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A Mother's Touch

Treating Attachment Issues through Occupational Therapy

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Children who are able to enjoy relationships were provided constant contact when in need as babies (and at many other times, simply because they were so cute and cuddly). Their mothers filled their hungry bellies while talking, smiling and interacting with them. Their mothers rocked, lifted and moved them, and provided stimulating environments in multiple ways, particularly through touch. Their mothers presented warm and loving faces to them, with a strong interest in eye contact. Their mothers connected with the babies' inner world, almost downloading their own inner experiences. This is illuminated by Dr. Daniel N. Sterns words "(as though watching before your eyes)…the infant becoming the child of his particular mother" [1]. Such moments not only create and shape the relationship but these "dyadic, reciprocal interactions that arise within a (parent/child) relationship are central to young children's neuro-psychological development" says Daniel A. Hughes, Ph.D. [2]. Such mother-child interactions are not only rich emotional experiences, but also rich sensorimotor experiences for developing babies.

Adoptive parents of children institutionalized from birth may find that their children resist comforting and show little interest in exploration. Some parents are concerned that their children do not seem to know when they are hungry or full. Other parents are saddened that their new child will not look at them and do not seem to know how to seek comfort or even safety. There are worries that their child does not "track" or heed a call of fear from a screaming mother who is seeing her child running toward a busy street! And, there are concerns over "affect regulation" [3][4] making an adoptive parent feel that the words "temper tantrum" do not aptly describe the intensity of the explosiveness and impulsivity their child displays. One of the most disturbing things for adoptive parents is to witness self-injurious behaviors, such as intense rocking or head banging. These are all poignant signs of not having been mothered.

Clinical research conducted by Neil W. Boris, M.D. and Charles H. Zeanah, M.D. and colleagues [5], has provided professionals with a set of emotional-behavioral symptoms for children who suffer from not having been mothered. Their findings indicate a spectrum of attachment disturbances, with the severe "Reactive Attachment Disorder" being but one type. Rather, they suggest a diagnostic scheme that includes children suffering from a "Disorder of Nonattachment" [7] because the etiology and symptomology differ between bad care versus no care. It is important to differentiate children who have not been mothered from those who have known uncaring, cruel or terrorizing mothers, because their plights differ. The children identified as "not having been mothered" are the children who have never experienced "her". They have no memories of "her" embedded deep within, and this is the basis of the sensorimotor issues that compound the emotional issues facing un-mothered children and their adoptive parents.

Institutionalized babies adopted within the first year of their lives seem, for the most part, to have a resiliency that allows them to flourish in a family setting [8]. However, children who are adopted later seem to be in need of relationship treatment at a higher rate due to behavioral problems stemming from their inability to enjoy the sensations of their adoptive mother and/or father. Many of these families seek "attachment oriented psychotherapy" and engage in a treatment model called **Dyadic Developmental Psychotherapy™ (DDP™)** developed by Daniel A. Hughes, Ph.D. [2]. This treatment model, which can be found within the pages of Hughes' book, "Building the Bonds of Attachment"[1], is designed to help a child feel emotionally safe so their energy can be spent enjoyably engaging others, especially their primary attachment figure. It is also designed to create the experiences of "affect attunement," the *emotional sharing* that occurs between a child and his/her parent, which may not have been experienced prior to adoption. This treatment model focuses on the relationship, providing a model for occupational therapy as well – the sensorimotor-mothering piece that is sorely needed in many cases.

The deprived infant/child, the one not held, fed, cuddled and "claimed," (the children identified by Drs. Boris and Zeanah as having a "Disorder of Non-Attachment") needs to be given the opportunity to experience missed sensations. This is most often accomplished through occupational therapy, but in the past, the missing component has usually been the parent. Most naturally, the un-mothered child will have issues of praxis[2] but treatment also needs to be experienced within the context of a meaningful relationship. If the child does not have a relationship with his/her parent, there is the likelihood that there will not be one with the occupational therapist. In addition, having a parent in the occupational therapy treatment room, versus watching a therapist with the child through a one-way mirror (or sitting in a waiting room), can take advantage of the developing parent and child relationship that psychotherapeutic treatments, such as DDP™, are working to create. *Further, it is suggested that the treatment be performed through the parent.* This means the occupational therapist must work *with* the parent to teach them to do the interventions. "When a child is in attachment-oriented therapy the occupational treatment plan will

1 Daniel A. Hughes, Ph.D. Building the Bonds of Attachment. Jason Aronson. September 1998

2 Self-determination as opposed to coercion, intentionality as opposed to reaction, creativity as opposed to homogeneity, and rationality as opposed to chance

always include the parent in the treatment room," says Sandra Glovak, owner of Sensory Systems Clinic in St Clair Shores, Michigan[3]. Having occupational therapy mirror attachment-oriented psychotherapy creates more opportunities for the child's sensory issues to heal, and more opportunities for the developing parent-child relationship to flourish.

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