

# Attachment Problems in Children



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## What is Attachment in Childhood?

Attachment in childhood is the relationship between a child and their primary caregivers.

For secure attachment to form, a child needs to be safe, seen, and soothed. A child needs to be with safe, reliable, predictable, and dependable caregivers. A healthy bond is important in childhood, and the absence of this bond can cause harm to a child.

Children who don't have secure attachments can develop insecure or disordered attachments. Attachment concerns can be mild to severe in childhood.

Disordered attachment is characterized by a failure to trust caregivers. Children may show a *Push/Pull interaction style*. The child is needy one moment and sometimes violent and out of control the next moment.

## Symptoms of Attachment Concerns in Children

Although there are many types of attachment symptoms, here are some of the common signs.

- **Lack of warm and affectionate interactions:** your child is slow to warm up to you or not at all. When you go to hug, it feels robotic. Social interactions may be impaired across the board.
- **Overly friendly with adults:** your child will talk to or hug a stranger as if they were someone well known and close
- **Lack of comfort-seeking when scared or ill:** your child does not go to you for support when hurting
- **Overly dependent:** your child never wants to leave you and is not able to even do the most minor task without you
- **Ignoring caregiver:** your child is unaware of your presence, ignoring requests, or coming to you for comfort.
- **Caregiving others:** your child is the parent. Instead of caring for their own needs, your child is overly concerned about you or another child or sibling
- **Bossy and violent:** your child can become violent when you are gently but firmly enforcing rules

Insecure attachment forms when a caregiver is inconsistent. The child's experience is always changing and feels unpredictable.

If a child experiences abuse or trauma, insecure attachment can form. It can also form if the child witnesses domestic violence or is in an unsafe environment.

Disordered attachment can result from insufficient care or pathogenic care. Pathogenic care means a primary caregiver cannot care for their child's needs. It can also occur with early separation from a primary caregiver. Frequent changes in caregivers and neglect can also result in insufficient care.

Children with attachment disorders have challenges interacting with others. For example, children can be less likely to seek or respond to comfort. They are less trusting of adults. Other children can be overly attention-seeking and clingy to adult strangers or acquaintances.

## Different Forms of Attachment in Children

### Secure attachment

Secure attachment in childhood is when a child has their physical and emotional needs met.

Children with secure attachment know that they will be comforted when distressed. They trust that their caregivers will take care of them. Children with secure attachment feel comfortable exploring their world.

An example from *The Power of Showing Up* (p.53) [1] states the child's experience, "My parent isn't perfect, but I know I am safe. If I have a need, they will see it and respond quickly and sensitively. I can trust that other people will do that, too. My inner experience is real and worthy of being expressed and respected."

Securely attached children have learned that they will be seen, loved, and cared for in their lives. They have a stable world free of excessive pain and trauma, and they have parents upon whom they can rely.

This child's needs are met. These parents set clear limits and realistic expectations, remain patient, and stay positive. These parenting skills become even more important when a child has a history of attachment challenges.

themselves because their emotional needs are not being met consistently.

An example from *The Power of Showing Up* (p.53) [1] states the child's experience is "My parent may be around a lot, but they don't care about what I need or how I feel, so I'll learn to ignore my own emotions and avoid communicating my needs."

Children with avoidant attachment often have their physical needs being met. The child's need to be seen is often unmet. There is a lack of emotional connection. These children have learned to adapt to their emotional needs not being met. These children often don't ask for help when they need it.

In an infant, this form of attachment can look like a child not noticing the return of their caregiver when they come back in the room. Research has shown that the need for connection remains even though the child is not asking for attention.

Avoidant attachment in childhood increases the likelihood of conduct problems.

## Anxious or ambivalent attachment

Anxious attachment in childhood is when a child becomes anxious because they can't predict when their needs for comfort and care will be met.

Children with anxious attachment have caregivers who sometimes meet their needs. At other times, the caregiver is unable to meet their needs.

An example from *The Power of Showing Up* (p.53) [1] states the child's experience is "I never know how my parents will respond, so I have to stay constantly on edge. I can't ever let my guard down. I can't trust that people will predictably be there for me."

As a result, these children are worried about whether their caregiver will show up and meet their needs. Children with anxious attachments want to be with their caregivers constantly and need constant reassurance. They will ask for help even when it is not needed. These children have nervous systems that are constantly aroused. Children with anxious attachment are at a greater risk of developing anxiety disorders.

## Disorganized attachment

Disorganized attachment is when a child experiences events where they are unable to cope and evoke a sense of terror. These experiences overwhelm the child's nervous

fear instead of safety and security.

Children with disorganized attachment are not able to find comfort in an organized way. They are not able to get comfort when they go off by themselves or when they signal distress to their caregiver.

Children with disorganized attachment may demonstrate inappropriate caregiving to their peers. These children often show controlling behaviors towards their primary caregivers.

Children with disorganized attachment tend to be unable to trust and be close to others. They may lack remorse, can be aggressive and punitive, and have no organized strategy to connect. Children with disorganized attachment have the strongest predictor for pathological outcomes.

Sometimes, children on the autism spectrum can show disorganized attachment in the absence of maltreatment.

## Reactive attachment disorder

Reactive attachment disorder is when a child mistrusts adults based on their experiences.

These experiences often happen early in life. Even a prenatal experience of stressful exposures can contribute to RAD. RAD can be the result of not having consistent and predictable caregiving. Often, these children have experienced fearful and terrifying events.

Children with reactive attachment disorder often show a lack of positive emotions. These children often present with negative emotions. For example, emotions of fear, sadness, and irritability, even during pleasant interactions. Children with RAD show avoidant behavior socially.

Children with RAD can be aggressive and have unpredictable social interactions. They can shift from being familiar and comfortable with you to angry and rigid. These children can be uncooperative.

## Disinhibited social engagement disorder

For example, a child may have a push/pull interaction with their caregivers. With others, they instantly cling. They cling to the friendly parent at the pool, walk to the neighbor's door, and ask to come inside.

They may meet a substitute teacher and ask to come to their house on the weekend. DSED is marked by overly familiar behavior and a tendency to attach to anyone quickly.

### Types of Attachment Disorders



*This short video by Dr. Kroncke covers the types of attachment disorders.*

## Causes of Disrupted Attachment in Childhood

### A significant loss

Symptoms of attachment concerns may surface if your child has gone through the loss. For example, a child loses their primary caregiver, such as a parent or grandparent.

### A lengthy hospital stay

Some children with attachment challenges had to be in the hospital a lot in infancy or early childhood. These frequent separations can cause attachment concerns.

If a child has frequent hospital stays and is being poked and prodded with needles and treatments, the child may feel mistreated. Even though these medical professionals intend no harm, the infant or toddler does not understand this positive intent. As a result, the child may feel afraid to trust adults.

If you or your child experienced a long hospital stay, there are things you can do to bring forth secure attachment for your child. Read the How to Help Your Child Form Secure Attachments section for tips and strategies.

## Developmental trauma

Even in loving families and stable homes, children can experience developmental trauma. This is trauma that results from relational interaction patterns. For example, if a child has a very anxious mother, the child may pull away, detach, and 'dissociate' from their own emotions to not stress their mother.

Children rely on their primary caregivers for survival. Because of this, children may go to extreme lengths to protect their relationships. Children may do this by sacrificing their own authentic feelings. In this case, the child will likely have difficulty attaching to others and may avoid closeness and intimacy. [2]

Frequent changes in a young child's life can also cause developmental trauma. For example, a move across town, divorce, death of a pet, or change of schools can cause some level of what psychologists call 'small t trauma.'

Committed and loving parents may have a child who struggles with attachment. Examples include loving parents who are in the midst of a violent and contentious separation and divorce. A single parent might have little support and an unpredictable work schedule. Due to this schedule, the parent must pass their young child from relative to relative. It can also happen when a parent suffers from severe depression or addiction.

## Adoption

If your child was adopted at birth from a birth mother who had high stress and trauma in her pregnancy, you may notice symptoms.

can take months or years to manifest. The child may have attachment challenges because the first months or years of life were challenging and unpredictable.

## Environmental factors that can cause attachment issues in childhood

According to the book *Attachment, Trauma, and Healing* (p. 133), the causes of disrupted attachment include the following factors. [2]

### Parent and caregiver factors

- Abuse or neglect
- Ineffective or insensitive care
- Depression, bipolar, postpartum
- Substance abuse
- Adolescent parenting
- Prolonged absence due to being in prison or hospitalized
- Family history of maltreatment and compromised attachment

### Child factors

- Difficult temperament
- Premature birth
- Medical conditions: unrelieved pain, colicky
- Failure to thrive
- Hospitalization: separation and loss
- Genetics

### Environmental factors

Violence – victim or witness



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medical care

- Lack of stimulation

## How to Help Your Child Form Secure Attachments

### Understand your attachment history

If you can reflect on your own attachment history and make changes, you can give your child secure attachment.

This is done by reflecting on how well your caregivers followed the four S's. They are Safe, Seen, Soothed, and Secure.

Safe is being protected and sheltered from harm. Seen is knowing your caregiver cares about you and pays attention to you. Soothed is when you know your caregiver will be there for you when you are hurting. Secure is having predictable caregivers. As a result of your parents keeping you safe, seeing you, and soothing, you can do this for yourself.

If you did not receive one or more of these four S's in your life, your goal now is to learn them and give them to yourself and then give them to your child.

The good news is research shows you can give your children secure attachment even if it wasn't gifted to you.

### Create a loving, supportive, and safe environment

Your child needs to know their physical needs are met and that you will keep them safe and free from harm. For children who have had their attachment disrupted, harsh discipline, time out, and punitive punishments hurt the relationship between you and your child. These methods should not be used under any circumstances.

Start first by creating a loving and safe environment. If your child needs redirection or correction for behavior, allow them to calm down first. Stay near if you can keep calm yourself. Wait to provide lessons and learning until after your child has calmed down.

Emotional regulation is the ability to self-soothe and calm yourself down in a healthy way.

1. **As the adult, calm down first.** When you or your child is upset, it is important to not respond from this place. Instead, state that you are going to take a break and you will be back.

If your child is upset, and if you can remain calm, stay with your child. Do not try to reason with your child when they are upset. This will help your child know they are safe. Always teach lessons from a place where both of you are calm.

2. **Teach your child to recognize emotions in their body.** Help your child recognize where they experience different emotions. For example, do they feel tightness and an uncomfortableness in their heart, signaling sadness?

When they are angry, does their face turn red? Does your child tense certain muscles? Help your child develop a feelings vocabulary and understand what the felt sensation of those emotions feels like in their body.

RECOGNIZING EMOTIONS TAKES A LOT OF PRACTICE. KEEP AT IT.

3. **Help your child link an emotion, an uncomfortable feeling, and a healthy coping strategy.** For example, when your child is experiencing a painful emotion, help them recognize the emotion instead of having an outburst. They can ride the wave of the emotion and choose a healthy strategy for coping.

Healthy strategies include riding a bike, walking, progressive muscle relaxation, visualizing a favorite place, drawing a picture, texting a cheerful friend, having a cold glass of water, drinking tea, and taking a bath, among others.

4. **Get help for yourself.** The key to teaching your child emotional regulation is the ability to regulate your own emotions in a healthy way. Many of us were not taught healthy ways to cope, and it may be hard to stay calm. Get the support you need!

## Make time for positive connections every day

Help your child know they are loved and cared for by providing quality time for connection.

strategy, and encourage some parents into to include playing a board game while connecting.

This time is special and is not taken away from your child. It helps your child know they are cared for and important.

You can also schedule a once-a-month activity with your child where you do something special together. The importance here is consistency and that it happens no matter the circumstance.

## Benefits of Secure Attachment in Childhood

- Higher self-esteem
- Improved emotional regulation
- Increased academic success
- Able to cope better with life stressors and setbacks
- More positive social engagements with peers
- Closer friendships
- Happier and healthier relationships with caregivers
- Greater sense of self-agency
- More trusting, non-hostile romantic relationships in adulthood
- Greater empathy
- Able to trust life and take healthy risks
- Ability to make healthier choices in the face of setbacks and challenges

## When to Seek Help for Attachment Concerns in Childhood

Children with severe attachment concerns, such as demonstrating violence, hurting animals, or refusing to talk to anyone, need special behavioral support and care. It is best to work with a professional trained in treating attachment and trauma so they can guide you on best practices.

## Professional Resources for Attachment Concerns in Childhood

*If your child is struggling with this symptom to the point that it is getting in the way of their learning, relationships, or happiness, the following professionals could help. They may offer diagnosis, treatment, or both.*

- **Psychotherapist or play therapist:** to treat symptoms of attachment, trauma, anxiety, or depression. Make sure to find a specific attachment or trauma therapist as not all therapists are trained in these skills
- **Family therapy:** to help with the family system. In addition to having a therapist to work with your child, you are likely to need a family therapist to help with the family system as it is such a crucial part of secure attachment
- **Psychologist or neuropsychologist:** to consider a full assessment to look at attachment versus other factors like autism
- **Pediatrician:** to prescribe medicines and to treat health conditions; this approach is often an effective treatment when combined with psychotherapy for emotional aspects
- **Psychiatrist:** to provide and manage medication.
- **Parenting consultation with a psychologist:** to help parents, as some children may be more challenging to raise. Behaviorally challenging kids may need extra support from parents. Again this professional should be trained in working with trauma and attachment issues

## Similar Conditions to Attachment Concerns in Childhood

- **Emotional regulation:** some children can be particularly intense. They may have temper tantrums and might be more emotionally labile. Temperament refers to personality characteristics that we are born with as early indicators of who we will be. According to researchers Thomas and Chess, intensity is one of 9 temperament characteristics obvious early in life that could influence emotion regulation. This intensity could also relate to mood.
- **Mood swings:** some children are more intense and moody, which can be evidence of later mood regulation challenges. It will be important to watch for signs of anxiety or depression. Significant mood swings are consistent with attachment disorders, but attachment is not the only probable cause of these challenges.
- **Perseverating:** some children have the tendency to obsess over objects or interests. Children may have an insatiable need to do something calm and predictable repeatedly, which gives a sense of security and stability. Repetitive and perseverative behavior can also be a sign of an Autism Spectrum Disorder. Often, clinicians have difficulty distinguishing some symptoms of autism from attachment. Early history is very important, and consideration of the emotional nature of the perseveration should be observed, rather than a need for sameness and routine that is more likely to be Autism.
- **Sad memories or cognitive distortions/unstable early life/family problems:** some children may have experienced abuse, neglect, poor early care, or may have been exposed to something traumatic like the death of a family member. These memories may not be accessible by your child but may have a significant impact even if the experiences happened before they could form words. Having had these experiences could be a sign of trauma or an attachment disorder.

## References on Attachment in Childhood

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