A mother struggling to establish breastfeeding may need encouragement and practical assistance to persist in her efforts. A mother who has chosen to use artificial feeding, may need encouragement to hold her baby closely and to feel that it is fine to nurse her baby once the baby finishes the feed. Newborn babies need to be allowed to take time to delight and enjoy their newworlds. Fathers are also encouraged to be able to enjoy their baby. The attachment parents can be helpful for their baby and assist them to feel confident in handling their newborn.

Over the few weeks

Continuing the first visit with the new mother and her baby is important and having the same clinician sees the family is strongly recommended. Engaging the mother or carers in examination of the baby is a useful way of assessing their relationship and pointing out communication behaviours of the infant. Asking the mother how the baby likes to be handled helps her understand the relationship between the mother and baby. It is key that at this visit you discuss ‘crying’ – the baby’s way of communicating. Mothers can quickly lose confidence when faced with a crying baby who is difficult to settle. As professional, we are aware that babies cry to tell us many needs. However, new parents are on a journey to learn to interpret their baby’s needs and to develop the relationship between the newborn and their parents.

Being sensitive means being ‘tuned in’ to the baby’s feelings, and able to read their cues. Being responsive means being psychologically available and able to respond to children’s cues appropriately. Responsiveness and sensitivity are interwoven. (Koelle, 2004).

A newborn baby has simple needs – love, warmth, food, and to be kept dry. From the beginning it is essential to ensure mothers and fathers respond sensitively to their baby’s cries or cues so to help develop the relationship between the newborn and their parents.

Newborn babies have simple needs – love, warmth, food, and to be kept dry. From the beginning it is essential to ensure mothers and fathers respond sensitively to their baby’s cries or cues so to help develop the relationship between the newborn and their parents.

Sleep is an issue that may warrant early discussion. Much parental worry over the first few weeks may be related to the fact that the baby is sleeping. A child health nurse will help mothers identify when their baby is sleeping and how to monitor the baby’s sleep. They might also want to try to encourage the baby to sleep in the daytime. It is important to remember that the baby’s sleep pattern is usually the mother's. John Bowlby was the first to describe the relationship between the mother and her baby. It is key that at this visit you discuss ‘crying’ – the baby’s way of communicating. Mothers can quickly lose confidence when faced with a crying baby who is difficult to settle. As professional, we are aware that babies cry to tell us many needs. However, new parents are on a journey to learn to interpret their baby’s needs and to develop the relationship between the newborn and their parents.

Being sensitive means being ‘tuned in’ to the baby’s feelings, and able to read their cues. Being responsive means being psychologically available and able to respond to children’s cues appropriately. Responsiveness and sensitivity are interwoven. (Koelle, 2004).

A mother struggling to establish breastfeeding may need encouragement and practical assistance to persist in her efforts. A mother who has chosen to use artificial feeding, may need encouragement to hold her baby closely and to feel that it is fine to nurse her baby once the baby finishes the feed. Newborn babies need to be allowed to take time to delight and enjoy their newworlds. Fathers are also encouraged to be able to enjoy their baby. The attachment parents can be helpful for their baby and assist them to feel confident in handling their newborn.

Over the few weeks

Continuing the first visit with the new mother and her baby is important and having the same clinician sees the family is strongly recommended. Engaging the mother or carers in examination of the baby is a useful way of assessing their relationship and pointing out communication behaviours of the infant. Asking the mother how the baby likes to be handled helps her understand the relationship between the mother and baby. It is key that at this visit you discuss ‘crying’ – the baby’s way of communicating. Mothers can quickly lose confidence when faced with a crying baby who is difficult to settle. As professional, we are aware that babies cry to tell us many needs. However, new parents are on a journey to learn to interpret their baby’s needs and to develop the relationship between the newborn and their parents.

Being sensitive means being ‘tuned in’ to the baby’s feelings, and able to read their cues. Being responsive means being psychologically available and able to respond to children’s cues appropriately. Responsiveness and sensitivity are interwoven. (Koelle, 2004).

A mother struggling to establish breastfeeding may need encouragement and practical assistance to persist in her efforts. A mother who has chosen to use artificial feeding, may need encouragement to hold her baby closely and to feel that it is fine to nurse her baby once the baby finishes the feed. Newborn babies need to be allowed to take time to delight and enjoy their newworlds. Fathers are also encouraged to be able to enjoy their baby. The attachment parents can be helpful for their baby and assist them to feel confident in handling their newborn.

Over the few weeks

Continuing the first visit with the new mother and her baby is important and having the same clinician sees the family is strongly recommended. Engaging the mother or carers in examination of the baby is a useful way of assessing their relationship and pointing out communication behaviours of the infant. Asking the mother how the baby likes to be handled helps her understand the relationship between the mother and baby. It is key that at this visit you discuss ‘crying’ – the baby’s way of communicating. Mothers can quickly lose confidence when faced with a crying baby who is difficult to settle. As professional, we are aware that babies cry to tell us many needs. However, new parents are on a journey to learn to interpret their baby’s needs and to develop the relationship between the newborn and their parents.

Being sensitive means being ‘tuned in’ to the baby’s feelings, and able to read their cues. Being responsive means being psychologically available and able to respond to children’s cues appropriately. Responsiveness and sensitivity are interwoven. (Koelle, 2004).
**INFANTS HAVE A HIERARCHY OF ATTACHMENT FIGURES**

When an infant has a secure attachment relationship with their mother, they can then explore and form relationships with other people. Maternal sensitivity to infant cues is important to allow the infant to develop the confidence that their mother is sensitive and responsive. However, it is important that mothers are not always magically known what their infant is communicating. Thus, it is important that mothers are not overly sensitive to the environment and that they learn to be more patient with the environment.

**QUALITY OF ATTACHMENT RELATIONSHIPS**

The quality of the attachment relationship depends on the infant’s ability to respond to their mother and is often classified as organized, overactive, or disorganized. If the infant is not free to explore the environment, they may become anxious and show signs of disorganization.

**INFANT’S HABITS AND BEHAVIORS**

Infants are considered to be organized when they are able to explore the environment and interact with their caregiver. They may show signs of disorganization if they are unable to interact with their caregiver or if they are unable to explore the environment.

**MATERNAL SENSITIVITY AND ATTACHMENT**

Maternal sensitivity to infant cues is important to allow the infant to develop the confidence that their mother is sensitive and responsive. However, it is important that mothers are not overly sensitive to the environment and that they learn to be more patient with the environment.

**CONCLUSION**

In conclusion, maternal sensitivity to infant cues is important to allow the infant to develop the confidence that their mother is sensitive and responsive. However, it is important that mothers are not overly sensitive to the environment and that they learn to be more patient with the environment.

---

**ATTACHMENT DISORDERS**

Attachment disorders are distortions in the infant-parent relationship that result in the infant’s inability to express their parent as emotionally available and a reliable protector from external danger or internal distress. Framework for assessing the attachment relationship and indicators for concern.

**IMPLICATIONS FOR PRACTICE**

Understanding the importance of early infant/child relationships has implications for professionals working with parents of young children. The basis of an infant’s early emotional health and development (including the stress response system), impact on cognitive development and learning and it is through these relationships that infants learn to interact and relate to their peers and adults.

**Providing appropriate support, care and education for new parents to form healthy attachment relationships with their infants is a key role for professionals who work with families.**

**Brigid Jordan BSW PhD**

Social Work Department and Infant Mental Health Group, Royal Children’s Hospital, Department of Paediatrics, The University of Melbourne Murdoch Childrens Research Institute.
**ATTACHMENT FIGURES**

When an infant has a secure attachment relationship with their mother, they can explore and form other relationships; most infants have formed several attachment relationships by four months of age. These attachment relationships (for example, with their father, extended family, nannies, grandparents, or a babysitter) may be more invested in objects than relationships. Infants may exist on being carried up by their mother when she is present, but are happy to be cared for by a substitute for a short time.

**QUALITY OF ATTACHMENT RELATIONSHIPS**

The quality of the attachment relationship between an infant and their caregiver should not be confused with attachment behaviours. A child showing heightened attachment behaviours — crying, seeking, clinging — is not necessarily more strongly attached or loves their mother more, than another securely attached child. Any assessment of the attachment relationship needs to take into account the context in which the attachment behaviours are being demonstrated and whether there is a situation (internal distress or threatening environment) the infant is protected from danger and will seek them when tired, the presence of the adult, the infant feels secure and sense them to be a source of safety and security.

**BUILDING A SECURE ATTACHMENT RELATIONSHIP — RESPONSIVITY AND SENSITIVITY**

Maternal sensitivity to infant cues is important to allow an infant to develop the confidence that their mother will notice and respond to them. This sensitivity involves:

1. promptly noticing that the infant is communicating
2. interpreting the cue
3. responding to and satisfying the infant's needs.

**INFANTS HAVE A HIERARCHY OF ATTACHMENT FIGURES**

When an infant has a secure attachment relationship with their mother, they can explore and form other relationships; most infants have formed several attachment relationships by four months of age. These attachment relationships (for example, with their father, extended family, nannies, grandparents, or a babysitter) may be more invested in objects than relationships. Infants may exist on being carried up by their mother when she is present, but are happy to be cared for by a substitute for a short time.

**SECURITY»**

Infants can manage small slumps of time away from their primary caregiver provided they know the adult and sense them to be a source of safety and security. Infants react to prolonged separation initially with protest — clinging, crying, screaming and a sense of abandonment. At this stage they are searching for their mother more, than another securely attached child. Any assessment of the attachment relationship needs to take into account the context in which the attachment behaviours are being demonstrated and whether there is a situation (internal distress or threatening environment) the infant is protected from danger and will seek them when tired, the presence of the adult, the infant feels secure and sense them to be a source of safety and security.

**SENSATION**

Infants may insist on being picked up by their mother — about 20% of infants — tend to be overcautious, over-aware, or overstimulating.

**COMMUNITY MAGAZINE REVIEW**

When an infant has a secure attachment relationship with their mother, they can explore and form other relationships; most infants have formed several attachment relationships by four months of age. These attachment relationships (for example, with their father, extended family, nannies, grandparents, or a babysitter) may be more invested in objects than relationships. Infants may exist on being carried up by their mother when she is present, but are happy to be cared for by a substitute for a short time.

**SENSATION**

Infants can manage small slumps of time away from their primary caregiver provided they know the adult and sense them to be a source of safety and security. Infants react to prolonged separation initially with protest — clinging, crying, screaming and a sense of abandonment. At this stage they are searching for their mother more, than another securely attached child. Any assessment of the attachment relationship needs to take into account the context in which the attachment behaviours are being demonstrated and whether there is a situation (internal distress or threatening environment) the infant is protected from danger and will seek them when tired, the presence of the adult, the infant feels secure and sense them to be a source of safety and security.

**SECURITY»**

Infants may insist on being picked up by their mother — about 20% of infants — tend to be overcautious, over-aware, or overstimulating.

**COMMUNITY MAGAZINE REVIEW**

When an infant has a secure attachment relationship with their mother, they can explore and form other relationships; most infants have formed several attachment relationships by four months of age. These attachment relationships (for example, with their father, extended family, nannies, grandparents, or a babysitter) may be more invested in objects than relationships. Infants may exist on being carried up by their mother when she is present, but are happy to be cared for by a substitute for a short time.

**SENSATION**

Infants can manage small slumps of time away from their primary caregiver provided they know the adult and sense them to be a source of safety and security. Infants react to prolonged separation initially with protest — clinging, crying, screaming and a sense of abandonment. At this stage they are searching for their mother more, than another securely attached child. Any assessment of the attachment relationship needs to take into account the context in which the attachment behaviours are being demonstrated and whether there is a situation (internal distress or threatening environment) the infant is protected from danger and will seek them when tired, the presence of the adult, the infant feels secure and sense them to be a source of safety and security.

**SECURITY»**

Infants may insist on being picked up by their mother — about 20% of infants — tend to be overcautious, over-aware, or overstimulating.

**COMMUNITY MAGAZINE REVIEW**

When an infant has a secure attachment relationship with their mother, they can explore and form other relationships; most infants have formed several attachment relationships by four months of age. These attachment relationships (for example, with their father, extended family, nannies, grandparents, or a babysitter) may be more invested in objects than relationships. Infants may exist on being carried up by their mother when she is present, but are happy to be cared for by a substitute for a short time.

**SENSATION**

Infants can manage small slumps of time away from their primary caregiver provided they know the adult and sense them to be a source of safety and security. Infants react to prolonged separation initially with protest — clinging, crying, screaming and a sense of abandonment. At this stage they are searching for their mother more, than another securely attached child. Any assessment of the attachment relationship needs to take into account the context in which the attachment behaviours are being demonstrated and whether there is a situation (internal distress or threatening environment) the infant is protected from danger and will seek them when tired, the presence of the adult, the infant feels secure and sense them to be a source of safety and security.

**SECURITY»**

Infants may insist on being picked up by their mother — about 20% of infants — tend to be overcautious, over-aware, or overstimulating.

**COMMUNITY MAGAZINE REVIEW**

When an infant has a secure attachment relationship with their mother, they can explore and form other relationships; most infants have formed several attachment relationships by four months of age. These attachment relationships (for example, with their father, extended family, nannies, grandparents, or a babysitter) may be more invested in objects than relationships. Infants may exist on being carried up by their mother when she is present, but are happy to be cared for by a substitute for a short time.

**SENSATION**

Infants can manage small slumps of time away from their primary caregiver provided they know the adult and sense them to be a source of safety and security. Infants react to prolonged separation initially with protest — clinging, crying, screaming and a sense of abandonment. At this stage they are searching for their mother more, than another securely attached child. Any assessment of the attachment relationship needs to take into account the context in which the attachment behaviours are being demonstrated and whether there is a situation (internal distress or threatening environment) the infant is protected from danger and will seek them when tired, the presence of the adult, the infant feels secure and sense them to be a source of safety and security.

**SECURITY»**

Infants may insist on being picked up by their mother — about 20% of infants — tend to be overcautious, over-aware, or overstimulating.

**COMMUNITY MAGAZINE REVIEW**

When an infant has a secure attachment relationship with their mother, they can explore and form other relationships; most infants have formed several attachment relationships by four months of age. These attachment relationships (for example, with their father, extended family, nannies, grandparents, or a babysitter) may be more invested in objects than relationships. Infants may exist on being carried up by their mother when she is present, but are happy to be cared for by a substitute for a short time.

**SENSATION**

Infants can manage small slumps of time away from their primary caregiver provided they know the adult and sense them to be a source of safety and security. Infants react to prolonged separation initially with protest — clinging, crying, screaming and a sense of abandonment. At this stage they are searching for their mother more, than another securely attached child. Any assessment of the attachment relationship needs to take into account the context in which the attachment behaviours are being demonstrated and whether there is a situation (internal distress or threatening environment) the infant is protected from danger and will seek them when tired, the presence of the adult, the infant feels secure and sense them to be a source of safety and security.

**SECURITY»**

Infants may insist on being picked up by their mother — about 20% of infants — tend to be overcautious, over-aware, or overstimulating.
When an infant has a secure attachment relationship with their mother, they can explore and form relationships; most infants have formed several attachment figures. In a secure infant-parent attachment relationship, the infant and responds readily to their signals. Insecure infant-parent attachment relationships include severe distortions in the infant-parent relationship that result in the infant's inability to form a secure base.

Characteristics of sensitive maternal caregiving:
- Appropriate (compensatory) affect
- Clarity of perception and appropriate maternal responses to infant cues
- Awareness of timing
- Flexibility (in attention and behaviour)
- Variety and creativity in modes of play
- Acceptance of infant
- Providing structure without being intrusive

Infancy is the time of life when the infant is developing and establishing the foundation for the rest of their life. The infant's interactions with their caregivers are critical in shaping their development and future participation in society. Providing appropriate support, care, and education for new parents to form healthy attachment relationships with their infants is a key role for professionals who work with families.

The Turkish and Vietnamese.

Practice Resources have been developed to help professionals working with children and families better understand issues and strategies on 10 topics, including writing and sleep, browsing and eating behavior. Each topic has an introduction, a summary of the latest research, and practical strategies.

Practice Fact Sheets are written specifically for parents and cover a range of health, social and environmental topics including: caregiver-child interactions in communication of affect (maternal role, risk) boundary confusion, fearful and disinhibited behavior, intrusive and hostile behavior, extreme withdrawal and lack of responsivity.

A complete list of references for both articles is available from the Centre for Community Child Health’s website www.rch.org/ccch.

Social Work Department and Infant Mental Health Group, Royal Children’s Hospital, Department of Paediatrics, The University of Melbourne Murdoch Childrens Research Institute.
A mother struggling to establish breastfeeding may need encouragement and positive assistance to persist in her efforts. A mother who has chosen to use artificial feeding, may need encouragement to hold her baby closely and to feel that it is safe to nurse her baby once the baby finishes the feed. Newborn babies need to become used to taking time to delight and enjoy their newworld. Fathers are often ready to help develop the relationship between the newborn and their baby. They assist their baby and assist them to feel confident in handling their newborn.

• Over the next few weeks

Continuing the support with the new mother and her baby is important and having the same clinician see the family is strongly recommended. Engaging the mother or carer in examination of the baby is a useful way of ascertaining their relationship and pointing out communication behaviours of the infant. Asking the mother how the baby likes to be held, when called upon, to encourage, perhaps to assist, the mother is one of being available, ready to respond when called upon, to encourage, perhaps to assist, but to intervene only when clearly necessary (Bowlby, 1988).

Secure attachment represents a child’s fundamental need to be loved and cared for. Attachments can be frightening. Attachment behaviours are ‘biologically instinctual’ and not a learned behaviour. Attachment behaviours promote closeness between the infant and their parent, and may have a complicated process or delay in their development. Providing parents with information about the attachment behaviours is a key role of the child health nurse.

Many parents struggle with crying at this age; it is useful for mothers to understand the important role of crying. A child health nurse can help mothers identify when their baby is crying, in pacis or by just looking for her response or when it has moved on from this and crying incomodably. When visiting a mother during this time, it is also important for the child health nurse to recognize what is happening in the relationship, comfort the mother, who is already probable in crying a baby. It is advisable to review the mothers settling methods and the mothers she uses to comfort her baby. However, a mother who is at the point of exhaustion and frustration should be advised to walk away and calm herself before attending to her baby. In summary, early interactions with a crying baby are important for parents to model and encourage secure attachment behaviours. Impact on the development of early infant-parent attachment, including infant crying, sleep and maternal depression, should be addressed during these initial visits.

Sleep is an issue that may prompt early discussion. Much parental worry over sleep is fuelled by books and articles about what babies should be to become a ‘good sleeper’. Even adults have trouble sleeping and may have a complicated process or delay in getting to sleep. Providing parents with information about sleep, including the knowledge that ‘walking is an integral part of normal sleep at all ages’ (Largo et al. in Papousek, 2008), is a key role of the child health nurse.

Many parents struggle with crying at this age; it is useful for mothers to understand the important role of crying. A child health nurse can help mothers identify when their baby is crying, in pacis or by just looking for her response or when it has moved on from this and crying incomodably. When visiting a mother during this time, it is also important for the child health nurse to recognize what is happening in the relationship, comfort the mother, who is already probable in crying a baby. It is advisable to review the mothers settling methods and the mothers she uses to comfort her baby. However, a mother who is at the point of exhaustion and frustration should be advised to walk away and calm herself before attending to her baby. In summary, early interactions with a crying baby are important for parents to model and encourage secure attachment behaviours. Impact on the development of early infant-parent attachment, including infant crying, sleep and maternal depression, should be addressed during these initial visits.

Secure attachment represents a child’s fundamental need to be loved and cared for. Attachments can be frightening. Attachment behaviours are ‘biologically instinctual’ and not a learned behaviour. Attachment behaviours promote closeness between the infant and their parent, and may have a complicated process or delay in their development. Providing parents with information about the attachment behaviours is a key role of the child health nurse.

Many parents struggle with crying at this age; it is useful for mothers to understand the important role of crying. A child health nurse can help mothers identify when their baby is crying, in pacis or by just looking for her response or when it has moved on from this and crying incomodably. When visiting a mother during this time, it is also important for the child health nurse to recognize what is happening in the relationship, comfort the mother, who is already probable in crying a baby. It is advisable to review the mothers settling methods and the mothers she uses to comfort her baby. However, a mother who is at the point of exhaustion and frustration should be advised to walk away and calm herself before attending to her baby. In summary, early interactions with a crying baby are important for parents to model and encourage secure attachment behaviours. Impact on the development of early infant-parent attachment, including infant crying, sleep and maternal depression, should be addressed during these initial visits.

2. When talking about ‘crying babies’ with parents, what is the key strategy to give parents of infants on occasions when baby is inconsolable?

In articles discussing the infant’s relationship with their mother, the mother is also applicable to the infant relationship with their father. The attachment figure – who provides a secure base and the environment, which offers relative safety and feel an attach close at times can be frightening. Attachment figures are emotional – not a learned behaviour.

The relationship an infant has with their primary caregiver (in our society, this is usually the mother) has a profound impact on their infant’s future development. It is well recognized that experiences in the first weeks and months of life shape the developing brain, the most important of these experiences is the relationship between the infant and their caregiver.

One of the earliest tasks of infancy is for the infant to be able to express and regulate their emotions; they learn to do this with the help of a sensitive and responsive caregiver. The foundation for their future mental health is based on this capacity for emotional regulation. Secure attachment relationships that involve opportunities for play, everyday activities and sharing of emotions, facilitate optimal brain development. While mothers and babies have a unique relationship, fathers are also important attachment figures – encourage new parents are on a journey to learn to interpret their baby’s many needs. However, many parents struggle with crying at this age; it is useful for mothers to understand the important role of crying. A child health nurse can help mothers identify when their baby is crying, in pacis or by just looking for her response or when it has moved on from this and crying incomodably. When visiting a mother during this time, it is also important for the child health nurse to recognize what is happening in the relationship, comfort the mother, who is already probable in crying a baby. It is advisable to review the mothers settling methods and the mothers she uses to comfort her baby. However, a mother who is at the point of exhaustion and frustration should be advised to walk away and calm herself before attending to her baby. In summary, early interactions with a crying baby are important for parents to model and encourage secure attachment behaviours. Impact on the development of early infant-parent attachment, including infant crying, sleep and maternal depression, should be addressed during these initial visits.

ATTACHMENT AND EXPLORATION

Boody described attachment behaviour as complementary to exploration behaviours. When attachment behaviours are activated, for example by fear, then exploration behaviours shut down. When an infant is close to their parent, or feels safe or secure, attachment behaviours that down and the infant is free to explore their environment. Infants with a secure attachment relationship are likely to be able to move between their attachment figures – who provides a secure base and the environment, which offers relative safety and feel an attach close at times can be frightening. Attachment figures are emotional – not a learned behaviour.
**The role of the child and family health nurse in supporting early infant/parent attachment**

Child and family health nurses are well positioned to provide information, guidance and encouragement to parents in forming responsive and sensitive relationships with their babies. Research indicates that providing stable, responsive and sensitive relationships (attachment relationships) in the early years of life can prevent or reverse the damaging effects of early life stress with linking benefits for learning, behaviour and health. Essentially, the parent is one of being readily, ready to respond when called upon, to encourage, perhaps to butt in, to interfere only when clearly necessary (Boothby, 1988).

Secure attachment represents a child’s fundamental need for working relationships with parents, which gives them a sense of security, belonging and self-worth. Secure attachment is also important for the development of a healthy self-concept and the foundation for future social and emotional development. Attachment behaviours are ‘biologically based’ – and the environment, which offers novelty and opportunity, which can help shape and direct the attachment relationship (Sroufe, 2009). The relationship of the infant with their primary caregiver is the foundation for their future mental health based on this capacity for emotional regulation.

Insecure attachment patterns are associated with adverse long term outcomes in childhood and adulthood, including difficulties in forming and sustaining close relationships, and can impact on multiple areas of functioning, including emotional and physical health, mental health, education, employment, and social functioning. Secure attachment is a strong predictor of good outcomes, and insecure attachment has a stronger negative impact on the child and their development than any of the child’s personal characteristics. Insecure attachment is strongly associated with lower self-esteem and self-efficacy, lower social competence, and lower academic achievement. Secure attachment relationships are associated with better mental health outcomes, lower psychological distress, and better quality of life. In contrast, insecure attachment is associated with higher levels of psychological distress, lower quality of life, and higher risk of mental health disorders. Secure attachment relationships are associated with lower levels of stress, higher levels of resilience, and better mental health outcomes. Insecure attachment relationships are associated with higher levels of stress, lower levels of resilience, and worse mental health outcomes. Secure attachment relationships are associated with better social skills, higher academic achievement, and better social relationships. Insecure attachment relationships are associated with lower social skills, lower academic achievement, and worse social relationships.

In summary, the infant’s relationship with their primary caregiver is the foundation for their future mental health based on this capacity for emotional regulation. Secure attachment relationships are associated with better mental health outcomes, lower psychological distress, and better quality of life. In contrast, insecure attachment is associated with higher levels of psychological distress, lower quality of life, and higher risk of mental health disorders. Secure attachment relationships are associated with lower levels of stress, higher levels of resilience, and better mental health outcomes. Insecure attachment relationships are associated with higher levels of stress, lower levels of resilience, and worse mental health outcomes. Secure attachment relationships are associated with better social skills, higher academic achievement, and better social relationships. Insecure attachment relationships are associated with lower social skills, lower academic achievement, and worse social relationships.

**Attachment behaviours**

Attachment behaviours are the ways in which infants and toddlers form relationships with caregivers and others. Attachment behaviours include smiling, laughing, crying, babbling, reaching out, and other means of communicating needs and desires. Attachment behaviours are biologically based and are influenced by the infant’s brain development and the caregiver’s emotional availability and responsiveness. Attachment behaviours are also influenced by the infant’s experience of the world and their interactions with caregivers.

**Attachment relationship**

Attachment relationships are the emotional bonds between infants and toddlers and their caregivers. Attachment relationships are formed during the first year of life and are strongest between the first and second years. Attachment relationships are influenced by the quality of the caregiver’s responsiveness and sensitivity to the infant’s needs and cues. Attachment relationships are also influenced by the infant’s temperament, the caregiver’s own emotional availability and responsiveness, and the infant’s experience of the world.

**Attachment security**

Attachment security refers to the quality of the infant’s relationship with their primary caregiver. Secure attachment is characterized by positive interactions, a strong bond, and a sense of trust in the caregiver. Insecure attachment is characterized by negative interactions, a weak bond, and a lack of trust in the caregiver. Insecure attachment can be further subdivided into several types, including avoidant, resistant, and disorganized.

**Attachment styles**

Attachment styles refer to the patterns of attachment that infants and toddlers develop. There are four main attachment styles: secure, avoidant, resistant, and disorganized. Secure attachment is characterized by positive interactions, a strong bond, and a sense of trust in the caregiver. Avoidant attachment is characterized by negative interactions, a weak bond, and a lack of trust in the caregiver. Resistant attachment is characterized by negative interactions, a strong bond, but a lack of trust in the caregiver. Disorganized attachment is characterized by negative interactions, a weak bond, and a lack of trust in the caregiver. Secure attachment is associated with positive social and emotional development, while insecure attachment is associated with poorer social and emotional development.

**Attachment patterns**

Attachment patterns refer to the ways in which infants and toddlers interact with their caregivers and others. Attachment patterns are formed during the first year of life and are strongest between the first and second years. Attachment patterns are influenced by the quality of the caregiver’s responsiveness and sensitivity to the infant’s needs and cues. Attachment patterns are also influenced by the infant’s temperament, the caregiver’s own emotional availability and responsiveness, and the infant’s experience of the world.

**Attachment theory**

Attachment theory is the study of the ways in which infants and toddlers form relationships with caregivers and others. Attachment theory is based on the idea that infants and toddlers have a biological need to form close relationships with caregivers who can provide care, protection, and security. Attachment theory proposes that infants and toddlers develop attachment relationships in the first year of life, and that these relationships have a lifelong impact on the child’s social and emotional development. Attachment theory is based on the work of John Bowlby, who proposed that infants and toddlers have an attachment system that helps them form relationships with caregivers who can provide care, protection, and security.

**Attachment relationships**

Attachment relationships are the emotional bonds between infants and toddlers and their caregivers. Attachment relationships are formed during the first year of life and are strongest between the first and second years. Attachment relationships are influenced by the quality of the caregiver’s responsiveness and sensitivity to the infant’s needs and cues. Attachment relationships are also influenced by the infant’s temperament, the caregiver’s own emotional availability and responsiveness, and the infant’s experience of the world.

**Attachment styles**

Attachment styles refer to the patterns of attachment that infants and toddlers develop. There are four main attachment styles: secure, avoidant, resistant, and disorganized. Secure attachment is characterized by positive interactions, a strong bond, and a sense of trust in the caregiver. Avoidant attachment is characterized by negative interactions, a weak bond, and a lack of trust in the caregiver. Resistant attachment is characterized by negative interactions, a strong bond, but a lack of trust in the caregiver. Disorganized attachment is characterized by negative interactions, a weak bond, and a lack of trust in the caregiver. Secure attachment is associated with positive social and emotional development, while insecure attachment is associated with poorer social and emotional development.

**Attachment patterns**

Attachment patterns refer to the ways in which infants and toddlers interact with their caregivers and others. Attachment patterns are formed during the first year of life and are strongest between the first and second years. Attachment patterns are influenced by the quality of the caregiver’s responsiveness and sensitivity to the infant’s needs and cues. Attachment patterns are also influenced by the infant’s temperament, the caregiver’s own emotional availability and responsiveness, and the infant’s experience of the world.

**Attachment theory**

Attachment theory is the study of the ways in which infants and toddlers form relationships with caregivers and others. Attachment theory is based on the idea that infants and toddlers have a biological need to form close relationships with caregivers who can provide care, protection, and security. Attachment theory proposes that infants and toddlers develop attachment relationships in the first year of life, and that these relationships have a lifelong impact on the child’s social and emotional development. Attachment theory is based on the work of John Bowlby, who proposed that infants and toddlers have an attachment system that helps them form relationships with caregivers who can provide care, protection, and security.