it doesn't matter at all that the television programme is not finished yet; Cynthia must clean up her own stuff. Cynthia however gets even more annoyed and now refuses to go to her bedroom.

In this case, the caregiver does not mirror Cynthia. Because of this, Cynthia gets even more angry instead of calmer. A new attempt at mirroring Cynthia might calm her down. Sandra says in a calm tone of voice: 'Cynthia, I understand that you want to finish your television programme. I also understand that it is annoying that I am asking this from you now, but would you please tidy up your belongings? We must finish off in half an hour, and I still must write a report. Would that be OK?' Now, Cynthia calms down and cleans up her belongings as requested.

Example: Armand plays on a Barti mat

Armand (11 months) has a visual impairment. Mirroring his behaviour is very difficult, as he does not take a lot of initiative. He can play together with his father on the 'Barti-mat'. His father follows his movements towards the different colours on the mat. There are sensors built into the mat, so that a sound is played when he touches a particular coloured square. This can for example be the sound of an animal or a vehicle. Armand reacts to these sounds by imitating them. Father mirrors the sounds Armand makes, by imitating them the way Armand makes them.

Barti-mat developed and tested by Verbon et al. (2019), www.by-wire.net and Dyzel et al. (2021).

AND NOW... IN PRACTICE

Question 2
Caregivers do not always succeed in mirroring correctly. What experiences do you have with mirroring?

Take two minutes to think about this and write down your own experiences.

.....

.....

.....

.....

3.3 Causes and effects of mirroring incorrectly

IMPORTANT TO KNOW

Causes for not being able to mirror properly are:

- Not being able to focus your attention on the other person properly due to:
  - own unresolved traumas.
  - own psychiatric problems, such as depression.
  - experiencing a lot of stress, for example due to overwork and being overly sensitive/irritable as a result.
- Not experiencing enough peace and inner stability to *really* look at the child and therefore:
  - being intrusive in how the other person should behave.
  - constantly interrupting a game, for example by looking at his phone.

Possible consequences for the child of not mirroring properly on a regular basis could for example be:

- Withdrawing too quickly from contact.
- Reacting unpredictably.

The results of not mirroring well are miscommunications in the caregiver-child relationship. The child wants something and the caregiver does not understand what the child needs. Then, the child does not feel heard and continues to be restless. The child does not learn/experience that he can calm down and find peace again with the help of the caregiver.

The child with a disability needs the caregiver to articulate his emotions into words (Figure 2: safe haven). If the caregiver does this insufficiently, the child does not learn about the way he himself feels.

Example: Sandra has not yet fully recovered

Sandra (40 years of age), Cynthia's caregiver had a very unpleasant experience during her holiday. There was a fire in the house while she was sleeping. She woke up because of the smoke and was only just able to crawl over the floor to escape from the burning house. She is extremely sad because her husband could not escape the fire in time and died. Nevertheless, Sandra has gone back to work. However, she notices that her attention is not always with the persons she is supervising. She finds that she even reacts impatiently sometimes when others ask her for something. The last thing she wants is to react in this way. However sometimes she does not even hear the other person asking for something. Only when the other person raises their voice after having said something three times, would Sandra hear it for the first time. Sandra then reacts angrily, without first mirroring the other raising his voice. This often leads to misunderstandings. She misses signals of stress and does not mirror these signals, causing the other person to get angry quickly. Her colleagues have noticed this too and Sandra decides to seek help. The trauma she has been through prevents her from being able to be present and mirror properly at that moment.

AND NOW... IN PRACTICE

Question 3
What causes a caregiver to regularly fail to mirror properly?

3.4 Mirroring and attachment

We will now look at the consequences of incorrect mirroring based on the different types of insecure attachment. For information on the various types of insecure attachment, you can look back at Chapter 1: 'What is attachment?'

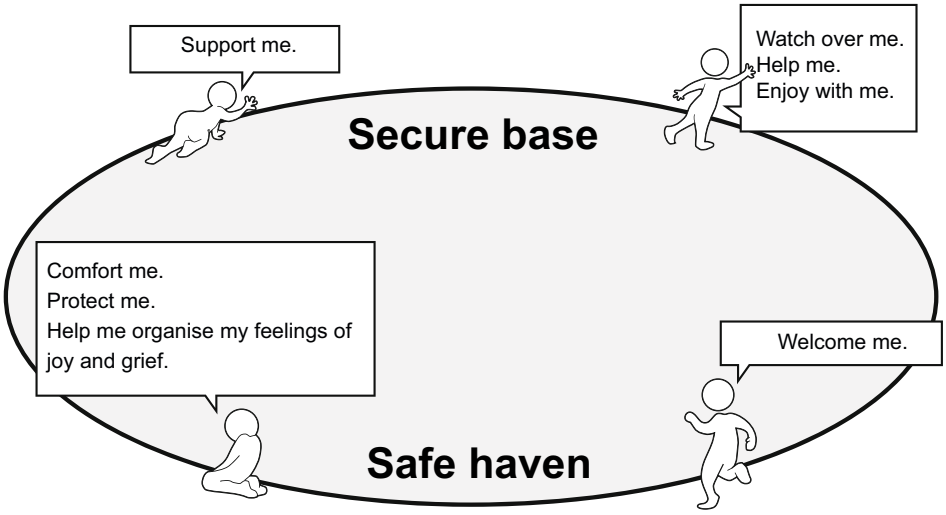


Figure 3: What children need from their parents. Based on: Powell, B., Cooper, G., Hoffman, K., & Marvin, B. (2016).

IMPORTANT TO KNOW

Absence of a safe haven
Insecure-avoidant behaviour can arise when a caregiver does not mirror the child's emotions **often enough** and **in a one-sided way**. Because of this, the child may not express his emotions so carelessly anymore. This can lead to the child not learning to recognise/understand his own emotions clearly. The caregiver does not provide a safe haven for this.

An insecure base
Insecure anxious-ambivalent behaviour can arise when the caregiver **copies** the child's **emotions** instead of mirroring them. As a result, the boundary between the child's own emotions and the emotions of the other person don't remain clear to the child. Because the caregiver expresses his emotions too much, the child is not provided with the calming influence of the caregiver to help him regulate his emotions. As this leads to an insecure

base, the child remains 'stuck' in his emotions. And the child has no secure base from which he can explore.
In following stressful situations, the child will not allow himself to be comforted and reassured. Instead the child learns: 'What I feel is very bad.'

Absence of a safe haven and an insecure base
If the caregiver continuously mirrors the child's emotions in an **inconsistent way, (sometimes correctly but sometimes not properly or not at all)**, this leads to an insecure base and does not provide a safe haven which can lead to insecure attachment of the child with the parent. The caregiver demonstrates both helping and threatening behaviour towards the child. The result of this is that the child does not allow himself to be reassured. In situations of stress, the child finds himself in a dilemma he cannot solve. On the one hand he wants to seek comfort and help from his parent when he is afraid; on the other hand he is afraid of the unpredictable reaction of his caregiver.

Examples of incorrect mirroring

One-sided mirroring: Dano's (3 years of age) mother is always quick to point out when he has hurt himself. Because of his visual impairment, he often bumps into corners of tables or other objects. She picks him up and articulates his distress into words. When Dano is having fun, his mother does not look up and continues playing on her smartphone.

Inconsistent mirroring: There is thunder and lightning and Levi (4 years of age) is scared when he lies in his bed. He goes downstairs. Sometimes he is allowed to sit on his mother's lap, but it can also happen that she gets angry because she thinks he is exaggerating and just wants attention. Levi is not quite sure, but he is too frightened to remain in bed.

Copying emotions: When Cynthia (40 years of age) arrives back home from work, she is crying because she has been bullied. Her caregiver Sandra is very upset about this. She tells Cynthia that what happened is very bad indeed. Sandra says it is good that she has come to see her, because the team leader probably wouldn't have done anything about it. Sandra gets a lump in her throat when she sees Cynthia in such a state.

AND NOW... IN PRACTICE

Question 4
In the examples below, please indicate whether it is a case of:
1 = mirroring correctly
2 = not mirroring often enough or one-sidedly
3 = copying emotions or mirroring inconsistently

a. During dinner, Cynthia (40 years of age) cheerfully talks about her day. She had a wonderful day at the zoo. She enjoyed it a lot. Her caregiver doesn't react to her and asks: 'Would you like carrots or lettuce?'

.....

b. Sander (10 years of age) had a bad dream. On the one hand, he wants to tell his mother about it, but on the other hand he doesn't dare to. He never knows how his mother will react. Sometimes his mother is understanding and caring and at other times she laughs at him or belittles him, saying: 'Oh, you are such a child, you know it's not real, don't you? And now you come up with such dream stories... Hahahaha!'

c. Roland (8 years of age) is crying because Stefan has just taken the chair he was going to sit on and sat on it himself. The caregiver responds by saying: 'Roland, you are sad, what happened is really annoying, how would you like to solve it now?'

d. Liz (20 years of age) returns from her Day Activity Centre. She is angry. Someone else had eaten her sandwich without asking. Her mother gets very annoyed when she hears about this and says in a loud and angry voice: 'What was he thinking?! He is a thief for stealing your sandwich like that. I am going to write a letter to the team of caregivers right away to tell them that there is a thief at the Day Activity Centre.'

3.5 Why is mirroring important?

IMPORTANT TO KNOW

Self-awareness
By mirroring, you can let the other person know that you *see* him and that you want to make contact with him. This is especially important for children who are visually impaired or blind, because they can hardly see that you wish to make contact with them. You let the child know in a non-visual way (by speaking/making sounds) that you enjoy interacting with him. It also helps the child to get to know himself better. A child develops a sense of self, because the attachment figure responds to him, and mirrors him.

By mirroring, a child also gets the feeling that he is worth being noticed, that he is seen. And so he develops **self-awareness**. The child will, in turn, imitate the behaviour of the caregiver. The child discovers that certain behaviour or feelings go hand in hand with certain events. This development has a biological basis in the *mirror neurons*. This will be explained later in this chapter.

Self-awareness develops when a child becomes aware of his body. A child really starts to recognize himself, for example when he looks in a mirror, when he is 18 months or older.
Chapter 5 'Reacting sensitively and responsively to behaviour', provides more information on self-awareness.

Person and object permanence
The development of a sense of self is preceded by the development of person and object permanence. Person permanence is an understanding of a child that another person continues to exist, even though the child no longer can see the other person. 'Gone' then means that someone is not present for a while but will return.
Object permanence is the same as person permanence but with objects. A child knows at some point that a ball that disappears under the cupboard is not really gone [for ever].

The development of person permanence goes step by step. First, the child will look for you when you disappear from his field of sight. This is to see if you are really gone and to find security again. You may get the idea that you are being claimed all day long. Even when you go to the bathroom, the child will follow you in order not to lose sight of you (see Charlotte's case in Chapter 2). A teddy bear or another important object can serve as a temporary replacement for you to bridge this period.

During early interventions for parents of children with a visual impairment and/or intellectual disability, there is extra attention to the development of self-awareness. For example, it is important for the caregiver to be more 'audibly' present by singing or talking, even when the caregiver leaves the room (Sterkenburg, Van den Broek & van Eijden, 2022).

Example: Ingrid takes a bath

Self-awareness: Ingrid (2 years of age) likes to take a bath. She splashes a lot of water. Her mother explains to her what is going on and what Ingrid might be sensing, for example: 'You have water in your eyes.' When mother washes Ingrid's hair, she also mentions what is happening by saying: 'Your hair is full of foam, can you feel that? How does it feel?'

Example: Person permanence games

Playing peek-a-boo or hide-and-seek are very suitable games in the phase of person permanence development. In this way, a child learns that the other person continues to exist, even if they disappear out of sight. In the game of peek-a-boo, the child cannot see the other person for a short moment, whereas with hide-and-seek this period is longer. In this way, the timespan where the other person is out of sight gradually grows. And the child increasingly learns to feel safe without the direct presence of the attachment figure.

AND NOW... IN PRACTICE

Question 5
Is there person permanence?

		Yes/No
a.	Caregiver Mo leaves the room to get something from the kitchen. Roger (16 years of age) continues eating and talking to the others. At a certain point, he calls: 'Mo, would you please bring the soy sauce from the kitchen?	.....
b.	The caregiver Mo leaves the room to go to get something in the kitchen. Mary (14 years of age) stops eating. She is listening to what is happening. She calls, 'Mo...' She doesn't say anything else. When she does not get an answer, she keeps calling: 'Mo... Mo... Mo...' Her caregivers describes her behaviour as 'claiming behaviour'..	.....

3.6 Mirror neurons

IMPORTANT TO KNOW

Mirror neurons are part of the brain. They enable you to do or feel the same as the other person. For example, when you see someone yawn, you tend to yawn as well.

When you watch a person perform an action or show an emotion, the same areas of your brain become active even if you do not perform the action yourself or feel that particular emotion.

Mirror neurons enable imitating behaviour and having empathy for others. They are the gateway to developing empathy. Without mirror neurons, empathy does not develop. More on empathy will follow in Chapter 4.

Mirror neurons can develop and improve by mirroring very consciously. That is, the mirror neurons develop through being adequately mirrored (by others) and through consciously mirroring oneself.

Example: Cynthia and Sandra are having a coffee

Cynthia and her caregiver Sandra are sitting on the pavement drinking coffee together. The atmosphere is relaxed and they are discussing their weekends. Both of them are sitting crossed legged each holding a cup of coffee. This is striking. Unconsciously Sandra is mirroring Cynthia's posture. Cynthia says: 'Sandra, there's something I'd like to tell you.' Sandra looks at Cynthia and mirrors her happy facial expression. Cynthia says: 'I am so happy, because tomorrow is my birthday.'

AND NOW... IN PRACTICE

Question 6
Have you ever observed others having a drink together? What did you notice?
Have you ever consciously mirrored the other person's posture? What did you notice?

.....

.....

.....

.....

3.7 How do you mirror correctly?

IMPORTANT TO KNOW

When mirroring and correcting behaviour, it is important to make sure that you first make and have a connection with the child before you correct his behaviour. So first mirror the behaviour and emotions of the other person, and only then correct them. First connect, then correct!
Before you regulate behaviour, it is important to start by mirroring it. Mirroring and doing things together increases a sense of basic security from which you can build a relationship of trust. Only then can behaviour change.

This is how to mirror:

- Express the other person's emotion (instead of your own).
- Express the right emotion or the right expression of the other person.
- If necessary, check whether you have mirrored correctly: by asking the other person or, if the child cannot answer verbally himself, by checking with someone else who knows him well.

An example of incorrect mirroring is laughing when someone is sad.

Mirroring calms the other person down. If the caregiver succeeds in calming the other person, or in helping the other to regulate his emotions, the caregiver gains self-confidence in his caregiving. In this way, the child learns that emotions do not necessarily have to be overwhelming. Then, enough space remains to be curious about the environment.

Example: Watching television together

Eric (8 years of age) is watching TV and laughs loudly in an exaggerated way at what he sees. The caregiver sees this and mirrors the emotion: 'You are having fun!' This reaction is an immediate reaction to Eric's behaviour. The caregiver asks: 'Eric, did I see that correctly?' Then the caregiver sits down next to Eric and they watch TV together. They laugh and talk together about the television programme.

The caregiver calms Eric down by looking at the television programme together with him and by saying what she sees. Eric is not able to calm down on his own yet and is dependent on his caregiver for this. After a while, Eric laughs in a less exaggerated manner. This way, Eric learns to calm down his own stress and emotions with the help of his caregiver. Because his caregiver articulates Eric's emotions into words, Eric learns to recognise them, to express them and to gradually 'take control' of them.

Example: Elsa receives difficult news

Elsa sits at the table. She looks at her mobile phone and sighs deeply. There are tears in her eyes. The caregiver sees this and mirrors this behaviour: 'You are sad, you must have received a difficult message, is that right?' This reaction immediately follows Elsa's behaviour (and is not postponed to sometime later). He sits down next to Elsa and puts his arm around her, which calms her down. She cannot calm down by herself yet and is dependent on her caregiver.

After a while, the caregiver is able to divert Elsa's attention to the group that is about to do an activity together. This way, Elsa learns to reduce the stress in her body and to calm her emotions, with the help of her caregiver. She will gradually be able to regulate her emotions better and better by recognising them first, expressing them (appropriately) and finally accepting them and giving them a place.

AND NOW... IN PRACTICE

Question 7
Which statement best captures 'mirroring' in the context of developing an attachment relationship? Which answer is correct?

a. 1. I imitate what you are doing.
   2. I follow you/your movements, do you follow me too?
   3. I am articulating into words how I think you are feeling.

b. 1. Mirroring is articulating into words the child's bodily sensations and feelings you think he is experiencing.
2. Mirroring is telling the child what he is doing.
3. Mirroring is when a caregiver expresses behaviour the child expressed to him a while before.

c. 1. You seem happy, this makes me happy too.
2. You are angry, I understand that. You just lost during the game.
3. You are nagging all day long. Would you like me to do the same to you?

3.8 Summary

IMPORTANT TO KNOW

Mirroring is an important part of making contact and building a relationship of trust.

To be able to mirror correctly, you need to be sensitive, empathic and responsive.

When you are mirroring a child with a visual impairment and/or intellectual disability, it is important to mirror using intonation and to be descriptive. Also describe your own feelings and thoughts.

When you regularly fail to mirror properly and not make up for it later on this can lead to an insecure attachment relationship of the child with the caregiver.

Mirroring on a regular basis stimulates the development of self-awareness and person permanence in the child.

Mirror neurons enable behavioural imitation and empathy.

Example

Cynthia (40 years of age) is rocking her chair. She smiles. Her caregiver Sandra sits down next to her and looks at her. Sandra rocks along with her and looks at Cynthia again and smiles at her when she looks back. Cynthia smiles back. The atmosphere is relaxed and Cynthia starts making 'funny faces'. They have a lot of fun together. Caregiver Sandra is mirroring Cynthia's emotions.

Question 8
In the following case study, underline reasons that prevent mirroring (correctly).
Also, underline the way in which mother Judith mirrors her daughter's emotions.

Judith, Susan's mother, had a hard time when growing up. Her father was an alcoholic and her mother died at an early age. At a young age she was running the household and had to take care of her little sister. At 14, she wandered the streets and met friends who offered her company and drugs. This continued until she was 15. Then she was taken in by a foster family where she felt comfortable. When Judith turned sixteen, she got into a relationship and became pregnant with Susan.
Susan's father did not acknowledge that she was his daughter and the mother was on her own. When a DNA test showed that Susan was in fact his daughter, the father supported Judith from time to time. But this never turned into a stable relationship between Judith and her father.

When Judith wanted to live on her own, her foster parents distanced themselves from her and her daughter for no apparent reason and she was on her own once again. Susan's birth at the time, was very difficult. After the birth, Judith was on antidepressants for two months because of exhaustion and crying fits. After talking to social workers, she gradually recovered. Susan was an easy baby. She slept a lot and would not make a lot of noise during the night. She would look around and observe a lot. She was the type of child you could forget about if you wouldn't waken her up.

From the moment Susan went to kindergarten it became clear that she lagged behind other children in her verbal development. She also had many tantrums, especially when she was with her mother.

For the past few years, her mother was often absent because she had to be hospitalised regularly due to complications which arose during an operation on her stomach. Judith says she finds it difficult to understand Susan who is now eight years of age. Susan's concentration at school is not very good. She easily gets distracted and has to be told to stay focused on her task. Susan finds it difficult to get on well with other children. She has never been able to play well with other children and still plays mostly by herself remaining in her own little world. She has no friends and does not know the general social rules of playing freely. She cannot distinguish between contact with adults and contact with children.

Caregiving interventions aimed at improving parenting skills benefit Judith, but only briefly. Judith does not know how to react to Susan's behaviour, nothing seems to have an effect. Getting angry does not help, but not giving any response does not help either. Judith constantly tries something different which makes her unpredictable for Susan.

AND NOW... IN PRACTICE

Question 9
Try to pay **full attention to** your child for **ten minutes** during each shift this week. Try to **mirror** the **child's behaviour or feelings**, for example during a game.

Describe **when** you tried this, **what** you mirrored and **what happened**. Remember to be sensitive, empathic and responsive. Create a card for yourself as a reminder with the text:

This is how to mirror:
- *Express the other person's emotion (instead of your own).*
- *Express the correct emotion or the correct expression of the other person.*
- *If necessary, check whether you have mirrored correctly: by asking the other person or, if the child cannot answer verbally himself, by asking someone who knows him well.*

3.9 Answers

Question 1
What is mirroring, and what is not? Mirroring or not

a. A child is crying and his mother says: 'You are crying, I understand that because you just fell.'
   Yes, this is an example of mirroring the child's feelings.
b. A child cries and his mother feels his sadness and cries together with him.
   No, this is not mirroring. However, mother is empathic. The behaviour is not articulated into words nor is it reflected/mirrored. Mother herself is crying because of her own emotion.
c. A child is crying and his mother articulates this into words: 'You are crying, I understand that, you just fell.'
   No, this is not mirroring, but articulating the child's behaviour into words. This will further be discussed in Chapter 5 'Articulating behaviour into words'.

Question 2
Caregivers do not always succeed in mirroring correctly. What experiences do you have with mirroring?
Take two minutes to think about this and write down your own experiences.
Your answer.

Question 3
What causes a caregiver to regularly fail to mirror properly?

- *Experiencing a lot of stress, e.g. due to overwork.*
- *Unresolved trauma.*
- *Being very restless.*
- *Psychiatric or psychological problems, such as depression.*
- *A problematic living situation.*

Question 4

In the examples below, please indicate whether it is a case of:

1 = mirroring correctly

2 = not mirroring often enough or one-sidedly

3 = copying emotions or mirroring inconsistently

a. During dinner, Cynthia (40 years of age) cheerfully talks about her day. She had a wonderful day at the zoo. She enjoyed it a lot. Her caregiver doesn't react to her and asks: 'Would you like carrots or lettuce?'
   2. Not mirroring often enough/not at all

b. Sander (10 years of age) had a bad dream. On the one hand, he wants to tell his mother about it, but on the other hand he doesn't dare to. He never knows how his mother will react. Sometimes his mother is understanding and caring and at other times she laughs at him or belittles him, saying: 'Oh, you are such a child, you know it's not real, don't you? And now you come up with such dream stories... Hahahaha!'
   3. Mirroring inconsistently

c. Roland (8 years of age) is crying because Stefan has just taken the chair he was going to sit on and sat on it himself. The caregiver responds by saying: 'Roland, you are sad, what happened is really annoying, how would you like to solve it now?'
   1. When the tone of the caregiver's voice is sincere and compassionate, this is an example of correct mirroring of emotions

d. Liz (20 years of age) returns from her Day Activity Centre. She is angry. Someone else had eaten her sandwich without asking. Her mother gets very annoyed when she hears about this and says in a loud and angry voice: 'What was he thinking?! He is a thief for stealing your sandwich like that. I am going to write a letter to the team of caregivers right away to tell them that there is a thief at the Day Activity Centre.'
   3. Copying emotions

Question 5

Is there person permanence? Yes/No

a. Caregiver Mo leaves the room to get something from the kitchen. Roger (16 years of age) continues eating and talking to the others. At a certain point, he calls out: 'Mo, would you please bring the soy sauce from the kitchen?'
Yes, this is a case of person permanence. Roger knows that Mo has gone to the kitchen, even though he doesn't hear him; he knows what Mo is doing there and that he can bring something when he returns to the table.

b. The caregiver Mo leaves the room to go get something in the kitchen. Mary (14 years of age) stops eating. She is listening to what is happening. She calls out, 'Mo...' She doesn't say anything else. When she does not receive an answer, she keeps calling: 'Mo... Mo... Mo...' Her caregivers describe her behaviour as 'claiming behaviour'.
Mary becomes anxious (passive). Because of this fear, she keeps calling Mo, because she is not sure where he has gone. This is not a case of person permanence.

Question 6

Have you ever observed others having a drink together? What did you notice?

Have you ever consciously mirrored the other person's posture? What did you notice?

- *People sit in the same way.*
- *One person is a mirror of the other.*
- *You will notice that the more often you consciously start mirroring, the more often you start to mirror unconsciously too.*

Question 7

Which statement best captures 'mirroring' in the context of developing an attachment relationship? Which answer is correct?

a. 1. I imitate what you are doing.
2. I follow you/your movements, do you follow me too?
3. I am articulating into words what I think you are feeling.
Answer 3 is correct. Mirroring is more than imitating exactly what the other person does. You also try to empathise with the other person and you articulate this into words. You do this so the child gets to know himself better.

b. 1. Mirroring is articulating into words the child's bodily sensations and feelings you think he is experiencing.
2. Mirroring is telling the child what he is doing.
3. Mirroring is when a caregiver expresses behaviour the child expressed to him a while before.
Answer 1 is the correct answer.

c. 1. You seem happy, this makes me happy too.
2. You are angry, I understand that. You just lost during the game.
3. You are nagging all day long. Would you like me to do the same to you?
Answer 2 is correct. When you are mirroring, you tell the child how you think he feels, so that the child gets to know himself better. Answer 1 and 3 are cases where the behaviour or feelings of the child are articulated, but the focus of the remark is on the consequence of this for the person who made the remark

Question 8
In the following case study, underline reasons that prevent mirroring (correctly).
Also, underline the way in which mother Judith mirrors her daughter's emotions.
Judith, Susan's mother, had a hard time when growing up. Her father was an alcoholic and her mother died at an early age. At a young age she was running the household and had to take care of her little sister. At 14, she wandered the streets and came into contact with friends who offered her company and drugs. This continued until she was 15. Then she was taken in by a foster family where she felt comfortable. When Judith turned sixteen, she got into a relationship and became pregnant with Susan.
Susan's father did not acknowledge that she was his daughter and the mother was on her own. When a DNA test showed that Susan was in fact his daughter, the father supported Judith from time to time. But this never turned into a stable relationship between Judith and her father.

When Judith wanted to live on her own, her foster parents distanced themselves from her and her daughter for no apparent reason and she was on her own once again. Susan's birth at the time, was very difficult. After the birth, Judith was on antidepressants for two months because of exhaustion and crying fits. After talking to social workers, she gradually recovered. Susan was an easy baby. She slept

a lot and would not make a lot of noise during the night. She would look around and observe a lot. She was the type of child you could forget about if you wouldn't waken her up.

From the moment Susan went to kindergarten it became clear that she lagged behind other children in her verbal development. She also had many tantrums, especially when she was with her mother. For the past few years, her mother was often absent because she had to be hospitalised regularly due to complications which arose during an operation on her stomach. Judith says she finds it difficult to understand Susan who is now eight years of age. Susan's concentration at school is not very good. She easily gets distracted and has to be told to stay focused on her task. Susan finds it difficult to get on well with other children. She has never been able to play well with other children and still plays mostly by herself remaining in her own little world. She has no friends and does not know the general social rules of playing freely. She cannot distinguish between contact with adults and contact with children.

Caregiving interventions aimed at improving parenting skills benefit Judith, but only briefly. Judith does not know how to react to Susan's behaviour, nothing seems to have an effect. Getting angry does not help, but not giving any response does not help either. Judith constantly tries something different which makes her unpredictable for Susan.

Causes for not being able to mirror correctly in Judith's case are:

- unresolved trauma (difficult childhood);
- psychiatric problems, such as depression (antidepressants: crying fits and fatigue, PTSD);
- a problematic living situation (pregnant at the age of 16, no recognition by the biological father, and later the biological father was not involved in Susan's upbringing);
- experiencing a lot of stress, e.g. due to being overloaded as she is on her own.

The mother mirrors inconsistently: she gets angry and sometimes does not react at all. Every time mother reacts in a different way, this makes it unpredictable and Susan might fear her mother's reaction (possibly insecure attachment, disorganised - when you suspect this, always contact a (developmental) psychologist.

Question 9
Try to pay **full attention** to your child for **ten minutes** during each shift this week. Try to **mirror** the **child's behaviour or feelings**, for example during a game.

Describe **when** you tried this, **what** you mirrored and **what happened**.
Remember to be sensitive, empathic and responsive.
Create a card for yourself as a reminder with the text:

This is how to mirror:
Express the other person's emotion (instead of your own).
Express the correct emotion or the correct expression of the other person.

- *If necessary, check whether you have mirrored correctly: by asking the other person or, if the child cannot answer verbally himself, by asking someone who knows him well.*

4 Empathy

Chapter 3 described the way in which mirroring stimulates the development of self-awareness and person permanence in the child. Having empathy is vital in order to mirror correctly. By putting yourself as a caregiver in the position of the other, you can respond sensitively and responsively. These are important characteristics for the formation of a relationship of trust and attachment. In this chapter we will discuss what empathy is and how you can be empathic towards the child or adult with a visual impairment and/or intellectual disability.

Example: Julia feels lonely

Julia (17 years of age) is sitting on the sofa, staring at her mobile phone. Her caregiver Jocelyn approaches her and asks her how she is doing. Julia says she is bored. Everyone has gone home for the weekend and she is left alone. Jocelyn says: 'You feel lonely, I know that feeling, it's not nice. I always like to have people around me as well.'

This example illustrates the various aspects we will discuss in this chapter.

Learning Objectives

At the end of this chapter you will know:

- What empathy is and why it is important.
- How empathy develops.
- How to be empathic yourself.
- How to practice being empathic towards others.

4.1 What is empathy?

IMPORTANT TO KNOW

The **difference** between empathy and sympathy:

- **Empathy** means experiencing someone else's feelings and show compassion. A person can show this by expressing it. For example, you then try to comfort and/or help the other person.
- **Sympathy** means understanding someone else's suffering (and often showing it without comforting or helping him).

Empathy is part of something greater:
You are sensitive to the other person's signals (being sensitive).
You experiencing someone else's feelings/you are able to imagine others' thoughts and feelings (being empathic).
By putting yourself in the other person's shoes, you say and do the things that are necessary and appropriate for the other person in that situation (being responsive).

Example: Putting yourself in another person's shoes

Sympathy
It's 10 o'clock and time for a break. Afra sighs and says she didn't sleep well last night because she was thinking about the difficult conversation she will have with Shanita's mother today. After the previous conversation the two of them had together, Shanita's mother told someone else of the team that she didn't feel heard by Afra. Afra is afraid she will not do well this time either.
Charles hears this and says: 'That must be difficult for you.... But I think you're a good caregiver. I cannot think of any reason why the conversation won't go well this time.'

Empathy
It's 10 o'clock and time for a break. Afra sighs and says she didn't sleep well last night because she was thinking about the difficult conversation she will have with Shanita's mother today. After the previous conversation the two of them had together, Shanita's mother told someone else of the team that she didn't feel heard by Afra. Afra is afraid she will not do well this time either.
Charles hears this and says: 'I'm sorry you feel this way, I completely understand. It's not a nice feeling when you hear that you didn't do something well. You want to do it right.'

AND NOW... IN PRACTICE

Question 1
Describe a situation in which a client was sad or angry. How did you react? With empathy or with sympathy?

.....

.....

.....

.....

Question 2
If you had to give a mark for the extent to which you were sensitive towards your client, which mark would you give yourself?

1 – – – 2 – – – 3 – – – 4 – – – 5 – – – 6 – – – 7 – – – 8 – – – 9 – – – 10

4.2 How can you show empathy?

IMPORTANT TO KNOW

Empathy consists of:

1. Becoming aware of **your own feelings**. In doing so, you share the other person's emotion.
2. Trying to imagine (to make a '**cognitive representation**') what the other person is going through and experiences (**taking a perspective**).
3. Making a distinction between yourself and the other (**self-other position**).

Reacting empathically is more than just understanding the other person or creating a picture of the situation in your own mind. Try to remain aware of the different phases mentioned above.

Example: Marcel goes fishing with his parents

This afternoon, Marcel's parents (49 years of age) are coming to visit him. They had promised to take him fishing. Both Marcel's father and he really enjoy going fishing together. An hour before it is time to leave, the phone rings at the care home. Caregiver Olivia then tells him that his parents have cancelled. They cannot come to visit him because their car broke down. Marcel gets angry. According to him, it happens too often that his parents do not keep their promises. He shouts that from now on they don't ever have to come to visit him again. Olivia wants to help him. It is true that his parents often cancel at the last moment. She feels sorry for Marcel. He had been looking forward to it the whole morning. Olivia sits next to him and says: 'You were looking forward to your parents visiting you. Now they are not coming to visit you and you are angry about that. I understand that. Your parents told me on the phone that they were very disappointed too. They felt bad that it was their fault that the visit has been cancelled. They were also looking forward to seeing you and now they are standing on the side of the road.'

AND NOW... IN PRACTICE

Question 3
In the following text underline the different stages of empathy using different colours:

- **Becoming aware of your own emotional reaction. In doing so, you share the emotional state of the other person.**
- **You realise (cognitive representation) what the other person is experiencing and going through (taking a perspective).**
- **You distinguish your position from that of the other person (self-other position).**

Anna attends a special needs school. She has turned 18 and has a boyfriend. She says that because she is now 18, she can decide for herself what time she comes home at night after visiting her boyfriend. Her caregiver thinks: 'This can have so many negative consequences! She does not know her boundaries well enough, she is not conscious of her actions any longer when she has taken drugs. She really has no idea what she is doing.' Then the caregiver thinks: 'She wants to be an adult and make her own decisions. She does not need a lecture or a protest, she wants to be spoken to as an adult.' Finally, the caregiver thinks: 'I think she feels the urge to experiment. Perhaps I can support her in this and explore with her how she can act as an adult and take responsibility for herself.'

4.3 When are you empathic towards people with disabilities?

IMPORTANT TO KNOW

People with disabilities are persons with their own feelings and desires.
When you see a boy with a guide dog in the park, you could empathically think: 'That is a boy with a disability, he is also enjoying the nice weather and being outside.'
You have less empathy if you think: 'That boy is blind.'

The degree of empathy can improve by seeing the other person as a 'person' instead of just someone with a disability (physical or intellectual). For example instead of thinking 'That is a blind boy' you might think 'That is George, he is blind.'

Example: 'People with disabilities' on the terrace

A group of people are sitting on a terrace drinking coffee. One of them says: 'You see, they are people with a disability. Someone else replies: 'What nice people they seem!' Another person in the group says: 'Indeed! Look, that blonde woman reacts so happily to all those cheeky sparrows on the terrace.' The last one in the group says: 'And the elderly gentleman is also enjoying himself and is shouting out with happiness. What a cheerful scene for an average Wednesday afternoon.' Then the group continues to talk about other matters.

Example: Marcel's money is gone

Marcel (49 years of age) lives in a flat. He has brought a bunch of envelopes with bills to the mentoring meeting. Marcel sits down with a sigh and says that Olivia should take care of these for him. He really has no money left and continues to receive bills. He doesn't know how to solve these problems. Olivia takes the bills from him, puts them on her desk and says: 'Paying bills is no fun and especially not when you don't have enough money. I know of someone who had to put back her groceries yesterday because she had no money left to pay for them. She felt ashamed.' Marcel nods and says he actually had plans to go into town with his friend Susan this afternoon, but he is now going to cancel this appointment, as he has no money left. But he doesn't dare tell Susan. Olivia says that this is a shame and suggests practicing together how he can best cancel his meeting with Susan.

AND NOW... IN PRACTICE

Question 4
How can you better show empathy?
There are more possible answers: Which answers are correct?

a. By mirroring the other person's emotion (see Chapter 3). For example by also looking angry when the other person looks angry.
b. By pointing out to children (articulating into words) why something is not allowed and what the other person is possibly feeling, for example: 'You like his book, don't you? But he doesn't like you taking his book from him. Just give it back and you can read another book.'
It is good to give a lot of explanations. Repetition is very important.
c. Talking on behalf of the other person by explaining the other's thoughts and desires, as if they were your own. For example: 'Joseph really doesn't like that... If I were you, I would give that ball back to Joseph...'

4.4 How empathy develops

IMPORTANT TO KNOW

Mirror neurons in our brain enable us to empathise. When we see someone else doing something, those brain cells are activated. Then, it is almost as if we are carrying out the action ourselves.
Mirror neurons in our brain enable us to really feel what is going on in someone else's mind.

There are several steps for **developing empathy**. These steps are reflected in a questionnaire for teachers or caregivers, the 'Empathievragenlijst voor leerkrachten en groepsleiders (EmQueT)', namely:

1. Emotional contagion: observing another person's emotion evokes the same emotion (mirror neurons) (< ±12 months). For example, a baby will cry because another child is also crying.
2. Attention for the feelings of others: attention for oneself shifts to attention for the other (±13-15 months). For example, a child looks up when another child is crying.
3. Prosocial behaviour: the feeling of wanting to do something about the other person's emotion by comforting or helping (±18-36 months). For example, when a child is crying, another child (a toddler) tries to comfort him.
4. Realising that other people's experiences are different from your own (>3 years). For example, a child has fallen. Another child (a toddler) sees this and takes his hand and brings him to his parent.
5. Mentalizing: empathy for the other person and awareness of one's own feelings (> ±4 years).

For example when a child says to her grandfather: 'I still want to play' and grandfather responds: 'I'm a bit tired.' The child then says: 'We can also read a book together. Would you like to read to me Grandad? Would that be OK?'

Empathy is an inborn ability enabled by mirror neurons. This ability requires further development while growing up. Children and adults with intellectual disabilities sometimes have a less developed ability to empathise.

Example: Assessing the development of empathy.

It is time for coffee and Xavi (46) is sitting in the living room with his group. The caregiver pours him some coffee, but just when she gets to Xavi's cup, she runs out of coffee and there is nothing left for Xavi. When the caregiver leaves for the kitchen to make Xavi some coffee, he starts waving his arms and starts shouting. Josi, who is sitting next to him, gets restless too and starts rocking back and forth. She follows Xavi's emotions. This is an example of emotional contagion.

Jonathan (7 years of age) and a group of other children are playing tag in the schoolyards during a lunchbreak. Jonathan's friend gets tagged for the third time and becomes angry. He doesn't want to be tagged again and he is not continuing with the game. Jonathan goes up to him and says: 'If you don't want to play tag anymore, I won't either. Shall we go to the sandbox instead?' Jonathan puts himself in Xavi's position and is aware of the effect of his behaviour on him. This is an example of mentalization.

Marcel (49) sees his caregiver writing busily. He actually wants to ask her to help him out but sees that she has no time right now. He says to her: 'I see that you are very busy at the moment, will you help me later when you have time?'

AND NOW... IN PRACTICE

Question 5
Think of a person with a visual impairment and/or intellectual disability. Describe this person's stage of empathic development.

4.5 Why is empathy important?

IMPORTANT TO KNOW

In order to be able to provide good care to people with visual impairment and/or intellectual disabilities, it is important to have empathy for the other person. If you can empathise with the other person, **you can better understand their needs**. When you care for them in a way that really meets their needs, you are being sensitive and responsive.

With an empathic attitude, the caregiver can better understand and feel what the other person is experiencing. This makes it easier for the caregiver to mirror and articulate the other's feelings and behaviour into words. Empathy is also indispensable for the development of good relationships.

Example: A broken bag; what effect does it have on the child?

Children with attachment problems often find it difficult to be empathic towards others. This is because they did not have caregivers who mirrored their emotions correctly or articulated them into words. Subsequently, the children have not learnt which emotions they have themselves and which emotions others have. As a result, the children cannot adequately empathise with the feelings of others. That is why it is very important with children/adults with attachment problems to always articulate what the other person may be experiencing and feeling. For example by explaining: 'He is annoyed that you broke his bag. He saved up for a long time to buy it.'

You could further explain: 'He didn't go to the movies and didn't buy any sweets just to save up for the bag. He could only buy it when he had enough money. He needs the bag for his schoolbooks. He really wants to study because he wants to be able to take care of himself. What would you like to be when you grow up? And how would you feel if you couldn't study because you couldn't bring your books in a broken bag? You wouldn't like it if others broke your bag either.' Such a long explanation is not possible for all children and adults with intellectual disabilities. It is important that it matches the child's level of understanding. A further explanation can help with further development.

AND NOW... IN PRACTICE

Question 6
Which of these statements are correct?

		Correct/incorrect
a.	Empathy is important because it helps you to place yourself in the shoes of another person. By doing so you can provide a better level of care.	.....
b.	By being empathic, you get a better sense of the needs of the other person.	.....
c.	Being empathic is not something that can change; you either are empathic or not.	.....
d.	People with intellectual disabilities are not capable of being empathic.	.....

4.6 How can you be empathic towards people with problematic attachment?

IMPORTANT TO KNOW

If you really know what a problematic attachment entails, it will help you to understand the world of someone with these problems. You will then really appreciate that it can be more difficult for someone to understand his own feelings and that it is therefore important that you help the child mirror and articulate his own feelings into words. As soon as you understand the difficulties for someone with a problematic attachment, you will react more empathically to this person.

By putting yourself in the other person's place you are being empathic. By empathising often you will be able to think from the other person's point of view. The following question might help you: '**What does my client really need at this moment?**'

Example: Marcel enjoys painting

Marcel (49) is painting and has a big smile on his face. He uses many colours. Olivia walks by and says: 'What beautiful colours I see. Now I understand why you are smiling so much. They make me happy too.' Olivia puts herself in Marcel's place and realises that she can help Marcel by articulating his feelings into words.

AND NOW... IN PRACTICE

Question 7
Is empathy something you can learn? Or can you learn how to develop it? Please explain your answer.

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4.7 Can you have too much or too little empathy?

IMPORTANT TO KNOW

There are people with very little sensitivity, empathy and responsiveness, but most people have an average degree of sensitivity, empathy and responsiveness. There is a small group of people who have very high levels of sensitivity, empathy and responsiveness.
In empathy, it is important that people with a high degree of empathy always know how to distinguish between themselves and 'the other', do not 'overwhelm' the other with compassion and carefully assess what the other needs.

You can increase empathy by reading books or watching films that 'challenge' you to put yourself in another person's shoes. *The World of EMPA* (www.theworldofempa.org) is a serious game to increase empathy for people with disabilities.

Example: Overwhelming compassion

Jane (8 years of age) has just come home from school and is crying. She tells her mother she had a playdate in the afternoon with her friend Barbara, but that Alison persuaded Barbara to play with her instead. Alison had also told Barbara that Jane is stupid, always wears silly clothes and that she should not play with Jane anymore. When Jane's mother hears this, she becomes very angry and shouts: 'What is Alison thinking, is she crazy?! Hang on, I will call her mother, this is not the first time that Alison has behaved like this. And the teacher should also confront her about this. She is so mean!' Mother is about to cry and furiously grabs the phone to call Alison's mother. This is an example of non-empathic behaviour.

AND NOW... IN PRACTICE

Question 8
An 'experience game' on the Internet can help you to find out how empathic you are and can help to increase your level of empathy towards people with disabilities.

The 'serious game' *The World of EMPA* (Paula Sterkenburg - Bartiméus) aims to teach caregivers and parents in a stimulating and challenging way to become more empathic towards the people they care for. The game includes different 'game stories' of parenting/interaction problems. The animated characters include a boy who is blind, a girl with an intellectual disability, a girl with multiple disabilities (visual and intellectual), a father, a mother, a baby, and a boy without a disability. Now plan a moment when you can practice the game online for twenty minutes. And visit: www.theworldofempa.org
When you have completed the game, you will receive a certificate of participation in your email inbox. Please keep this email as proof of your participation.

4.8 Summary

IMPORTANT TO KNOW

The better you know the other person and the more you are involved with him, the more likely you are able to accurately feel what he feels.

By putting yourself in the other person's shoes you are being empathic. By putting yourself in the place of the other person frequently, you gradually get better at thinking from the other's point of view and to finding out what he really needs.

Example: A stolen bicycle

Imagine a man steals a bicycle. By having this man talk to the victim, he can experience and develop empathy for the victim. This may prevent the man from stealing a bicycle again. The victim can talk about the personal consequences of the theft for him. For example: 'Because you stole my bicycle, I was late for my job interview for a job that I really needed because I was unemployed at the time.'
The effect works both ways: by entering into a conversation, the victim could also develop (some) empathy for the thief. This sometimes benefits processing trauma.

AND NOW... IN PRACTICE

Question 9
Ask your colleague:

'How empathic do you think I am on a scale starting with 0 to 10?' And further ask him what you are good at when it comes to empathy and what you could do to get to a higher 'score'.

Are you satisfied with your score?
Are you happy with your current level of empathy? Or would you like to become (more) empathic? What could you do about this? Describe your plan of action.

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4.9 Answers

Question 1
Describe a situation in which a client was sad or angry. How did you react? With empathy or with sympathy?
An example could be:
When I looked at Thomas, I noticed that he started to rock back and forth when he was told he could not go home this weekend. His mouth and hands became tense. I then thought: 'I will mirror his behaviour to find out what he is feeling.' And so I mirrored him.
Sympathy: 'You can't go home this weekend; you don't like that at all. That is not nice for you.'
Empathy: 'You can't go home this weekend; you don't like that at all. I understand that very well. On Sundays, you usually tell me about such nice things you have done over the weekend. And now you will miss out on them. Why don't we do something nice together this weekend instead?' Then I noticed Thomas became physically less tense. The message that he could not go home seemed to cause him a lot of tension. I again mentioned that it was a pity that he could not go home and offered to do something fun with him instead.

Question 2
If you had to give a mark for the extent to which you were sensitive towards your client, which mark would you give yourself?
1 – – – 2 – – – 3 – – – 4 – – – 5 – – – 6 – – – 7 – – – 8 – – – 9 – – – 10

Question 3
In the following text underline the different stages of empathy using different colours:

1. **Becoming aware of your own emotional reaction. In doing so, you share the emotional state of the other person.**
2. **You realise (cognitive representation) what the other person is experiencing and going through (taking a perspective).**
3. **You distinguish your position from that of the other person (self-other position).**

Anna attends a special needs school. She has turned 18 and has a boyfriend. She says that because she is now 18, she can decide for herself what time she comes home at night after visiting her boyfriend. Her caregiver thinks: 'This can have so many negative consequences! She does not know her boundaries well enough, she is not conscious of her actions any longer when she has taken drugs.

She really has no idea what she is doing.' Then the caregiver thinks: 'She wants to be an adult and make her own decisions. She does not need a lecture or a protest, she wants to be spoken to as an adult.' Finally, the caregiver thinks: 'I think she feels the urge to experiment. Perhaps I can support her in this and explore with her how she can act as an adult and take responsibility for herself.'

Question 4
How can you better show empathy?
There are more possible answers: Which answers are correct?

a. By mirroring the other person's emotion (see Chapter 3). For example by also looking angry when the other person looks angry.
b. By pointing out to children (articulating into words) why something is not allowed and what the other person is possibly feeling, for example: 'You like his book, don't you? But he doesn't like you taking his book from him. Just give it back and you can read another book.'
   It is good to give a lot of explanations. Repetition is very important.
c. Talking on behalf of the other person by explaining the other's thoughts and desires, as if they were your own. For example: 'Joseph really doesn't like that... If I were you, I would give that ball back to Joseph...'
   You can increase empathy via all the ways described here. These also apply to people with disabilities. With them, it is very important to explain everything and to keep repeating it.

Question 5
Think of a person with a visual impairment and/or intellectual disability. Describe this person's stage of empathic development.
Your answer.

Question 6

Which of these statements are correct? Correct/incorrect

a. Empathy is important, because it helps you to place yourself in the shoes of another person. By doing so you can provide a better level of care.
b. By being empathic, you get a better sense of the needs of the other person.
c. Being empathic is not something that can change; you either are empathic or not.
d. People with intellectual disabilities are not capable of being empathic.

The statements a) and b) are correct.
Statement c) is incorrect. Empathy can definitely be developed.
Statement d) is incorrect. People with an intellectual disability can also be empathic, although it very much depends on their level of development. A child can only develop empathy when he develops prosocial behaviour. Prosocial behaviour refers to the feeling of wanting to act in a way that helps the other person. For example by offering comfort when the other is sad or helping him out. This ability develops when a child reaches the toddler phase (±18-36 months). Children start being able to mentalize, when they reach the cognitive development of a four-year-old.

Question 7

Is empathy something you can learn? Or can you learn how to develop it? Please explain your answer.

Check your answer.
Yes, empathy is something you can learn. When you want to increase empathy for another it is important that you (consciously) start looking through 'the eyes' of the other. This means that you treat the other person as a human being, instead of an 'object' or a 'number'. You see the other person as someone with his own feelings, you put yourself in the other's place and react (Gobodo-Madikizela, 2008; Baron-Cohen, 2012).

Question 8
An 'experience game' on the Internet can help you to find out how empathic you are and can help to increase your level of empathy towards people with disabilities.

The 'serious game' *The World of EMPA* (Paula Sterkenburg - Bartiméus) aims to teach caregivers and parents in a stimulating and challenging way to become more empathic towards the people they care for. The game includes different 'game stories' of parenting/interaction problems. The animated characters include a boy who is blind, a girl with an intellectual disability, a girl with multiple disabilities (visual and intellectual), a father, a mother, a baby, and a boy without a disability. Now plan a moment when you can practice the game online for twenty minutes. And visit: www.theworldofempa.org

When you have completed the game, you will receive a certificate of participation in your email inbox. Please keep this email as proof of your participation.
If you would like to read more about *The World of EMPA* review the articles in the explanation of terms at the end of this workbook (Sterkenburg, 2015; Olivier, Sterkenburg & van Rensburg, 2019; Sterkenburg & Vacaru, 2018).

Question 9
Ask your colleague: 'How empathic do you think I am on a scale starting with 0 to 10?' And further ask him what you are good at when it comes to empathy and what you could do to get to a higher 'score'.

Are you satisfied with your score?
Are you happy with your current level of empathy? Or would you like to become (more) empathic? What could you do about this? Describe your plan of action.
The world of EMPA can help to develop one's empathy. Furthermore, it is important to see the other person as a 'person' rather than as a physically handicapped man/woman. You could watch the movie Les Intouchables which is a clear example of this. The story is about a caregiver of a man who is paralyzed and does not allow his handicap to determine which activities he and his carer can and cannot do together. Because of this, they get involved in typical life events in a 'normal' way. In this process both of the characters develop empathy for each other.

5 Reacting sensitively and responsively to behaviour

In Chapter 4 we discussed the importance of empathy. With the help of the game *The World of EMPA* you will have gained insight on how empathic you are. In this chapter we will take a closer look at reacting sensitively and responsively to behaviour. In Chapters 1 and 2 we discussed that reacting empathically, sensitively and responsively are important skills for developing a relationship of trust and attachment. A secure attachment relationship helps to develop the well-being of children in general and specifically of children and adults with visual impairment and/or intellectual disabilities.

Learning targets

At the end of this chapter you will know:

- What sensitive and responsive behaviour entails and why it is important.
- The difference between articulating behaviour into words and articulating feelings into words.
- Why it is important to articulate behaviour and feelings.
- How to articulate behaviour into words correctly.

Example: Playing together

Sam is playing LEGO with Jack (both 4 years of age). Sam is making a car and needs the wheel that Jack is playing with for his care. Sam decides to take the Jack's wheel. Jack then gets annoyed and hits Sam. Jack's father sees this happening and articulates Jack's feelings into words: 'I see you want the wheel back and you don't like Sam having taken the wheel off your toy. Jack, since you would like the wheel back, you could ask him if he will return it.'

This example is illustrative of the various aspects we will discuss in this chapter.

5.1 The difference between reacting sensitively and responsively to behaviour and feelings/emotions

Children who feel unsafe sometimes do not know what they are feeling or they find it difficult to articulate into words what is going on internally. A child may feel uncomfortable when the other person 'sees' what he feels from within. Articulating *feelings* into words can sometimes evoke an opposite reaction: 'I'm not angry!' That is why in such situations it can be helpful to start by articulating the *behaviour* into words and mirroring feelings using facial expressions and intonation.

5.2 What is articulating behaviour into words?

In this chapter we will focus on articulating *behaviour* into words and in Chapter 6 on articulating *feelings/emotions* into words. In practice, it is often a combination of both. But what do we exactly mean by articulating into words?
By *observing* more closely, you can see the child's attachment behaviour (Chapter 2). Now you will learn how you *can react sensitively* and responsively to behaviour by articulating it into words.

IMPORTANT TO KNOW

Articulating into words is confirming in a neutral and friendly way what the child does, feels, wants or thinks at that moment in time. You could also articulate the reasons behind his behaviour or his positive intentions.

It is important to be accurate when you **articulate behaviour into words**. Make sure your description is concrete, open and neutral. Mirroring (Chapter 3) using intonation requires you to articulate the behaviour into words in a way that the child with a visual and/or intellectual disability can understand it.

Sometimes articulating into words can be too much at the beginning, you might then better connect with the other person by starting off with mirroring him (non-verbally) as discussed in Chapter 3. For example by first saying: 'Oh, oh, I see little tears' (here you are mirroring - pay attention to your intonation); and after that, if necessary, expand the mirroring/empathy by articulating into words what has happened: 'Oh dear, you have fallen.'

Example: Articulating behaviour into words

Karin (32) is working on a puzzle. She has almost finished. It's a jigsaw of a thousand pieces which she has never made before. The caregiver sees this and says: 'You're are working hard on the puzzle and you've already put so many pieces together, you are almost done! There are only ten pieces left. You are doing it in such a nice way; last week you were laying out all the pieces and now you have nearly completed the entire puzzle!'

AND NOW... IN PRACTICE

Question 1
Which of these two responses is an example of 'articulating into words'?

		Yes/no
a.	Ronald: 'My rabbit is dead. This morning he was still alive.' Parent: 'It does not matter that much, son. He was only a rabbit. You don't have to cry about it. I will buy you another one.' Ronald (crying): 'But I don't want another rabbit!' Parent: 'Don't overreact now.'	.....
b.	Ronald: 'My rabbit is dead. This morning it was still alive.' Parent: 'It makes you cry. Oh, I am so sorry for you.' Ronald: 'He was my friend.' Parent: 'You lost your friend, that's really sad.' Ronald: 'And I had taught him to do tricks.' Parent: 'You had a lot of fun together. I know, you really loved him.'	.....

5.3 Reacting sensitively and responsively: why is it important?

Using Figure 4 we explain why reacting sensitively and responsively is important.

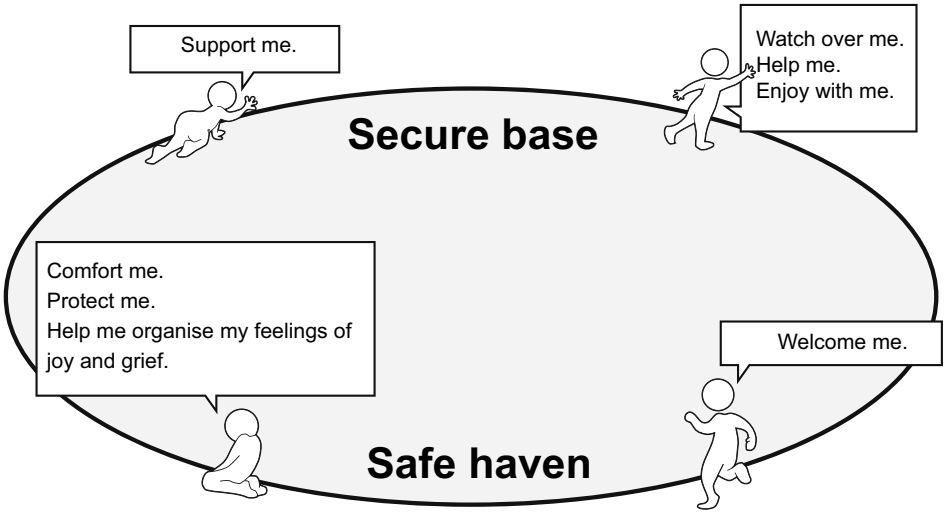


Figure 4: What children need from their parents. Based on: Powell, B., Cooper, G., Hoffman, K., Marvin, B. (2016).

In Figure 4 you see the children saying different things to their caregiver. All of these are attachment behaviours. The children demonstrate exploratory behaviour; they make contact with the caregiver and 'ask' for comfort, support, help or understanding (see also Chapter 2: 'Observing attachment behaviour').
The figure also includes the children saying what they need. In day-to-day situations, a child will never say: 'You have to support my exploration'. Nevertheless, he has a need to be supported in order to explore the environment. If a caregiver does *not* support this need, the child will react fearfully, angry or disappointed. If the caregiver does respond to that need, the child will feel safe, loved and acknowledged.

IMPORTANT TO KNOW

By reacting sensitively and responsively, you can **promote secure attachment**. Sit close to the child at a distance that is comfortable for the child. First, observe the child carefully. Then mirror (non-verbal) and articulate (verbal) the child's behaviour or feelings (emotions) into words. For children who cannot see well, and cannot observe the non-verbal mirroring clearly, it is of the utmost importance to properly articulate behaviour into words.

By reacting sensitively and responsively, you help the child to develop a **sense of self** ('Who am I?', 'What do I feel?'). The child feels his needs are acknowledged and taken into account. The child is acknowledged in his existence: 'I am OK'. The child notices that his needs are recognised. The caregiver keeps the child in mind which causes the child to feel a sense of worth in being thought of.

If you are sensitive, mirror and articulate into words and react responsively, the other person calms down no matter how intense their emotions were.

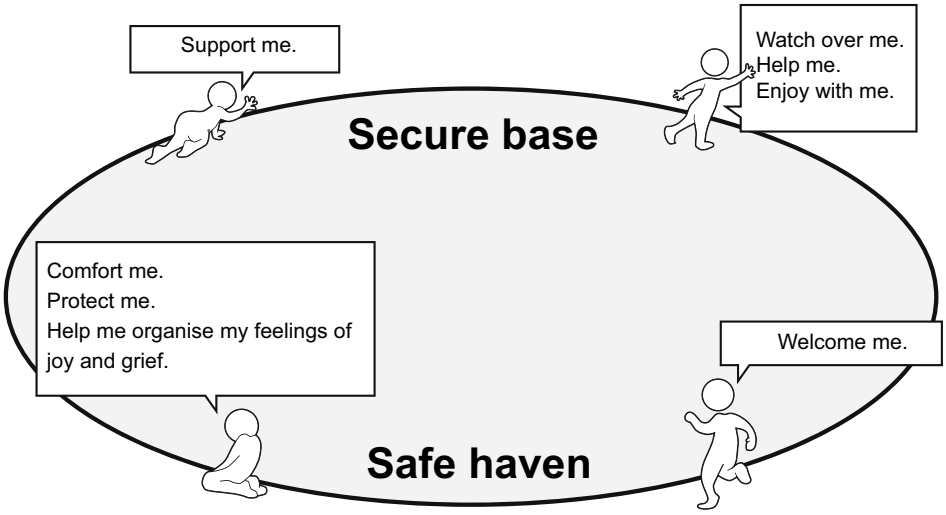
Example Promoting secure attachment

We added some examples of sentences around The Circle of Security, developed by Powell, Cooper, Hoffman, and Marvin (2016). In this way we try to demonstrate how you might articulate a child's needs and behaviour into words.

You are running off to play.
You must be excited, have fun!

Gosh, you climb high!
You even dare to go over the fence! You are almost there... Just put your foot down over here....
Yes, you did it!

Now you can go and play again.



You are crying! Come over here!
Oh girlie, you fell and now you hurt your hands.
Come over here, that must hurt, come and sit with me for a moment.
There we go (when she has calmed down again). It is over now, you can start playing again.

Question 2
Do you recognise that the intensity of emotional reactions in others subside when you start to mirror and articulate their behaviour into words?

	Yes/no
Do you also experience this with people with disabilities whom you look after?	.....

Question 3
Do you think you are able to articulate the behaviour of others into words?

Describe a situation in which you mirrored and articulated the other person's behaviour. What do you think the other person felt and thought?

.....

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5.4 Reacting sensitively and responsively: the way to go

IMPORTANT TO KNOW

As Polderman describes in her Basic Trust method, articulating into words can be done in the following ways (Havermans & Verheule, 2012):

- Words indicate what you perceive in the other person, like a neutral mirror. A way to go about this is starting the sentence with the word 'You...'.
- By giving your opinion, asking a question for more explanation or articulating into words what the caregiver himself is doing or feeling; taking turns (we will practice this in Chapter 7) and giving a compliment (this we will also practice in Chapter 7).
- Asking for confirmation for example: 'Is it true that .. ?'

Example: Karin is going swimming

It is summer and the group is off to the swimming pool. When the group is packing their belongings, Karin (32 years of age) is smiling radiantly. Her caregiver notices this and says: 'You are smiling, you like swimming and you are not afraid of going down that huge slide by yourself. You enjoy that, don't you?'

Question 4
A number of situations are described below. Three responses for the caregiver are given. Write down the answer(s) in which the caregiver 'articulates the behaviour into words'.

	Correct answers are (a, b, c):
1. During dinner Josi says: 'Ah, that is disgusting!' a. 'You are upset about something' b. 'You are saying that something is disgusting.' c. 'I don't think you like the food.'	.....
2. Daniel sits in his chair with his eyes closed. He has just been brought back from the Day Activity Centre. a. 'Daniel, you are sitting with your eyes closed.' b. 'I don't like it when you sit with your eyes closed.' c. 'You have been sitting with your eyes closed for a while now, since you stopped working.'	.....
3. You see your colleague sighing while he has been working on a report on his computer. a. 'Are you also so fed up writing those reports?' b. 'Gosh, you are busy behind the computer!' c. 'You are sighing, I hear it.'	.....

5.5 Reacting sensitively and responsively by articulating behaviour into words

Articulating behaviour into words is an example of reacting sensitively and responsively. You verbalise what you see or hear the other person doing or what you think he wants to do. A useful way to remember how to articulate behaviour into words is to start the sentence with '**you**'. In this way you can be reasonably sure that what you are about to say concerns the other person.

It is important to articulate in a **specific** manner. Don't start off by asking a question, because a question is about something *you* want to know the answer. In that case, you are not following the child any longer, instead you are focusing on what you want to know. When you start off with a question, it is not about the other person, but about yourself. Because you want to attune with the other's perception, you should start by articulating his behaviour into words. The moment for questions comes later on.

You articulate into words what is happening **at the present moment**.

- **Incorrect** 'Last week you were playing.' This sentence is in the past tense and too general.
- **Correct** 'You set the table' or 'You are sitting at the computer.' These sentences are much more concrete.

IMPORTANT TO KNOW

Points to consider when articulating behaviour into words:

- Start the sentence with 'you'.
- Do not start off with a question.
- Be concrete.
- Keep it in the present tense ('you are' instead of 'you were').
- Talk in a neutral and friendly way without judgement.

When I articulate behaviour into words, I say what I see: 'Ross, you have stopped eating.' The child knows that I have seen him. By articulating his behaviour into words, the child also figuratively feels 'seen'. Ross noticed that there is attention for him. He feels **seen**.

You can articulate behaviour into words when necessary. For example when you can't understand the child's behaviour exactly, behaviour you want to stop. Pete is watching TV and is asked to sit at table for supper. Pete then gets angry. He lies down on the floor and starts to scream. You could articulate this behaviour into words by saying: 'You are lying on the floor screaming.' But this is articulating negative behaviour into words instead of neutral. That is why it is better to articulate what Pete wants and give it a positive twist, for example by saying: 'You are calling me and would like to tell me something' or 'You would

like to continue to watch TV, wouldn't you Pete? But let's have some dinner first, and then you can continue watching TV.'

Example: George articulates behaviour into words

Karin (32 years of age) and her caregiver George walk into the activity room. Karin is looking forward to the activity. Her excitement is apparent as she moves and talks quickly. Her caregiver George says: 'You are moving towards the table quickly. You are happy that we are going to draw together, aren't you?'

Question 5
Read this case and underline the sentences which articulate behaviour into words.

A caregiver is having dinner with four children. Mohammed (11 years of age) asks the caregiver if he could have some potatoes. The caregiver says: 'You would like some potatoes, here you go', and Mohammed has some potatoes.

In the meantime, Piers (9 years of age) is sticking his fork into the food and the caregiver says: 'You are sticking your fork into your food.' Piers looks up and smiles shyly at the caregiver.

While the caregiver is talking to Piers, Mathilda (10 years of age) asks for the caregiver three times, but the caregiver does not react. Mathilda then throws her knife on the floor. The caregiver says angrily: 'Mathilda, pick up your knife!'

Mohammed tells the caregiver that he has been to football practice and the caregiver responds: 'That's nice' and continues her meal.

Then the caregiver notices that Barbara (10 years of age) has already finished her plate and is waiting patiently. She says: 'You have finished your dinner already, you must have been hungry'. Barbara nods affirmatively.

Mohammed continuously asks the caregiver questions. After a while the caregiver finally says: 'You have many questions, Mohammed.' Then Mohammed smiles and the caregiver answers his questions. She also indicates that he can continue eating.

IMPORTANT TO KNOW

This is how you articulate behaviour into words:

- Mention the child's name, or start a sentence with 'you' so that he knows that he is being addressed.
- Describe his behaviour and emotions, facial expressions and body language.
- Only mention what you see, hear or what the other person does.
- Do this in a neutral way.
- Only then may you give your opinion or ask a question for more explanation or give a compliment and etc.

Example: Louise articulates behaviour into words

Karin (32 years of age) has a new bicycle. She is very happy with it. She says: 'I am going to cycle up and down for a bit.' Her caregiver Louise says: 'You are so happy with your new bicycle that you want to go cycling straight away. I am very happy for you.'

AND NOW... IN PRACTICE

Question 6
For the next three days, articulate the behaviour of the other person (client, child) into words at least three times a day. To do this correctly, use the guidelines mentioned above.

Write down:
- What you said (literally).
- What the other person's reaction was to that. How did it go?

.....

.....

.....

.....

5.6 Summary

IMPORTANT TO KNOW

One creates a **clear** and **predictable** situation for the other and offers an **overview** by reacting sensitively and responsively. You do this by articulating into words what you see, hear and/or what the other person is doing at that moment. This increases the feeling of safety and security.

This also means that articulating **positive behaviour** into words is good because by doing so you can connect with the other in a pleasant way. Therefore, articulate what you see into words, especially at times when things are going well.

Example: Making contact with Karin

The caregiver sometimes finds it difficult to make contact with Karin (32 years of age). Karin can occasionally become quiet and withdrawn. By articulating Karin's behaviour into words, he manages to connect with her. He tries to make contact with her when she is listening to music. He says: 'You are listening to music. It is beautiful music. May I

listen to it too?' Karin smiles and the caregiver sits down next to her while keeping a distance at which Karin feels comfortable. Then he doesn't say anything anymore. Together they just listen to the music in silence.

AND NOW... IN PRACTICE

Question 7
Answer the following questions concerning what you have learnt in this chapter. Choose the letter(s) which indicate the correct answer.

1. Regarding attachment relationship, why should you articulate a child's behaviour into words?

a. Articulating behaviour into words can help young children and/or clients with low emotional functioning to calm down their most intense emotions.
b. Articulating behaviour into words stimulates the child to demonstrate desired behaviour.
c. By articulating behaviour into words, the child learns how he is perceived by others.

2. Regarding attachment relationship, what is another reason why you would articulate a child's behaviour into words?

a. Articulating behaviour into words offers the child recognition and helps him develop his own identity.
b. Articulating behaviour into words prevents him getting into arguments.
c. In articulating behaviour into words, you empathise with the thoughts and feelings of the child.

3. What is the correct way of articulating behaviour into words?

a. Starting a sentence with 'You...'.
b. Only articulating into words what you see, hear or feel that the child is doing.
c. Indicating what preferable behaviour would be: 'If you shout, I won't listen to you. Just talk in a normal way.'
d. Giving a compliment: 'Well done!'

4. What is articulating behaviour into words?

a. Calling the child's name: 'Peter, what a beautiful tower you are making.'
b. Saying what you see, hear or notice: 'You are smiling, you love making a tower, don't you?'
c. Articulating into words what you see, hear or feel what the child is doing and what the child would like to do: 'You are looking at me, would you like to ask me something?'
d. Using neutral words.
e. Giving your opinion: 'I find it annoying that you don't listen to me. '

5.7 Answers

Question 1
Which of these two responses is an example of 'articulating into words'?

a. Ronald: 'My rabbit is dead. This morning he was still alive.'
Parent: 'It does not matter that much, son. He was only a rabbit. You don't have to cry about it. I will buy you another one.'
Ronald (crying): 'But I don't want another rabbit!'
Parent: 'Don't overreact now.'
No - Ronald's behaviour is not articulated into words. Subsequently he does not feel heard or seen. He says his rabbit has died, but his parents do not articulate this into words and do not show that they 'see' and 'notice' what he thinks and feels. There is no mirroring of behaviour and/or feelings. Such a reaction could lead to insecure attachment (see Chapter 3).

b. Ronald: 'My rabbit is dead. This morning it was still alive.'
Parent: 'It makes you cry. Oh, I am so sorry for you.'
Ronald: 'He was my friend.'
Parent: 'You lost your friend, that's really sad.'
Ronald: 'And I had taught him to do tricks.'
Parent: 'You had a lot of fun together. I know, you really loved him.' *Yes - Ronald's behaviour and feelings are articulated into words. This is done by repeating what he says and mirroring his feelings. Subsequently he can tell his story and process his grief. This helps to regulate his stress/emotion. By articulating into words and mirroring his behaviour and emotions, he feels heard and seen and can feel safe and secure (see Chapter 3).*

Question 2
Do you recognise that the intensity of emotional reactions in others subside when you start to mirror and articulate their behaviour into words? Do you also experience this with people with disabilities whom you look after?
Yes/no
Here is your answer.

Question 3
Do you think you are able to articulate the behaviour of others into words?
Describe a situation in which you mirrored and articulated the other person's behaviour. What do you think the other person felt and thought
If you have not paid attention to this yet, try it out sometime and describe its effect. You can always first 'practice' this with people you know well and then mirror and articulate someone else's behaviour into words.?

Question 4
A number of situations are described below. Three responses for the caregiver are given. Write down the answer(s) in which the caregiver 'articulates the behaviour into words'.

1. During dinner Josi says: 'Ah, that is disgusting!'

a. 'You are upset about something'
b. 'You are saying that something is disgusting.'
c. I don't think you like the food.'
Only reaction b) is an example of articulating behaviour into words.
Then you can say: 'You are saying that something is disgusting. You think the food is not so nice.'
At first it may feel a bit strange to say this. But remember the conversation can just continue after this! And now it is possible because Josi has noticed that she has been heard.

2. Daniel sits in his chair with his eyes closed. He has just been brought back from the Day Activity Centre.

a. 'Daniel, you are sitting with your eyes closed.'
b. 'I don't like it when you sit with your eyes closed.'
c. 'You have been sitting down comfortably with your eyes closed for a while now, since you stopped working.'
Reactions a) and c) are examples of articulating behaviour into words. But the pitfall with c) is that you are interpreting another's words when you say he is sitting down 'comfortably'. However Daniel might be in pain or something else might be going on. Reaction b) is a value judgement and is therefore not an example of articulating behaviour into words.

3. You see your colleague sighing while she has been working on a report on her computer.

a. 'Are you also so fed up writing those reports?'
b. 'Gosh, you are busy behind the computer!'
c. 'You are sighing, I hear it.'

Reaction c) is an example of articulating behaviour into words. It is reacting sensitively. You show an interest. Because you also mention that you heard the sigh, your colleague knows why you think something is the matter. Your colleague can choose whether she wants to explain what is going on.
Reaction a) is an interpretation of her behaviour. It is better not to do that. Something else might be going on instead. She might just have received an unpleasant phone call. Also, with your response you are indirectly referring to your own feelings, while articulating behaviour into words is really about the other person's feelings.
Reaction b) is simply an example of an interpretation.

Question 5
Read this case and underline the sentences which indicate behaviour.
A caregiver is having dinner with four children. Mohammed (11 years of age) asks the caregiver if he could have some potatoes. The caregiver says: 'You would like some potatoes, here you go', and Mohammed has some potatoes.

In the meantime, Piers (9 years of age) is sticking his fork into the food and the caregiver says: 'You are sticking your fork into your food.' Piers looks up and smiles shyly at the caregiver.

While the caregiver is talking to Piers, Mathilda (10 years of age) asks for the caregiver three times, but the caregiver does not react. Mathilda then throws her knife on the floor. The caregiver says angrily: 'Mathilda, pick up your knife!'
No behaviour is articulated into words in this paragraph.

Mohammed tells the caregiver that he has been to football practice and the caregiver responds: 'That's nice' and continues her meal.
No behaviour is articulated into words in this paragraph.

Then the caregiver notices that Barbara (10 years of age) has already finished her plate and is waiting patiently. She says: 'You have

finished your dinner already, you must have been hungry'. Barbara nods affirmatively.

Mohammed continuously asks the caregiver questions. After a while the caregiver finally says: 'You have many questions, Mohammed.' Then Mohammed smiles and the caregiver answers his questions. She also indicates that he can continue eating.

Question 6

For the next three days, articulate the behaviour of the other person (client, child) into words at least three times a day. To do this correctly, use the guidelines mentioned above.

Write down:

- What you said (literally).
- What the other person's reaction was to that. How did it go?

Here you wrote your answer.

Question 7

Answer the following questions concerning what you have learnt in this chapter. Choose the letter(s) which indicate the correct answer.

1. Regarding attachment relationship, why should you articulate a child's behaviour into words?

ⓐ. Articulating behaviour into words can help young children and/or clients with low emotional functioning to calm down their most intense emotions.

b. Articulating behaviour into words stimulates the child to demonstrate desired behaviour.

c. By articulating behaviour into words, the child learns how he is perceived by others.

Answer a) is correct. This answer is aimed at the child himself. By recognising his emotions and making him feel safe. Answers b) and c) are aimed at changing behaviour. Here, the focus is on how the behaviour is perceived by others. However, this is not the primary purpose of articulating behaviour into words.

2. Regarding attachment relationship, what is another reason why you would articulate a child's behaviour into words?

ⓐ. Articulating behaviour into words offers the child recognition and helps him develop his own identity.

b. Articulating behaviour into words prevents him getting into arguments.

c. In articulating behaviour into words, you empathise with the thoughts and feelings of the child.
Answer a) is correct.

3. What is the correct way of articulating behaviour into words?
ⓐ Starting a sentence with 'You...'.
ⓑ Only articulating into words what you see, hear or feel that the child is doing.
c. Indicating what preferable behaviour would be: 'If you shout, I won't listen to you. Just talk in a normal way.'
d. Giving a compliment: 'Well done!'
Answers a) and b) are examples of articulating behaviour into words.
Articulating behaviour into words concerns promoting self-awareness in the child.
Answer c) is an example of articulating negative behaviour into words.
Answer d) is giving a compliment. This can be the response following articulating behaviour into words. For example: 'You are calling me. It is good that you are asking me for help.'

4. What is articulating behaviour into words?
ⓐ Calling the child's name: 'Peter, what a beautiful tower you are making.'
ⓑ Saying what you see, hear or notice: 'You are smiling, you love making a tower, don't you?'
ⓒ Articulating into words what you see, hear or feel what the child is doing and what the child would like to do: 'You are looking at me, would you like to ask me something?'
ⓓ Using neutral words.
e. Giving your opinion: 'I find it annoying that you don't listen to me.'
Answers a), b), c) and d) indicate correct answer.
Answer e) is not articulating behaviour into words, it is more a reaction following articulating behaviour into words. Answer e) is not correct either, because it focuses on the caregiver's feelings and not on the child's. It is better to articulate someone's behaviour into words first before giving your own constructive opinion. It is fine to indicate what you feel yourself, but always start off by articulating the other's behaviour into words.

6 Reacting sensitively and responsively to feelings/emotions

In Chapter 5, we discussed reacting sensitively and responsively by articulating behaviour into words. Although the articulation into words of behaviour *and* of feelings/emotions mostly go hand in hand, in this chapter we will look at sensitive and responsive reactions to feelings. As in Chapter 3, we will describe how important it is for the development of an attachment relationship to mirror emotions correctly, for example by articulating them into words. We will also have a look at how to put this into practice.

Learning targets

At the end of this chapter you will know:

- What reacting sensitively and responsively by articulating feelings/emotions into words is.
- Why reacting responsively by articulating feelings/emotions into words is important.
- How to react responsively when articulating a feeling or an emotion into words.
- How to mirror and articulate feelings/emotions into words for people with multiple disabilities (visual and intellectual).

Example: Zoë is sad

Zoë (16 years of age) is sitting on the sofa and is playing with her smartphone. She suddenly gets up and walks out of the room crying. Her caregiver suspects that Zoë read something on her smartphone that upset her. She follows her to her room and knocks on the closed door. After the caregiver is allowed to come in, she sits down on a chair near Zoë and says: 'You are crying. I think you are sad. Did you read or see something on your phone that you did not like?' Zoë replies that her mother texted her on WhatsApp that it would not be convenient for Zoë to come home this weekend. Zoë's mother said that she has a few birthdays to attend to and that it would be too busy for her to have Zoë over as well. The caregiver says: 'You are sad because you cannot go home this weekend.' Zoë confirms this and says that she would like to join the birthday visits, especially as she does not see her family as often as she used to. The caregiver says: 'You would also like to go to these birthdays. Shall we call your mother and tell her that you are a bit sad because you cannot go

home?' Zoë agrees and wants to prepare the conversation with the caregiver.

This example is illustrative of various aspects we will discuss in this chapter.

6.1 What is articulating feelings/emotions into words?

IMPORTANT TO KNOW

Articulating into words is confirming in a neutral and friendly way what the child does, feels, wants or thinks at that moment in time. You can also articulate the reasons for his behaviour or (what you think are) his positive intentions.

Feelings are the child's inner experiences. You can only guess feelings. You never know for sure what someone is feeling until you check it.
Children who feel unsafe are sometimes not yet able to articulate their feelings into words. They may feel too vulnerable when others see what they are feeling inside.

Articulating a feeling or an emotion into words is confirming in a neutral and friendly way what the other person is *feeling* at that moment in time.

You can react sensitively and responsively by articulating emotions into words in the following ways:

1. You first articulate **what you see:** the behaviour, body language or facial expressions. For example: 'You are making a tower', or: 'You are smiling.'
2. Immediately afterwards, you say **what you think it means:** the child's feeling. For example: 'You are smiling, you love making a tower, don't you?'
3. You can also first articulate feelings into words and then behaviour: 'You are happy and smiling, it must be because you are making a high tower.'

When articulating the child's feelings, body language or facial expressions into words, the child might get confused or even react angrily or anxiously. This is because he has no profound understanding of his own inner world. If you notice this, it is better only to articulate the behaviour into words.

Example: Penelope does (not) feel heard

Penelope is at home with a burn-out. It all became too much for her; her father's progressive illness, her low self-esteem, the pressures of work and various conflicts in the team.
Friend 1 visits her at her home. He says: 'Cheer up Penelope, come on. You have always managed hard times, you will also this time.'
Friend 2 comes to visit her afterwards and says: 'You must feel bad now that you are at home with all these difficulties!' Because of such a response,
Penelope is likely to open up more easily to friend 2 in the future than to friend 1. This is because friend 2 reacts sensitively and responsively; he describes Penelope's feelings (see Figure 3 - 'safe haven' in Chapter 3).

AND NOW... IN PRACTICE

Question 1
Below a number of situations are described with three possible ways in which the caregiver could react. Please indicate the answer(s) in which the caregiver is articulating behaviour and feelings into words:

	The caregiver articulates behaviour and feelings into words:
1 Tears are running down Rick's face; he is wiping them away. a. 'Rick, you are crying.' b. 'You are wiping tears from your face.' c. 'I see you are wiping tears from your face, I think you must be sad.'	.....
2 Daniel sits in his chair with his eyes closed. He has just returned from the Day Activity Centre. a. 'Daniel, I see that you are sitting with your eyes closed.' b. 'I can see that you are tired.' c. 'You are sitting with your eyes closed, you must be tired.'	.....
3 You see Dalila smiling when she hands you a drawing. a. 'When did you make this drawing?' b. 'Thank you, this is a beautiful drawing.' c. 'You are giving me a drawing and you are smiling, I think you are happy.'	.....

6.2 Reacting sensitively and responsively by articulating feelings/emotions into words: why is it important?

IMPORTANT TO KNOW

By articulating feelings/emotions into words, you help a child develop his own identity. Articulating into words ensures **recognition** (feeling seen and heard) and **awareness**. This enables the child to better detach himself from his caregivers later on and to stay true to himself when he is in a group.

By reacting sensitively and responsively and by mirroring behaviour and feelings/emotions, the other feels recognised and therefore has the confidence to trust the person recognising him. **As a result he will feel safer**.

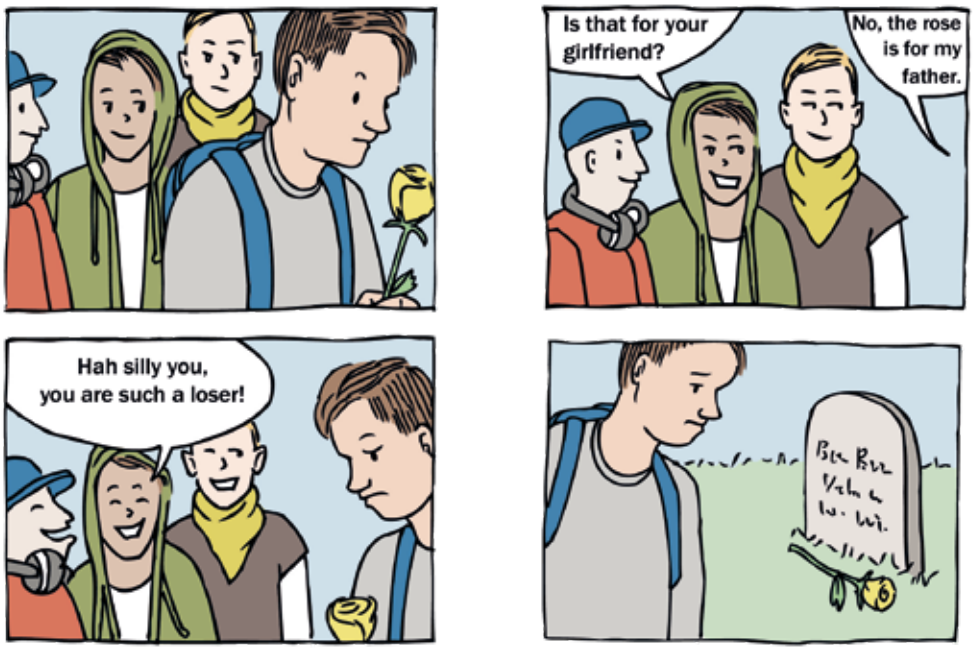
Reacting sensitively and responsively, reduces fear. The child **develops basic trust**. This is a prerequisite for development in other areas (cognitive, social-emotional, motor). By articulating feelings into words, the child learns to recognise his own feelings.

When my **behaviour** is mirrored (articulated into words), I feel seen by the other.
When my **feelings** are mirrored (articulated into words), I notice that the other person pays attention to what is happening inside me.

It is comforting when someone shows **compassion**. You feel you are not alone. If someone often articulates your feelings into words, you feel recognised and understood. This increases the chances that you will contact this person when you are in need.

Example: Painful situation

In the following comic strip you can see what happens if you only react to the behaviour and not to the meaning of this behaviour or the feelings causing the behaviour.

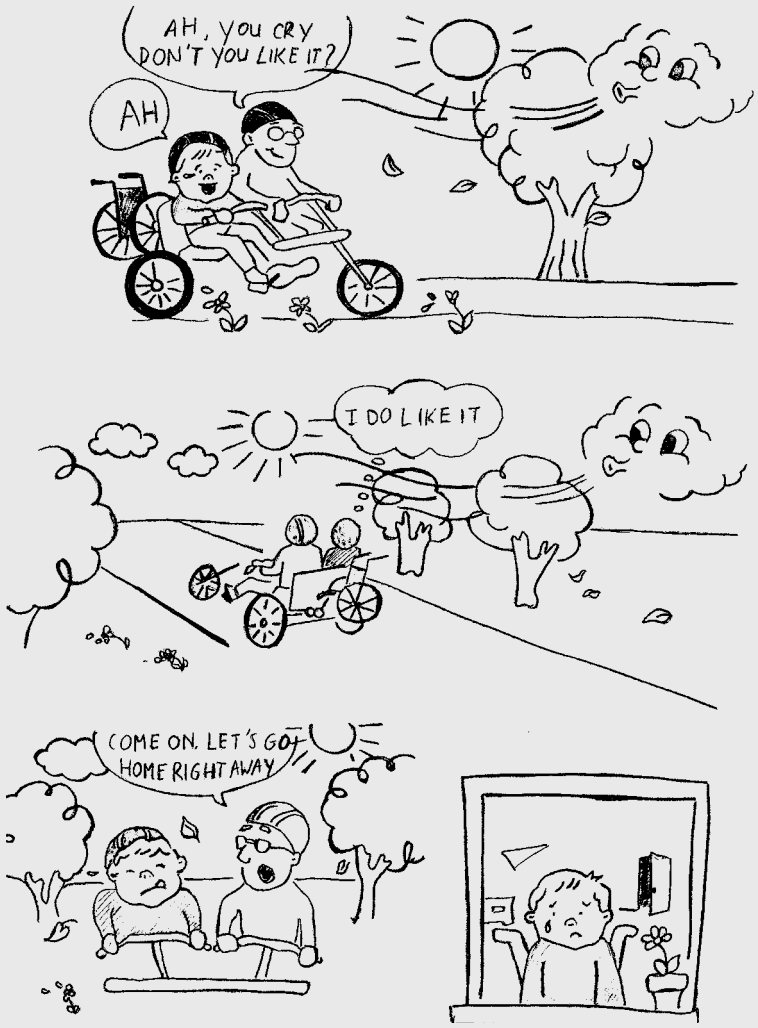


AND NOW... IN PRACTICE

Question 2

Which of your friends and family is able to mirror (articulate into words) your feelings well? What aspect of what they do do you like? What effect does it have on you?

Question 2
What happens in the comic strip 'Bas and his caregiver go cycling'?
What is going wrong? Why?



6.3 Reacting sensitively and responsively by articulating feelings/emotions into words: how to do it.

IMPORTANT TO KNOW

Articulating feelings into words is saying what you think is going on with the child. Most caregivers do this naturally. They see what their child does, articulate it into words and add what they think is going in the child's mind.

Articulate feelings into words by starting your sentence with: **You are... You feel... I think you are...**

What is important in articulating behaviour and feelings into words:

- Mention the other person's name so that they know they are being addressed (especially important for visually impaired people) or start the sentence with 'You...'.
- First articulate the behaviour into words. For example: 'You are laughing'.
- Then articulate what you think he feels into words: 'You must be happy.'
- For example say: 'You're smiling you must feel happy, don't you?'
- Wait and be open to the other person's reaction. Give the other person the space to respond as they wish (confirming, denying or not responding).

Example: Felix gets his swimming diploma

Felix (6 years of age) really likes swimming. He has been swimming for the past year on a weekly basis. Today he graduated from his swimming test. After the test he took a shower and got dressed. Once he walked out of his changing room smiling, he saw his grandmother waiting for him. She said: 'Felix, you're smiling, you're very happy to have got your diploma, aren't you?'

Question 4
You can do the assignment with a colleague or relative without telling/explaining him anything about it in advance.
You are going to try out what it is like to articulate feelings into words the way you have now learnt to do so. Watch and observe what the other person is feeling.

a. Think of a colleague/relative with whom you would like to practice articulating feelings into words. Do not explain to him anything about the exercise in advance. Choose a quiet moment to practice this exercise together. During the conversation, articulate his feelings into words at least twice and pay attention to his reactions.
You could for example say:
'You say that... (what he says) and I think you... (what he feels).'
Or: 'You... (articulate what he is doing) and I suspect that you... (what he is feeling)'.

Afterwards, ask your colleague/relative if he understood what you were trying to do and how he experienced it. Make a note of this for the next time you articulate feelings into words.

b. Explain and practice articulating into words:
- Explain to someone else (e.g. during a team meeting) what articulating into words is, why it is important and how you can do it.
- To practice: articulating behaviour and feelings/emotions into words with the other person or with all of the team members.
- Help each other out by giving each other tips or advice.

IMPORTANT TO KNOW

You can never be sure of the way someone else is feeling. You could play it safe and always 'guess right' by only articulating the behaviour into words, but then the other person probably does not really feel heard and understood.

The problem mentioned above can be solved by saying what you think the other person feels. That already creates a very different impression. You can also articulate into words and then check with the other person. So, articulate it first and then add: 'is this correct?' or 'or not?' Note: do not begin with a question (for an earlier explanation about this, see 'the do's and don'ts in Chapter 5).

Example: How would you feel?

You are sleeping during the team meeting. Your colleague says, 'You're tired.'
That remark can be intrusive. You may feel the urge to defend yourself. But it feel different for your colleague if you say: 'You have your eyes closed, I think you are tired, aren't you?'. In this case there is no need for 'defence'.

AND NOW... IN PRACTICE

Question 5
You see your client hitting his head with his hand. His sister has visited him and just left. For each of the following statements, indicate whether feelings/emotions are articulated into words.

On a scale of 1 to 5, indicate the degree of feeling or emotion	
a. You are hitting your head with your hand.	1 2 3 4 5
b. You are in pain.	1 2 3 4 5
c. You are sad because your sister has just left.	1 2 3 4 5
d. You are feeling tense.	1 2 3 4 5
e. You are feeling lonely.	1 2 3 4 5

6.4 Mirroring and articulating emotions into words: is it always possible?

IMPORTANT TO KNOW

If you notice that the child is reacting emotionally but you know that he does not understand spoken language, you can describe it just the same way as you would describe it to anyone else. The **appropriate tone of voice** can be very recognisable and **reassuring** for the child. This also applies when interacting with children and adults with severe intellectual disabilities.

By using an appropriate tone of voice, there is **mutual understanding** between you and the child. The child feels understood. In time, the child will seek out the person who responds appropriately to his emotions more often.

People communicate not only with words (verbal) but also without words (non-verbal). Communication between people is pleasant when there is a match between your spoken language, your body language and your tone of voice. However, when these ways of communication do not match, the **message** can come across as **contradictory**. Contradictory messages lead to misunderstandings which are often difficult to clarify.

Fortunately, verbal and non-verbal communication usually go hand in hand. If you react with sincere involvement and attention to the other person, your tone of voice usually corresponds to the words you are speaking.

Example: Articulating behaviour and emotion into words for Chantal

Chantal (23 years of age) is a young woman with multiple disabilities (visual and intellectual). She is sitting on the couch and is listening to music. Her caregiver Denise sits quietly next to her. Denise articulates into words what she is doing and mirrors her behaviour and feelings. Because of Denise's quiet tone of voice, Chantal seems to notice that she is really paying attention to her. Denise puts her arm around Chantal. Chantal touches Denise's hand with her hands, after which she continues to listen to the music.

The video recording made of this situation clearly shows the way Chantal stops listening to the music for a moment to pay attention to Denise after which she continues to listen to the music.

AND NOW... IN PRACTICE

Question 6
Which statements are Correct/incorrect?

		Correct/ incorrect
a.	Articulating feelings into words for children who do not understand spoken language makes no sense at all.	.....
b.	Children with multiple disabilities (visual and intellectual) do not react when the caregiver articulates behaviour into words.	.....
c.	Even if children do not understand spoken language, articulating into words in an appropriate tone of voice and attitude can have a reassuring effect.	.....
d.	Articulating the other's behaviour and emotion into words can cause him to focus his attention on you.	.....

6.5 Summary

IMPORTANT TO KNOW

When you react sensitively and responsively by articulating behaviour and feelings into words you **translate the behaviour and feelings** of the other person. The other person feels seen and heard. This is important for secure attachment. It gives the other person basic trust, which enables him to explore.

When you react sensitively and responsively by articulating what you see at that moment in time into words, you create a **clear, organised and predictable** situation. This increases the other person's feeling of safety and security.

By articulating into words in a sensitive and responsive way, you create structure and give **direction to the behaviour**. In this way you attune contact with the other person. This helps to prevent conflicts.

By articulating into words and mirroring, you try to provide a **secure base and be a safe haven** (see Chapters 1 and 3). We would like others to come to us for help, comfort, support or understanding. In addition we want to reduce resistance in the other person so that he will let us help him. A person who feels seen, heard and understood will feel safe, will trust the other person and will be open to receiving help.

Even someone who does not understand spoken language will notice what you mean if you say something to him or at least that you are trying to understand him. By describing someone's feelings in a way that matches their emotions, the other person notices that the experience is being shared. This gives a message (verbal and non-verbal) of **recognition and of empathy**. Therefore, even for people who do not understand spoken language or are completely deaf, it is useful to articulate behaviour and feelings into words out loud.

Example: Chantal's sensitive, responsive caregiver

Chantal (23 years of age) has multiple disabilities (visual and intellectual). She has been sitting on the couch listening to music for a while. She is usually relaxed when listening to music, but this time she is moving her arms a lot. Her caregiver Denise notices this and says: 'You are waving your arms around, you probably don't want to listen to the music any longer. Come I will help you up to your walking rack.' Denise helps Chantal to stand up.

AND NOW... IN PRACTICE

Question 7
For each statement, indicate which answer is correct. Circle your answer.

1	It is imperative that you articulate the correct feeling into words for the child. If you are unsure about the feeling, it is better not to articulate it into words at all. This statement is:
a.	Correct
b.	Incorrect
2	By articulating feelings into words, the child learns to recognise his own feelings. This statement is:
a.	Correct
b.	Incorrect
3	How can you, as a caregiver, establish a secure attachment relationship with the child?
a.	By making the child feel seen and heard (giving recognition to the child).
b.	By making sure the child gets his food and drink on time.
c.	By keeping to agreements with the child.

4 What is the correct way to articulate someone's feelings into words?

a. You're angry, come sit with me and tell me what's going on.

b. Marc, you keep your arms tightly crossed. I think you are angry, is that right?

c. 'You're angry, I understand that. You've just been told you're not going to the amusement park this afternoon.'

6.6 Answers

Question 1
Below a number of situations are described with three possible ways in which the caregiver could react. Please indicate the answer(s) in which the caregiver is articulating behaviour and feelings into words: The caregiver articulates behaviour and feelings into words:

1. Tears are running down Rick's face; he is wiping them away.
a. 'Rick, you are crying.'
b. 'You are wiping tears from your face.'
c. 'I see you are wiping tears from your face, I think you must be sad.'
Only in answer c) does the caregiver articulate behaviour and feelings into words. Answer a) is only articulating behaviour into words (crying is behaviour, not feeling). Answer b) is also only articulating behaviour into words.

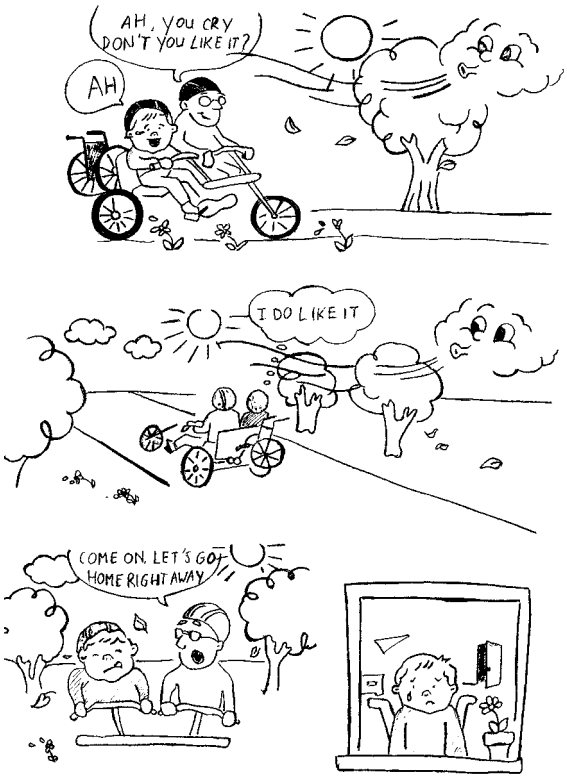
2. Daniel sits in his chair with his eyes closed. He has just returned from the Day Activity Centre.
a. 'Daniel, I see that you are sitting with your eyes closed.'
b. 'I can see that you are tired.'
c. 'You are sitting with your eyes closed, you must be tired.'
In answer c) the caregiver is articulating behaviour and feelings into words. In answer a) the caregiver articulates behaviour into words. In answer b) he only articulates feelings into words.

3. You see Dalila smiling when she hands you a drawing.
a. 'When did you make this drawing?'
b. Thank you, this is a beautiful drawing.'
c. 'You are giving me a drawing and you are smiling, I think you are happy.'
In answer c), the caregiver articulates behaviour and feelings into words. Answer a) is asking a question; the focus of the question is on you and not on the child; you want information. It is better not to start off with this but do that afterwards. For example: 'You give me a drawing, I see you smiling, you are proud of it! When did you make it?' In this way the child feels better heard and seen. Answer b) is not articulating into words either, but only giving a reaction. You are happy with something and you think it is

beautiful. This reaction is not about the child, the child will not feel heard and seen.

Question 2
Which of your friends and family is able to mirror (articulate into words) your feelings well? What aspect of what they do do you like? What effect does it have on you?
Here you wrote your answer.

Question 3
What happens in the comic strip 'Bas and his caregiver go cycling'? What is going wrong? Why?



Bas has tears in his eyes because of the wind. His caregiver immediately interprets what he sees as: 'Bas doesn't like this activity'. Because of this he decides it is time for them to go home. However, Bas' behaviour has not been articulated into words and no attention has been paid to what he was experiencing. His own inner world has not been checked. After the caregiver saw the tears in Bas' eyes, he

could have asked: 'Bas, are you crying? Don't you like cycling?' Bas's feelings have not been articulated into words either. The result of this omission is that he feels sad and perhaps also very unsafe and stressed.

Question 4
You can do the assignment with a colleague or relative without telling/explaining him anything about it in advance.
You are going to try out what it is like to articulate feelings into words the way you have now learnt to do so. Watch and observe what the other person is feeling.

a. Think of a colleague/relative with whom you would like to practice articulating feelings into words. Do not explain to him anything about the exercise in advance. Choose a quiet moment to practice this exercise together. During the conversation, articulate his feelings into words at least twice and pay attention to his reactions.
   You could for example say:
   'You say that... (what he says) and I think you... (what he feels).'
   Or: 'You... (articulate what he is doing) and I suspect that you... (what he is feeling)'.

   Afterwards, ask your colleague/relative if he understood what you were trying to do and how he experienced it. Make a note of this for the next time you articulate feelings into words.

b. Explain and practice articulating into words:
   - Explain to someone else (e.g. during a team meeting) what articulating into words is, why it is important and how you can do it.
   - To practice: articulating behaviour and feelings/emotions into words with the other person or with all of the team members.

   Help each other out by giving each other tips or advice.

Question 5

You see your client hitting his head with his hand. His sister has visited him and just left. For each of the following statements, indicate whether feelings/emotions are articulated into words.

On a scale of 1 to 5, please indicate the degree of feeling or emotion where 1 stands for no feeling and 5 for maximum feeling.

a.	You are hitting your head with your hand.	(1)	2	3	4	5
b.	You are in pain.	1	(2)	3	4	5
c.	You are sad because your sister has just left.	1	2	3	4	(5)
d.	You are feeling tense.	1	(2)	3	4	5
e.	You are feeling lonely.	1	2	3	(4)	5

Question 6

Which statements are Correct/incorrect?

a. Articulating feelings into words for children who do not understand spoken language makes no sense at all.

b. Children with multiple disabilities (visual and intellectual) do not react when the caregiver articulates behaviour into words.

c. Even if children do not understand spoken language, articulating into words in an appropriate tone of voice and attitude can have a reassuring effect.

d. Articulating the other's behaviour and emotion into words can cause him to focus his attention on you.

Statements a and b are incorrect. Statements c and d are correct.

Question 7

For each statement, indicate which answer is correct.

1. It is imperative that you articulate the correct feeling into words for the child. If you are unsure about the feeling, it is better not to articulate it into words at all. This statement is:

a. Correct

(b.) **Incorrect**

Answer b) is correct.

The chance of knowing for sure what a child is feeling is very small. If you wait for that, you run the risk of never articulating feelings into words. If you are not sure, you can check with the child.

2. By articulating feelings into words, the child learns to recognise his own feelings. This statement is:

(a.) **Correct**

b. Incorrect

Answer a) is correct.

3. How can you, as a caregiver, establish a secure attachment relationship with the child?

(a.) **By making the child feel seen and heard (giving recognition to the child).**

b. By making sure the child gets his food and drink on time.

c. By keeping to agreements with the child.

Answer a) is correct. Answers b) and c) are also important and provide for predictability, security and trust but relate to practical matters. These matters are not person-dependent. In an attachment relationship, the relationship is central.

4. What is the correct way to articulate someone's feelings into words?

a. You're angry, come sit with me and tell me what's going on.

(b.) **Marc, you keep your arms tightly crossed. I think you are angry, is that right?**

c. 'You're angry, I understand that. You've just been told you're not going to the amusement park this afternoon.'

Answer b) is correct. Answers a) and c) are also examples of articulating feelings into words. However, a) and c) do not include articulating behaviour into words nor a check.

7 Dividing attention/turn-taking and giving compliments

In Chapters 5 and 6, we discussed why reacting sensitively and responsively to behaviour and feelings is important. You have also practiced how you can do this by articulating behaviour and feelings into words so that you can strengthen a secure attachment relationship. In this chapter, we explain how dividing attention and giving a child compliments, increases his sense of belonging and teaches social skills. In this way he can learn to interact successfully with others.

Example: Together in the playground

Kim and Renée are at the playground. They would both like to climb up the climbing frame. Kim is doing forwards and backward rolls. The caregiver says to Kim: 'You are doing so many rolls, you are so good at that! Renée would also like to do some forward rolls. Kim, if you can do two more rolls now, then Renée can do some after you. Then it will be your turn again.'

This example is illustrative of the various aspects we will discuss in this chapter.

Learning targets

At the end of this chapter you will know:

- What dividing attention is and why it is important.
- What giving a compliment entails and why it is important.
- When you should divide attention and when not.
- How you ensure attention is divided.
- How to give the child compliments.

7.1 What is dividing attention/turn-taking?

IMPORTANT TO KNOW

Dividing attention = to give everyone a turn to say or do something. In a family or group, you distribute turns almost unconsciously. It is a way of ensuring that everyone is involved in what is said or done.

Turn-taking refers to an exchange. One child says or does something and the other responds to it. With turn-taking, the child and the caregiver take turns (reacting to each other.

In a conversation, the turn is often given and taken unconsciously.
This attuned exchange can be recognised by:
Giving and taking turns.
Dividing attention equally.
Exchanging and talking.

Turn-taking/interaction between parent and baby starts to develop in the first months of the baby's life.

It used to be thought that babies do not communicate at all. However, we know from research by a Scottish psychologist (Trevarthen, 1979), among others, that this is not the case at all. You can see interaction happening between a mother and her baby from one month old. In the baby phase, the contact with the caregiver is especially important. A baby communicates with the caregiver with the help of sounds, hand movements and facial expressions.

In the toddler stage, peers (children of the same age) become increasingly important to the toddler. Especially in this phase, turn-taking and dividing attention becomes more and more important too. As well as support in becoming more socially adapt.

You can divide attention by repeating what one child says and then inviting another child to take the turn. Then you repeat

what both have said and invite the first or the other child to respond.

Example: Tara divides attention

At the table are Dean (28 years of age), Dave (21 years of age), Caroline (24 years of age) and caregiver Tara. They are chatting about what they like. Dave likes fish and chips with ketchup. He always has this for dinner at his grandparents' house, when he goes over to visit them. He smiles when he talks about this food. The caregiver notices this and says: 'Dave, you smile when you say you like fish and chips'. Then she says: 'Dave likes fish and chips, Caroline, what do you like?' Caroline likes vegetarian Cornish pasty. The caregiver then says: 'Dave likes fish and chips while Caroline likes vegetarian Cornish pasty. Dean, tell us, what do you like?' Dean immediately says he likes ice cream.

Example: Playing a board game together

Simon (27 years of age) and Karin (32 years of age) are playing the board game Ludo. Simon throws the dice and is allowed to move his pawn five spaces forward. After he does this, he picks up the dice to role it again. Karin gets angry. The caregiver sees this happening and says: 'Simon, you want to throw again. I can understand that because it's fun to do. But you've just had your turn so it is now Karin's turn after which you can go again. You can give the dice to Karin now.'

AND NOW ... IN PRACTICE

Question 1
Choose the best option and explain your answer

By repeating what Dean, Dave and Caroline say, the caregiver gives everyone a sense of belonging. This is important with turn-taking. It also teaches them to wait their turn.
Is this correct or incorrect?

a. True
b. Not true

.....

.....

.....

Claudia who is a caregiver of Stefan who has profound intellectual and multiple disabilities (PIMD) wonders whether she can stimulate turn-taking or interaction with him.
What is the correct answer to this?

a. Yes, she can encourage turn-taking/interaction with Stefan.
b. No, turn-taking develops by itself. Claudia does not need to encourage it.
c. No, Claudia cannot teach Stefan to take turns.

.....

.....

.....

Question 2
Case study:
Emil and Ahmed are at work and both want to clean the rabbit hutch together with their caregiver Sonja. They both try to take the broom and the dustpan at the same time and shout: 'I want to do it!'

How would you articulate the behaviour of these clients into words and how would you divide your attention?

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7.2 Why is it important to divide attention/to take turns?

IMPORTANT TO KNOW

When dividing attention/turn-taking, the child and the caregiver take turns reacting alternately to each other. In this way, the child learns how to engage with others. In order to respond to the initiatives of the other, the child starts to **focus more on the other.** This in turn leads to a new reaction (**reciprocity**). Such a chain reaction is a step towards **learning to communicate** with other people and to **deepen** a relationship. Step by step, the child improves his **social skills.**

By dividing attention, you give children the feeling of **a sense of belonging.** They notice that what they say is **important** to you. It also teaches the children **to wait** their **turn** and they know, through experience, that **they** will be **listened to when it is their turn.**

Children **learn in a playful way how conversations develop**. They experience how conversations go during everyday activities. It is important that the conversation attunes with what is happening at that moment.

When practicing turn-taking, the caregiver also experiences **more and more fun** in the interaction with the child. This certainly also is the case for caregivers of children with intellectual disabilities.

Cooperation (working together) is needed when dividing attention or turn-taking during a group conversation/circle time. Caregivers support the child cooperating with others, for example when playing together. By dividing attention, you teach the child to work together with the other child, act together and help each other. This creates reciprocity in the contact. The child's trust in the adult grows.
Dividing attention also helps the child to **explore;** you encourage the child to do something by himself. Depending on the child's developmental stage and the difficulty of the task, the caregiver either actively helps the child out or waits to see how things go and only offers verbal support. If the child is slow to respond, it is important not to miss that response and to be patient with the child.
Consider also the signals of Boris and Zeanah (2005) that are used in determining disturbed attachment behaviour (see Chapter 2: 'Observing attachment behaviour') in which 'not being able to cooperate' and 'not being able to explore' are signals of disturbed attachment behaviour.

Performing actions together and helping each other is often difficult for children. After all, in order to be cooperative, someone must be able to empathise with and take account of the other person (Havermans, Verheule & Prinsen, 2014).
For children, it is important that you follow their initiative first of all. You do this by observing, mirroring, being empathic and by articulating behaviour and emotions into words (see previous chapters). Only then are they able to follow others, wait their turn, respond to another, cooperate and help each other (reciprocity).

Example: Taking off a cardigan together

Julia (3 years of age) wants to take off her cardigan. She does not manage because her cardigan has buttons which are difficult for her to undo. Her mother says: 'You want to take off your cardigan... You can do that... Mummy opens the first part of the button... Now you can try again... Mummy opens the next button a little bit again... And then it is your turn again... Yes, we did it!'

AND NOW... IN PRACTICE

Question 3
What does a child learn by dividing attention?
Indicate which answers are correct and which answers are incorrect.

The child learns ...	Correct/ incorrect
a. to focus more on the other and respond to the other (reciprocity).	.....
b. to get his way.	.....

The child learns ...	Correct/ incorrect
c. to be able to communicate with the other and to understand more about the other's perspective.	.....
d. develop social skills.	.....
e. that it is part of the game.	.....
f. that the caregiver cares about what he says.	.....
g. to wait his turn.	.....
h. that he is being listened to.	.....
i. that in this way you get all the attention.	.....
j. in a playful way, how conversations develop.	.....
k. working together. By dividing attention/turn-taking in a group conversation/during circle time, cooperation increases.	.....
l. another nice 'extra' for the caregiver is that he also increasingly starts to enjoy interacting with the child as a result of dividing attention.	.....

7.3 How does dividing attention/turn-taking work in practice?

IMPORTANT TO KNOW

When dividing attention/turn-taking, it is important to be **attuned with the** child's **age and stage of development.**

Dividing attention/turn-taking, **how to do it** (Havermans, Verheule & Prinsen, 2014):

- **Look at the child** who's turn it is.
- **Mention the name** of the child who's turn it is. Mentioning someone's name is important. For the child, hearing his own name increases his self-esteem and develops a sense of self-worth. Addressing the child by mentioning his name creates a positive feeling for the child. The child feels 'seen' and 'heard' and experiences the feeling of 'belonging'. For children with a visual impairment, it is especially helpful to mention their names as they cannot otherwise 'see' who you are addressing.
- Make sure you **divide attention equally**. In some cases children have learnt to compete for attention. This causes the child to shout and behave in a busy manner as a way to get attention. By leading a group in a friendly way and making sure all the children get a turn, each child discovers that attention-seeking behaviour is no longer necessary. You can lead in this way by repeating briefly what one child said (mirroring), and then explaining that you will first listen together to what the child who was talking is saying after which he will get his turn.
  Also pay attention to children who are **quiet;** some children need more encouragement to be able to express themselves. Articulate into words what they are doing and invite them to react.
- Get the children to talk one after the other, divide attention between them.
- **Articulate into words** what a child does or what the another person (child or parent) does, thinks, means or feels.
- Recognise that turn-taking can sometimes be quite difficult. It can also be frustrating when you have to keep reminding a child of this.

Some tips including examples that might help you to learn turn-taking and dividing attention (Havermans, Verheule & Prinsen, 2014):

You can stimulate an interaction between children by saying for example: 'Kelly, please tell Anne a bit about what you did at Josi's'. Then vice versa: 'Anne, please tell Kelly a bit about what you did today'.

You can also start off by saying: 'Today I went shopping with Anne. Kelly played at Josi's home.' In this way, the children both receive attention, are both seen and are stimulated to be interested in the other and to share their experiences.

Another possibility is to point out to the younger child what the older child is doing: 'Look, Joanna. Bart is sitting at the computer. Do you see what he is doing?' In this way, both children receive attention at the same time.

It is important for someone to complete their turn. For example, if Kelly is talking and Anne interrupts, then welcome Anne and take the lead again: 'Anne, you would like to say something too. But Kelly is still talking at the moment. Just listen for now ... then it will be your turn to speak'.

Example: Difficulty in turn-taking

The caregiver sits at the table with Agnes, Eveline and Paula (all 8 years of age). Paula is talking about her day at school but Agnes keeps interrupting her. The caregiver welcomes Agnes by saying: 'Agnes, you would like to say something too, but Paula is talking at the moment. We are going to listen to her first. When she is finished, you can tell your story'. Then the caregiver turns to Paula again. The caregiver makes sure that Paula's story does not continue endlessly, otherwise Agnes would have to wait for too long. When Paula has finished her story - the caregiver says: 'Paula has finished talking about school. Agnes, would you also like to tell us something now? Go ahead, it's your turn.'

Question 4
On a scale of 1-10, how difficult do you find it to deal with children who do not take turns?

Give yourself a score on a scale of 1-10
1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
Why do you give yourself this score?

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Are you satisfied with your score?

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Question 5
How do you divide attention correctly? Is this the correct of the incorrect way?

	Correct/ incorrect
a. You give one child too long a turn and the other starts talking through it.	.....
b. The elder child decides who's turn it is.	.....
c. Because Sandra (8 years of age) has a moderate intellectual disability, she does not react immediately when it is her turn. Instead you give her younger sister Sandra's turn.	.....

	Correct/ incorrect
d. You yourself are talking constantly while working with a group of people with mild intellectual disabilities, because you have the feeling that nobody is reacting.	.....
e. A person with mild intellectual disability likes to talk so you let him talk endlessly.	.....

7.4 What is complimenting? Why is it important?

IMPORTANT TO KNOW

Many caregivers try to make their children feel better about themselves by giving them compliments. Children with **attachment problems**, however, ask for confirmation **frequently and emphatically**. This can lead to a feeling of powerlessness in the caregivers. It can seem as if their compliments do not reach the child sufficiently.

Some children with attachment problems even react negatively to compliments. They react by **not** showing the desired behaviour. A reason for this can be that they are not used to receiving compliments, because they hardly ever received them in the past. For them, receiving a compliment is a new and therefore **unpredictable experience**. This unpredictability makes the child feel insecure and afraid. Because of this feeling of insecurity the child may show survival behaviour, which the environment often does not immediately understand.

It is also possible that children cannot believe that the caregiver is sincere when the compliment is given. They assume that the compliment is solely meant to manipulate and influence him to do something. This train of thought is a result of their past experiences; they distrust others. That is why it is very important to observe the effect that the compliment has on the child. You can wait with giving compliments until the child has more confidence in you as a caregiver.

In order to stimulate people positively it is **not** always necessary to give compliments. You can also show that you 'see' the child (articulate his behaviour, thoughts, feelings/emotions into words) and take time for him. This gives the child the feeling of being bathed in a warm bath of **attention**. He really feels appreciated.

Example: Helping without being asked

If the child doesn't manage to do what is expected during the child's game, you can show how to do it or help the child. Many children with attachment problems do not ask for help because they have not (or have hardly ever) experienced an adult being present who was able to help him out.

During play you can be the one to take the initiative to help the child, even when the child does not ask for it. For example: 'You just can't reach it, can you? No worries, I will help you. Let me lift you up so that you can reach it.'

In this way the child gradually learns to ask for help himself. Providing help repeatedly is very important for children with attachment problems. After all, they have to learn through experience that someone is there who is willing and able to help him.

Playing together is also difficult for children with attachment problems. It is important that the parent supports them with this by taking the lead in a positive way. Two children and a parent are playing with DUPLO on the floor together. The children are making a tower. When one child takes a brick from the other, the other yells: 'No!' As an adult you could help with the situation by saying: 'You would like the brick. It is best to ask him if you are can have it.'

AND NOW... IN PRACTICE

Question 6
The dictionary definition of giving a compliment is:
'An expression of praise or admiration'.

Giving compliments also often means praising the child and thus rewarding him for desired behaviour.
Why do you think giving compliments is so important? Mention at least three reasons.

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7.5 How do you give compliments?

IMPORTANT TO KNOW

By articulating what a child does into words you can really connect with him. Say what you think the child feels and check this with him. This gives the child the feeling that **he really matters**. And no compliment can compete with that! The reason for this is that by saying 'well done' the caregiver's own judgement and standards are paramount.

The adequate way of giving compliments is (Visser, 2013):

- if it is done after you have articulated what the child is doing into words.
- if it is **about the effort** the child is making and not about the result of his efforts or his intelligence. For example: 'I am so impressed that you keep on trying'. This comment is aimed at certain concrete behaviour.
- when it is **honest** and appropriate, so not exaggerated.
- when you do **not compare** children **with each other.** This avoids competition and jealousy amongst children.

Tips for caregivers when caring for people with mild to moderate intellectual disabilities (Visser, 2013):

- Take care of yourself. When you feel good, you have more humour, patience and attention for your child.
- Show an interest in what the child is doing, without judging him.
- Show your appreciation by articulating what the child does, says or wants into words.
- It is good to pay attention to your child, to follow him, to articulate his thoughts and feelings into words and to take time to do this regularly.
  In this way the child experiences that he is important to you. He will also reflect on himself (to see if what he heard about himself is true). This has a particularly positive effect on self-image. It is then often not even necessary to give him a compliment.

Tips for yourself in guiding people with severe intellectual disabilities (Visser, 2013):

- Take care of yourself. When you feel good you have more patience, humour and attention for your child.
- Focus on very small signals of the child and articulate these small signals into words. For example: 'You are helping me to put your arm into your coat. That is so helpful. This way I can put on your coat more easily. Thank you!'
- Take time for **interactive sessions** (see the workbook of Sterkenburg (2012) 'Developing Attachment', as mentioned in the list of literature used). It is good to pay attention to the child, to follow him, to mirror him, to articulate his thoughts and feelings into words, and to take time to do this regularly. In this way the child experiences that he is important to you which benefits your relationship with the child and contributes to his development of self-awareness.

More tips on how to follow a child or client:
When playing together it is a good moment to give the child a compliment for what they are doing. Playing together is also a good way of fulfilling the wishes and initiatives of the child. During play, create space for the child to take initiatives and subsequently appreciate them. For example, if the child chooses to play the drums with a wooden spoon instead of a drumstick, this is possible too; follow the child's way of playing. Following the child's play and giving supporting play, is important for the self-confidence of children.
For children with moderate to mild intellectual disabilities, the caregiver can follow their activities. For children with severe intellectual disabilities the caregiver can follow their movements and sounds.

Example: Julia does her best

Julia is playing with her blocks and is making a tower, but the tower keeps falling down. Mother sees this happening and says: 'You are making a tower, but it keeps falling down... I am so impressed that you keep on trying. Shall I help you?'

AND NOW... IN PRACTICE

Question 7
Read all the tips again and carry out the following two tasks:

a. Try to divide attention in practice at least twice, for example during dinner, while watching TV together or playing. Observe the children's reactions and write them down so you can discuss it with the caregiver next time or during the next team meeting.

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b. This week, try to give another person a process-oriented compliment twice. Examples of this could be; a compliment aimed at someone's concentration, working at a good pace, perseverance, finishing a task, 'doing your best', consideration for others and someone working accurately.

- What compliment did you give?

.....

.....

- What was the other person's reaction?

.....

.....

.....

- Did you find it difficult to focus on the process and not on the result?

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7.6 Summary

While dividing attention/turn-taking, the caregiver takes the lead and maintains it. This allows him to welcome the children again and again. This creates peace, structure and security. Gradually, children learn to trust that their turn will come and they will be seen.

By dividing attention/turn-taking, children learn to engage with others. They learn to wait their turn, which leads to reciprocity and the feeling of belonging.

It is better to keep the turns short, especially with young children or people with severe or moderate intellectual disabilities. The same goes for people who feel unsafe or have a short attention span. Making sure turns are kept short enables children to learn to wait and listen to the other person, without them getting frustrated by having to wait too long.

Also take into account that some children need more time to react. Adapt your pace to theirs and wait for the response before taking the initiative again. Show your curiosity, show that you expect a response and do this with pleasure.

By giving compliments, a child hears that he has done well and feels appreciated.

Children with problematic attachments may often ask for extra confirmation in an emphatic way. On the other hand, they may have difficulty receiving compliments. Take a close look at the effect a compliment has on a child and adjust the caregiving accordingly. It may be good to temporarily stimulate the child in a different way; for example by articulating behaviour or feelings into words.

Example: Juliette and Phoebe help each other

The caregiver sits at a table with her colleague and Phoebe (16 years of age) and Juliette (15 years of age). The carers talk between themselves, while Phoebe and Juliette are busily looking at their phones. Then Phoebe asks the caregiver: ‘Can you help me? I don’t know how to do this on my phone’. The caregiver says: ‘Good that you asked me, Phoebe, but I don’t know very well either. I’m sure Juliette can help you. Could you ask her please?’ Phoebe asks Juliette if she can help her instead. When Juliette has helped Phoebe, the caregiver says: ‘Phoebe, it’s great that you asked for help and it’s super that Juliette was willing to help you. Juliette, great that you could help Phoebe!’

Question 8
Circle the correct answer:

1. What was an important finding of the Scottish psychologist Trevarthen?
a. Through frame-by-frame video analysis Trevarthen showed that babies less than two-month-old and their mothers interact.
b. He described how important sensitivity is for a child's development.
c. He stated that problematic attachment in a child cannot be regained.

2. When does turn-taking/interaction between parent and baby start to develop?
a. < 2 months
b. 2 to 4 months
c. 4 to 6 months
d. 6 to 9 months

3. Why is giving sincere, concrete compliments important?
a. This makes the child appreciate me as a caregiver.
b. This way I don't have to repeat everything to my child continuously.
c. This makes it easier for the child to learn difficult skills.

4. Why is giving sincere, concrete compliments important?
a. For strengthening the child's self-confidence.
b. In this way, the child becomes less dependent on me.
c. Then the child needs me less as a parent.

5. How can you, as a caregiver, stimulate the development of turn-taking?
a. By interrupting the child and saying: 'Now it is my turn to tell something'.
b. By starting with yourself and telling her about what you did: 'I went shopping with Anne. Kelly played at Josi's.'
c. If the child is young, by first telling him in detail what you did and then give him a chance to tell you about something in return.

6. How can you, as a caregiver, stimulate the development of turn-taking?

a. By giving everyone a chance to finish their turn.
b. By telling very little about yourself as a caregiver.
c. By always giving the child the first turn.

7.7 Answers

Question 1
Choose the best option and explain your answer

By repeating what Dean, Dave and Caroline say, the caregiver gives everyone a sense of belonging. This is important with turn-taking. It also teaches them to wait their turn.
Is this correct or incorrect?

a. True
b. Not true

a. Is correct. By turn-taking you give all the clients the feeling that they belong. They notice that what they say is important to you. They experience and learn to trust that everyone gets a turn. This way, they learn to wait their turn.

Claudia who is a caregiver of Stefan who has profound intellectual and multiple disabilities (PIMD) wonders whether she can stimulate turn-taking or interaction with him.
What is the correct answer to this?

a. Yes, she can encourage turn-taking/interaction with Stefan.
b. No, turn-taking develops by itself. Claudia does not need to encourage it.
c. No, Claudia cannot teach Stefan to take turns.

Statement a) is correct. An important element in stimulating turn-taking is to slow down your pace. Children with severe intellectual disabilities need more time to process a stimulus and then to react again. So wait (much) longer than you are used to and see if the child comes with an initiative to which you can respond. In this way, you stimulate turn-taking. If you find it difficult to wait, you can, for example, slowly count to five in your head.

Question 2
Case study:
Emil and Ahmed are at work and both want to clean the rabbit hutch together with their caregiver Sonja. They both try to take the broom and the dustpan at the same time and shout: 'I want to do it!'
How would you articulate the behaviour of these clients into words and how would you divide your attention?
For example: 'Emil, you would like to clean the hutch; and Ahmed, you would also like to clean the hutch. Emil, if you clean this part first, Ahmed can clean another part afterwards. How about that? Ahmed, and Emil, what do you think? Then you have worked hard together and the hutch will be nice and clean again.'

Question 3
What does a child learn by dividing attention?
Indicate which answers are correct and which answers are incorrect
The child learns ...

a. to focus more on the other and respond to the other (reciprocity).
   Correct
b. to get his way.
   Incorrect
c. to be able to communicate with the other and to understand more about the other's perspective.
   Correct
d. develop social skills.
   Correct
e. that it is part of the game.
   Correct
f. that the caregiver cares about what he says.
   Correct
g. to wait his turn.
   Correct
h. that he is being listened to.
   Correct
i. that in this way you get all the attention.
   Inorrect
j. in a playful way, how conversations develop.
   Correct
k. working together. By dividing attention/turn-taking in a group conversation/during circle time, cooperation increases.
   Correct

l. another nice 'extra' for the caregiver is that he also increasingly starts to enjoy interacting with the child as a result of dividing attention.
Correct

Question 4
On a scale of 1-10, how difficult do you find it to deal with children who do not take turns?
Give yourself a score on a scale of 1-10
1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
Why do you give yourself this score?
Are you satisfied with your score?
It can be very difficult to work with children who are not good at turn-taking. However, by applying what you have read in this workbook, these children can become more proficient at it.

Question 5
How do you divide attention correctly? Is this the correct of the incorrect way?
a. You give one child too long a turn and the other starts talking through it.
Incorrect: it is better to give one child a shorter turn so that the other does not get frustrated by having to wait too long, taking into account the child's developmental age.
b. The elder child decides who's turn it is.
Incorrect: in turn-taking, it is important for caregivers to take the lead in providing peace, structure and security, so that the child learns to trust that he will get his turn.
c. Because Sandra (8 years of age) has a moderate intellectual disability, she does not react immediately when it is her turn. Instead you give her younger sister Sandra's turn.
Incorrect: for children with moderate intellectual disabilities, it is important to wait slightly longer because they need more time to process stimuli.
d. You yourself are talking constantly while working with a group of people with mild intellectual disabilities, because you have the feeling that nobody is reacting.
Incorrect: if you articulate behaviours, thoughts and feelings/ emotions into words, you invite people with mild intellectual disabilities to react. This way the children feel heard and seen. If you only talk to them yourself you indirectly give them the

message that they are not being heard or seen, and so they will not respond. When you are the one talking, the focus lies on you and not on the child with the intellectual disability. Take into account that some children need more time process and process the question.

e. A person with mild intellectual disability likes to talk so you let him talk endlessly.
Incorrect. You can divide attention by saying: 'You have a lot to say' and then asking another child: 'What do you think?'

Question 6

The dictionary definition of giving a compliment is:
'An expression of praise or admiration'.
Giving compliments also often means praising the child and thus rewarding him for desired behaviour.
Why do you think giving compliments is so important? Mention at least three reasons.
Sincere concrete compliments ensure:

- *Strengthening the recipient's self-confidence.*
- *Repetition of certain behaviour.*
- *Supporting a learning process.*
- *Making difficult things more fun and even easier.*
- *Stimulating the child in a positive way.*

Question 7

Read all the tips again and carry out the following two tasks:

a. Try to divide attention in practice at least twice, for example during dinner, while watching TV together or playing. Observe the children's reactions and write them down so you can discuss it with the caregiver next time or during the next team meeting.
Your answer is reported here.

b. This week, try to give another person a process-oriented compliment twice. Examples of this could be; a compliment aimed at someone's concentration, working at a good pace, perseverance, finishing a task, 'doing your best', consideration for others and someone working accurately.

- What compliment did you give?
Your answer is reported here.
- What was the other person's reaction?
Your answer is reported here.

- Did you find it difficult to focus on the process and not on the result?
  Your answer is reported here.

Question 8
Circle the correct answer:

1. What was an important finding of the Scottish psychologist Trevarthen?

a. Through frame-by-frame video analysis Trevarthen showed that babies less than two-month-old and their mothers interact.
(b.) He described how important sensitivity is for a child's development.
c. He stated that problematic attachment in a child cannot be regained.

Answer a. is correct.
Answer b. is incorrect. Mary Ainsworth (1973) and Juffer, Bakermans and Van IJzendoorn (2008) wrote about the great importance of sensitivity of parents/carers for the development of children.
Answer c. The claim that problematic attachment is irreversible has been proven false in Sterkenburg's (2008) research.
Read more about problematic attachment in Chapter 1 and sensitivity in Chapter 2.

2. When does turn-taking/interaction between parent and baby start to develop?

(a.) 2 to 4 months
b. 4 to 6 months
c. 6 to 9 months

Answer a. is correct.
A Scottish psychologist - Trevarthen - has shown by means of frame-by-frame video analysis that there is interaction between a baby and her mother even in the second and third months of the baby's life. He and other researchers showed that a baby not only responds to his mother, but that he also communicates with her. To do so, a baby uses noises, hand movements and facial expressions.

3. Why is giving sincere, concrete compliments important?
a. This makes the child appreciate me as a caregiver.
b. This way I don't have to repeat everything to my child continuously.
(c.) This makes it easier for the child to learn difficult skills.
Answer c) is correct.
This makes it easier for the child to learn difficult skills.

4. Why is giving sincere, concrete compliments important?
(a.) For strengthening the child's self-confidence.
b. In this way, the child becomes less dependent on me.
c. Then the child needs me less as a parent.
Answer a. is correct.
Compliments strengthen the child's self-confidence.
As a caregiver, you remain very important to your child, whether you give compliments or not. The reason for giving compliments is unrelated to creating (in)dependence. However, making compliments can lead to increased self-confidence. This is then an indirect consequence. Still, the child is always dependent on the secure relationship with the attachment figure. As a caregiver, it remains important to provide a safe haven and secure base, also for children with relatively greater self-confidence.

5. How can you, as a caregiver, stimulate the development of turn-taking?
a. By interrupting the child and saying: 'Now it is my turn to tell something'.
(b.) By starting with yourself and telling her about what you did: 'I went shopping with Anne. Kelly played at Josi's.'
c. If the child is young, by first telling him in detail what you did and then give him a chance to tell you about something in return.
Answer b. is correct.
This way you give both children attention. They are both noticed. They are also stimulated to be interested in each other and to share experiences with each other.

6. How can you, as a caregiver, stimulate the development of turn-taking?

(a.) By giving everyone a chance to finish their turn.

b. By telling very little about yourself as a caregiver.

c. By always giving the child the first turn.

Answer a. is correct

For example, if Kelly is speaking and Anne interrupts, then welcome Anne and take the lead: 'Anne, you want to say something too, but Kelly is still talking at the moment. Just listen to her for a moment, then it will be your turn.'

*Answers b. and c. are incorrect. As a caregiver it is good to take the first turn yourself. In this w*ay, you can show what you expect of the child.

8 Own attachment

In the previous chapters, we have learnt what attachment is and why a secure attachment relationship is so important for a child's development. In this last chapter, you will become aware of the attachment style that your caregiver displayed during your own upbringing. You can reflect on this and change a possibly insecure attachment style into a secure one.

Example: Dealing with tantrums

Marianne is the mother of Hugo (3 years of age). Hugo has tantrums on a regular basis and Marianne doesn't know how to deal with them. She would like Hugo to calm down immediately. If he doesn't, she puts him in the corridor until he is quiet. Her mother used to do this with her as well and she turned out fine. Besides, she doesn't know how to cope with this any other way.

This example is illustrative of the various aspects we will discuss in this chapter.

Learning targets

At the end of this chapter you will:

- have learnt what attachment styles are and that they can be inherited.
- have learnt what a mental representation is and its effect.
- have learnt that you can change an attachment style.
- can reflect on your own attachment patterns.

8.1 What is an own attachment style?

The development of an attachment relationship between caregiver and child can depend, among other things, on the attachment style of the caregiver.

IMPORTANT TO KNOW

When thinking about attachment style, think about the patterns of attachment behaviour you learned in Chapter 1: the secure base and safe haven.

A secure attachment style assumes a caregiver who provides a secure base and becomes a safe haven for the child. When a caregiver offers such a secure attachment style to the child, the chance is big that the child will adopt this pattern and maintain it later on as an adult.

You maintain this style with other relationships; it determines how you interact with others. Suppose you have been taught a secure attachment style because it was the style in which your mother raised you: then later on you will probably react in the same way towards your own children.

Unfortunately, not everyone has been able to experience a secure attachment relationship. It is therefore important to realise that what you have experienced does not have to determine how you behave with your own children or clients. You can learn to become more sensitive and responsive.
If you have any questions about this chapter, please contact a caregiver or developmental psychologist.

Example: Ronald consciously does things differently

Ronald is the father of Mark (11 years of age). When Ronald was a child himself, and something unfortunate happened, *his* father would respond: 'Come on now. You're a boy: boys don't cry.' As a result of this Ronald never showed his emotions, nor did he learn to articulate them into words. Now, when Roland's son Mark falls or cries, his first reaction is: 'Come on, what is that?' But because he knows that he himself has had a lot of trouble articulating his emotions into words, he now chooses to articulate Mark's emotions. He points them out by saying: 'You have fallen, it must hurt; come here, I will put a plaster on it (safe haven), then you can continue to play' (secure base).

AND NOW... IN PRACTICE

Question 1
What do you think, is it possible to determine your own attachment style?

8.2 What are mental representations?

IMPORTANT TO KNOW

Within the relationship with your attachment figure, you develop a 'mental representation' or an expectation of the relationship with the other person.

Mental representation is an automatic or unconscious reaction to another person's behaviour. In caring for children and adults with a visual and/or intellectual disability, you enter into relationships with others. Therefore, you bring your own attachment style, your mental representation, in your work.

The way you react to others corresponds to what you have learnt earlier on. This in turn can influence the development of the bond with your child. It is therefore very important to be aware of your own attachment style and the way you react.

One internalises past experiences with attachment figures which often cause an automatic or unconscious reaction to new experiences.
One's mental representation of oneself determines one's behaviour towards others. Because of this, you (possibly) evoke the same reactions from others. The consequence of the mental representation is that you react in the same way, which comes along with the risk that you do not react in a flexible way.

Example: Becoming aware of your own mental representation

If your parents always said to you: 'Don't nag, just get on with it!', you have learnt that you cannot go to your parent with pain or sadness. Then, when your own child starts to cry, your first reaction will then probably be: 'Don't whine, just get on with it'.
Therefore you are not flexible in your reactions at that moment. This is an example of your mental representation 'maintaining' itself if you do not consciously work on it. Only when you become aware that you automatically react in this way can you decide to change it.

AND NOW... IN PRACTICE

Question 2
What do you think: Is it possible to transfer your mental representation to others?
Do you think it is possible that what you experienced and learned as a child you subsequently bring to your work as an automatic reaction?

Question 3
Are your parents the only people who determine your attachment style/mental representation?

8.3 Why is your own attachment important?

We have described that you have learnt a certain attachment style from your parents and that these experiences form a 'mental representation'.

IMPORTANT TO KNOW

Mental representations, automatic reactions, can be changed. When you are **aware** of them, you can start to react differently. In this way you can influence transmission.

This can be done with the help of, for example:

- Support from and discussions with friends.
- Education/courses.
- Positive school experiences during childhood: a particular teacher who played an important role.
- A supportive relationship with the other parent or someone outside the family.
- A supportive partner relationship.
- A training course in reacting sensitively and responsively.
- Psychotherapy, which enables people to react in a different way than they were taught by their parents.

All in all, success experiences are important: they provide self-confidence and reduce stress. They increase the chances of breaking the transmission cycle. In addition, low stress lifestyle (reducing stressful conditions) also helps.

The attachment representations that come with a secure attachment relationship are:

- Trust in the other person.
- Being able to seek the other, if necessary.
- Realisation that there will always be someone for you to turn to.
- Feeling safe.

Example: Awareness-raising at Siham

Siham (35 years of age) had a difficult childhood. Her parents worked very hard. Because of this, they were rarely at home and also very tired when they came home. Sometimes they would break down without any reason. This made it unpredictable how her parents would react when she dropped something or spilt something. She therefore did not dare tell them when she had dropped something or broken something. She also didn't dare show when she was sad. If she did, she would just get a snub. Her parents' reactions were unpredictable and therefore she did not trust them. When she became a teenager, she suffered a lot because she did not dare to trust others (intergenerational transmission). She started to eat less and things didn't go well for her at school either. Everyone started to worry. She went to a psychologist for help. Because of his empathy and caring she started to trust the psychologist and she learned to express her emotions. She realised why she did not trust others easily (she became aware of her unconscious mental representation). This enabled her to choose with whom to share her emotions.
Now that Siham is a mother, she chooses to give her son the support and understanding he needs. She is empathic and caring towards him (safe haven) and encourages him to further develop (secure base). She chooses to limit stress in the house and to be content with what she has. She wants to offer her son security and trust.

AND NOW... IN PRACTICE

Question 4
Consider how attachment works for you:

Imagine someone with whom you have a secure attachment relationship. This can be a parent, but also a friend, relative, partner, child or colleague.
Please fill in: I have a secure attachment relationship with

.....

I notice in this relationship that: (*several answers are possible*)

a. I can trust him.
b. I would like to be with him.
c. I prefer some distance from him.
d. He is there for me when I need it.
e. I feel secure when he is there.

.....

Now think of someone with whom you do not have a secure relationship and with whom you also do not want to build up a secure relationship.
Fill in: I do not feel attached to:

.....

I notice in this relationship that: (several answers are possible)

a. I can trust him.
b. I would like to be with him.
c. I prefer some distance from him.
d. He is there for me when I need it.
e. I feel secure when he is there.

.....

Question 5
Is it possible to change your attachment style/mental representation?

.....

.....

.....

.....

.....

8.4 How can you influence your own attachment style or mental representation?

IMPORTANT TO KNOW

Scientific research has shown that the mental representation of attachment is related to the degree of sensitivity of the caregiver towards a child. We also know that you take your attachment style with you into other relationships, including the way you react to others at work.

There is a link between the secure attachment of a child and the sensitivity and responsiveness of the caregiver. Therefore, it is important to increase the sensitivity of the caregiver. In this book, we have looked at the topic of empathy (Chapter 4) and expressing and articulating behaviour and feelings (Chapters 5 and 6). When you try to be more empathic and caring, the other person can start to trust you and can seek you out when he needs you.

Example: Mickeal reflects and practices

Mickeal noticed that others never sought him out with their worries and sorrows. Instead they went to his colleague. He started to wonder what was causing this. He became aware of the fact that he himself never goes to others with his worries and sadness. In fact, he never went to his parents when he felt sad or unhappy; this was his mental representation. He decided to pay more attention to what the other person might be feeling. He started to consciously articulate emotions into words more often in others and in himself. He started to empathise more with others and to articulate what they might feel or think into words. He noticed that, because he took the time to be sensitive to the emotions and the behaviour of others, they also started to come to him more often with their stories and showed him more trust. He had to keep practicing this because it did not happen automatically.

AND NOW... IN PRACTICE

Question 6
Think back to a conversation in which you felt completely understood.

This was the case in a conversation I had with

.....

Question 7
Reflect on the way you felt at that moment and place an 'x' on the dotted lines (which you can view as a scale) to indicate what was most applicable:

It was mostly a feeling ---------- It was mostly rational thinking

I explained a lot ---------- I explained little

He paid full attention to me ---------- He was distracted throughout

There was immediate understanding ---------- It took a long time to be understood

He was focused on me ---------- He was focused on himself

The conversation was planned ---------- The conversation was not spontaneous

Question 8
Take a critical look at yourself and place an 'x' on the line once again:

How sensitive are you? 1----------10

How sensitive would you like to be? 1----------10

8.5 Increasing your sensitivity and responsiveness as a caregiver

IMPORTANT TO KNOW

It is very important to be sensitive and responsive because it encourages the other person to explore his environment. A sensitive and responsive caregiver also offers comfort and protection in order to guide the other's feelings and reduce or even prevent problem behaviour. A good caregiver uses both the secure base and safe haven. There is **balance** (also see Chapter 1).

Caregivers of young children with a visual and/or intellectual disability have difficulty understanding and interpreting their child's signals. It therefore is a challenge to react sensitively and responsively to these children. An intervention that can help caregivers with these specific questions is Video-feedback Intervention to promote Positive Parenting in parents of children with Visual or visual-and-intellectual disabilities (VIPP-V: Platje et al., 2018). Another intervention is **Attachment and Biobehavioral Catch-up** intervention developed by Mary Dosier and tested in the care for parents of children with an intellectual disability (Mohamed et al. 2021) In these interventions positive parenting is promoted with the help of personal **video feedback**. Next to gaining more confidence and experiencing less stress during parenting the parent can react more sensitively to their child and their interactions with the child can improve. Trained (developmental) psychologists or early intervention workers guide these interventions.

Another video feedback intervention aimed at learning to respond more sensitively and responsively to the client, is the **High-Quality Communication (HQC)** intervention. Research shows that this is an effective intervention program for all caregivers, regardless of their attachment representation (Damen et al., 2021; Schuengel et al., 2010). This demand-driven coaching can be used in a group or individually. Daily contact moments are recorded and team members are stimulated to reflect on their own behaviour in the interaction with that specific client.

Everyone thinks about how they could react more sensitively and responsively to the signals and initiatives of their client.

Example: Maryam seeks a healthy balance

Maryam reacts in a sensitive way to the stress she sees in Francisca (11 years of age). She articulates her stress into words and describes how difficult it must be for Francisca to deal with it. When she has fallen for example, Maryam says: 'Francisca, you are crying, you probably have pain because you fell. Is that right? Come here and sit on my lap'. Maryam, however, does not subsequently stimulate Francisca to change her focus to something else or to solve the problem. In this way, Maryam does provide a safe haven for Francisca, but she does not stimulate her to move on again (secure base). Because of this there is insufficient stress regulation. Francisca keeps the high level of stress. Maryam reacts like this because she is used to this way of responding as her mother always reacted this way too. During the team discussion and video analysis it became clear that she does not stimulate Francisca enough to move on. Now that Maryam is aware of this, she intends to provide Francisca with a safe haven and a secure base more actively. She is going to articulate Francisca's stress into words and will also try to find a solution together with Francisca to reduce her stress. From now on she will say: 'Francisca, you are crying, you probably have pain because you fell down. Is that right? Come here and sit on my lap' (safe haven). When Francisca stops crying and becomes calm again, Maryam then says: 'Francisca, you are not crying anymore, it is over now so you can go back to playing' (secure base). The balance between providing a secure base and a safe haven for Francisca has now improved.

Question 9
How can you become aware of your own 'preferred' attachment style that you use with your children?

Question 10
Which attachment style do you use mostly in your work? The safe haven, the secure base or is there a healthy balance?

Question 11
Do you use different attachment styles with different children? That is, with one child more the safe haven and with other children the secure base.

Question 12
Do you want to use a different style or achieve a healthy balance so that you can provide a secure base and become a safe haven for your child?
If so, how can this be achieved?

8.6 Summary

A ‘mental representation’ is an unconscious reaction that you use and have learnt in the relationship with your attachment figure.

You bring your own attachment style, your mental representation, into the upbringing of your children and to your work as a social worker.

Therefore, it is very important to be aware of your own attachment style and the way you react to others.

You can consciously choose to change your way of reacting, so that you react in such a way that the other person develops a secure relationship with you. It is important to learn to both provide a safe haven and become a secure base, and that there is a healthy balance between them.

Example: Dare to reflect

During a team meeting the (developmental) psychologist asks the team to reflect on the way they respond to Boas (8 years of age) when he gets angry. It is striking that some members react by articulating Boas’ anger into words and that others immediately tell him to stop being angry and go to his room.
The (developmental) psychologist then asks them to reflect on what caused their own reaction. He asks: ‘How did your mother and father react when you were angry as a child or when you were sad?’ This makes the team members consider the possible ‘transmission’ from their parents to themselves. In this way they also become more aware of the way they react to others and can subsequently choose whether they want to continue to react in the same way or change it. They discuss their reaction: would Boas feel safe when sent to his room? Some team members indicate that it is not wise to send him to his room right away and choose to first mirror and articulate his behaviour and emotions into words in the future. All reflect on their reactions and gain more understanding of their own and others’ ‘unconscious automatic reactions’. This team conversation will have a positive effect on the relationship with Boas in the future. Because of a secure relationship with his caregivers, he will get angry less often. For a case description see also: Kroon and Sterkenburg (2014).

AND NOW... IN PRACTICE

Question 13
Circle the correct answer/the correct answers.

1. Suppose you would like to change the attachment style you have learnt from your parents; how would do you do that?
a. It cannot be changed; your attachment style is fixed.
b. By becoming aware that you react in an automatic way and consciously wanting to change this.
c. By reading many books on attachment and attachment theory.

2. Your mother is the only one who determines what your attachment style looks like.
Is this statement correct or incorrect?
a. Correct.
b. Incorrect.

3. Research indicates which factors can help break transmission. Which of the following factors demonstrates this? *(several answers are possible)*

a. A supportive relationship with the other parent or someone outside the family.
b. Psychotherapy, which allows one to react differently from the way he has been taught by his parents.
c. A training course in reacting sensitively and responsively.
d. A supportive partner relationship.
e. High stress lifestyle (stressful conditions).

4 How do you become aware of your own 'preferred' attachment style that you use towards your children? *(several answers are possible)*

a. By reflecting together with an educationalist or psychologist on your reaction to stress in your child.
b. By reflecting on your reaction to your child's stress levels when together with a caregiver, Developmental psychologist or during a team meeting.
c. By becoming aware of the way in which you react to different children when they demonstrate attachment behaviour.
d. By working as a volunteer with children who react differently during moments of stress.
e. By reflecting on the way in which you react to your child.

5 The sensitivity and responsiveness of people who have not had a pleasant childhood can be positively influenced.
Is this statement correct or incorrect?

a. Correct.
b. Incorrect.

8.7 Answers

Question 1
What do you think, is it possible to determine your own attachment style?
Answer: Yes, an American psychologist called Mary Main has developed a method by which everyone's attachment style can be categorised. This can be done with the help of the Attachment Biographical Interview (ABI) which can be administered by a (developmental) psychologist who has followed a course for this purpose; it is not a self-test. The ABI is an instrument for determining the quality of attachment relationships in scientific research. However, it is less suitable for practice.

Question 2
What do you think: Is it possible to transfer your mental representation to others?
Do you think it is possible that what you experienced and learned as a child you subsequently bring to your work as an automatic reaction?
Answer: Yes, it is possible. Lambermon and Van IJzendoorn (1991) indicate that you can 'copy' your patterns of reacting with others and that this often happens unconsciously.

Question 3
Are your parents the only people who determine your attachment style/mental representation?
Answer: No, your parents are certainly not the only ones who determine your attachment style and mental representation. Other adults who have cared for you also determine this.
It could also be that you use several styles. You can use one style with one attachment figure and other styles with others. Consider for example if there is difference in your relationship with your father compared to your mother.

Question 4
Consider how attachment works for you:
Imagine someone with whom you have a secure attachment relationship. This can be a parent, but also a friend, relative, partner, child or colleague.
Please fill in: I have a secure attachment relationship with:
Here you reported your answer.

I notice in this relationship that: *(several answers are possible)*
a. I can trust him.
b. I would like to be with him.
c. I prefer some distance from him.
d. He is there for me when I need it.
e. I feel safer when he is there.
Here you report your answer.

Now think of someone with whom you do not have a secure attachment relationship and with whom you also do not want to build up a secure attachment relationship.
Fill in: I do not feel attached to: *Here you report your answer.*

I notice in this relationship that: *(several answers are possible)*
a. I can trust him.
b. I would like to be with him.
c. I prefer some distance from him.
d. He is there for me when I need it.
e. I feel safer when he is there.
Here you report your answer.

Question 5
Is it possible to change your attachment style/mental representation?
Answer: Yes, people can develop a 'secure' mental representation despite a difficult childhood. In doing so, they break through the automatic reactions and intergenerational transmission of parenting patterns.

Question 6
Think back to a conversation in which you felt completely understood.
This was the case in a conversation I had with .....
Here you reported your answer.

Question 7

Reflect on the way you felt at that moment and place an 'x' on the dotted lines (which you can view as a scale) to indicate what was most applicable:

It was mostly a feeling ---------- It was mostly rational thinking

I explained a lot ---------- I explained little

He paid full attention to me ---------- He was distracted throughout

There was immediate understanding ---------- It took a long time to be understood

He was focused on me ---------- He was focused on himself

The conversation was planned ---------- The conversation was not spontaneous

Here you reported your answer.

Question 8

Take a critical look at yourself and place an 'x' on the line once again:

How sensitive are you? 1 ---------- 10

How sensitive would you like to be? 1 ---------- 10

Here you reported your answer.

Question 9

How can you become aware of your own 'preferred' attachment style that you use with your children?

Answer:

- *By examining how you respond to your child.*
- *By reflecting on your reaction to your child's stress levels when together with a caregiver, developmental psychologist or during a team meeting.*
- *By becoming aware of the way in which you react to different children when they show attachment behaviour (see Chapter 2, 'Observation').*
- *By discussing different cases with a caregiver, Developmental psychologist or within a team or family and finding out together what preferences different people in a team or family have.*

Question 10
Which attachment style do you use mostly in your work?
The safe haven, the secure base or is there a healthy balance?
Here you reported your answer.

Question 11
Do you use different attachment styles with different children? That is, with one child more the safe haven and with other children the secure base.
Here you reported your answer.

Question 12
Do you want to use a different style or achieve a healthy balance so that you can provide a secure base and become a safe haven for your child?
If so, how can this be achieved?
Answer: *You can go back to chapter 1 to read about the secure base and safe haven.*

Question 13
Circle the correct answer/correct answers
1. Suppose you would like to change the attachment style you have learnt from your parents; how would do you do that?

a. It cannot be changed; your attachment style is fixed.
(b.) By becoming aware that you react in an automatic way and consciously wanting to change this.
c. By reading many books on attachment and attachment theory.

Answer b. is correct.
You can change your attachment style. Just reading books is not enough though. It is important to reflect on your own automatic way of reacting. Based on this, you will consciously work on changing it.

2. Your mother is the only one who determines what your own attachment style looks like.
   Is this statement correct or incorrect?

a. Correct.
(b.) Incorrect.

Answer b. is correct.
Other caregivers can also influence your own attachment style.

3. Research indicates which factors can help break transmission. Which of the following factors demonstrates this? *(several answers are possible)*

(a.) A supportive relationship with the other parent or someone outside the family.
(b.) Psychotherapy, which allows one to react differently from the way he has been taught by his parents.
(c.) A training course in reacting sensitively and responsively.
(d.) A supportive partner relationship.
e. High stress lifestyle (stressful conditions).

Answers a, b, c and d are correct.
Only answer e is incorrect.

4. How do you become aware of your own 'preferred' attachment style that you use towards your children? *(several answers are possible)*

(a.) By reflecting together with an educationalist or psychologist on your reaction to stress in your child.
(b.) By reflecting on your reaction to your child's stress levels when together with a caregiver, developmental psychologist or during a team meeting.
(c.) By becoming aware of the way in which you react to different children when they demonstrate attachment behaviour.
d. By working as a volunteer with children who react differently during moments of stress.
(e.) By reflecting on the way in which you react to your child.
Answers a, b, c and e are correct.

It is important to reflect on your own attachment style.
Answer d is incorrect.

5. The sensitivity and responsiveness of people who have not had a pleasant childhood can be positively influenced.
Is this statement correct or incorrect?

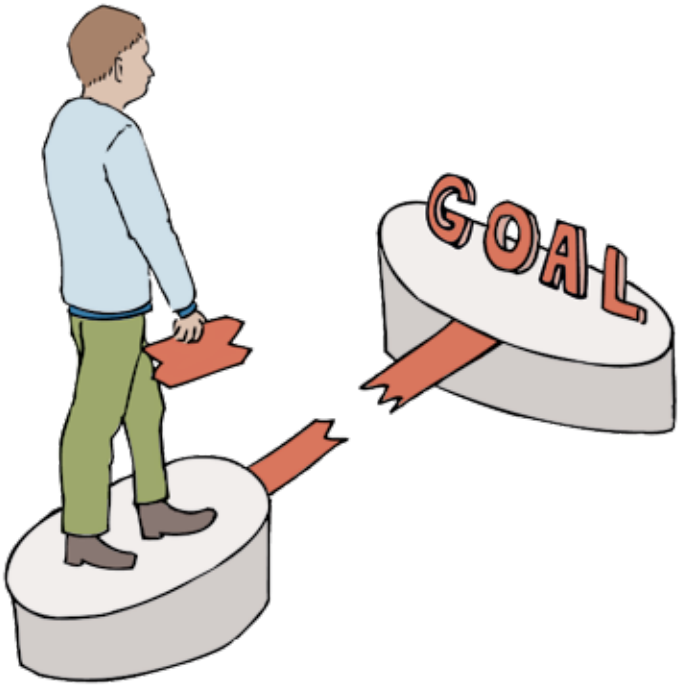
(a.) Correct.
b. Incorrect.

Answer a is correct.

Finally

With this workbook we focus on promoting secure relationships of trust and attachment. These relationships are important for a child's development and they contribute, among other things, to a sense of self-confidence, coping with stress in a healthy way, being able to think logically and being able to establish and maintain relationships on one's own.

However, it is not always the case that relationships are safe and secure. A risk factor for this is, among other things, a visual impairment and intellectual disability in the child. As a result of this, it is often very difficult for parents to interpret their child's behaviour correctly and to respond to it in the 'correct way'. We call this reacting sensitively, empathically and responsively. It is important to be able to observe the signals of the child well and then to react in the correct manner. In this workbook we have given many tips that can help parents, relatives, caregivers, supervisors and teachers to respond in such a way that it will contribute to the promotion of a secure relationship of trust or an attachment relationship.



As a parent, it is sometimes necessary to look in the mirror as well. The same goes for relatives, caregivers, supervisors and teachers. This will help them to reflect on the way of reacting to others and on the reason for this kind of reaction. This is of utmost importance because the way another person responds to you can in turn effect your response. This is addressed in the final chapter.

This workbook contains many practical examples that are anonymised but they are all real cases. We think that the examples may be familiar and will help to recognise the theory in practice. This is also the aim of the Academic Lab 'Social relations and attachment'. With the Academic Lab we connect science and practice. By working with three authors from different organisations, we hope to contribute to the connection between parents, relatives, caregivers, counsellors or teachers and children and adults with a visual and/or intellectual disability. With this book, we hope to contribute to making scientific knowledge accessible for application in practice.

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Glossary

Attachment: the bond a child has with his primary caregivers: the tendency of children to seek proximity and contact with a specific person, a trusted adult especially in times of anxiety, stress, fatigue or illness (Bowlby).

Attachment behaviour: any form of behaviour resulting in keeping or obtaining proximity to a trusted adult who is able to provide protection.

Attachment disorders: DSM-5 describes two types of attachment disorders: Reactive Attachment Disorder (RAD) and Disinhibited Social Engagement Disorder (DSED).

Attachment relationship: a relationship in which one person offers comfort, support and contact to the other person when the latter seeks this. This person also encourages the other to explore, to go on a journey of discovery. It concerns a dependency relationship between a child and a parent (or a person who assumes the parental role). For the relationship between friends, we do not speak of an attachment relationship.

Developmental psychologist: also known as a pedagogue: a person with a university degree involving a focus on supporting people with special needs.

Circle of Security: an image showing the development of a secure attachment relationship; the caregiver recognises what the child needs at that moment and provides either a 'secure base' from which the child can explore and develop or becomes a 'safe haven'; a place where the child can go with his stress and worries (Marvin, Cooper, Hoffman and Powell).

Emotionally available: when caregivers respond sensitively, empathically, and responsively to their child.

Empathy: recognising the emotional reactions of others and reacting appropriately. You really *feel* with someone's grief or joy and you offer support, comfort or have fun together.

Empathic: understanding the other person, feeling what the other feels, placing yourself in the other's position.

Exploring: trying out new things, searching for something new, discovering.

Insecure avoidant attachment: children who do not seek comfort when they are scared, sad or in pain. Parents of these children have not provided them with a sufficient safe haven.

Insecure disorganised attachment: children who display behaviour that is confusing to others. They often appear anxious and behave chaotically. These children show behaviour such as: seeking closeness and comfort from people unfamiliar to them; crying when seeing their parents after a short separation; controlling or 'bossy' behaviour.

Insecure resistant or ambivalent attachment: children who seek comfort from their parents, but find it difficult to feel really comforted. Subsequently they do not succeed in discovering the world (to explore). They constantly seek closeness and are sometimes very clingy, passive or angry. Parents of these children have not provided them with a sufficient secure base.

Intergenerational transmission: passing on certain qualities, characteristics or issues to the next generation.

Mental representation: expectations that the child has regarding the behaviour of and the relationship with the other. This is also called the internal working model.

Mentalizing: being aware of your own feelings and thoughts while also being aware of those of the other person. Being aware of how your own feelings and thoughts influence those of the other person. It also concerns being conscious of feelings that coincide with what you think and visa versa.

Problematic attachment: is used as a term when there is no secure relationship with the caregiver. It is a collective term for children who show problem behaviour as a result of insecure attachment, a broken or disrupted attachment relationship or a disorder.

Quality of attachment relationship: the quality of a child's relationship with his parent can be secure or insecure (avoidant, resistant/ ambivalent or disorganised).

Responsiveness: interpreting the behaviour of the child and reacting appropriately, and then providing what the child needs. This is not the same as giving the child what he wants.

Sensitive: being sensitive to signals, recognizing certain behaviours, seeing that the other person wants something from you.

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