

## **Normative Attachment**

### *0-3 months:*

Infant expresses physiological need (hunger, fatigue, warmth, comfort); Parent provides sensitive, timely response; Parent regulates infant's arousal; Parent holds, cuddles, rocks; High sensory exposure. Child starts to learn that parent will meet needs; Child learns they can communicate needs; Child begins to absorb parent's regulatory system based on parent's responsiveness.

### *3-6 months:*

Child driven by physiological needs and needs for social interchange; Child actively elicits emotional response from parent; Learns to trust parent; begins to demonstrate preference for parent; Child mimics and mirrors parent; Begins to read parents' nonverbal cues.

### *6-9 months:*

Child able to seek proximity to preferred attachment figure; Separation anxiety begins. Emerging quality of reciprocity. Child begins to internalize soothing regulation of parent; Mobility and exploration begin.

### *9-12 months:*

Child has strong preference for parent; Full set of operational attachment behaviors; Parent is secure base and child explores; Child cautious with stranger/novel stimuli; Cognitive, language, social, emotional, and moral development progressing appropriately.

## **Institutional Attachment**

### *0-3 months:*

Infant expresses physiological need (hunger, fatigue, warmth, comfort); Caregiver may not be available; Rapid, routine care with little nurturance; limited individualized attention; sensory deprivation; child begins to distrust caregiver's ability to meet needs; child distrusts own ability to communicate needs to others; child goes unsoothed and fails to internalize regulation.

### *3-6 months:*

Child driven by physiological needs and needs for social interchange; Needs met inconsistently by multiple providers in institutional manner; little opportunity for playful or nurturing interaction. Inhibition and avoidance in child emerges. Child may begin to resist cuddling. Little opportunity for mirroring facial, emotional, or nonverbal cues.

### *6-9 months:*

Child turns to any readily available adult; Starts to rely more on self; cries out less; expects needs to go unmet; little trust; can't internalize soothing regulation; mobility often delayed. Hypoarousal

### *9-12 months:*

Insecure attachment pattern (avoidant or anxious) likely; cognitive, physical, language, social, moral, emotional development at risk for delays. Sensory issues (blocking, reactivity) possible. Poor read of others' facial, nonverbal cues.

## **Abusive/Chaotic Attachment**

### *0-3 months:*

Infant expresses physiological need (hunger, fatigue, warmth, comfort); Parent distressed, inconsistent, reactive, or hurtful with response; Parent likely to misread baby's signals; Infant's distress increases. Stress hormones increase in baby and parent; risk for abuse escalates; Child experiences prolonged distress & does not internalize ability to self-soothe.

### *3-6 months:*

Child driven by physiological needs and needs for social interchange; Child needs parent but also fears parent; Child may develop inconsistent communication of needs, further confusing parent's ability to read child's signals. Child averts gaze, shows little pleasure. Child may appear frozen, easily startled, unresponsive, or highly agitated.

### *6-9 months:*

Child may shut down and not turn to other adults or may instead go to any readily available adult; child unable to internalize emotional regulation skills from parent; child's ability to read danger is distorted; significant impact on limbic system. Hyperarousal.

### *9-12 months:*

Insecure ambivalent or disorganized attachment pattern likely. Internal model for relationships based on fear, uncertainty, and distress. Probable delays with noted problems in the areas of executive functioning and emotional regulation. Poor/distorted read of facial, nonverbal cues.