

Preface

“There is no finer investment for any community than putting milk into babies,” proclaimed Winston Churchill in a 1943 radio broadcast (James, 1974, p. 8507). More than 60 years later and an ocean away, “putting milk into babies,” both literally and figuratively, is an increasingly prominent goal of U.S. mental health practitioners, community-based service providers, and policymakers (e.g., National Research Council and Institute of Medicine, 2000). The current extraordinary focus on early child development is in large part a response to an explosion of recent research illustrating the importance of children’s earliest years for their later development (see National Research Council and Institute of Medicine, 2000, for a review). This research highlights the importance of children’s early development and particularly the importance of children’s relationships with their first caregivers. Supportive early child–caregiver relationships pave the way for children’s subsequent development, especially in terms of their social skills and mental health. At the opposite end of the spectrum, early childhood abuse results in acute physical injuries and exacts far-reaching costs in victims’ mental illness and the continued perpetration of violence. Moreover, the earlier in children’s lives that maltreatment occurs, the more likely it is to recur, and the greater the physical, psychological, and social costs. The traumatic effects of children’s exposure to interpersonal violence are also an increasing concern.

Enhancing early child–caregiver relationships and preventing family violence have become key goals of mental health practitioners working with young children and their families, and of community-based programs designed to support early child and family development, such as the Healthy Families program for families at risk of child maltreatment. Enhancing early relationships has also become a more pressing goal for national policymakers. For example, the 1994 federal Advisory Com-

mittee on Services for Families with Infants and Toddlers, which helped form the Early Head Start program for low-income infants and toddlers, emphasized the need for services to support child–caregiver relationships during the first 3 years of life. The Early Head Start Research and Evaluation Project has since confirmed that enhancing early child–caregiver relationships is a key goal of Early Head Start programs, and a key mechanism underlying the program’s positive effects on child development (Love et al., 2002). In addition, two separate federal laws, CAPTA (the Child Abuse Prevention and Treatment Act) and IDEA (the Individuals with Disabilities Education Act), have just recently been amended to mandate that children under age 3 with substantiated child abuse or neglect, and children under age 5 with substantiated trauma due to exposure to family violence, be referred for public early intervention services. This landmark legislation not only recognizes the urgent mental health needs that child maltreatment and exposure to family violence trigger but also will require significant reorganizations on the parts of public mental health, early education, and child protective systems to provide early intervention services to young victims of attachment-related traumas. The field of interventions to enhance early attachments can and should facilitate these efforts.

There are currently more than 400 Healthy Families programs and more than 700 Early Head Start programs throughout the United States. Yet while emphasizing the importance of early attachments and perhaps even succeeding in enhancing early attachments, most of these programs’ “attachment” services are not explicitly theory based, research based, or even implemented or documented in such a way as to allow for rigorous evaluation. This is a problem, especially from a policy perspective. Today, when early child development is an active item on the policymaking agenda, is a crucial time to bring science to bear on program and policy development as they pertain to supporting early child–caregiver relationships. Ultimately, programs that support early child–caregiver relationships must be theoretically grounded, evidence based, rigorously evaluated, faithful to a defined program model, and deliverable on a large scale in a sustainable and cost-effective manner.

Attachment theory and research offer powerful tools for achieving these goals. Attachment theory and research have fueled key findings about early child development and spurred the creation of interventions to enhance early child–caregiver relationships. Although best known as the originator of attachment theory, John Bowlby was also a practicing psychiatrist. He developed attachment theory in response to questions inspired by his own clinical work. Ironically, it took almost 50 years from the time of Bowlby’s first writings for attachment theory to be systematically applied to therapeutic programs for young children and fam-

ilies (Belsky & Nezworski, 1988; Bowlby, 1988). In the late 1980s, Bowlby published *A Secure Base*, a collection of earlier lectures laying out the fundamentals of attachment theory and research and offering a series of explicit suggestions for therapists. At about the same time, the first generation of interventions designed to enhance early attachments was initiated.

Since the late 1980s, attachment interventions have proliferated in various settings across the United States and abroad. These services are delivered as part of an array of social or mental health services, or as services in and of themselves, or as both. They are delivered in the context of dyadic or family therapies for early relationship problems, early childhood disorders, or maternal mental health or substance abuse problems; and within community-based programs to promote early child and family development and/or to prevent child maltreatment. Although the proliferation of attachment-based interventions reflects scientific advances, the field as a whole lacks order and systemization, especially in terms of the use of evidence-based protocols. Rather, the field is characterized by many different programs operating independently of one another, with only preliminary research on program effectiveness. Further confusion has been created by the use of the term “attachment therapies” to describe pseudoscientific interventions that are not based on attachment theory or research and that have resulted in tragic outcomes for children, including at least six documented child fatalities. These interventions include “holding therapies” involving the reenactment of the child’s emergence from the womb, with the horrific outcome of the child’s suffocation. Some of these therapies receive government financial reimbursement.

In sum, interventions to enhance early attachments offer a highly promising avenue toward supporting early child development on the whole. The current policymaking climate as well as the current state of the field of attachment intervention make it a critical time to take stock of the field, to identify pressing questions and issues, and to apply what is learned to program and policy development, as well as to research. We developed this volume to pursue these tasks.

The seeds of this volume were planted in the fall of 2003, at a conference held at Duke University. The conference was supported by four generous cosponsors: the Duke University Center for Child and Family Policy, through a grant from the A. L. Mailman Family Foundation; the Duke University Department of Psychology: Social and Health Sciences; the Children, Youth, and Families Consortium of the Pennsylvania State University, of which Mark Greenberg is associate director; and the UCLA–Duke University National Center for Child Traumatic Stress, funded by the Substance Abuse and Mental Health Services Administra-

tion, to coordinate the 54-site National Child Traumatic Stress Network (NCTSN). The conference speakers, who then wrote chapters for this volume, reflect an interdisciplinary and international set of cutting-edge practitioners and scholars. Lisa Amaya-Jackson, Lisa J. Berlin, Alicia F. Lieberman, Geoffrey Nagle, Frank W. Putnam, and Charles H. Zeanah are members of the NCTSN, reflecting increasing convergence among the fields of attachment, trauma, and child mental health.

The volume consists of two principal sections and a set of integrative commentaries. The first section centers on the theoretical and empirical bases for interventions to enhance early attachments. In Chapter 1, Lisa J. Berlin takes stock of the field of interventions to enhance early attachments. She systematically reviews a selection of programs designed to enhance early attachments and then offers a set of recommendations for program development and evaluation, geared especially toward understanding “What works for whom?” Chapter 2, by Jude Cassidy and her colleagues, draws on a new study to address several critical questions concerning the antecedents of child–caregiver attachment: What makes a child securely or insecurely attached? What are the essential elements of services designed to support attachment security? What do researchers need to study to further elucidate these issues? In Chapter 3, Yair Ziv stresses the importance of integrating paradigms and findings from attachment interventions into attachment theory and research; not only do theory and research inform interventions, he argues, but also interventions shape and refine theory and research. Ziv describes findings from a number of contemporary studies to highlight ways in which theory, research, and intervention can and should work synergistically. In Chapter 4, Frank W. Putnam draws on findings from animal research and studies of maltreated and traumatized children to illustrate the neurobiological underpinnings of child–caregiver attachment, and the biological and behavioral consequences of disrupted attachments. He then draws out some implications for practice and policy. Chapter 5, by Alicia F. Lieberman and Lisa Amaya-Jackson, focuses on traumatized children. The authors draw on theory, research, and poignant case material to argue convincingly for greater integration of attachment theory, methods, and interventions into child trauma treatment, and for greater integration of child trauma assessments and treatments into attachment interventions.

The volume’s second section showcases a set of programs concerned with enhancing early attachments and the policy linkages of several of these programs. Reflecting the diversity of the field, some of these programs focus principally on enhancing early attachments, whereas in other programs enhancing attachment is one component of many. All of the programs are designed for mothers and children considered to be at

risk, yet the programs' definitions of what constitutes "risk" vary considerably. At the same time, the authors of these chapters are well aware of one another's work, and their participation in the conference that preceded this book led many to include thoughtful discussions of their programs in the context of the field as a whole, and in relation to some of the questions raised in the first section of this volume (e.g., What are the essential elements of services to support attachment security? Can the neurological sequelae of disrupted attachments be reversed? How do services for enhancing early attachment fit into the current policy agenda?).

In Chapter 6, Glen Cooper, Kent Hoffman, Bert Powell, and Robert Marvin present their latest work on a key attachment intervention that is one of the fastest growing attachment interventions today, and that is seen, in whole or in part, in many of the other programs presented in this volume: the Circle of Security intervention. In Chapter 7, Arietta Slade, Lois S. Sadler, and Linda C. Mayes describe a recently initiated program, "Minding the Baby." Minding the Baby is both comprehensive, drawing on components of nurse home visiting and infant mental health practice, and focused, with parents' "reflective functioning" viewed as a key intervention target and agent of change.

Chapters 8 and 9 describe interventions for children who have experienced serious attachment disruptions. Both of these chapters present programs that not only offer promise for children with disrupted attachments but also speak to fundamental issues in attachment theory and research, such as the extent to which a child can form an attachment to a caregiver after experiencing severe deprivation during infancy. In Chapter 8, Mary Dozier, Oliver Lindhiem, and John P. Ackerman describe the "Attachment and Biobehavioral Catch-Up" (ABC) program for foster infants and their caregivers. In Chapter 9, Charles H. Zeanah and Anna T. Smyke present two programs, one in New Orleans, Louisiana, and one in Bucharest, Romania, the goals of which include the (re)establishment of attachment relationships and the reduction of attachment disturbances in maltreated and institutionalized young children.

Chapters 10, 11, and 12 describe programs in which enhancing attachment is one component of many. Each of these programs is at least partially publicly funded; all are highly policy relevant. In Chapter 10, David L. Olds describes his preeminent preventive intervention, the Nurse-Family Partnership (NFP), which is based in part on attachment theory and research. Although the NFP does not focus principally on enhancing attachments, its partial roots in attachment and its outstandingly positive outcomes, including parenting and child abuse outcomes, make it important to consider in this volume. Similarly, in Chapter 11, Susan Spieker, Dana Nelson, Michelle DeKlyen, and Fredi Staerkel present outcomes related to an attachment-focused protocol, the Parent-

Child Communication Coaching Program (PCCCP), embedded within an Early Head Start program. Again, although not an attachment intervention per se, Early Head Start is based in part on attachment theory and research and serves over 70,000 low-income U.S. infants and toddlers today. Thus, the extent to which an explicit attachment protocol might add value to this major public program and/or underlie program effects is extremely important to understand. Chapter 12 continues the theme of understanding attachment-relevant programs, especially within the policy context. Written by Geoffrey Nagle and Joan Wightkin, this chapter tells the story of the implementation, expansion, and garnering of Medicaid dollars for the Nurse–Family Partnership program in the state of Louisiana.

The final section of the volume consists of three integrative commentaries. The first, by Marinus van IJzendoorn, Marian J. Bakermans-Kranenburg, and Femmie Juffer, draws on a series of meta-analyses to highlight the benefits of short-term, narrowly focused attachment interventions. The second commentary, by Thomas G. O'Connor and Wendy J. Nilsen, discusses some problems and solutions related to the translation of attachment theory and research methods into program and policy development, broadly writ. In the third and final commentary, Mark T. Greenberg synthesizes questions and issues across the chapters of this volume, arguing for the use of prevention science models and public health approaches in implementing and understanding future attachment interventions in the contexts of larger health, social service, and early education systems.

The editors owe debts of gratitude to many people who helped make this volume what it is, and better. First, this volume reflects the hard work of its many busy contributors. We thank them all for their excellent work and their careful responsiveness to our editorial input along the way. We owe a special thanks to Jude Cassidy, who, in addition to contributing a chapter, participated in the early planning and organization of the conference and volume, generously offering helpful suggestions, tough questions, and generally good ideas. Our colleagues in the attachment working group at the Center for Child and Family Health–North Carolina also deserve thanks for helping to raise many of the questions and concerns that this project came to address. We thank Kenneth Dodge and Martha Putallaz for their spearheading of the support of the Duke Series in Child Development and Public Policy for this project, and for much valuable input along the way. We thank Robert Pynoos and John Fairbank, codirectors of the National Center for Child Traumatic Stress, for their continued support of this project, and the many NCTSN attendees of the conference who, along with the other conference participants, posed questions and comments that helped

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