



## TRANSITIONS AND ATTACHMENT

### Transitions

The transition phase is an important part of supporting healthy attachment.

#### ● **Make a plan for the transition to your home and be ready to adjust it as you learn more**

When developing transition plans, take into consideration that the child has a history prior to their adoption placement. Regardless of how much information you have about the child, whether it is a closed or open adoption, there will be a period of discovery and it is best to plan for plenty of time to make this change.

#### ● **Consider the five senses of the child**

##### • **Sight and Hearing**

These senses can have a powerful effect on a child's transition. A child who is transitioning from an orphanage might see and hear more things on the way to their new home than they've seen in their entire life.

##### • **Smell and Touch**

These can have a major influence on a child's transition. Think about all the unfamiliar scents and textures the child will experience in their new home.

##### • **Taste**

You may find that a child is resistant to certain foods that your family eats. They may not like the taste because they are not used to it. Find out what kinds of food they are used to eating, when they eat and how they are fed. Try to have familiar food available.

#### ● **Think about nutrition**

Nutrition is an important part of the child's history and should not be changed all at once. Sudden changes from one type of diet to another can be very physically stressful.

#### ● **Plan for a period of discovery**

- Approach the transition phase with a willingness to learn about what your child needs as an individual. It is important to preserve rituals, routines, and language—such as common words.
- Find out as much as possible ahead of time by asking as many questions as you can. For example: Is the child allergic to certain foods? Does he or she have an allergy to pets?



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# Attachment

### ● Promote healthy attachment

- Maximize parent-child time in the first year by limiting the role of other caregivers until there are clear signs that the child orients and anchors to you as the primary caregiver.
- Avoid institutional daycare settings because they mimic the dynamics of orphanage life. If both you and your co-parent must work, use in-home daycare in the first year.
- Extended family members should be educated about the attachment process so that their feelings are not hurt when you don't let them swarm the child and when you initially turn down their efforts to babysit.

### ● Ways to improve attachment

- Pair "touch" with activities that your child enjoys. (e.g., putting lotion on each other, holding your child while you feed him or her or cuddling while you read together, etc.).
- Play games that promote eye contact and joint sensory exploration (e.g., blowing a feather across the table to one another, tickling with a feather, kneading dough together, etc.).
- Do not force intimacy; rather ask permission to hug or touch if your child is of an age where they can communicate verbally because it assures the child that you respect their needs and space. Children who have been neglected often need to learn the pleasure that comes with connection and touch.

### ● Self-care and being prepared

- Look at your own attachment history. What did your parents do well, and what could you improve on?
- Ask for help. It's okay to not have all the answers. Make connections with friends and professionals who have experience with adoption.
- Tolerate distress; be accepting of a child's crying and emotional ups and downs.
- Honor and pay attention to your close relationships, especially with your spouse or co-parent.
- Get your support systems in place: friends, relatives, support groups, online groups, adoption professionals, teachers, church, community, and other adoptive parents.

### ● Reactive Attachment Disorder (RAD)

- Reactive Attachment Disorder is a clinical diagnosis for the most serious attachment problems. It is sometimes overused by clinicians, and there may be a propensity for clinicians to jump to this conclusion if there is a known trauma history prior to adoption. The diagnosis requires that there are severely impaired and inappropriate interpersonal relations before age five. The impairment extends across social situations and is not due to another disorder (e.g., Autism Spectrum Disorder). It is generally manifested



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across different caregivers. There is a known history of serious neglect, maltreatment, or disrupted attachment. RAD symptoms may be more severe if disruption occurs in early childhood (in the first three years) and if disruptions were frequent.

- Symptoms of inhibited type: child is ambivalent, inhibited, or has a hyper-vigilant reaction to one or more adults (one of the adults is the parent). It is highly co-morbid with PTSD.
- Symptoms of disinhibited type: child approaches unfamiliar people for affection, comfort, or social needs. This is a much more treatment-resistant symptom.
- Less severe attachment-related issues can be helped with coaching to learn trust and attachment.
- If you suspect that your child has attachment-related issues, see a therapist who has experience with treatment and training in the attachment of training.

Go to [www.attach.org](http://www.attach.org) for the latest research and references to therapists.

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