
Connecting with Your Child with ASD: Looking at Attachment Styles

Sarah Zucca, MS, LPC, CADC

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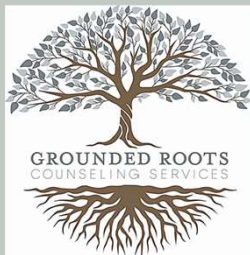


Use of autistic vs. person with autism in presentation.

Listening to the autistic community and this is what they ask to be referred to.

There is a movement to use identity first language vs person first language.

About Me



Co-Owner of Grounded Roots Counseling Services.
specialize in Attachment Trauma Therapy utilizing EMDR (Eye Movement
Desensitization and Reprocessing) to help heal from past or recent trauma wounds.

Objective:

What is Attachment Theory ?

How ASD is different than NT with attachment

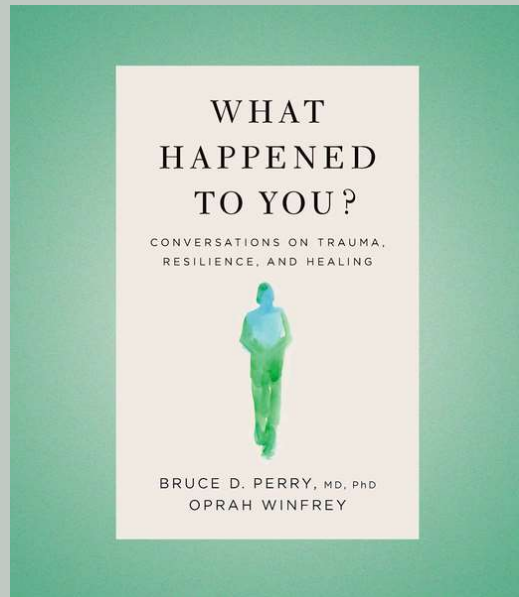
Ways to improve your attachment to your child

Resources

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Disclaimer

This presentation is for educational purposes only. Nothing presented here is meant to be used to treat, substitute as therapy, or go into personal details regarding self or clients.



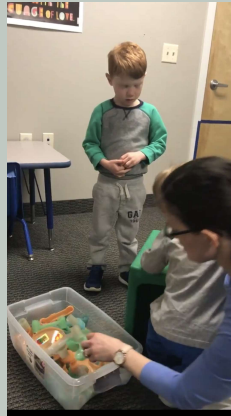
This is intended to be for educational purposes only.

Talking about attachment with our children, information may activate old trauma wounds in yourself.

I will go over this again at the end, but in order to have healthy, secure attachments with our children, it is important we take care of ourselves, and this includes any attachment or trauma wounds.

I recommend the book "What Happened to you?" By Bruce Perry and Oprah to gain better understanding of how trauma impacts us in current times.

Our Attachment Journey



History

- Bowlby- 1930s
 - Protect from threat
 - Regulate Emotions
 - Biological
- Ainsworth- 1970s
 - Strange Situation Experiment

"Humans are born with a need to form a close emotional bond with a caregiver." Bowlby



Some of the first people to study Attachment were John Bowlby (1930s) and Mary Ainsworth (1970s).

Attachment theory states: bond will develop during the first six months of a child's life if the caregiver is appropriately responsive.

Bowlby believed attachment served two functions: 1. protect vulnerable individuals from potential threat and 2. help a child regulate emotions following a threatening or harmful event. Bond between mother and child is strongest.

It is biological. Born with an "attachment gene."

You see attachment in all human cultures and primate species. This is related to evolution and survival.

Mary created an experiment called the Strange Situation. Completed with 12-18 months olds. Has a child, mother, and stranger. Has a series of separations and reunions with caregivers. Assesses how children regulate their negative emotions by using their caregiver as a "secure base."



Styles of Attachment

- Secure
- Insecure-Avoidant
- Insecure-Anxious
- Disorganized



Secure Attachment

- Roughly 50-60% of population
- Warm and loving bond between parent and child

Child:

- Active and demonstrate confidence
- Can build long term relationships
- Ability to regulate difficult emotions and seeks comfort with caregiver
- Easily reassured
- Bothered by strangers
- Prefers primary caregivers

Parent:

- Provides a sense of safety and security
- Regulates emotions by soothing distress, creating joy, and supporting calm states
- Offers a secure base from which to explore
- Emotionally available
- Allows child to express both positive and negative emotion
- Adapts ways of intervening to match developmental needs

Sarah Zucca Attachment & ASD 2022
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- As we talk more about autism it is important to remember that just because your child does not exactly match these descriptions, does not mean they are not securely attached.
- Attachment in autism looks different
- Just because child was not easily soothed, does not mean they were not securely attached. There could be physical/medical reasons, sensory reasons contributing to difficulty to soothe.
- Also, just because child could not regulate emotions, we know this is part of a neurodiverse brain and not specific to autism.
- There are overlaps between autism and attachment difficulties

Insecure-Avoidant

Child:

- Indifferent to caregiver
- Distrust caregiver
- Learned to rely on self
- Grow up feeling unloved and insecure
- Struggle with expressing needs and wants

Parent:

- Unresponsive or neglectful
- Caregiver was insensitive or rejecting of child's needs
- Caregiver was not attuned or connected
- Caregiver seems angry in general
- Attribute wrong motivations to the baby

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Research has shown that these babies still have the same levels of stress hormone, but do not show the same emotional reaction as other types of children. They have learned to “turn off” their emotional response to avoid being rejected.

They have learned rules that when distressed, to not show this.

Use self-reliant tactics to control and reduce negative emotions

As Adults: tend to avoid intimate relationships, struggle with expressing feelings. Find it hard to understand emotions

Parent: the parent may think “the baby is crying to spite me.” Or “this behavior is manipulative” vs viewed as adaptive for survival (Crying to get picked up).

Insecure-Anxious

Child:

- Have anxiety about whether caregiver is available
- Overactive right hemisphere
- Feel emotions intensely
- Clingy
- Child stays focused on caregiver's behavior

Parent:

- Over involved caregiver
- Caregiver was inconsistent or unavailable
- Didn't allow child to develop autonomy and self-actualization
- Own mental health takes center stage

Childhood: environment is explored with anxiety/fear rather than excitement

Constantly seeks approval from caregiver and continuously observes surroundings for fear of being abandoned

Child is very in tune with the emotional state of the caregiver.

Adulthood: are often withdrawn, unassertive, and have poor interpersonal skills

Emotionally dependent in adulthood

Disorganized

Child:

- Experienced abuse/traumas
- Need to dissociate or detach from body/mind to survive
- Safety is now the source of alarm/danger
- Displays intense anger and rage

Parent:

- Behavior is overwhelming, frightening, chaotic
- No attempts to repair with child
- Caregiver may have their own form of trauma that is untreated

Mostly occurs when infant/child has experienced traumatic experiences (abuse, maltreatment, significant loss of a caregiver)

Doesn't have to be sexual or physical abuse. Could be neglect or addiction that impacted the child's system.

Combination of anxious and avoidant attachment styles

Avoids intimate relationships as adults

Their parents should have been a source of comfort, but were a source of terror

The first two years are the most critical for brain development and ability to have attachment repairs. Not to say that it is impossible, just will most likely take expert intervention to heal trauma wounds

Autism and Attachment

- Kanner- 1940s
 - Refrigerator moms
- Bettelheim- 1940s-1970s
 - Emotional disorder
- Rimland - 1960s
 - Biological source for cause of autism

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1940s Kanner first person to write and talk about autism. Prior to this children with these symptoms were called emotionally disturbed, psychotic, or schizophrenic. Studied children from academic oriented, wealthy, white families. Small sample size and certainly skewed with demographics. Described cold intellectual natured parents, especially mothers. Identified “refrigerator moms” as the reason children developed autism. Described mom’s as lacking warmth and the parent-child relationship was dysfunctional. He proposed removing the parents in order for the child’s autism symptoms to improve.

1940s-1970s Bruno Bettelheim built reputation up as an autism expert. He stated autism was an emotional disorder that developed in some children because of psychological harm brought on by mothering.

In 1964- Bernard Rimland published a book “Infantile Autism: the syndrome and its implications for a neural theory of behavior.” Had a child himself with autism. Book sought to find the biological theories of autism development. The idea that poor parenting was a cause of autism was repeatedly challenged and eventually rejected. He provided the first solid argument that autism is a biological condition

A lot of damage was done to families who felt the blame of their child having autism.



Autism Symptoms and Attachment

- Joint attention
- Eye contact
- Sensory needs
- Theory of mind
- Emotional regulation
- Shared imagination
- Deficits in social communication both verbal and nonverbal
- Atypical play
- Inflexibility/rigidity

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Autism shares both core and secondary symptoms with attachment difficulties

Sometimes children with severe abuse or maltreatment are misdiagnosed with autism. It's important whoever is doing the evaluation understand the impact abuse has on the developing brain. While they look similar, they are very different. Professionals, this is why a thorough assessment of trauma is imperative

Symptoms: Children with ASD spend much less time in joint attention compared to NT (30% for ASD, 76% for NT, and 78% for down syndrome)

Theory of mind: ability to take someone else's thoughts into consideration. Realization that someone else has different thoughts and feelings than our own

Atypicality: things that are not commonly seen in NT individuals. Ex: Hand flapping, unusual body movements.

Autism Research



- * Under-researched (starting to change)
- * Children with autism can form secure attachments (50%)
- * Ways of showing attachment differs from NT
- * Key features impacting attachment were intuition, sensitivity, and being resolved with diagnosis

Originally it was believed that children with autism could not form secure attachments.

Research with autism did not start until 80s and was slow until more recently. Could be because of fear of blaming parents for their child having autism.

Literature with autism and attachment is confusing. Most of the studies used older participants vs. the typical 12-18 mo.

Does show Children and their families with autism may be at an increased risk of developing insecure attachment patterns because of the lack of communicative and social interactions that enhance attachment in other relationships. It is hard to tease out what are the attachment difficulties and what are the autism symptoms (hand flapping, emotional regulation challenges, and lack of joint attention)

It is believed to be 55-63% of the general population has secure attachment

May experience more contact resistance and less contact-seeking, fewer prosocial responses to caregiver (smiling or happiness upon return), deficits in social interaction (initiating joint play)

Insightfulness

- Ability to see things from the child's point of view
- Ability to know the motives behind a child's behavior
- Acceptance of the child's challenging behavior
- Open to new information about the child
- Presume child's competence

"Children then experience these mothers as emotionally attuned, accepting, and nurturing and therefore develop a secure attachment."
– Oppenheim et al., 2009

Example of taking son AZ to a birthday party. There was lots of noise going on (kids talking and equipment that was very loud). I immediately knew he was going to need help regulating. I was able to be quickly responsive (had asked that I remain at the party to support), helped first with placing my hand over ears, realized he was dysregulating, so we walked outside. I could talk to him about how the noise was impacting him. He shared "my ears are burning." Then we could go back in and finish the party. I did not take his dysregulation to mean he was not having fun or that we should leave (although we may have had to if he was not able to regulate). On car ride home I asked him how he thought the party went and he said "it was a lot of fun."

Had I not known what was dysregulating him, I wouldn't have been able to intervene. Had I misinterpreted his sensory needs and protests related to the sensory overload, I may have assumed he was not having fun and wanted to leave.

Sensitivity

- Emotionally attuned
- Accepting
- Nurturing
- Correctly interpreting
- Respond appropriately & quickly



Sensitive caregivers notice the cues their child are sending for safety, connection, basic need, interpret them correctly, & respond appropriately and quickly

A sensitive care-taker also acknowledges how the child is feeling. When our children are having big reactions it's important to acknowledge "you are very angry right now. You did not like it when we had to put on sunscreen." This allows the child to feel heard and seen.

Our voice and tone matter. How we talk to our children regardless of their needs is important. Think about how you prefer to be talked to, especially in times of distress.

Resolved vs. Unresolved

Resolved caregivers:

- Change in thought and feelings since diagnosis
- May talk about a period of grieving
- Moved on with their lives
- Primary focus is helping child
- Oriented to present and future
- Focused on growing in knowledge and understanding

Unresolved Caregivers:

- Show little change in thoughts and feelings since diagnosis
- Some may still be very much absorbed with their own grief
- Feel angry and overwhelmed much of the time
- Appear emotionally cut off
- Unrealistic expectations
- Preoccupation with a search for cause

Paying attention to: is there a change since initial diagnosis with how the caregiver feels and thinks.

Are they accepting of the reality of the diagnosis and all it means.

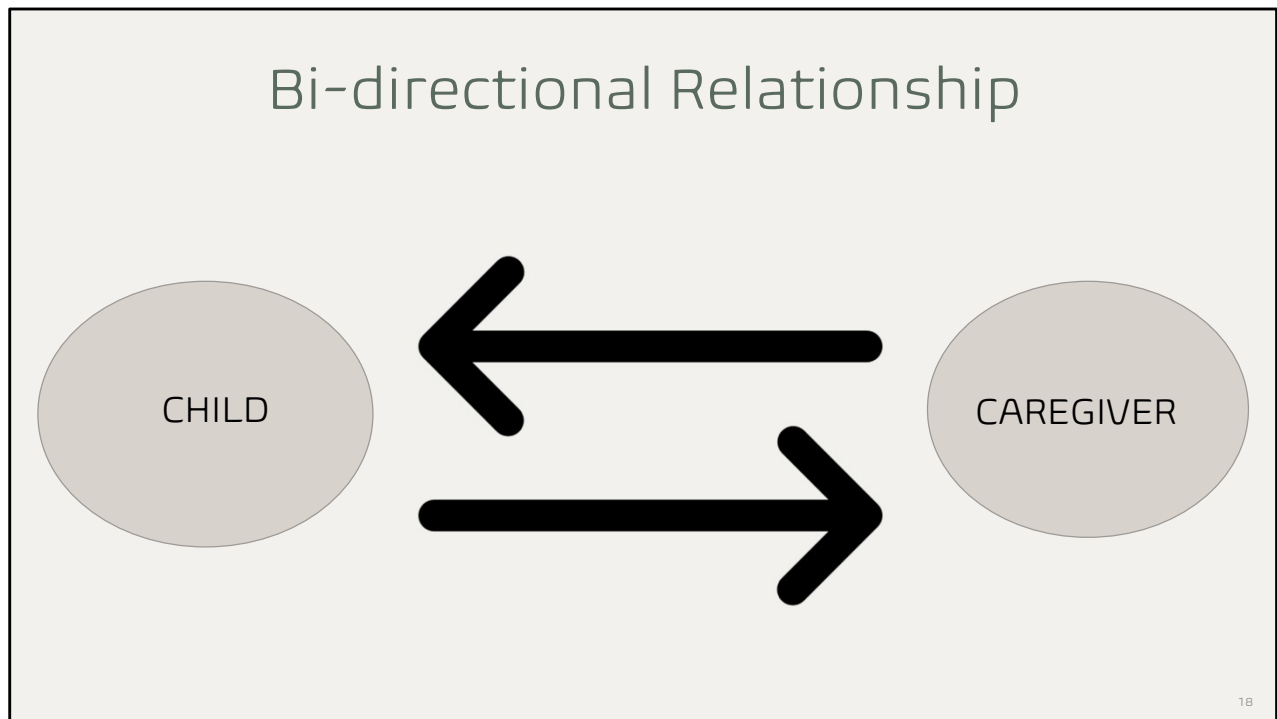
Recognizing the disability is permanent and part of child's life.

Caregiver discusses how their life has returned some sort of normalcy. Autism is not controlling their world.

See children as having a range of characteristics.

See their child more than the label.

Stop looking for causes and focused on the present and future. Does not mean you stop learning and growing with knowledge, but more it is not consuming you.



Both the caregiver and the child influence each other in both neurotypical and neurodiverse relationships

It is difficult to be attuned to a child that does not make eye contact, show reciprocal delight, seek caregiver out. Children with autism are 70% more likely to have a mental health diagnosis and experience sensory issues that do impact ability to connect with others

Child's behavioral problems could increase parental stress and anxiety which then lowers their parenting self-efficacy and leads to feelings of anxiety/depression in caregivers

Families with autism are at a higher rate for depression, anxiety. Feeling like they do not have enough resources to be emotionally attuned and connected

Children with autism may express attachment needs in different ways and caregivers may miss these signs if not aware or taught

Putting it together

- * Mothers who were sensitive, insightful AND resolved had more securely attached children
- * In order to have insight and resolution, having sensitivity is crucial
- * These studies ruled out severity of child's diagnosis and their level of functioning

These mothers were 83% more likely to have securely attached compared to those who were just insightful or resolved alone or neither.

When the same researchers focused on sensitivity and controlled for this, insight and resolution was no longer a predictor of attachment.

You may understand child's behaviors and be resolved with their diagnosis, but if you do not have sensitive interactions- secure attachment is less likely to develop

They found that severity of child's diagnosis or current level of functioning did NOT impact attachment abilities when mothers were sensitive, insightful, and resolved regarding child's diagnosis, so while asd symptoms can impact a parental system, when a parent is able to stay regulated, sensitive, and connected to child- attachments take place

Why Attachment Matters

“Nothing is more important than the attachment relationship.” – Sroufe

“The emotional quality of our earliest attachment experience is perhaps the single most important influence on human development.” Sroufe & Siegel



No pressure caregivers! I promise to work to ease any anxiety you are feeling

Attachment shapes how we think, feel, remember and behave

Insecure attachments create difficulty balancing emotions, experiencing joy and ease, being flexible with our thinking, and developing unhealthy interactions in relationships

Our children with autism already struggle with emotional regulation, having flexible thinking, engaging in social situations, processing sensory input, and turning off “alarm bell.” These are because of how the brain and body are wired. Autism is a neurodevelopmental disorder- multiple genetic and environmental factors

Insecure attachments can exacerbate these symptoms.

Study from London School of Economics draws the conclusion that “the most important childhood predictor of adult life-satisfaction is the child’s emotional health... the least powerful predictor is the child’s intellectual development.”

Secure Attachment Helps EVERYTHING

- Greater independence
- Better emotional regulation
- Better coping skills
- Better Social Skills
- More trusting in romantic partnerships
- More leadership skills
- Greater trust in life



Long term impact was studied over 35 year period with the Minnesota Longitudinal Study of Risk and Adaption (MLSRA):

Found the above to be true of those babies that were identified as securely attached and then measured 35 years later.

In autism is has been linked to improvements with joint attention, emotional regulation, increased speech and communication skills, and improved play skills . Note, autism is not gone simply because of a secure attachment, but it certainly helps improve those areas of struggle



Our attachment interventions need to adapt and shift with age and developmental needs. The goal is cultivating a safe and secure base where our children can explore the world safely and confidently.

Sensitive parents allow the changing attachment to grow and stretch with a child's growing skills. Continues to be attuned to child's needs and protect their safety.

Important to realize what our child needs developmentally. We may allow our younger child to have more independence on some tasks because he is developmentally ready. This is okay. The point is to know your child, their needs, and be attune to responding to those needs

Attachment in real life

[Attachment Theory Video](#)

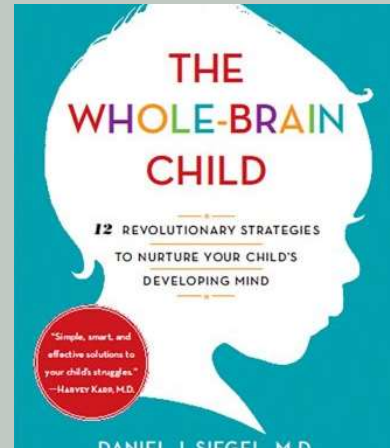
Trigger Warning. This video does show an animated way of viewing attachment. The hardships placed on this family is death of the father. Please feel free to mute or turn off video if this will be difficult to watch.

Link : [The Attachment Theory: How Childhood Affects Life - YouTube](#)

Ways to Increase Attachment

Daniel Siegel: The four S's of attachment-

Seen, Safe, Soothed, and Secure.



"Attachment is not a series of tricks. Attachment is a relationship in the service of a baby's emotional regulation and exploration. It is a deep, abiding confidence a baby has in the availability and responsiveness of the caregiver." - Sroufe

Alan Sroufe, a developmental psychologist at the Institute for Child Development at the University of Minnesota and who has studied attachment relationships for the last 40 years states:

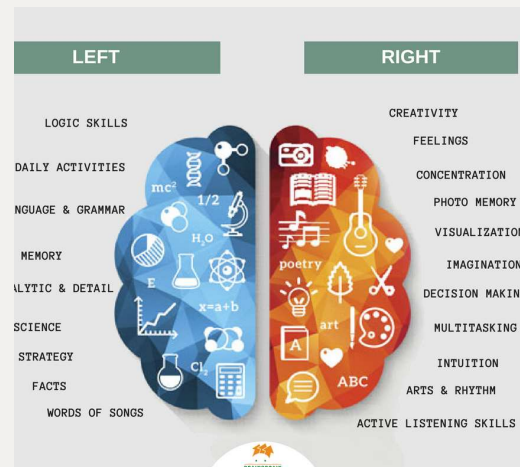
Attachment is about being in tune with your infant/toddler/child

Quality of the interaction is what matters

You can do all the "things" but if you are not in tune, connected, reading your infant/toddler/child/adolescent true connection is not happening

Know the brain

"In order to live balanced, meaningful, and creative lives full of connected relationships, it's crucial that our two hemispheres work together." – Daniel Siegel



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One of the first areas of the brain that begins to develop in the second trimester, is the right brain.

Right brain is where our emotions and social information is stored.

The left brain that uses language and logic begins to accelerate in development after year two

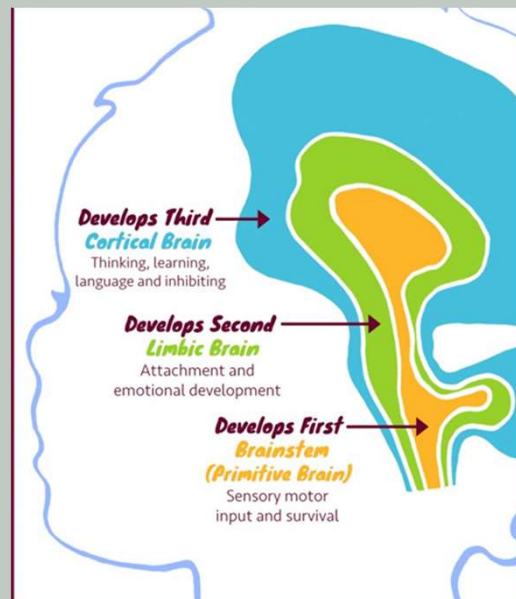
From caregiver input: The part of the brain that uses intuition, feeling, and empathy to attune to the infant is also the right brain.

Attachment is right brain to right brain

Brains of autistic individuals have been shown to be wired and structured differently. For example, most people are right hemisphere dominated. Autistic individuals have less specialized hemispheres. Autistic brain is more symmetrical.

Bottom Up Approach

- Brain Stem
- Limbic Brain
- Cortical Brain



Understanding which part of the brain are you talking to?

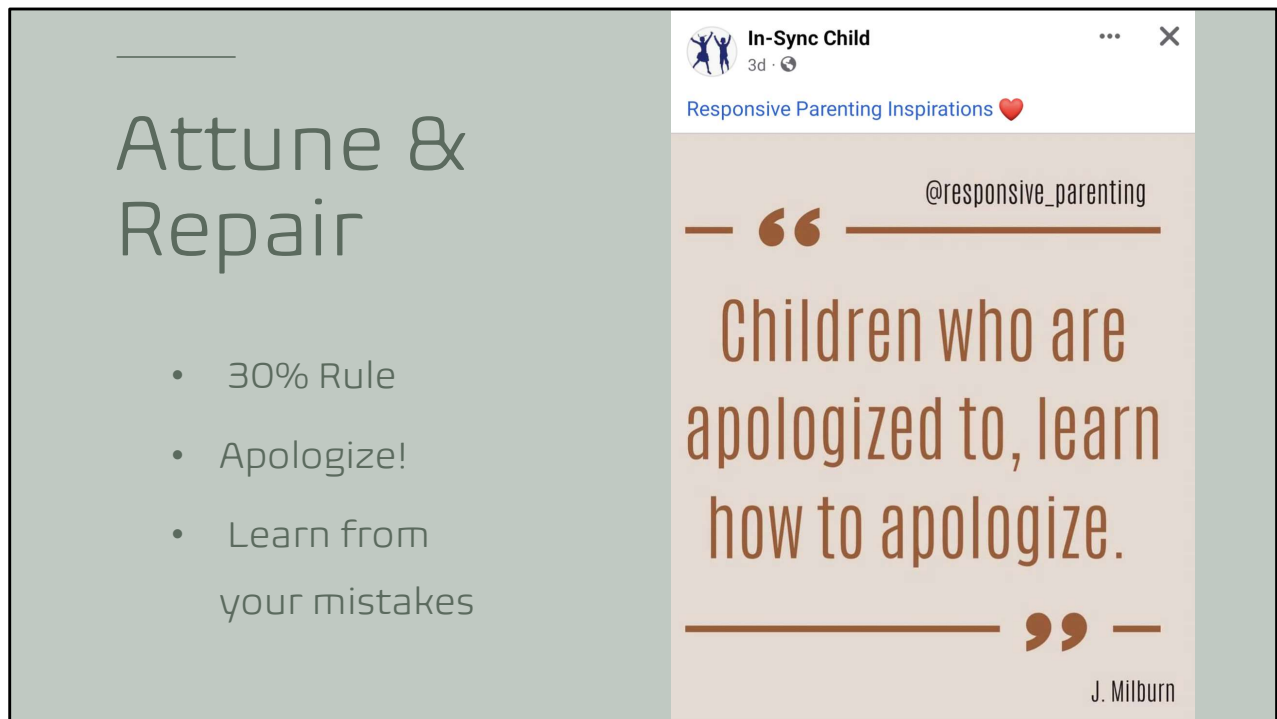
Brain stem- basic life functions (breathing, heart rate, digestion)

limbic system - primal. filters out threat, emotional development

prefrontal cortex thinking, logic, executive function, emotional regulation

Limbic system houses the amygdala. It process threat and emotions. It helps with interpreting facial expressions or feelings when afraid.

Studies have shown that around 6-12 months it begins an accelerated growth in those later diagnosed with autism. This can greatly impact our sensory system, making the world feel very unsafe. If we are not feeling safe-we are not able to be social or connect with others. That takes feels calm and centered.



Even with secure attachment, parents are only attuned perfectly 30% of the time.

What is important is that the baby develops a generalized trust that the caregiver will respond and meet their needs.

When a mismatch happens, there is a repair. Ex: correcting the behavior/interaction (kissing vs. elephant kisses). Apologizing. Learning more information so we can do better with our children.

Schore states: "The idea that a mother should never stress a baby is problematic. Insecure attachments do not come from inattention or missteps. It comes from failure to repair ruptures."

Stress is part of life. We are trying to set up a system where the baby can learn to cope with stress and also know that someone is available and attentive to help with this until able to do on their own.

Learn Your Child:

- * Ways they communicate
- * Self-regulation needs
- * Sensory needs
- * Interests
- * Awareness of others
- * Safety needs

Unashamed Voices of Autism
Mar 8, 2020 · 🌐

@Scix Maddix Created this. [Gonzo Rising](#)

People think Autism Spectrum is like this:



Low-Functioning High-Functioning

But it's NOT. It's more like this:



Only with LOTS more sliders. Each person with different settings. Some locked in, some variable, especially with stress. "Low Functioning" and "High Functioning" labels are actually pretty hurtful, and an incorrect way of looking at Autism.



It has been found that caregivers who are more capable of understanding and accepting their children's emotions and autism characteristics appear to be sensitive in their interaction with their children, resulting in secure attachments

Example: over the years I have learned that our son elopes because of anxiety and sensory issues (noise, chaos). It is not a reflection of his desire to be away from us. Me having this awareness has allowed me to minimize these situations and when they do happen, to recognize his need and help him be connected to that feeling (oh, you are running away because all of the kids are being very loud right now) and help him develop self-coping strategies while we utilize them together

Interoception: The 8th Sense

Body's ability to self-regulate



It is an everyone thing. Not just for autistics.

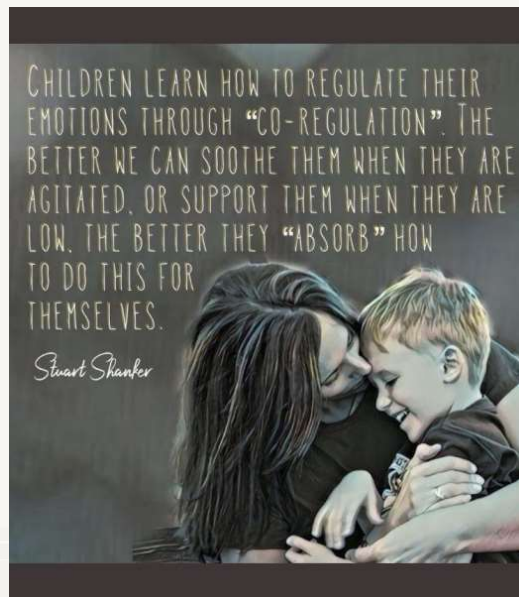
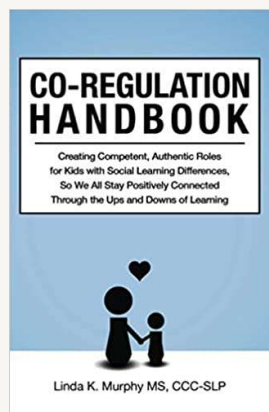
How our bodies are feeling and what it is communicating. Finding what it needs for comfort . This is self-regulation

Autistic and neurodivergent people do have more difficulty understanding inner experience

Often the person is pulled outside of their body because the environment is so taxing it takes control of the sensory experience . Little is left then to pay attention to internal cues because focused on the environment and scanning for danger

Attachment damage can happen when we don't presume competence and that autistic individuals are telling us what their body needs. E.g. behavioral plans to stop stimming. Telling a child "you aren't hungry." or "you do not need a break."

Important for us to be curious and exploring what this child is telling us about what their bodies need so we can intervene with sensitivity



Co-Regulation

Allan Schore: “Attachment theory is a theory of regulation.” He is a developmental neuroscientist

Regulation: Ability to know what our body needs, provide this, and feel a sense of balance of calmness

Co-regulation: Doing this alongside another person

Dysregulation: the inability to manage an emotional balance and maintain connection to others

Co- Regulation in practice



80% of co-regulation comes from modeling of regulation from parent/caregiver, etc.
20% comes from teaching strategies

Ex: baking muffins. Knowing what state I am in. Am I able to be regulated.
Communicating with child.

My kids know I will take deep breathes or walk away if I am overly anxious or angry.

I will even say “mommy needs to go cool down for a minute.”

The times I am able to stay regulated whatever difficult time we are having seems to be easier to handle and manage

Our Nervous System

[How our nervous system works](#)

It's never too late!

- Thera-play
- FloorTime
- Filial Therapy
- Family Therapy in an outpatient setting
- Family Based Therapy



"Patterns developed through relationships with significant caregivers in early life, can be altered and changed through adaptive healing relationships in later life in a process called earned secure attachment." Mary Main, 1992

Neuroplasticity: Our brains can grow and heal. It is NEVER too late to form healthy attachments with ourselves or our children.

Studies suggest that evidence based relational and attachment based interventions which improve parent-child synchrony and sensitivity of caregivers may lead to improvements in autism symptomology for children with both mild and severe symptoms

Thera play is more structured focusing on goals while utilizing play and attachment based interventions

Floor Time: child led. Parent gets down on the floor to play with the child. Focuses on increasing complexity to increase social and communication skills

Filial therapy is very child centered where the provider focuses on helping to teach the parent how to be in tune and connected with their child through play

Our Own Therapy

"One of the best ways to promote integration in our children is to become better integrated ourselves." –Siegel and Bryson



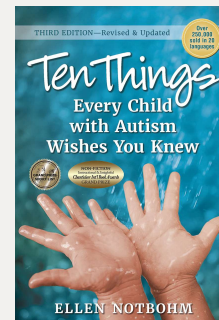
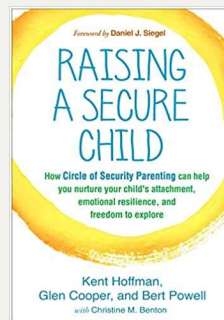
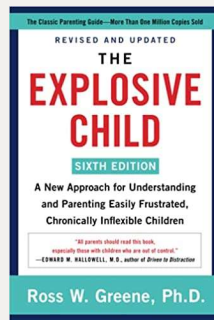
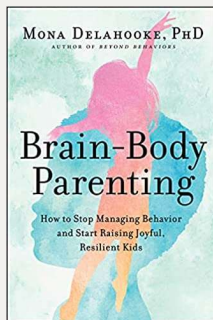
Without conscious intervention attachment styles do tend to get passed through the generations.

Becoming a parent activates our own attachment wounds and style.

Research shows that it is not the actual attachment experiences as a child that impact how we attach to our children, but rather how well the adult understands what happened to them, whether the adult has learned new ways of relating to others, and how well the adult has integrated their experience into the present.

Are you regulated vs. unregulated? Are you present and grounded vs. flooded with emotion and needing to “check out” or dissociate in order to survive.

Additional Resources



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Providers / School Personnel

How can you help families ?

Are you paying attention to strengths of the family?

Are you involving the whole family?

Do you know community resources?

Families report a lack of support after diagnosis

Many interventions fail to acknowledge the experience of a wider family including mental health issues, trauma and high levels of autistic traits in caregivers

Strengths of the family are often ignored, and only focusing on the child's symptoms can lead to feelings of guilt from caregivers and increased mental health issues in the caregiver system

Often, I find we will view a child from the chronological age vs. the developmental age and impose "parenting tips" based on neurotypical development. Cannot tell you how many times I will hear "they are in high school and need to be asking for themselves vs having the parent helping to increase assertiveness and communication skills."

Recognizing that the developmental need of that child may require a parent to be more involved than would be expected of a similarly aged child

Important to not write off a parent who is involved, but ask yourself what is the child/teen/young adult developmentally needing

Know and befriend your mental health providers or other providers in disciplines outside your own. Our world and friendships consist of OT, speech, therapists, chiropractors, massage therapists.

Be Seen. Be Heard. Be Valued.

“A secure attachment is the ability to bond; to develop a secure and safe base...”

— Asa Don Brown, The Effects of Childhood Trauma on Adult Perception and Worldview



[Mommy Go Put On Your PJs](#)

Questions/Comments?

Sarah Zucca

sarah@groundedrootscounselingpa.com

<https://www.groundedrootscounselingpa.com/autism-resources>

<https://www.groundedrootscounselingpa.com/blog>

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