Attachment in children and young people
Key signs of attachment patterns or behaviours at different stages (2016 edition)

This chart briefly summarises a range of attachment behaviours with a reminder of how they might be observed. It also describes some parenting styles associated with the most common attachment behaviours. These behaviours should alert us to the need for more precise forms of assessment, from an appropriately trained and accredited professional.

The chart accompanies a Frontline Briefing on attachment (Shemmings, 2016) which provides a fundamental grounding in attachment theory and different attachment behaviours.

A second chart is also available: Attachment: Understanding and supporting parent/carer bonding before birth and in infancy

To get the most value from these charts we would encourage you to look at them alongside the full online briefing: www.rip.org.uk/frontline

The briefing and charts are aimed at: Frontline practitioners in child and family social work; family support workers and practitioners across early help, education and health who work with children and their parents or carers.

Authors: David Shemmings OBE PhD, Gwynne Rayns, Chrissie Rickman and Gary Mountain

Photograph: Harmit Kambo

Thank you to the following researchers and practitioners who offered comment or advice at various stages of producing the briefing:
Roger Aitken, Susannah Bowyer, Lynnette Chapman, Simon Claridge, David Howe, Caroline Humberstone-Rico, Andrew Lister, Alison McLeod, Graham Music, Janine Newbury, Jenny Sanders, Sian Stevens and Kath Wilkinson.

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www.rip.org.uk
## Attachment behaviours in children and adults

These are only rough guides but they can be used to alert us to the need for a more precise form of assessment from a trained and accredited professional.

<table>
<thead>
<tr>
<th></th>
<th>Secure</th>
<th>Insecure avoidant</th>
<th>Insecure ambivalent</th>
<th>Attachment disorder - inhibited</th>
<th>Attachment disorder - disinhibited</th>
<th>Disorganised Attachment Behaviours (DAB)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Babies</strong></td>
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<tr>
<td>Distinctive attachment patterns do not really emerge until around 12 months (although in one study - see Beebe et al 2010 in the main review - a number of very precise parenting behaviours at four months predicted secure and disorganised attachment behaviours at one year). What can be of concern is when a baby consistently avoids eye-contact with a primary carer (assuming the infant is not brain-damaged, or simply happens to be distracted by something/one else) and/or when a baby regularly self-soothes in their parent’s or carer’s presence. When a baby looks and smiles back at its carer, this is usually a promising sign.</td>
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<tr>
<td><strong>Toddlers 1-3 (ish)</strong></td>
<td>Will seek comfort when distressed and settle relatively quickly when soothed.</td>
<td>Do not seek comfort when distressed; tend to mask or deny feelings.</td>
<td>Cannot be calmed very easily after experiencing anxiety or distress.</td>
<td>Marked difficulty in forming a reliable and close attachment to anyone. Regularly tend to avoid people in a very marked and obvious way.</td>
<td>Tend to become ‘attached’ to everyone but on closer observation the quality of these relationships is very superficial.</td>
<td>This is where the infant, child or young person can find no consistent comfort when very stressed. The problem becomes more worrying if the source of the stress is the carer. There are other circumstances when a child’s behaviour might indicate attachment disorder e.g. when there is autism (please refer to the full briefing for an outline of these other ‘Pathways to DAB’).</td>
</tr>
<tr>
<td><strong>Young children 4-9 (ish)</strong></td>
<td>Can form friendships and be relied upon by others; can also seek comfort from carers.</td>
<td>Tend to have ‘shallow’ relationships; avoid emotional expression.</td>
<td>Tend to start forming very intense ‘emotional’ friendships.</td>
<td>Extremely withdrawn, emotionally detached; almost pathological resistance to being comforted; hypervigilant but non-responsive; marked aggression if others try to form close relationships due to excessive mistrust.</td>
<td>Chronic lack of preference for own parents/carers; will seek comfort from virtually anyone (even complete strangers) but non-intimate and superficial; extremely dependent and often chronically anxious.</td>
<td></td>
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<tr>
<td><strong>Older children over 12 (ish)</strong></td>
<td>Form deeper and reciprocal peer relationships; will still seek comfort from carers.</td>
<td>Tend to avoid intimate or close relationships; may immerse themselves excessively in non-emotional pastimes (but lots of young people now do this)!</td>
<td>Find relationships of all kinds exciting ... but also confusing: fall in and out of ‘love’ quickly (over and above most teenagers).</td>
<td>Signs unreliable: the child’s behaviours are well documented but what leads to them is less well understood, as features such as lack of trust, anger and agitation, impulsiveness, helplessness, confusion, desire for control, etc., could be the result of other life events and/or genetic factors.</td>
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<tr>
<td><strong>Parent/carer</strong></td>
<td>Comfortable with emotion within relationships.</td>
<td>Prefer to avoid having or talking about feelings.</td>
<td>Tend to be overwhelmed by emotion in relationships</td>
<td>&gt; Could be from a variety of pathways - not only via the relationship with primary carer but possibly due to physical and/or genetic factors. &gt; Would need further assessment.</td>
<td>Prolonged disorganisation of the attachment system – whatever the ‘Pathway’ – needs further assessment.</td>
<td></td>
</tr>
<tr>
<td><strong>Any action suggested?</strong></td>
<td>No action required!</td>
<td>Common...unless severe not a major concern, but benefits from help to let emotions into their lives and thoughts.</td>
<td>Common...unless severe not a major concern, but benefits from help to think more about feelings.</td>
<td>&gt; Could be from a variety of pathways - not only via the relationship with primary carer but possibly due to physical and/or genetic factors. &gt; Would need further assessment.</td>
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