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DEVELOPING ATTACHMENT IN CHILDREN WITH SPECIAL NEEDS

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The article presents the analysis of preconditions for developing attachment in children with moderate and severe learning difficulties. It presents a scientific-educational experiment, carried out in accordance with research methodology, developed on the basis of theoretical insights of researchers into the concept of attachment, its features and (self-)development and their implementation in the practical educational and everyday activities of children. The essence of Marte Meo's attachment development method employed by the research is revealed, attachment disorders in children and their development opportunities, evaluations of respondents – educators of children regarding changes in communication and attachment are discussed.

Keywords: *attachment, education, children with learning difficulties, relationships.*

Introduction

Socialisation for a child with special needs is the most important process in his/her life in society, “when by making an effort the child acquires social experiences which are absorbed by actively interacting with one's social environment, first only by showing an interest in it, later by observing it, still later by directly interacting with it. At first the experience is reproduced, later it is interpreted and transformed in a distinctive way” (Juodaitytė, 2002, p. 77).

In the process of socialisation, a lot of attention is paid to the development of the natural need of a child – the need for attachment (affection), its formation and maintenance. Attachment provides the child with a feeling of safety and helps the development of his/her self-concept. The quality of the attachment often determines the character of the child's important personal relations with other people and his/her behaviour in the course of the whole life.

The beginning of attachment is the bond between the baby and the mother or some other care giver; it is a guarantee of the child's safety, the source of love and meeting his/her needs. If this bond between the mother and baby is not first-rate or if it is disrupted for some reason, it causes not only eating or sleeping disorders, but also tension, anxiety, fear of loss and loneliness, leading to failures in mental development. Although mothering instinct is in-born, because of the emancipation of women in society, and due to

some differences in their environment, or upbringing, or individual experiences, women often do not raise their children themselves or their motherhood is deviant. Some research data show (Korčė, 1994; Jusienė, 1995; Pileckaitė - Markovienė, Bumblytė, 2004; Juodaitytė, 1992; Navaitis, 1996; Valickas, 2003), that in more than 50% of the families disruption of relations between the mother and the child occurs when mothers behave in an aggressive or indifferent way towards their children or when they abandon them. In such cases the state makes sure that the child is adopted or has a foster family, in which s/he can form close and warm relations with the new family members, which in turn will help to develop the child's attachment.

Many more children deprived of their parents' care find themselves not in foster families but in various state child care institutions of different types. Of these, institutions caring for the children in their earliest age are of paramount importance in terms of attachment development; babies especially need safety and affection when they start interacting with their closest social environment, where the manifestations of their emotional reactions and their development appear first, which is particularly important for the child's further development.

Young children (0–4 years of age) deprived of their parents' care are placed in Children's Homes – personal health institutions of the second level, which concern themselves not only with children's health but their care and

education. However, the variety of functions and goals set by the state for the children's homes, e.g., the number of children in those homes (100 and more children), insufficient number of staff and insufficiently high qualifications determine the fact that children in their most important development stage experience psychological deprivation of various forms.

When the young child is surrounded by a poor emotional-social environment, with a limited variety of external stimuli, when a firm bond with a mother or a care giver is not formed or is disrupted, the child loses a very important source of emotional stimulation. This is called psychological deprivation. Daulenskien (1998), on the basis of the data reported by Langmejer and Matejek (1984), distinguishes four forms of psychological deprivation: 1) sensory deprivation, caused by a lack of fluctuation and modality of sensory stimuli, 2) cognitive, caused by the failure to develop a consistent relationship with the world; 3) emotional, when conditions for an intimate emotional contact with one person are not provided; 4) social, when there is a failure to engage with the social structure of society and the autonomy of social roles in a consistent way.

Other researchers (Braslauskien, 2000; Daniels, Stafford, 2000; Radzeviciene, 2003; et al.) contend that a child who spent his/her early years in a special care institution is often damaged by the emotional deprivation, the most important consequence of which is attachment disorders, having a negative influence on the child's psychosocial development, further relations and behaviour in life. That is why in later years the child's attachment habits have to be altered or newly developed.

Positive changes in the integration of people with disability after the restoration of independence in Lithuania, determined changes in the state care institutions, which helped "the disabled to return to society" (Piras, 1996). Vilnius Children's Pension is among the children's social care institutions of the new type. Here the child's life is organised in accordance with progressive social-interactive attitudes towards people with disability (Ruškus, 2002), normalisation and humanism principles – justice, kindness, partnership, self-determination, respect for individual needs, etc., and devoid of other attributes typical of a totalitarian institution: a huge amount of inhabitants, closeness of the

living environment, physical humiliation, lack of independence, impersonalisation, etc.

Research into the development of the attachment of children with moderate and severe learning difficulties presented in this paper was conducted in a similar institution of social care for children. Its importance was determined by the above mentioned facts: the home cares for 38 to 40 children with mental, physical and other disorders, their age is between 4 and 21, and they spent their first 4 years of life in homes for children with developmental disorders. They lost their parents' care in their babyhood, and their lack of attachment manifests itself by various negative emotional reactions and behaviours.

The research subject is the process of the development of attachment in children with learning difficulties between the ages of 4 and 21.

The research aim is to reveal assumptions for developing attachment in children with mental disorders.

The research methods are as follows: research literature analysis, application of the Martens method, case study, individual and group activity situations-experiments, and a semi-structured interview.

The theoretical context of the research

According to the author of the theory of attachment Bowlby (1965, 1971), attachment (affection) is described as a natural bond, formed by long-term relationships between the child and a care giver, by the child instinctively seeking closeness with another person, who provides him with security and meets his/her needs. The first bond the baby forms with adults and the world is the bond between him/her and the mother or another care giver. This bond is crucial for the child not only in terms of his/her biological needs, but also for psychological survival, because during the first two years of life the right hemisphere of the brain that is responsible for emotional activities of the personality, is intensively developing. External emotional stimulation is important for its maturity, which is achieved through communication with the closest person – mother, who is sensitive to the child's needs and is able to meet them (Milašinas, 2004).

The interaction between the phenomenon of 'imprinting' and the growing feeling of safety and attachment in the first years of life makes it possible for a particularly firm connection to

appear between the mother and child, which determines the child's further relations with the family, society, nature and the whole world. This is testified by various developmental theories (Freud, Erikson, Winnicott, Stern etc.), also by contemporary researchers of childhood (Jusien, 1995; Juodaityt, 2002; Nasvytien, 2005; Pileskait -Markovien, 2004; etc.), who emphasise that due to the positive warm relations and emotional bond with the mother or carer, the child develops confidence in oneself and his/her environment, together with the feeling of attachment, which is assumed to create the foundation for the establishment of successful relationships with other people.

Talking about the attachment process, some researchers (Schaffer, Emerson, 1964; Jusien, 2001; Steman, 1999, etc.) distinguish between 3 and 5 attachment development stages, which differ both in terms of the children's age and their manifested relations with a close person. Different authors agree on the two most important attachment formation periods/stages: one of them is from 6 to 12 months, when the child starts recognising the familiar close person and gives emotional preference for communication with him/her. Another important stage is the second and third years of the child's life, when attachment starts expanding towards other close people – father, siblings, grandparents, etc. It is argued that attachment and its separate qualities are developed and are incremental at each developmental stage of the child's life, if the development is provided with appropriate psychological conditions. Having generalised the views of various researchers, Pileckait -Markovien and Lazdauskas (2007, p. 41) single out the following main qualities of attachment:

- definiteness – attachment is always connected with a concrete person;
- emotional richness/intensity – the importance and power of feelings connected with attachment. These feelings comprise the whole spectrum of experiences – joy, anger, sorrow;
- tension – the appearance of the object of attachment can serve as a discharge of the negative feelings of the baby (hunger, fear). A possibility to hold the mother reduces the discomfort (security) and the need for closeness (satisfaction). Repelling behaviour of parents strengthens the

expression of the child's attachment (“clinging”);

- the duration – the stronger the attachment, the longer it lasts. Childhood attachments are remembered throughout adult's life;
- the inborn need for attachment;
- a limited ability to form and maintain attachment with people – if by the age of 24 months a child for some reason didn't have a constant close relation with an adult or if close relations of a young child were disrupted and not renewed for three or more times, the ability to form and maintain attachment can be disrupted.

The formation of the above mentioned attachment qualities, in the researchers' opinion, develops and is important throughout the person's life, because it is typical of people to seek closeness with another person on every stage of development. That is why it is necessary to change and develop the basics of attachment during the later stages of the child's development – the child's relationships with other people, which provide him/her with basic confidence in him/herself and the world.

Research methodology

The development of attachment in children educated in the child care institution (the Pension) has been carried out by employing practical activities aimed at the socialisation of children with learning difficulties. These were communication improvement activities, developing the children's speech and comprehension, emotional communication, independence skills, and expanding relations with other people. It was also the solution of problems concerned with the residents' gender and personal hygiene by teaching them, and staff members, ways of meeting sexual needs and developing positive attitudes towards sexual problems of a person with a disability. This was done by developing the staff members' competences, deepening and evaluating their values, knowledge and skills in their working place; by improving their personal qualities, and by mobilising them for the implementation of social innovations (Vaicekauskien, 2005).

Attachment and socialisation (self-) development activities have been construed as a scientific/research educational experiment.

Among its structural components – the experimental situation, experimental subject, and experimental object (Bitinas, 2006, p. 142), a special place was allocated to the performers of the experiment. They not only organised the attachment correction activities but also recorded its progress and specific data, collected and analysed information and gave it to the experiment leader and head of the institution – the author of the present article. The experiment leader as a researcher and research manager, formulated the main educational idea and hypothesis, and with the help of the staff collected information about the research subjects from various sources. Also she construed the educational-social organisational process of the children's life, planned corresponding activities and principles of their implementation, corrected their course, instructed researchers-staff members and summoned them for purposeful activities. Thus coordinated activities of the researchers and their leader, their experience and fruitful collaboration are a critical factor in determining the research into attachment correction and its positive outcomes.

The research employed a qualitative method to examine people interacting with children. It was a semi-structured interview, the main aim of which was to get oral and written descriptions of the object, geared towards describing separate observations and situations while analysing the sequence of situations and actions, studying and assessing emotional and speech reactions of an individual, as well as interpreting behaviour and activity outcomes.

Correction of attachment disorders was carried out on an individual basis with each child by employing various educational, psychological, and social methods, including Marte Meo's method, introduced to the so-called "parents" – carers of the children by professionals from specialised municipal institutions from Olborg (Denmark). They came to the Pension via a collaboration project. The pioneer of the Marte Meo method is Maria Aarts, a psychologist, who developed this model of practical work by working with autistic children and their parents for many years as a headteacher of a home for autistic children. She was trying to find ways of improving relations and communication among parents, children and professionals.

Marte Meo's intervention method consists of two related but clearly defined parts. Part one is

the analysis of causes and ways of meeting/failing to meet communication needs between children with disability and their parents or carers, also the analysis of their relations, observation and interpretation of the reactions, responses and initiatives of the person with a disability, geared towards stimulating their development. With this in mind and in order to establish what and how the child expresses and knows, various situations and means are used. These include diagrams of the development of the social history of the person and family, an echo map, a genogram, case (situation) studies. The most often used means in this stage of observation is filming and video recording various situations of the child's life, which is later analysed.

The priority function of part two is to find ways and means of helping the child to communicate with another person, learning to meet individual communication needs, and choosing means to improve the client's communication balance with another person. Here it is very important to find a simultaneous dialogue between the communication parties, which would provide a sense of security and a developmental opportunity. If one member of the dialogue is an adult, it is s/he who is responsible for the matching of the rhythm, tempo, and roles of the dialogue with the individual differences of a child so that there aren't any emotional or physical communication difficulties. That is why grown-ups communicating with the child have to conform to the specificity of communicating with the child and provide him/her with freedom and initiative, specific individual support, stimulating the development of communication. This part of the method could be called the period of active learning and counselling, when adults, consulted by professionals, are selecting and learning (repeating – training) elements important for the communication with the child and join them into a united system.

While applying Marte Meo's method, both his part one and part two allow achieving the following important interaction aspects between important adults – parents (carers) and professionals who are seeking to help them: 1) observation and analysis of children helps establishing where and in what situations the child has a communication problem, what factors interfere with interpersonal communication, whether parents and adults don't take over communication initiatives, thus suppressing the

child's communication and development opportunities; 2) adults, with the help of professionals, are taught to observe and wait for the child's reactions and initiatives towards corresponding communication situations; 3) the task of social work professionals is to "translate" professional language into the language understandable and accessible to every parent or carer, when instead of using abstract concepts, separate signals and reactions shown by the child are analysed, followed by the analysis of the concrete communication actions, linked with the corresponding environment and the situation of the child.

Thus Marte Meo's method is aimed at finding and highlighting unique communication abilities and strengths of a child with a disability and stimulating their development; it is also aimed at teaching the grown-up who is taking care of the child to understand the peculiarities of the child and to change them by adjusting to them. The process of consultation-teaching is organised by professionals who adhere to such humanistic values as respect, open communication and belief in humanity of the person, also the basic philosophy of the method, expressed in the title, which translated from Latin means "doing it myself".

This method is especially suitable to develop socialisation and attachment in the residents of the Pension, because the majority of the research subjects (84 percent) have severe and profound mental disability accompanied by other developmental disorders: physical and motor difficulties (17 children cannot move independently), language and communication disorders (29 children do not speak), hearing (4 deaf children) and visual (3 children) impairment, chronic somatic and neurological disorders (20 children), emotional and behaviour difficulties (35 children). Thus observation and analysis of the children's reactions and behaviour, the search for communication opportunities between carers and professionals and each individual child are the main directions of work with children which determined positive correction of the children's attachment.

2. Organising the attachment development process

The process of attachment development and formation in the Pension has been going on for two years in accordance with a specially

designed 'Attachment Development Programme in Children with Learning Difficulties', which distinguishes five stages of attachment altering and development:

- stage one: scientific-hypothetical research into the phenomenon of attachment linked with observation and analysis of children's communication and attachment reactions;
- stage two: the analysis and identification of features of attachment in children, a relative grouping of children according to the type of their analysis;
- stage three: finding a contact person and ways of maintaining positive relations between that person and the child;
- stage four: choosing attachment developing methods and teaching the staff to apply and consolidate them;
- stage five: generalisation and evaluation of the children's attachment and communication.

Such singling out of the stages is only provisory because the development of the children's attachment is a solid process, adjusted to every individual child, with a different sequence of the stages and individual implementation methods, ways and means as well as content of the activities. That is why the stages can be changed and supplemented in various ways.

Every stage is characterised by its own peculiarities; however, they also have something in common, constituting the attachment development content, which is going to be discussed.

Stage one of the research began by theoretical studies of the phenomenon of attachment and observation of children with disability in the children's home, and later in the Pension, where various deprivation manifestations and evidence of attachment disorders were recorded. Researchers distinguish between 3 and 5 types of attachment according to the early relations of the child with close adults (Ainsworth, 1991; Suslavius, Valickas, 1999; Spitzas (, 2001); Schaffer, Emerson, 1964): 1) safe attachment, 2) insecure and evasive relations, 3) insecure ambivalent relations (*ambivalence* is the duality of feelings, experiencing opposite feelings towards the same object at the same time – Dictionary of Psychology, 1993), 4) disorganised, 5) reactive. Each of the attachment types develops in childhood; however, depending on the level of

the development of the child's relations with the mother or other close people, attachment types and styles can change in other developmental periods. Or the formation and development of attachment may be disrupted because of the hostility and coldness of adults. The following symptoms and features of attachment disorders can be singled out:

- a permanent unwillingness on the part of the child to enter into a contact with adults: the child avoids stroking and eye contact, doesn't agree to play together, pushes back their hands, exhibits contradictory and unruly behaviour;
- the background of apathy and low spirits prevails; frightfulness, excessive care, tearfulness, impulsiveness, lack of discipline;
- aggression and self-agression, the child may bang the head, scratch himself, etc., spoilage of things, destructive behaviour towards oneself and others;
- diffusive (direct) inclination for communication, manifested by the absence of the sense of distance and obsessive behaviour, a wish to get attention at any cost, false fondness and tenderness (Pileckait - Markovien, Lazdauskas, 2007).

Problems, arising due to the attachment disorders, inconvenience the child's and his relatives' life, that is why it is necessary not to be angry with the child or condemn him/her but feel compassion and develop attachment.

Stage two. On the basis of attachment features and types singled out by the researchers, outcomes and analysis of the observation of children in children's homes and later in the Pension, all 38 children with disability were divided into three relative groups according to their relations and communication with people and attachment manifestation symptoms and reactions.

The first group of children consisted of 10 insecure children who avoided relations; they were characterised by the indifference towards a close person, avoidance of contact with him, which was related to the unsuccessful experiences, when "attempts at making a relationship with an attachment person were frustrated" (Suslavius, Valickas, 1999, p. 87). Persons, avoiding relations, according to Ainsworth (1999), desire closeness, at the same time they are afraid of it

and suppress their attachment need by avoiding the partner and any sincere emotional relations. That is why these children try avoiding adults and are apathetic in terms of starting a relation; they avoid eye contact, don't want to play together, are frightful and careful, but keep glancing at the adult as if "in secret".

The second group consisted of 15 children who had anxiously ambivalent attachment, characterised by seeking emotional support from the attachment person, but being afraid of a negative response to their efforts. "Ambivalent attachment is caused by experiences when efforts to make a connection with an attachment person are associated with his/her inconsistent and unpredictable behaviour" (Suslavius, Valickas, 1999, p. 88). This is when care for the child in babyhood was inconsistent, causing the baby to feel uncertain whether the close person is going to be next to them when they needed him. Children of this type don't like strange environments; they feel anxiety and the need for protection by a close person. When the child gets used to the situation, the care of close people becomes less important. When confronted with an unexpected behaviour of the close people, such children become lost, behave impulsively, they often doubt the sincerity of friendly feelings, and even the smallest conflict of interests may cause a great excitement. On the other hand, they are afraid to be left, that is why in relations with people they avoid loneliness and independence. The behaviour of this type of child is unpredictable and inconsistent – one moment they are rushing to the close person and are worried when s/he is absent, other times they angrily repel any attempts at closeness and communication.

The third group consisted of 13 children with the reactive attachment type. They were characterised by an increased irritability, fearfulness, frequent aggression and self-aggression fits (scratching themselves, banging their head on the walls or the floor, pulling their hair, etc.) – or on the contrary, non-selective attachment, manifested by obsessive suavity, not feeling the distance and obsessive behaviour. Such children rush to every new adult, try to get on the lap, demand attention and even harass them. Such overt (direct) way of communication is caused by the inadequate care of the child – either psychological compulsion or the child's neglect, constant ignoring of the child's needs and attempts at communication.

Different educational psychological and social activities were carried out with each group of children while teaching them communication and attachment. As a result, common attachment altering and development tendencies were singled out, which were further developed on other research stages.

Stage three. The child had to be supplied with a close person, who could, according to the researchers (Fahlberg, 1991), activate three main attachment formation sources – meeting the child's needs, positive interaction and recognition. The use of these sources for the formation of attachment depends on the emotional relation of the adult with the child; it helps the child learning positive interaction with others, communication and getting some pleasure from it. The choice of the attachment object, the strength and quality of the attachment very much depend on the adult's ability to stimulate the emotional contact and ensure the child's safety. That is why the person who takes care of the child and responds to his/her feelings and experiences satisfies the child's need for safety, approval and closeness and, according to G. Valickas, can be called "the attachment or safety person" (Suslavius, Valickas, 1999, p. 87).

Thus in the course of the research, every child was provided with a contact person who in real-life situations could also ensure emotional safety for the child, provide him/her with individual love and affection, causing a successful solution of the child's attachment problems. To ensure this, the following steps were taken while organising the children's life in the Pension: 1) to help every child "to find" his/her own attachment person, whom the child could trust and maintain a constant link. This could be a person performing any function or duty in the institution (a teacher, a cook, a carpenter) or another child – a friend from the same or a different "family", or a person with whom the child is able to maintain a constant contact outside the Pension – a grandmother, a class teacher or a classmate, organisers of after school activities (PE, music or Home Economics teachers) also volunteers who visited the Pension. Every attachment person was taught by professionals how to communicate with the child, how to understand and analyse the manifestations of his/her behaviour and feelings; 2) to provide conditions for the child to communicate with this person in joint activities, where the child could sincerely express his/her feelings in the ways

accessible to him: by touch, movements, smiling, exchanging small presents and other contact means, stimulating the development of feelings and attachment; 3) to observe the child's communication and look for individual ways of helping the child to strengthen the relation with the "safety" person and consolidate the main features of attachment – the definiteness of relations and emotional richness, their duration and decrease of discomfort, meeting the needs, etc., all of which helps the child's successful socialisation.

Various activities were employed to stimulate the child's communication with the attachment person: communication in the Pension games and other activities, in the children's activities outside the Pension – attending school, special nursery schools and education centres, swimming pools, day centres, where the staff of the Pension helped the children to make contact with an adult or a child depending on the child's individual possibilities. Staff members of different positions and education levels were involved in the process; their aim was to meet their child every day and to help him/her participate in various activities organised by professionals, also to supply the child with positive communication emotions. After six months of searching, all children with attachment problems had their "safety persons" and communicated with them.

Stage four saw the development of attachment enhancement activities and their improvement by paying special attention to the search for and application of various educational, psychological and social methods of education of the child, the analysis of their impact and importance on the development of children and their impact on the development of attachment. At this stage it was established that the following methods and trends in organising the children's activities in life helped to develop communication as a meaningful interaction:

- **first – preparation on the model of a family life, to implement which:**

a) children live in small groups in families with 5 to 6 children. Here they can feel safe and loved, because they are cared for by constant staff members, who are trying to create a warm psychological atmosphere in the "family" and maintain good relations among the family members;

b) children's education and care is organised by the "mother" and "father" of the family – social

workers, their support staff and a team of professionals – pedagogues, psychologists, medical and administrative staff. Children by constantly communicating with them as with members of the family get attached to them and by imitating actions of the loved people they learn many important behaviour models;

c) every family has separate premises adapted for living – a dining room, a nursery, individual zones for rest and sleep, a separate bathroom and toilet, individual clothes and other things ensuring the individuality of the child, his/her intimacy and personal space;

d) children communicate with other families of the Pension by visiting one another, by participating in joint activities of the Pension and by making acquaintances and friends;

e) children of many families of the Pension attend various educational institutions during the day – a special school and a nursery school, a swimming pool, a children and youth education centre, a health centre, a special education centre where they receive not only education in separate groups according to the level of their abilities but also have an opportunity to communicate with children from families in town and other communities thus expanding their communication experiences;

- **second – strengthening communication** by improving information receiving and transferring quality, by developing language by means of symbols and signs, by providing the child with personal space and belongings, by developing his/her perception abilities and skills;
- **third – development of emotional communication**, based on the empathy of the staff communicating with the child, their ability to understand and assess the child's efforts and teaching as well as encouraging them to give emotional expression to attachment and other feelings;
- **fourth – development of interaction with other people**, by creating individual programs for teaching and changing the child's communication skills and behaviour. The programs, depending on the developmental peculiarities of the child, foresee expanding educational activities outside the Pension, thus seeking communication with new people, ways and methods of organising activities, conditions and means, i.e. they set forth the main methods

and directions of educational and social work, the most important among these being the following:

a) change of environment by expanding the number and variety of activities and occupations enjoyed by the children, by improving environmental living conditions and adjusting them to the child's needs, by eliminating from the environment respective irritants, which may cause behaviour problems, i. e. by getting rid of certain things, activities, actions, etc.;

b) choosing an activity and adjusting it to the individual child's needs by offering the child with a disability an opportunity of a free choice of an activity that is important and interesting to him/her. The child is helped to acquire communication and other skills necessary for that activity, to experience positive emotions and to meet his/her needs;

c) developing social and communication skills not only in special activities but also in everyday communication process, observed, analysed and used for correction by professionals. The most important thing in developing skills is to assess individual psychological qualities and abilities necessary for the acquisition of skills, to understand the theoretical and practical preconditions for their development. In developing skills, it is important to objectively assess two components: first, the consistency of the circumstances of the appearance of the action and its expression (reactions, coordination of movements); second, the ability to transfer the learned actions to a different situation, i.e. to apply the action in the concrete conditions of an action. It is the individual qualities of the child that the formation of one or both components of the skill and the level of the development of social skills depend on;

d) application of positive methods helping to achieve positive educational and training results, depending on the professionalism of the staff and individual needs of the child with a disability. One of such positive methods is the method of incentive giving or stimulation, the frequency, form, time and place of application of which depends on the individual needs of the child. Some children have to be often praised, hugged or presented with sweets, and this stimulates them repeating certain actions; for others the most important thing is the adult's attention to their activity or participation in their activity, being together and supported by giving attention and

advice. Behaviour therapy or checking method could also be effective: e. g., M. Welch's management therapies in critical situations, the basis of which is a strong embracing of the child and keeping him/her in a hug until s/he unwinds or relaxes; FC (*Facilitated Communication*) communication therapies (developed by Rosemary Crossley) suggest that the child with a disability and the adult act together, because this not only helps the child to perform certain actions and movements, such as showing things, writing letters, drawing symbols, but also gives the child the feeling of security and calmness, stimulating the child to repeat the movements and master them. Professionals, depending on the level of their professionalism, on the changes in the child's behaviour and his/her state, are likely to assess best which method is most suitable for the child.

Discussion of the outcomes

Stage five. In order to assess changes in the attachment of children, a qualitative research was carried out. By the method of a semi-structured interview, by applying elements of a deep interview, 40 attachment people and staff members were surveyed. On the basis of observation and analysis of the children's behaviour, they described the results of the attachment correction in 38 residents of the Pension (2 children joined the Pension much later). The children were assessed in accordance with the features of attachment qualities: the intensity and type of the child's relations and contacts with other children and adults, the manifestations of the child's emotions, changes in social and communication skills and the behaviour of the child.

The first group of questions was meant to find out the respondents' attitudes towards the application of attachment correction methodology. The results are presented in Table 1.

Table 1

Attitudes of the Staff towards Developing Attachment in Children with Disability

	Severe learning difficulties (SLD)	Moderate learning difficulties (MLD)	Total
I agree	24 (60%)	38 (95%)	31 (77.5%)
I don't know	10 (25%)	2 (5%)	6 (15%)
I disagree	6 (15%)	–	3 (7.5%)

As can be seen from the results presented in the table, 77.5% of the respondents expressed approval for the development of attachment in children with SLD and MLD, and even 95% of the respondents approved of this in the case of children with MLD. Development of the children's attachment also raised some doubts – 25% of the respondents didn't have an opinion, while 15% didn't approve of developing attachment.

Questions of the second group were aimed at finding out the nature of communication between staff members/attachment persons and children with learning difficulties after 6 months of the experiment. The respondents were asked to choose one of the three variants describing the child's relations with the close attachment person: first – mutual communication and attachment, second – episodic attachment and communication, third – the absence of mutual interaction and communication. The data are presented in Table 2.

Table 2

Prieraišumo asmen ir sutrikusio intelekto vaik tarpusavio santyki pob dis

Communication	Children with SLD	Children with MLD	Total:
Mutual communication	8 (26%)	2 (25%)	10 (26%)
Communication unclear	17 (57%)	6 (75%)	23 (61%)
Does not communicate	5 (17%)	–	5 (13%)

As can be seen from the presented data, mutual understanding and communication between the child and the attachment person was established only with 10 children (26%), the

majority of children are difficult to communicate with, while with 5 children (13%) the contact hasn't been established at all. The analysis of the results shows that attachment development is

particularly difficult with children with SLD, because adults have difficulty in understanding their wishes, intentions, feelings, and in choosing appropriate means and methods, corresponding to the children's needs. That is why while working with such children, more varied methods of communication were started to be applied –

touching, body language, eye movements, facial expressions, drawing, music, etc.

After 12 months, the review of the children's attachment and communication, reflected in the children's behaviour, was repeated. The results are presented in Table 3.

Table 3

Evaluation of changes in communication and attachment

Behaviour and communication changes	Obvious	Noticeable	Wasn't noticed
Shows more initiative while communicating	13%	74%	13%
Masters social skills in an easier way	16%	42%	42%
The contact with the close adult has improved	13%	74%	13%
Is more active in interpersonal relations	26%	48%	26%
The level of anxiety decreased	23%	36%	41%
A decrease in the change of moods	23%	43.5%	33.5%

The table shows what communication and attachment changes were noticed by the respondents: the majority of them (74%) noticed that children show more initiative while communicating, a decrease in the levels of anxiety and changes of moods was also noticed.

In developing attachment in children, the choice of attachment (self-)development methods, ways and means, used by the adults, and their efficient evaluation is of paramount importance.

As has been demonstrated by the survey results, the most efficient methods in developing attachment are the stimulation of positive emotions (69%) and incentives (50%). This shows that while communicating with MLD and SLD children, it is necessary to arouse positive emotions as often as possible, and choose the stimulating materials well, i. e. to stimulate these children in all possible ways – by praising them, by stroking, by giving them various presents, surprises, etc. – for even their smallest achievements. The adult's being next to the child, and individual help of various levels (passive, minimal, average, maximal, mechanical) in performing actions and participating in various activities (47%), thus providing the child with safety and self-confidence, is of no less importance.

Conclusions

While generalising the specifics of the process of development of attachment and the outcomes of the qualitative research, some conclusions can be made which foresee the main preconditions for attachment development.

1. Humanistic attitudes towards a child with a disability in a care institution, which means recognising and realising his/her right to live a full-fledged life: to have an opportunity to be educated according to his/her abilities, to live in a family type community with one or several people, to have the right to interpersonal relationships and participation in community life.
2. One of the main indicators of attachment (self-)development in children with special needs is the child's emotions and their most important quality – their relationship with the attachment person. During the research, the children's emotions were constantly observed and analysed, and they showed the level of relationships between the educator and the child (mutual or unclear communication), informed about the emotional state of the child (joy, sorrow, etc.), revealed the dynamics of emotions (duration and intensity), and the nature of their expression (verbal reactions, gestures, facial expressions, etc.). On every attachment development level, in every activity and sphere of life the children were

encouraged and taught to express their feelings of attachment and other feelings by emotions. Positive qualitative and quantitative changes of emotions were noticed, which had an impact on the changes in attachment, communication and behaviour.

3. Attachment and its separate qualities develop and remain important throughout the person's life, because on every developmental level a person typically seeks closeness with another person. The research has shown that attachment features in children with special needs change if every child has a continuous emotional link with one person who is close to him/her – “an attachment person”, who helps the child to satisfy the need for love, security and self-expression; this gives the child confidence in him/herself and the world. The experiment has demonstrated that various people from the child's environment, who establish a relation with the child, can be “safety” people; however, the development of their communication has to be followed by professionals in order to teach the carers recognition and understanding of the expression of the individual needs of the child and finding the best ways of meeting them.
4. The research has also demonstrated that while developing attachment, an important place is taken by the improvement of the quality of the child's communication, which helps decrease the level of anxiety and changes of mood typical of children with special needs and encourages initiative as well as activity in interpersonal relations. Organising integrated and versatile activities for children, the application of the “family” life model, and a change of environmental conditions helped improve communication and attachment among children with special needs.
5. The work of professionals, because of the specificity of psycho-social development of children with special needs, is defined as interdisciplinary and multifunctional; that is why in the process of attachment development, special attention to the development of competences and collaboration between professionals (educators, social workers and medical staff) has proved to be important. Self-assessment

and adjustment of practical activities on the professionals' part, development of their personal qualities, acquisition of theoretical and innovative knowledge and its application in practical activities caused both the increase in the competences of the staff and a positive microclimate of the community, which had an impact on the socialisation of the children.

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