
The teacher's role in identifying and supporting children with attachment problems in daycare centres

Master's Thesis in Special Education

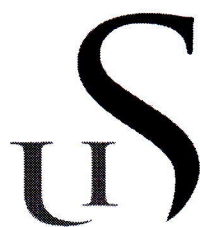
Barnehagelærerens rolle i forhold til å identifisere og støtte barn med tilknytningsproblemer i barnehagen - Masteroppgave i spesialpedagogikk



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Preface and acknowledgments

Avaline, my young niece has been my motivation in studying special education. She daily teaches us lessons with little language and she enriches our lives with her sweet disposition, her laughter, and her great capacity to love. My safe base during my work with this study has been my family and friends. The patience and loving support from my husband Keijo has enabled me to undertake this challenge with security of a safe place reserved for me when the books are put away and the last chapter written. Peter, Elisabeth, Tim, and Marie also deserve recognition for their flexibility and help during this process. A special thank you is in order for my friend Barbara for her wonderful support. My study group have laughed and cried together and they have been a pleasure to know and work with.

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Executive summary

The primary goal of this investigation has two parts: to determine and highlight methods of identification of attachment problems and to suggest compensating practices for teachers with the aim of establishing a secure attachment in the classroom. A secondary goal is to identify how current practice accords with relevant theory. A final aim is to facilitate an awareness of attachment that initiates reflection and discussion in the educational community.

Bowlby's attachment theory and Bronfenbrenner's systemic theory provide the foundation for this study. Attachment theory sheds light on the significance of a child's bond with her caregiver and how the security of the attachment affects development. Systemic theory accounts for contexts of development: teachers, classrooms, and communities which influence attachment and affect behaviour of young children both in the home and daycare context. Consequences for children with attachment disorders are often severe and therefore Perry's "six core strengths" provide a useful framework for healthy child development. The preschool teacher can compensate by providing safety, structure, nurture, routines, and emotional support to a child with an insecure attachment. The window of opportunity is open for a limited time for young children which is why early identification and intervention is critical.

This study uses a qualitative approach with semi-structured interviews with five preschool teachers. The questions address characteristics of attachment and identification, the consequences of attachment problems, and prevention and intervention measures. The interviewees also responded to three case studies which included examples of secure, insecure, and disorganised attachments.

The results of the interviews indicate preschool teachers rely on child-observation as their main method for identification of children with attachment problems; they also indicate a need for teacher knowledge about child-parent observation and developmental charting as tools which aid in identification. This enables early intervention and the provision of compensatory measures for children with attachment problems in daycare centres. Group sizes influence teacher sensitivity and the quality of childcare, which is why politicians must be vigilant about attaining their goals for high adult-child ratios. The results also indicate the need for more professional knowledge concerning attachment, enabling teachers to create environments that nourish healthy development. Therefore the national reforms in early childhood education programs must both emphasise attachment and provide relational teacher training.

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1. Introduction

1.1. Context

Change is a constant in today's society, in families, schools and in daily activities of this modern, electronic age. Our youngest children with their basic need for stability, security and safety need some protection from the undesirable influences of their environment. Daycare professionals are entrusted with this responsibility and meet daily challenges of a special kind in children with attachment problems. In order to help teachers support children with attachment difficulties in a daycare setting, an understanding of the child's conditions of development is necessary.

Stortingsmelding 41 - Kvalitet i barnehagen (Kunnskapsdepartementet, 2009) - addresses the need for high teacher-child ratios for young children, in particular for those with special needs, and the youngest children without developed language competence are among the vulnerable (Irwin, Carter, & Briggs-Gowan, 2002). Special needs awareness and competence among pre-school educators is an area that Stortingsmelding 41 highlights as a qualitative investment area for the future of daycare.

In Norway a recent trend establishing a new model of base-oriented daycare centres (base-barnehager) has presented instructive challenges, which have parents and childcare staff concerned. It was assumed, or at least claimed, that the new open environment and fluid use of rooms and caregivers was pedagogically desirable. What became evident very quickly was that organisation of the physical environment, its social consequences, and effects on individual children are interconnected. Concerns for the well-being of the youngest children emerged immediately, as the adaptation required of them by this new physical, social and pedagogical form was thought by parents and experts alike to result in high stress levels for both staff and children. The knowledge that small groups provide a good basis for building relationships to support young children was broadcast in newspapers and on television.

As a rule a child in Norway starts daycare at a very early age, often around the first year of life. Therefore the issue of attachment becomes central for daycare staff as the child is in caregiver transition, a significant phase in the life of the child. This is especially crucial for a child who lacks a secure attachment. The reasons for an insecure attachment vary and are often complex. Parental conflict, for example, adds stress to families and many children of divorce experience insecurity which can affect attachment, this especially in cases where the child has lost contact with a caregiver (Eagan, 2004). Research indicates children who have recently experienced parental divorce may need extra attention from daycare staff because of the distress they experience from

changes in the family (Størksen, Thorsen, Øverland, & Brown, 2012). An educated awareness of attachment is then necessary among daycare professionals to support both children of divorce and other children who may experience attachment problems for other reasons.

Unfortunately very few universities in Norway include attachment theory as part of their preschool teacher curriculum (Førland, 2007). Neither the National Act for regulation for preschool education (Forskrift om rammeplan for barnehagelærerutdanning, 2012) nor the Framework plan for daycare centres (Kunnskapsdepartementet, 2011) emphasise attachment theory. The lack of attention to this topic is surprising in light of the serious consequences attachment problems have for young children. Teacher knowledge about attachment is critical to foster healthy social and emotional development. Attachment is an important topic that cannot be ignored and should be included in the curriculum for all preschool teachers.

1.2. Purpose of study

In the context of a brief examination of attachment theory, this inquiry addresses the significance of early-care teacher knowledge for the identification and support of children with attachment disorders in early nursery care. The study seeks to explore to what extent relevant theory illuminates the role and function of preschool teachers in the classroom in light of their special charges, with the needs they bring and challenges they pose. An overarching objective of this inquiry is to take steps towards articulating guiding practices that can provide teachers with ways to deal with the attachment disordered child with a view to establishing secure attachment in the classroom. This necessitates clarification of the task of the teacher, and supposes conceptual and practical placement of the process in the wider context of the child's attachment network.

The hypothesis underlying this investigation is, then, that problems of attachment, though specific, are a broad developmental issue and social concern that requires a systemic perspective. The holistic viewpoint is critical if teachers are to optimise support of affected children under their pedagogical and emotional care and charge. This work presumes an existential as well as social-cognitive perspective. In light of this, the specific purpose of the study undertaken is to determine and highlight methods for preschool teachers to identify attachment problems and to detail measures of support that can be taken.

To achieve this aim a qualitative approach is taken. This involves interviews with preschool teachers working with the youngest children, the 0-3 year olds were taken. The interviews' purpose is to investigate what preschool teachers from Rogaland in Norway know

about identification and how to support children with attachment disorders, as well as to inquire into their knowledge of the consequences attachment disorders have for child development. An overarching goal of mine is to bring attention to this vulnerable group of children through highlighting their needs in order to facilitate an awareness that will invite reflection and discussion among preschool teachers and other daycare professionals, as well as between parents and community leaders. With this in mind, the following research question will be addressed:

What do preschool teachers know about identifying attachment problems and what can they do to create an environment that compensates and fosters a healthy development?

1.3. Overview

The paper begins with an explanation of key terms used in the study. Chapter 2 then discusses systemic and attachment theory. Systemic theory is the framework underpinning this investigation, since understanding the child in daycare who is our concern depends on knowledge of the larger system affecting it, and within which it interacts. A systemic perspective takes into account the multiple influences on the child and its functioning, such as the family, community, culture, social groups, and peers. Following this, attachment theory is examined. We begin with Bowlby's ground laying view and Ainsworth's Strange Situation Procedure. Attachment styles and the problems and disorders of attachment are examined next. Knowledge of attachment styles is important as a tool for compensation, identification and support of children affected with insecure or disordered attachment.

Three other central theoretical perspectives are discussed next. Winnicott's object relation theory is used to underline the significance of early care experiences for healthy development and security. Stern's concept of intersubjectivity supplements this insight into early childhood social and cognitive development. Bandura's social-cognitive perspective and his principle of self-efficacy is discussed to illuminate child psychology and behaviour.

We will look at mentalization, a tool used by both teacher and child. Familiarity with mentalization and other socio-cognitive mechanisms underlying child behaviour is critical for teachers attempting to respond appropriately to the actions and expressions of an insecurely attached child for purposes of interpreting needs and desires.

Chapter 2 continues by discussing the causes, behaviours and consequences that are associated with the attachment problems children experience. Affiliation, one of Perry's "core strengths" is a

challenge for children with attachment problems and is discussed. Self-regulation, another “core strength,” is also presented. An understanding the self-regulation difficulties children with attachment problems encounter enables teachers to assist them in daycare.

Chapter 3 continues with the daycare centre’s support role and looks at early learning and intervention in light of the framework plan. This chapter importantly includes the teacher’s role in promoting a healthy environment, and draws on Perry and Pianta. It is central to our purpose to illuminate and clarify the role and tasks of preschool teachers in helping the child and facilitating good interaction. This includes examining emotional support, nurture, safety, security, structure, routines, and adult-child ratios. Knowledge of the interacting system is the background for interventions to support children with attachment problems in preschool. Next we present Perry’s three remaining “core strengths” attunement, tolerance and respect. Supporting institutions are integral to the daycare centre’s supportive role and so its larger communicative task will also be addressed here. Supporting interventions are presented as evidence-based practices for consideration: “Let’s be together” and “The two of us, you and I”. The primary contact model with a focus on child-teacher interplay and the Banking Time model for relational support and enhancement are also discussed.

Chapter 4 briefly addresses method and the choice of qualitative interviews. The interview process is described and aspects concerning validity, reliability, and generalisation are presented. Chapter 5 discusses the analysis and results of five interviews with preschool teachers on identification of attachment problems, their consequences, and prevention and intervention measures. Chapter 6 provides a summary and conclusions. Chapter 7 includes suggestions for further research.

1.4. Explanation of terms

Three key terms relevant to this study are attachment, attachment problems and mentalization.

These are defined as follows:

- Attachment is the capacity to form an emotional relationship with another human being where both individuals experience comfort, pleasure and safety in a relationship where mutuality is a given. This bond is formed in infancy as a child interacts with an attentive and responsive caregiver (Perry, 2002).
- Attachment problems are the result of negative caregiving experiences caused by the lack of an emotionally secure attachment. They are characterised by an inability to form healthy relationships and antisocial tendencies (O’Connor & Zeanah, 2003).

- System theory emphasises how factors such as peers, teachers, families, schools, and larger communities are “contexts for development” which carry mechanisms that influence outcomes for young children (Pianta, 1999).
- Mentalization is the ability to understand one’s own mental state and the mental state of others which enables one to interpret the needs and behaviour of others (Fonagy & Target, 2002).

The above terms denote ideas that are central to the study’s concern: determining how teachers can accommodate, support and remedy the deficits experienced by children with attachment difficulties or diagnoses.

2. Theory

In this study we choose to use two theories, system theory and attachment theory in order to shed light on insecure attachment and resulting problems arising for children in daycare. System theory is integral to an understanding of attachment problems since it accounts for the multiple factors such as families, communities, culture, institutions and social processes that are continuing influences on a young child's development and to difficulties arising from it (Pianta, 1999). Attachment theory is the cornerstone for the study because it is traditionally used to interpret and understand young children's behaviour in their interactions with other children and adults. It is therefore relevant because it addresses children in their early years, and the causes and consequences of insecure attachment which affects and disturbs the feelings and behaviour of some children in preschool. Both theories will be described and discussed in more detail. This chapter also describes mentalization, which links development to attachment. The attachment styles are described detailing nuances within the attachment spectrum.

2.1. System theory

General system theory sheds light on how a system's parts are related to the whole and how dynamic aspects of the whole are related to contexts (Pianta, 1999). It explains how risk factors and outcomes are linked, by conceptualising ecological and biological aspects of living systems, a system here defined as a unit made up of interrelated parts (Ford & Ford, 1987). These parts act in systematic ways that support the adaptation of the whole unit. This systemic interplay in the child's world must be acknowledged and analysed. A grasp of the complex interplay of the parts can potentially enable good support. System theory suggests that a process of co-adaptation is necessary, in this case to help the child affected by difficulties of insecure attachment to achieve a balance within the larger system.

Bronfenbrenner (1979) developed an ecological model that illustrates how a child's development is contingent on an ecological system or environments composed of evolving and interacting levels or contexts. The model presents nested environmental systems (circles) with each system located inside the next. The interaction of these four system levels: microsystems, mesosystems, exosystems, and macrosystems (Sameroff, 2009) makes each child's development unique and is discussed below.

Pianta and his colleagues developed an adaptation of Bronfenbrenner's model called "contexts for development", that demonstrates how different contexts influence child development (Pianta & Walsh, 1996; Sameroff, 1989). The contexts include the child, the dyad, the social group and the

culture. At the centre of the model is the inner circle representing the child. The child's behavioural and biological systems are part of this context which Bronfenbrenner calls the microsystem. The second circle represents dyadic systems such as parent-child or child-teacher dyads. This is the mesosystem. The third circle is the exosystem and it represents social groups such as the child's family or peers. The fourth circle represents the culture, for example neighbourhoods, as well as social institutions schools and other institutions (Pianta, 1999). This is the macrosystem. The systems provide distinct but relatable physical and social milieus for learning and development and they carry mechanisms that influence outcomes (Sameroff, 1983). The systemic perspective highlights how social agendas are interwoven through communication. Microsystems, mesosystems, exosystems and macrosystems must communicate effectively to ensure an environment that nurtures healthy development for children (Bronfenbrenner, 1995).

2.2. Attachment theory

2.2.1. Understanding attachment theory

John Bowlby is the originator of attachment theory which provides the basis for this investigation. Modern day research elaborates and builds on Bowlby's basic tenets of attachment and takes his theory in new directions (Bretherton, 1992). Fonagy's research on mentalization and Pianta's research on the child-teacher relationship are two instances of this. This study will rely on Bowlby's theory to give this paper a traditional focus on the child and highlight an infant's need for a secure attachment (Fonagy, 2001). Attachment theory will allow us to discover the causes for behaviours in children with attachment problems.

Attachment is considered to be a child's strong inclination to seek contact and proximity with an attachment figure and to do so when the child is tired, scared, or ill (Bowlby, 1969). Attachment is an infant or young child's experience of a "warm, intimate, and continuous relationship with his mother (permanent mother or substitute) in which both find satisfaction and enjoyment" (Bowlby, 1951, p. 13). The deep connection between a child and caregiver profoundly affects a child's development and ability to develop relationships and express emotions. Young children need a healthy bond with their attachment figure in order to feel safe. Children who feel a sense of security with their caregiver have a foundation that enables them to learn and thrive (Bowlby, 1988).

According to Bowlby humans have an inborn tendency to form attachments based on their social nature. Attachments form the foundation for the development of self-esteem and independence (Hart & Schwartz, 2009). His ideas have revolutionised thinking about attachment and how

separation, deprivation, disruption and bereavement affect this bond (Bretherton, 1992). Bowlby's research (1969) is significant for highlighting the importance of a mother's sensitivity to the signals given by her child and also the timing of her interventions. He describes the interchange that occurs when the child's social initiatives are met with predictable results. Sensitivity coupled with positive and active interactions with an attachment figure form the basis for a secure attachment.

The secure base is a key concept of attachment theory. For a young child the attachment figure functions as her secure base. A child confidently explores and takes risks when she has the assurance that her attachment figure is available to meet her emotional needs and will respond with comfort or encouragement when necessary. An infant who has learned that she can trust her parent has a good foundation for forming new relationships (Bowlby, 1969).

Bowlby explains that a child will attempt to maintain balance, reduce stress, and seek protection from the attachment figure (Bretherton, 1992). Crittenden and Claussen in agreement with Bowlby write that they have "come to conceptualise attachment as a theory about protection from danger and the patterns of attachment as strategies for predicting and protecting oneself from danger" (Crittenden & Claussen, 2000, p. 9). Attachment behaviour helps a child create and maintain closeness with her caregiver. These behaviours include among other things smiling, crying, and crawling toward the attachment figure. This is most easy to observe when a child is hungry, tired, sick or fearful (Hart & Schwartz, 2009).

According to Bowlby (1969) a young child's relationship with her attachment figure acts as prototype for future relationships. He asserts that a child develops mental representations based on interactions with her caregiver. This development includes cognitive mechanisms comprising mental representations that are used to understand the world, self and others. A child's memories of experiences with her attachment figure, as well as her expectations based on interactions, are components in her internal working model. This influences her interactions and evaluations of contact with others (Fonagy, 2001). The internal working model is an effective tool that a child uses to plan her actions and it forms the basis for personality development (Hart & Schwartz, 2009).

For Bowlby, the working model has three functions: it allows individuals to construct and evaluate alternative perceptions, it enables mental exploration of the possible effects of responses, and thereby it allows a reasonable response to be chosen. Bowlby believed that when a person experienced something very painful the model frequently excluded some perceptual information, in which case the model could become rigid or non-working. In this event the mental exploration would be hindered (Crittenden, 1992). Bowlby notes that a child can have conflicting internal

models of a relationship. One internal model may develop primarily from the child's direct experience with the attachment figure, the other may result from input from the attachment figure that does not support the child's perception of the experience (Colin, 1991). For Bowlby then, the child's working model is a filter through which relationships with adults are seen. It thereby influences expectations about adults and about self (Drugli, 2012). Children who have experienced that their attachment figure is consistently available and sensitive to their needs will develop mental representations of adults as trustworthy. Children who have received inconsistent care and comfort will have a working model that reflects their negative experiences, and these will influence expectations about relationships with adults (Killen, 2012). In this way a child's working model gets carried forward into future relationships (Wood, Emmerson, & Cowan, 2004).

Children tend to seek out relationships with people who have specific characteristics that the child recognises and has competence in dealing with. This is problematic for a child who has experienced neglect, since it creates a situation where unhealthy patterns are repeated (Hart & Schwartz, 2009) and then become automatic. Given new, more positive caregiver experiences this child will have difficulties responding appropriately.

The concept of an attachment net is a significant aspect of the emotional and social development of the child based on ideas of Bowlby and refers to an emotional and affective framework (Thompson, 2008). At the centre of the net is the attachment figure or main caregiver. The centre is shared by other figures who are emotionally available to the child and with whom the child has regular contact. These figures provide physical and emotional security as well as care and affection. Levitt (2005) highlights that in these affective structures children establish a hierarchy that reflects the degree of nearness and the emotional implication with the people that form their net. This includes parents and family as well as people that really matter to children and teachers.

2.2.2. Attachment styles

Ainsworth and her colleague Barbara Wittig famously used a laboratory procedure called the Strange Situation Procedure to identify attachment styles in children (Colin, 1991). They were able to define three different attachment patterns: secure, avoidant, and resistant. A fourth pattern of attachment, disorganised was identified by Mary Main and Judith Solomon in 1986 (Colin, 1991). The Strange Situation Procedure is appropriate for babies from 11 months to 20 months and is relevant for this study because it is used today as the primary method for evaluating the quality of an infant's attachment to her parent (Cornell & Hamrin, 2008). Although researchers continue to study attachment and have concluded that the classification system should be expanded, the focus

of this paper is the traditional attachment styles developed by Ainsworth and Wittig and therefore only these will be presented.

An understanding of the conditions that lead to healthy child development provide the background for reflections in subsequent sections, where attachment problems and disorders as well as causes and consequences are addressed. Therefore an understanding of a secure attachment is necessary. The other attachments styles are briefly described here and then again in more detail as part of the discussion of attachment disorders and problems.

(A) Secure attachment

A child who is securely attached has consistently experienced that her parent is available, supportive and responsive to her. She trusts her attachment figure because she consistently receives comfort and support when stressed or upset (Drugli, 2012). Perry (2002) has described attunement, which is the ability to successfully read and respond to the needs of another. When an attachment figure is attuned to the needs of the child, the relationship is characterised by safety, pleasure, consoling and comfort. Researchers highlight the enjoyment the attachment figure and child experience when they spend time together. The synchrony they share is evident in high-quality communication that is peppered with positive, warm verbal expression (De Wolff & van IJzendoorn, 1997).

Children with a secure attachment are able to balance closeness and distance in their relationships. They function well in groups and they are also able to act independently. In addition they are generally positive in their interactions, which enables them to establish close relationships (Kvello, 2009). Children with this style of attachment have a good sense of justice and they often have empathy for others. This makes them appreciated among their peers (Granot & Maysel, 2001). Their good start in life enables them to give and receive social support and provides them with many positive experiences they can draw upon when difficulties arise. Securely attached children are resilient and successfully use strategies that enable them to quickly bounce back when they experience obstacles (Howe, Brandon, Hinings, & Schofield, 1999).

Children who are securely attached have a healthy social and cognitive development (Drugli, 2012). These children are able to concentrate well which enhances their learning, while their play contributes to their cognitive, emotional, and social development. Children with a secure attachment are good at regulating their emotions: they are aware of their feelings and are able to handle them well (Kvello, 2009).

(B) Avoidant attachment

A child with a history of avoidant attachment experiences adults as rejecting and angry (Ainsworth, Blehar, Walters, & Wall, 1978). Such children can also be intrusive and controlling. Intrusive caregivers stimulate the child in ways that do not reflect its needs or interests. Alternatively, they may tell their crying child that there is nothing to be upset about even though the child needs changing or is hungry or hurt. Some caregivers correct their child's memories or feelings when they feel threatened by the child's mental representations, this causing the child to lose confidence in her own perceptions (Howe et al., 1999). Often the adult is consistently unavailable when the child is upset, and as a result the child shows no preference for her attachment figure and seems capable of functioning independently (Kvello, 2009). In any case, this child has no experiential repertoire for secure attachment.

(C) Resistant attachment

A child with a resistant attachment does not experience feelings of security with her parent. Characteristically the caregiver's responses are insensitive and inconsistent. The caregiver's own needs tend to govern involvement and there is no pattern to the adult's behaviour, thus making the child unable to predict responsiveness. Typically the attachment figure is under-involved and misses the child's distress signals that imply emotional neglect. The child then attempts to engage the interest of the caregiver by raising her level of attachment behaviour in order to get attention. With persistence there may be a provoked response that can be aggressive in nature. This pattern can lead to feelings of uncertainty about being valued and loved which can lead to feelings of inadequacy and despair. When so much energy is used to determine whether other people are responsive and involved there is little energy left for curiosity or play (Howe et al., 1999). This child is reluctant to explore new toys or settings because doing so will move it away from the attachment figure, inadequate as this caretaker may be (Kvello, 2009).

(D) Disorganised attachment

A child with a disorganised attachment pattern has suffered maltreatment and has experienced adults as frightening. These children tend behaviourally to be very disturbed (Howe et al., 1999). The attachment figure may behave aggressively or present frightening facial expressions; and alternatively adults may exhibit trance-like behaviour or treat the child as though it is an inanimate object (Lyons-Ruth & Jacobvitz, 2008). Disorganised attachment is associated with a child who has failed to resolve traumas and losses. Although the reasons vary, this style is often associated with parents who suffer from a psychiatric illness or have an alcohol addiction. The name "disorganised attachment" implies a lack of strategy for regulating affect, gaining protection and care, and achieving proximity. So therefore whatever attachment behaviours the child uses, anxiety and

distress become overwhelming (Howe et al., 1999). According to Kvello (2009), the abuse can be physical or sexual and it can create feelings of conflict for a child because the person whom they should be able to go to for security is also frightening to them (Lyons-Ruth & Jacobvitz, 2008).

The use of Ainsworth's Strange Situation Procedure for children in cases of a disorganised attachment is criticised in one study because the procedure was designed to determine subtle differences in behaviour. The extreme care these children have received gives rise to major distortions in relationships, so that the Strange Situation Procedure is in fact inadequate to address the complexity of the relationship (Minnis, Marwick, Arthur, & McLaughlin, 2006).

2.3. Related theories

This chapter describes three other central theoretical perspectives related to attachment theory or that deal with self-efficacy. What these three theories share is the goal of providing care and support to children. First is the object relation theory introduced by Donald Winnicott; second is Daniel Stern's concept of intersubjectivity; and third, Albert Bandura's social cognitive theory as it illuminates the importance of self-efficacy.

Object-relation theory is based on Winnicott's (1964) ideas about how children internalise early relationships and how these then influence their development. Abrahamsen (1997) makes clear that an object is a person outside of oneself with whom one has a relationship. Object relation theory looks at how an infant's emotional relationships are formed and develop based on interactions with "object mother". Infants form internalised mental structures on the basis of their experiences of being cared for. These structures influence new relationships because expectations about relationships are based on early care experiences (Killen, 2012). Winnicott (1964) and Bowlby (1969) insist that relationships are fundamentally necessary for healthy child development. To quote Winnicott: "The needs of infants and young children are not variable; they are inherent and unalterable" (Winnicott, 1964, p. 179).

A useful tool for observation emerged when Stern used film technology to record the interactions between mothers and infants (Hart & Schwartz, 2009). This enabled him to study in a more thorough way than ever before possible how a mother's caring responses not only support an infant's behaviour, but also teach the infant that she is valuable. Stern used intersubjectivity, a key concept in his writing, to explain and draw attention to an infant's discovery that she has a mind and that other people have minds (Hart & Schwartz, 2009). Stern suggests that an infant's internal representations of self are constructed based on her interactions with others (Hart & Schwartz,

2009). At about 7-9 months an infant is able to sense that another person has a mental state that is like her own, and the two share a subjective experience or intersubjectivity. Intersubjectivity in Stern's sense is shared understanding and is expressed through facial expression, a communication but without words. A secure attachment will allow an infant to develop a bond where intersubjectivity can flourish (ibid.).

Psychologist Albert Bandura (1977) is well known for his social cognitive theory. His focus is how individuals operate cognitively and how cognition and social experience influence development and behaviour. He believed that through discussion, adult discipline, and observation of modelled behaviour, children come to abstract and integrate perceptions which become mental representations of themselves and their environment. Bandura maintained that learning and development are dependent on the interplay between the individual, her behaviour and the environment. According to Bandura self-efficacy, that is, learner's belief about own ability to perform actions that permit desired goal achievement, would fit into the attachment framework because an infant's secure attachment with the caregiver allows for the development of self-efficacy (Grusec, 1992).

2.4. Mentalization

An understanding of mentalization and the socio-cognitive mechanisms underlying child behaviour is critical because mentalization is a tool used by both teacher and child. Fonagy (2001), considered the father of mentalization theory, uses the term to illustrate the connection between development and attachment. Mentalization is defined as the ability to understand one's own thoughts and feelings as well as the thoughts and feelings of others. It enables one to interpret the needs, intentions, and desires of another and can be facilitated through pretend play which allows a child to consider the existence of mental states. A child who can understand another person's perspective is better able to interpret the behaviour of others (Fonagy, Gergely, & Target, 2008), which in turn enables the child to interact optimally with peers and adults. A child's ability to successfully read the mental state of others is connected to the type of attachment she has with her caregiver (Killen, 2012). For example, a child with a secure attachment feels safe in responding to the different states of that adult (Fonagy, 2001).

According to Fonagy (2001) it is extremely important that a mother has the ability to mentally contain her baby. This implies that she is alert to the infant's mental state and responds in ways that convey coping. This is accomplished when she mirrors the child's distress while she conveys an incompatible affect. A mother who can correctly interpret her child's mental state and

communicates this understanding to the child assists the child in learning to interpret the mental states of others (Killen, 2012).

A preschool teacher can use mentalization as a tool for enhancing relationships with children and parents. This implies that a teacher thinks about her own verbal and non-verbal reactions and asks herself questions about these reactions. This inner dialogue enables educators to discard any interpretations that are incorrect. Although fatigue and one's emotions can interfere with the ability to mentalize, a reflective and open attitude will allow teachers to examine their role in child-teacher and parent-teacher interactions and this can positively influence relationships (Killen, 2012; Lund, 2012).

2.5. Attachment problems and disorders

Attachment problems occur early in life when a child and parent or primary caregiver fail to form an emotional bond. The nature of the attachment and the quality of the bond has an impact on future relationships and behaviour (Bergin & Bergin, 2009). Smith (2002) asserts that attachment disorders occur when behaviour and emotions expressed within the attachment relationship become disordered. Ainsworth's classification system provides an outline for discussion of the behaviours and the problems associated with each attachment style.

(A) Avoidant attachment

An infant with an avoidant attachment is covertly anxious about her parent's responsiveness. She acquires a defence strategy that helps her to manage anxiety. The infant uses detachment behaviour when reunited with her parent, which includes ignoring advances as well as failing to greet the parent (Colin, 1991).

A child with an avoidant attachment finds her need for contact with her attachment figure in conflict with her feelings of anger. Avoidant behaviour is her answer to the anger she feels. Characteristic of this attachment style is that the child often has a good measure of assertiveness and self-acceptance but is insecure socially. The child is aggressive and struggles with issues of trust. It can be difficult to reach and shows little need for care and comfort (Kvello, 2009). A child with an avoidant attachment also has a restricted emotional awareness and finds it difficult to express negative emotions. The insensitive care it receives makes the child act in a defensive manner, and this carries over to affect behaviour in maladaptive ways. Typically, this child does not indicate a desire for help or emotional support. Finally, a child in this category has a limited fantasy and prefers to play with objects rather than with peers (Howe et al., 1999).

(B) Resistant attachment

An infant with resistant attachment has mixed feelings when reuniting with a parent. Behaviours are both anxious and angry (Colin, 1991). A child with resistant attachment experiences that the attachment figure's responses are inconsistent and insensitive, and the child resorts to coercive techniques to elicit a response. This may include negative behaviours such as pouting, tantrums and threats, or the child may act in a passive, fussy or whiney manner. Alternatively, a child with a resistant attachment may feel helpless and become overly dependent on adults. The child tends to be demanding and impatient, has poor problem-solving skills, and becomes easily frustrated with challenging tasks (Bergin & Bergin, 2009). The child becomes preoccupied and anxious about getting its needs for closeness and attention met. Adults may quickly tire of such needy behaviours often regarded simply as a constant attention-seeking (Kvello, 2009). Resistant children struggle with emotional regulation. As a result they exclude information about relationships with peers and adults from their consciousness and learn very little about the social world and the way it works. Preschoolers with this attachment style display hyperactivated attachment behaviour which often makes them unpopular with peers, perpetuating their ambivalent feelings and influencing their expectations about relationships with peers (Howe et al., 1999).

(C) Disorganized attachment

The experience children with disorganised attachment have in common is one of anxiety, fear, and distress in their relationships with their attachment figure (Howe et al., 1999). According to Colin (1991), an infant with disorganized attachment seems to have no clear strategy for managing her anxiety when separated and then reunited with her parent. Some display avoidant behaviour and others angry behaviour. Some infants are depressed and others show disturbing and strange behaviour. A child with this attachment style exhibits behaviours that are disorganised and contradictory. For example, the child may approach the door when she hears her attachment figure in the hallway and then turn and run away. This preschooler may also exhibit stress behaviours or appear uneasy when with her attachment figure. Often these behaviours pass and are short-lived (Bergin & Bergin, 2009).

A preschooler with a disorganised attachment lacks an attachment strategy that decreases anxiety and helps to gain feelings of security, and as a result this child displays very complex behaviours (Main, 1995). This child lacks a strategy for interacting with her attachment figure during times of stress. She may carefully approach the caregiver only to freeze movements without seeking the comfort that is desired. This preschooler is focused on protection from abuse, and may be afraid to make adults angry. According to Howe et al. (1999), because the child's mental representations of attachment experiences are disorganised she displays either angry and violent behaviour or

becomes confused when stressed. A defensive attempt to deal with anxiety will result in an unconscious exclusion of certain experiences and perceptions, the consequence being the child is not appropriately engaged with her own mental states or those of others. This child focuses on her thoughts and feelings but does not tend to connect the two. She is not introspective in nature and tends to deny negative personal experiences because they are too difficult to address (Kvello, 2009). As a response to disturbing elements in her environment an older child is often considered controlling in relationships (Howe et al., 1999).

Lars Smith (2002) characterises reactive attachment disorder as a disturbance in which a child in most situations relates to people in a developmentally inappropriate manner. This child displays symptoms before age five (Hardy, 2007). Reactive attachment disorder comprises a range of socially abnormal behaviours in a variety of contexts (Richters & Volkmar, 1994). Attachment disorders and in some cases reactive attachment disorder are diagnoses that are given to children who have experienced seriously neglectful caregiving. Both disorders are either a result of maltreatment which creates a disruption in the infant-parent relationship, or they are a result of an early relational trauma (Zeanah & Fox, 2004).

2.6. Causes of attachment problems and disorders

More than a single effective cause can comprise any given cause of attachment disorder. To promote clarity I have established four categories: inadequate care, child/parent health issues, individual characteristics, and special circumstances. Falling into the category of causes of inadequate care are instances of reactive attachment disorder.

Inadequate care

A child with reactive attachment disorder has not experienced the security of a responsive and attuned parent, and the child's life is often chaotic, and frightening. Reactive attachment disorder is displayed as two distinct patterns, inhibited and disinhibited. The inhibited pattern presents in a child who is emotionally withdrawn. This preschooler consistently responds to social interactions in an unfitting and unacceptable way. The disinhibited pattern describes a child who lacks sensitivity in her attachments, is indiscriminately social and has an inability to exhibit appropriate selective attachments (Schwartz & Davis, 2006).

Children who experience emotional neglect through inadequate care struggle with attachment problems (Killen, 1991). Parents who are emotionally unavailable or fail to engage in positive ways are neglectful. Emotional abuse can include belittling, verbal threats, and put-downs. Such

behaviour has implications for a child's emotional functioning and may lead to withdrawal, depression, anxiety, aggression, or delayed development (Atkinson & Hornby, 2002).

According to Smith (2002), inadequate or inconsistent care not just at home but in daycare can cause attachment problems. Berk (2006) echoes Smith's conclusion. Research reveals that young children are at risk for attachment insecurity when they spend long periods of time in poor quality childcare: children with insecure attachments find the constant company of large numbers of peers stressful. When daycare risk factors are considered along with home risk factors like insensitive caregiving, the rate of insecurity is increased. Researchers studied the stress levels of young children who spend long hours at daycare centres and found that their saliva had a higher level of the stress hormone cortisol. When tested after a day spent at home the same children had lower cortisol levels, indicating that some children may indeed be stressed by long hours at daycare. Inhibited children may find the company of large groups of children particularly stressful (Berk, 2006).

Killen (2010) regards physical abuse, another cause of attachment problems, as an extreme case of neglectful caregiving. Children at risk for this type of abuse live in contexts with risk factors such as parental unemployment, lack of education, and poverty. A correlation between parental low self-esteem and neglect has been revealed in studies. Bite marks and cigarette burns are rarely caused accidentally and must raise flags for early childhood educators (Atkinson & Hornby, 2002). According to Killen (2010) sexual abuse can also cause attachment problems. Sexual abuse comprises behaviours that an adult imposes on a child in order to gratify a personal need for power and sex (Finkelhor, 1986). The trauma or internal stress of being treated as a mere object affects children's identity. Children who have been victimised by sexual abuse tend to be unsure socially and may struggle with low self-esteem, depression and anxiety (Howe et al., 1999). In addition they may be at risk for behavioural and cognitive challenges (O'Neill, Guenette, & Kitchenham, 2010).

Disabled children may be at risk for insecure attachment. This is because children with disability show less typical attachment behaviour like searching and tracking, verbalisation and crying (Atkinson & Hornby, 2002). The difficulty lies in the lack of frequency of the usual synchronising interactions with the mother. Disabled children find it difficult to respond to their mothers in appropriate ways and consequently mothers tend to overstimulate and interfere with their children which may impact the attachment (Howe et al., 1999). Thus, disabled children may fall into both of the established categories: inadequate care and health issues.

Health issues

A mother's poor health can cause attachment problems. Studies reveal that clinically depressed mothers who are either distant and unresponsive or intrusive and hostile are at risk for raising children with an insecure attachment (Finkelhor, 1986), since basic needs for nurture and touch are not met (Perry, 2001b). Mentally ill mothers also struggle to form attachments because their own needs are so great that they find it difficult to prioritise their child's needs, thus putting their child at risk for an insecure attachment (Kvello, 2009). Parents who are unavailable because of drug or alcohol problems are a third group in whose unpredictable care the quality of the attachment is negatively affected (Rees, 2005) and vulnerabilities are created like anxiety and phobias. In such cases the causes of attachment problems are interrelated. The parent's incomprehensible behaviour will have a disturbing effect on children, resulting in feelings of unworthiness (Howe et al., 1999).

Smith (2002) discusses two child health issues that put children at risk for insecure attachments. He writes about infants born prematurely and underlines that many babies are born pre-term as a result of maternal drug use during pregnancy. Some parents of premature babies struggle to bond because their infants are less responsive than full term babies. When there are also questions about whether the child will survive, this additional worry may influence the child-parent bond. A second health issue, namely congenital heart problems in children, has been studied. This group is shown to be at risk for insecure attachment, researchers attributing risk to psychological characteristics within the child (Goldberg, 1990).

Individual characteristics

There are individual characteristics thought to be sufficient on their own to constitute a cause of attachment difficulty. Some infants come out of their mother's womb screaming and demanding while other newborns smile constantly. Temperament refers to a behavioural style displayed by babies and young children in response to a variety of contexts and stimuli (Zeanah & Fox, 2004). Thomas and Chess (1977) found three temperamental styles: difficult, easy, and slow to warm-up. When a child's temperament matches well with the parent there is said to be a good fit, but when the fit is poor there are likely to be problems. Belsky and Rovine (1987) argue that an infant's temperament influences the degree of stress the child experiences when separated, but the caregiver's responsiveness determines the security or insecurity of the attachment. An infant's temperament may influence the parent's response which will affect the quality of the attachment (Zeanah & Fox, 2004).

Parent intrusiveness is an individual characteristic linked to attention deficit hyperactivity disorder (ADHD) in infants (Sroufe, 1989) and many suggest that parental intrusiveness is a precursor to insecure attachment. Parental intrusiveness refers to parental behaviour that directs a child to act according to the parent's agenda rather than the child's agenda. "The link between attachment security and ADHD symptoms may be due to its effect on emotion regulation and anxiety" (Bergin & Bergin, 2009, p. 147).

Special circumstances

A child's unique circumstances can influence the security of the attachment. Smith (2002) writes about how multiple pervasive changes in the family structure, like a change in the parents' relationship (i.e. separation or divorce), a caregiver's long term illness, or the death of a parent, can change the security of the attachment because relational patterns must be redefined. Family stress and living conditions are both factors that can change the patterns of interactions which in turn affect the security of attachment. Children who witness parental conflict or violence in connection with divorce are at risk for attachment problems and may become withdrawn or have tantrums while at daycare (Eagan, 2004).

In the case of adoption challenges the development of attachment relationships is dependent on several factors: the nature of conditions before adoption, the nature of the conditions after adoption, and the child's strengths and vulnerabilities (Dozier & Rutter, 2008). Lieberman (2003) writes that institutionalised children who lack a consistent caregiver in their formative years struggle with trust. Adopted children often have deep-rooted feelings of being undeserving of love (Bowlby, 1988). Sensitive parents struggle to respond to their adopted children's sudden mood shifts, indiscriminate sociability, emotional distance, refusal to be comforted, and lack of appreciation for their adoptive parents (Lieberman, 2003).

Another circumstance affecting attachment is a child's sudden loss of primary attachment figure when the caregiver must serve a prison sentence or requires hospitalisation (Killen, 1991). Placement in foster care also puts a child at risk for attachment problems, and if the child has frequent new placements within the foster-care system there is a greater risk. A fostered child often struggles with issues of trust because the conditions necessary to form a secure attachment are lacking (Killen, 1991). Children living in foster care with new caregivers after experiencing neglect in their birth family often live with uncertainty in their new living situation. Many live in multiple foster homes before being adopted or returned to their birth parents, while others remain in the foster-care system until they turn eighteen (Fisher & Kim, 2007). According to research foster

children may be hampered and are reluctant to use their foster parents as a secure base (Fish & Chapman, 2004).

As this exposition of causes shows there are a multitude of often interconnected factors underlying and causing attachment problems. Early childhood educators do not have the understanding necessary to compensate for all of them, but knowledge of possible causes can aid in early identification of children with attachment problems.

2.7. Consequences of attachment problems and disorders

The consequences attachment disorders have on child development can be very serious and have a long term impact (Perry, 2001b). These consequences have been organised into five categories which provide a framework for many of the consequences. The five established categories are: behavioural, cognitive, physical/health, emotional, and self-regulation. Just as the security of attachments varies, so does the severity of the consequences. The consequences for reactive attachment disorder are severe and are presented here before the five categories are discussed.

Reactive attachment disorder

Given a young child's history of maltreatment, a child with reactive attachment disorder is focused on survival. Conditions of safety and trust are not a given for her, which means the child is hyper-vigilant about internal matters, making it difficult for her to profit in and from preschool. She may find it difficult to cope in situations where regulation of behaviours and emotions is required. A frustration like a delay in gratification raises her anxiety level and appears as a challenge. The neglect these children experience have profound consequences for their social, emotional, behavioural and learning experience (Schwartz & Davis, 2006).

The problems children with reactive attachment disorder face are generally intense and pervasive. These children exhibit a wide variety of behaviours that include cruelty to people and animals, bullying, lying, stealing, hoarding of food, aggression, and destruction of property (Parker & Forrest, 1993). In addition, children with reactive attachment disorder find it difficult to give and receive affection, and they may approach strangers at inappropriate times. Other behaviours may include a low frustration tolerance and hyperactivity. Children with reaction attachment disorder also seek out affiliation with children with behaviour problems (Reber, 1996).

Behaviour

As young children start preschool they take their attachment style with them. Children with insecure attachments are more dependent on their teacher, more easily frustrated, less tolerant, have poorer self-efficacy, are less enthusiastic, and have less endurance than children with secure attachments (Weinfield, Stroufe, Egeland, & Carlson, 2008). Restlessness is another challenge which interferes with their ability to concentrate (Moss & St-Laurent, 2001).

Children with attachment problems struggle with affiliation, described earlier as a second “core strength” for healthy child development. Affiliation is the ability to associate with others in a group setting. Healthy attachment is the basis for this competence, which enables a feeling of connectedness, facilitating good functioning in group settings (Perry, 2002). Children with insecure attachments are more poorly adapted relationally (Bergin & Bergin, 2009), making it difficult to engage in mutually satisfying play. Sharing does not come easily (Rees, 2005) and turn taking is also a challenge (Downey, 2007). They also struggle to understand the clues necessary to work with their peers on combined tasks (Bergin & Bergin, 2009). Group interaction is a challenge for some because it may create feelings of anxiety owing to the number of people to deal with at the same time. The child’s stress may lead to attempts to establish control (Smith, 2002), in turn leading to debilitating power struggles that make it difficult to connect with peers.

Future relationships of a child that has experienced her basic needs go unmet are affected since she carries the same expectation into new relationships. Hostile interactions may feel comfortable and normal for a child with an insecure attachment, and the child may be highly aware of peer behaviour that is perceived as hostile or rejecting. Feelings of rejection can lead to acting out, thus initiating peer rejection or neglect (Dodge, Coie, & Brakke, 1982) and thereby hampering the child’s ability to affiliate with individual peers and form friendships.

When children have experienced negative caregiving they are at risk for a variety of challenges (Perry, 2002; Prasad, 2011). Pianta (1999) describes the poorly adapted behaviour of children who are insecurely attached. When their anxiety levels rise children may respond to perceived threat in an inappropriate manner. Children with anxious attachment tend to be non-compliant, aggressive, and bully their peers. Oppositional behaviour is their reaction to the neglect they have experienced and teachers may find it difficult to redirect these behaviours (Wilkerson, Johnson, & Johnson, 2008). Rewards and punishments for behaviour are ineffective for children with insecure attachments, making it more difficult to influence them (Perry, 2001a).

Cognitive challenges

Children need stable, attuned relationships in order to have optimal brain growth. If an emotional connection is lacking brain development is permanently damaged resulting in reduced cognitive capacity (Perry, 2002) which can affect flexibility in problem solving (O'Neill et al., 2010). Some children may have problems with working memory, making learning harder because they struggle to retain information (Downey, 2007). Studies have been conducted on very young deprived children in Romanian orphanages where stable emotional attachments were insufficient. These studies revealed that the orphans had severe developmental delays (Rutter et al., 1999) including social and cognitive delays (Perry, 2001b).

Research indicates that language delays can occur in children with attachment disruption. A caregiver who does not provide relationships rich in language and emotional support places the child at a disadvantage, because it struggles to translate emotions into words. Attachment problems can affect a child's capacity to express thoughts and ideas as well as listen and retain information. Some may struggle with receptive language and need information broken down into smaller pieces before they can complete a task (Downey, 2007).

Physical/health related challenges

There are often physical consequences for children with attachment problems. Salivary cortisol studies indicate that some children respond to traumatising relationships by turning off their stress responses which results in withdrawal. Others respond to stress in an exaggerated manner which carries risks of depression and anxiety (Rees, 2005). Researchers found a link between negative family factors such as insecure attachment and internalising and externalising problems. They conclude that parental rejection and anxious rearing practices are predictors of internalising behaviours such as anxiety and depression, and of externalising behaviours such as aggression (Roelofs, Meesters, Huurne, Bamelis, & Muris, 2006) and oppositional defiant disorder (Calkins & Leerkes, 2011). According to Bergin and Bergin (2009) insecure attachment is in addition a risk factor for mental illness. Most resistant and avoidant children do not develop mental illness but as many as 25-50% of children with disorganised attachment have significant problems by early elementary school. Typically these are anxiety and depression.

Lack of behavioural and emotional self-regulation

Self-regulation, one the six "core strengths" for healthy development can be defined as the behavioural and cognitive processes by which a child maintains arousal (Perry, 2002; Pianta, 1999). These elements of positive adaptation and adjustment are echoed in the child's achievement, effectiveness, peer relationships and feelings about self (Blair & Diamond, 2008).

According to Berger, “we self-regulate whenever we adapt our emotions and actions to situational requirements as well as to social standards and norms that we have internalised” (Berger, 2011, p. 3). Self-regulation is thus a necessary means to mitigate the impact of the causes of attachment disorders.

Leading attachment researchers maintain that a child’s early relationship with her caregiver equips her with a regulatory system which is in fact a function of attachment (Fonagy & Target, 2002). Maladaptive caregiving appears to affect regulatory processes adversely (Dozier, Albus, Fisher, & Sepulveda, 2002). Therefore children who have not developed regulatory skills in their relationship with their attachment figure struggle with self-regulation. They find it difficult to modulate their emotional responses making a crying child difficult to calm (Wotherspoon, O’Neill-Laberge, & Pirie, 2008). Another problem area is the child’s inability to express emotions and understand the emotions of others. This condition in combination with a lack of behavioural regulation often results in acting out. Children with attachment problems often feel compelled to hurt others, typically someone less powerful than themselves. Their lack of empathy is also a major problem and when confronted with their aggressive behaviour no emotion or remorse is shown (Perry, 2001b). Regulatory difficulties negatively affect attachment challenged childrens’ interactions with peers and puts them at risk for developing anti-social or even violent behaviours (Perry, 2002).

Children with attachment problems use their personal resources to handle anxiety or shut out negative emotions and communication, leaving little energy for the development of self-regulation (Pianta, 1999). They miss out, through no fault of their own. The stress experienced by children with poor self-regulation interferes with their ability to pay attention. In addition, the learning environment is not enjoyable for them since they find it a challenge to comply with the demands placed on them. Frustrated teachers may lower their expectations, creating an inaccurate, negative “self-fulfilling prophecy”, as is well documented (Blair & Diamond, 2008). This disempowers a child who is already at a disadvantage. It appears that when self-regulation fails the regulated environment is more likely to fail a vulnerable child, by not answering to the needs of the attachment impaired child. Here an opportunity for support and intervention needs to be acknowledged and actively addressed.

3. The daycare centre's support role

3.1. Early learning

It has been said that learning is a lifelong process that begins in the cradle and continues to the grave. Daycare centres provide children with their first formal learning arena. Fortunately in Norway there is political support that mandates daycares to provide the necessary means that encourage learning (Kunnskapsdepartementet, 2006). The Framework plan for daycare centres (Kunnskapsdepartementet, 2011) states that daycare centre professionals shall be alert and detect children with special needs and then provide an individual plan that supports learning. Teacher awareness is a precondition for children to receive targeted support which enables the prescribed inclusive environment with a place for every child. Stortingsmelding 41 (Kunnskapsdepartementet, 2009) highlights the significance of the child-teacher relationship. This bond can bear fruit as teachers are attuned, provide safety, and support children in their development (Kunnskapsdepartementet, 2011).

3.2. Early intervention

The Framework plan for daycare centres supports early identification and intervention (Kunnskapsdepartementet, 2011). This focus sends an important signal to society by highlighting the aim that preschoolers with special needs should be identified early and that resources are made available to them. "Early intervention is based on the knowledge and detection of risk factors and intervention in creating and strengthening protective factors of development" (Sierra, 2012, p. 12). Research is clear, early intervention is critical for children with special needs because the earlier needs are identified and interventions are put in place the greater the chances for good social and emotional development (Binnie & Allen, 2008). In serious cases like reactive attachment disorder teachers need to be aware that there is tension between early identification, which results in labelling young children, and the effect this may have on their development (Atkinson & Hornby, 2002).

Pianta (1999) explains how risks relate to outcomes and maintains that outcomes are dependent on what takes place in the lives of young children. There is a window of opportunity which is open for a limited amount of time, and in order to have the best possible effect interventions should take place in this window. Researchers Verschueren & Koomen (2012) support Pianta's findings. They write about how a very young child's attachment system gets activated more easily than that of an older child which makes early detection, intervention and teacher support crucial and invaluable for their development.

3.3. The teacher's role

This chapter addresses several topics related to the teacher's role including teacher-child ratio which impacts the quality of caregiving is also addressed. Early childhood educators will effectively support their children with attachment problems by providing safety, security, routines, structure, nurture, and emotional support. The remediating processes and teacher initiated activities addressed span relationship focused intervention and psycho-educational intervention. Child development is a focus and child observation - integral to the teacher's function in assisting child development - is addressed. Finally, Perry's (2002) "core strengths" for healthy development are presented.

The considerations necessary to address as we determine the teacher's role in promoting a healthy environment for the development of preschool children fall into two categories: health and welfare. By health we mean optimal physical, emotional and cognitive functioning of an individual under normal, good conditions. By welfare is meant individual well-being which crucially includes a dimension of social support. These complementary notions of health and welfare are mutually necessary and co-exist within the paradigm of education that we are proposing, one where an ideal of caring competence goes hand in hand with professional facilitation of child development.

Removing risk factors or preventive action is central to welfare. And central to our pedagogical ideal of health - one that leads the child, if we remember the meaning of pedagogy - is the positive improvement of conditions around the individual. This includes a high value placed on empowerment, autonomy and co-active learning, in relation to the teacher's role as one who offers and shapes forms of compensation for the attachment disordered child (Pianta, 1999).

Acknowledging the complex nature-nurture basis of well-being is a precondition of intervention. The teacher's role begins in recognition that deficits or impairment may not be entirely eradicable - that compensation is unlikely to be absolute. Compensation is replacement, but in the form and with the sense of supplying a supplement. This alternative primary attachment processes do not reach back but forward: the health related idea is one of growth as repair. And in pedagogical terms, if compensation is understood as developmental and environmental in its very nature, the teacher is not someone correcting mistakes, but rather someone enabling a range of goods - a wise and competent midwife.

Preschool teachers can provide two types of care which can be termed objective and subjective. *Objective care* relates to care in the physical environment, class structure, group rules and expectations of individual children. Security protocols and staff responsibilities are primary among these crucial objective procedures and concerns that ensure child welfare. These can be planned

in ways that promote safety and security. *Subjective care* on the other hand is care directed toward promoting an experience of personal safety and feelings of security within the child itself. The purpose and practice of these central measures of support will be discussed here now.

a. Safety and security is promoted as preschool teachers provide a safe haven at daycare that minimises fear and stress for children with attachment problems. Safety falls into the realm of objective care and is crucial for all children, but it is especially necessary for those with attachment problems who have experienced unpredictable, neglectful, and even abusive caregiving. These vulnerable children are dependent on adults to meet their needs that are not addressed at home (Wilkerson et al., 2008). Safety implies freedom from harm, a counterpart of inner security, and both are necessary elements for teachers to establish in the classroom. Security is a function of subjective care, that is it grows with attention given to self and relations which promote feelings of security within the child and its sense of being safe. This is crucial since children with insecure attachments lack the feeling of security that allows them to explore their environment (Bergin & Bergin, 2009). Their learning and development is hampered when such exploration is not facilitated. The safe haven is characterised by security or freedom from external threats both physical and psychological, such as aggressive actions and hostile or hurtful attitudes. Predictable, activities and clearly communicated structure and rules are classroom measures that promote safety and enable security.

b. Predictable activities and consistent routines help contain and reshape behaviour (Sierra, 2012) and are important for children with attachment problems, because many of these children have experienced caregiving that is unpredictable. Perry (2001b) alerts us to the fact that children with insecure attachments are sensitive to changes and new situations. He highlights the importance of repetition in routines because they help children to feel secure. For example a class can sing a good morning song and an end of the day song providing a ritual that signals what is going to happen next. As routines are repeated they are likely to become automatic for children (Drugli, 2012). Teachers render objective care as they plan and implement routines, and provide structure and rules. A routine with a goal of providing predictable environments during transition times like separations and reunions, has been implemented in daycare centres in Australia. Each day the staff is seated at an activity during specified times in a designated area. This practice called “playspace” supports childrens’ feelings of security (Valentine & Thomson, 2009).

c. Structure and rules provide children with predicability which is especially important for insecure children who have experienced chaotic care. Large and small group activities, outdoor play and meals, should be scheduled so that that children know what to expect (Lilleberg & Rieber-Mohn,

2010). In the event that there is a schedule change it is important to prepare children in advance (Dominica, 2012). When children know what to expect and what is expected of them their behaviour is affected positively. Teachers provide objective care as they establish classroom rules and talk about them regularly. Rules clarify and support the teacher's expectations concerning behaviour and respect (Drugli, 2012). Rules like "keep your hands to yourself" communicate what children are expected to do and can help prevent conflict. Coercive discipline should be avoided because it interferes with caring relationships, and may well put child welfare at risk, eliciting unwanted and aggressive behaviour in its turn. Instead coherent rules should be explained to children (Noddings, 1992).

Perry (2001b) stresses the importance of teachers understanding needs and behaviours before enforcing consequences or punishing. The "time out" practice for inappropriate behaviour reinforces a child's working model as unlovable and replicates the rejection these children have felt. "time in" is a sensitive alternative, a quiet redirection where the child is brought close to the teacher's side and given extra help and attention (Downey, 2007).

d. Nurture is essential for children with attachment problems stemming from disruptions in caregiving. Attention and warm contact from adults helps children learn new ways to be taken care of (Sierra, 2012). Perry (2001b) suggests that touch is an effective method to nurture children. Teachers can hold, cuddle and surround young children with love and thereby provide subjective care through replacement experiences. Children may reject or ignore the contact as a form of protection, but it is essential that teachers persist (Sierra, 2012). For children that have experienced abuse, touch can bring negative associations which is why teachers need to be attuned, read cues, and adjust their responses as seems fitting (Perry, 2001b). The criterion of appropriateness to which the teacher always refers reflects a tacit knowledge that is experiential and individual, and goes beyond trainable theoretical competence. Daycare centre staff can agree to establish a school ethos of nurture which will support the needs of a vulnerable child. A whole-school focus on building supportive relationships helps nurturing and attunement become part of mainstream practice where the child's social and emotional needs are a priority (Boorn, Dunn, & Page, 2010).

e. Emotional support is crucial for children with insecure attachments and teachers can make the classroom a place of emotional learning when they are emotionally available to support children (Perry, 2001b). Teachers are role models, therefore calm responses and emotional control is crucial (Wilkerson et al., 2008). Perry stresses that children should be taught ways to express their emotions and learn that their feelings are acceptable. Teachers promote child welfare as they

encourage an awareness about the feelings of others and as they support interactions with peers by instructing children in daily “here and now” situations as well as during planned activities with the class. When teachers recognise childrens’ emotions coming to the surface they can acknowledge, validate and label these feelings for them. In this way preschool teachers help children to regulate their feelings. As a children gain social skills, their self-efficacy improves, they have more effective interactions with peers (Perry, 2001b), and mentalization is stimulated (Killen, 2012).

Preschool teachers render subjective care as they communicate acceptance of young children by giving sensitive responses to verbal and non-verbal expressions. An ethos of interest and caring strengthens child-teacher relationships and is cultivated as teachers talk with children and listen to their concerns (Doll, Zucker, & Brehm, 2004). Such responses involve the detection and interpretation of needs and distress cues along with the timely provision of aide to increase the child’s comfort (Bergin & Bergin, 2009). Teacher sensitivity promotes closeness which in turn helps children to feel safe, enabling them to use their teacher as a safe base (Pianta, Hamre, & Stuhlman, 2003) and thereby provides new opportunities for development.

Bergin and Bergin (2009) stress the importance of human continuity for children with attachment problems. Gulbrandsen and Eliassen in their study “Kvalitet i Barnehagen” (2013) report that in 2011-2012 there was good stability among the teaching staff in daycare centres in Norway. Teacher continuity is important because attachments take time to form and in one study researchers found that it took 9 months for preschool children to form an attachment with their teacher (Raikes, 1993). At risk and insecurely attached children may need even more time. Keeping children with the same teacher for multiple years provides needed continuity and allows relationships to develop (Bergin & Bergin, 2009). This practice also provides the stability of a good role model for children. As role models teachers can narrate what they are doing and talk about why they are doing it. Young children then see, hear, and imitate (Perry, 2001b).

f. Group size and teacher-child ratios are an important considerations because they affect the preschool teacher’s ability to give sensitive responses. Early childhood educators need to plan and manage the environment in ways that promote safety and thereby fulfill their duty of objective care. Ensuring safety in a preschool setting encompasses many considerations, a number of them covered in nursery school law. Among these is sufficient numbers of qualified staff (Lov om barnehager, 2005). Phillips and Lowenstein (2011) stress that an important aspect of good childcare is the quality of child-adult interactions which influences social-emotional outcomes.

Research indicates that relatively minor changes in group sizes and teacher-child ratios positively influence the quality of care (Howes, Phillips, & Whitebook, 1992). Gulbrandsen and Eliassen (2013) address the group size for different age groups. The researchers do not report the specific number of children per adult though their questionnaire includes this question. From the data provided we can deduce that group sizes for children 0-3 years is approximately 10 in Norwegian daycare centres. If we assume that there is one preschool teacher and one assistant in each group, the teacher-child ratio varies from about 1:4 to 1:8. We know that quality of care in classrooms with low teacher-child ratios is reduced and correspondingly implies negative consequences for the child-teacher relationship and for the support this relationship offers to children (Phillips & Lowenstein, 2011). Stortingsmelding 24 (Kunnskapsdepartementet, 2012) notes the adult-child ratio goals for daycare centres in Norway. By 2020 adult-child ratios for the youngest children will be one adult to three children (1:3). For older preschoolers the goal is one adult to six children (1:6).

Part of the teacher's role is to maintain the necessary knowledge and competence that enables compensation. As part of their role as protectors and guides early childhood educators need to know which attachment styles require early intervention. Children with a secure attachment have the best outlook for healthy development (Shemmings, 2006). Fonagy (2001) asserts that secure, avoidant and resistant styles tend not to be associated with later maladaptation. But according to Shemmings an insecure pattern is considered a risk factor for development of behavioural and emotional problems. Research indicates that the disorganised attachment style seems to have the strongest association with later psychological problems (Fonagy, 2001). Perry (2001b) suggests that educators become proactive learners. As teachers learn about normal development as well as attachment problems they are better equipped to meet special needs and guide children toward appropriate behaviour.

g. The role of teacher as an informed observer, an interpreter and a spokesperson for the child cannot be stressed enough. Children are entrusted into care for up to 8 hours or more a day. Teachers have the unique opportunity to observe children in the classroom, which allows for evaluation of how the child relates to adults and peers. Teachers should observe the child at play and in physical activity since these situations offer a window into the child's functioning (Killen, 2012). Preschool teachers meet children in a natural setting where play and peer interaction provide valuable insight about the child's home life.

In order to gain a holistic understanding of a child with attachment disorders, regular charting of development is necessary. Developmental charting should include evaluation of language skills,

motor development, social competence, cognitive development, and child-parent interaction. Knowledge of the social and personal history of the child is useful because it provides valuable information about the child's unique situation. This pre-knowledge and contextual insight affords a point of departure for creating and shaping a fitting school environment and facilitating the child's adaptation to it. Support then depends on knowledge of child development and child history, regular developmental charting, and acute observation, plus written detailed accounts of the child's interactions and behaviours (Killen, 2012). These teacher tools, methods and classroom practices provide a basis for discussion and planning about how to define goals and initiate interventions in order to address actual needs (Bjørnsrud & Nilsen, 2012). Caution should be taken, however, not to focus on the reasons for behaviour, especially during the early phases of observation (Lilleberg & Rieber-Mohn, 2010).

Observation of actions, interactions and responses provides signs that allow a teacher to envision some features of the child-parent relationship. Awareness at drop off and pick up time when children experience separation and reunions is necessary. Teachers need to be consciously aware when parents and children interact. If a child tries to determine her mother's mood before answering her question red flags should go up. Child-parent interaction that is mechanical, or cases where there is a lack of physical contact or little eye contact, should be noted (Howe et al., 1999). Who the child seeks comfort with should also be attended to by the teacher (Rees, 2005). Inappropriate social approach to a person unknown to the child is a concern. For this reason teachers must be aware of child behaviours with familiar caregivers in order to be able to compare this to behaviours with strangers (O'Connor & Zeanah, 2003). Preschool teachers should trust their intuition and sixth sense: concerns based on observations and subconscious impressions and interpretations should not be ignored (Lilleberg & Rieber-Mohn, 2010). Indeed it is a moral imperative to be aware and to respond.

Pianta (1999) and Perry (2002) discovered **six "core strengths"** for healthy child development which provide the basis for a child's personal growth and future happiness: attachment, self-regulation, affiliation, attunement, tolerance and respect. They agree on three, which are discussed in chapter 2 and are central in this study: attachment, self-regulation and affiliation. A secure attachment provides a foundation for the development of the other "core strengths," and this is why security is so essential in the classroom. Security is a profound and inestimable need that teachers must recognise and address when dealing with children with attachment problems. Self-regulation is also vital, the necessary capacity to control urges and impulses. Self-regulation is a complex inner process that begins early and continues throughout life. Affiliation, our third focus, is the ability to feel connected and associate with others in a group setting (Perry, 2002) and is closely

related to the feelings of belonging. Pianta (1999) notes that the children with difficulties establishing relationships are the children that need them the most.

The fourth “core strength”, attunement, is being cognisant of others and involves an awareness of the strengths, needs and worth of others. Attunement is integral to the ability to read others. It is achieved by listening, watching and responding (Perry, 2002). The open and receptive other-orientation of attunement is a struggle for children with attachment problems because they themselves have not received attuned caregiving. Attunement is a critical aspect of subjective care belonging to the teacher’s role. Preschool teachers can support the development of this skill in young children by guiding them to pay attention to, interpret and respond to the verbal and non-verbal cues of other children. As teachers promote attunement children gain skills that allow friendships to form (Perry, 2002)

The fifth “core strength”, tolerance, is a competence that allows one to accept that people are different from oneself. When children fear differences it is important for teachers to communicate the value they place on what makes each person special (Perry, 2002). Many children with attachment problems experience insensitive caregiving, making sensitivity a skill that does not come naturally to them. Teachers provide objective care as they actively model how adults relate to each other in an accepting manner, thereby creating an awareness that can help children to build on the “core strength” attunement to achieve a further strength, tolerance. Roleplaying is useful as a tool that gives children a second chance to make better and more tolerant behaviour choices (Perry, 2002).

Respect is the sixth “core strength” and it enables one to appreciate worth in oneself and others. As children interact in groups they need to be able to respectfully listen, collaborate, and negotiate (Perry, 2002). Many children with attachment problems have not experienced respectful care as in the case of physical abuse. As a result, they struggle to know their own value. Preschool teachers provide objective care as they model respect in their interactions and encourage children to do the same. A focus on the six “core strengths” in the classroom enables children to become more resilient and better able to function in preschool. From the child’s vantage the core strengths comprise a toolbox of well-being, while they provide a framework for healthy development from the teacher’s practical, pedagogical perspective.

3.4. Cooperative efforts to support children, parents, and daycare

The framework plan for daycare centres (Kunnskapsdepartementet, 2011) highlights the importance of a cooperation between parents and childcare centre staff. It prescribes that daycare centres take advantage of interdisciplinary efforts that provide compensating interventions to children who have experienced difficulties. Veland (2011) notes that it is the daycare centre's responsibility to initiate cooperation with parents and this contact should be initiated early, before any problems arise. Research shows there is a correlation between the quality of cooperation, and how well children adjust to daycare (Shpancer, 2002). Killen (2012) explains that bridge building between the home and childcare centre takes place when teachers show interest by asking parents about their child's needs and behaviours. As teachers share their knowledge and listen to parents' perspectives they feel valued, a good basis for building trust. Good relational skills enable teachers to ask questions and respond in a sensitive manner. Drugli (2010) also highlights the importance of positive contact between parents and teachers. "Upbeat" notes, SMS messages, and chats can function as a bank account where positive interchanges are built up over time, and banked credit can facilitate better communication when difficult issues need to be addressed or cooperation needs to be improved.

In cases where daycare centre professionals have concerns about a child, Killen (2012) recommends teachers go through a three step process before they discuss their concerns with parents. Educators should 1) reflect over their concerns, 2) discuss them with colleagues 3) and maintain an awareness about their own attitudes. She adds that when teachers see worrying behaviours they should write down what they see and hear because this provides documentation that can be used later, as concerns are discussed with parents and outside agencies. Lund (2012) suggests that after teachers reflect and discuss their concern they should notify the school administration. The concern can then be discussed anonymously with child welfare services (Barne- og likestillingsdepartementet & Kunnskapsdepartementet, 2009). Afterward, if possible, the teacher should intervene on behalf of the child. Next the administration should make a decision about a plan of action. The general rule is to involve parents early on, but in severe cases of neglect discussion with parents is not always in the best interest of the child. In such a case parents and child should be active participants in the process. Parents are then notified either by the teacher or administration that a meeting will take place. An older preschooler can be invited to attend part or all of the meeting if appropriate. Interventions are then discussed with the parents, the child, and other outside institutions. It is critical that the responsibilities of all cooperating parties are outlined and the intervention plan is clear. Openness and equality between staff of the

involved agencies is also essential (Eriksen & Germenten, 2012). Soon after the interventions are established, an evaluation should take place (Lund, 2012). Here the systemic interaction of many agents carries the child's best interests forward and contributes to a best possible outcome.

It is clear that some families need further support beyond what the daycare centre professionals can provide. This is when preschool teachers' knowledge and competence is critical, as they identify children with attachment problems and either refer families to outside agencies or cooperate with agencies to address each family's needs within the nursery school context. The project Right Help (Rett hjelp) has a goal: "at risk" children in Stavanger between the ages of 0-6 are to be observed and identified early (Stavanger kommune, 2014). An interdisciplinary team of professionals observe young children in nursery school and their observations are then discussed with the daycare centre director and the child's preschool teacher. Referrals to support institutions are subsequently made in cooperation with parents.

There are several outside institutions which offer support to children with attachment problems. During prenatal and follow-up visits nurses at health centres work to identify families that are at risk or struggling with attachment problems. Healthcare staff can connect families with services that provide early interventions to mothers and their young children (Cornell & Hamrin, 2008). Pedagogisk-psykologiske tjenesten (PPT) provides support through services which include advice, consultations, and guidance for preschool teachers. A consultation with PPT should include a holistic evaluation as well as a discussion about alternative ways to help the child. During a consultation tasks are assigned and if necessary a referral is made to child welfare services (Killen, 2012). Barne-og ungdomspsykiatrisk poliklinikk (BUP) is a psychiatric service for children between the ages of 0-17 and their families. The service helps children receive a diagnosis, treatment, and counselling. In addition staff address issues such as behavioural problems, learning difficulties and psychiatric issues (Helsedirektoratet, 2008). Family house (Familiens hus) is an organisation that provides interdisciplinary services to families. A holistic evaluation provides a starting point and then therapeutic care aimed at strengthening parental caregiving skills is made available to families that need support (Killen, 2012).

3.5. Supportive interventions

Two evidence based support interventions that aid teachers as they support and compensate for children with attachment disorders are briefly outlined here:

- **Let's be Together** (Være Sammen) is a program designed for use with preschool children. The goal of the program is to improve the quality of care in daycare centres through a focus on four themes: early intervention, social competence, handling challenging behaviours and improving relationships at all levels. Daycare centres that participate in the program receive books, posters, interactive activities and a teacher guide. Daycare staff also receive professional instruction and guidance as they use the program (Roland, Størksen, Omdal, Midthassel, Fandrem, & Godtfredsen, 2014) .
- **The two of us, you and I** (Du og jeg og vi to) is another program having two main goals: to promote social competence for preschool children and to support staff competence. The program has an emphasis on themes such as: self-control, empathy, prosocial behaviour, self-assertion, humour, play and joy. Daycare centres receive a handbook, a theory book for the staff, and storybooks for the children. There is a focus on building positive relationships between peers as well as on the promotion of child-teacher relationships. The program also provides a form to be used for child observation (Lamer, 2012).

Two other strategies that aid preschool teachers in building relationships and providing support are Banking Time and the primary contact model:

- **Banking Time** can be used to strengthen and build relationships between children and their teachers. Teachers find a time to interact with a specific child, either the two of them alone or within a small group where the child-teacher relationship can blossom. The idea of Banking Time indicates that positive experiences can be built up and put into the bank so that during times of stress, withdrawals can be made. These withdrawals help establish effective interaction where good communication can take place. Although the original thought behind Banking Time is to strengthen struggling child-teacher relationships, it can be used with any child who needs extra support. Pianta (1999) suggests that the sessions last 5-20 minutes and that the child have control over the choice of activity. During these sessions the teacher is not to teach but rather observe and support the child, like a sportscaster who narrates what happens as the two interact. Thus Banking Time strengthens the child-teacher relationship and supports the child (Pianta, 1999). Teachers

convey interest and acceptance, and their interactions can promote feelings of safety and security, needs that are important for a child with attachment disorders.

- **The primary contact model** (primærkontaktmodellen) is a strategy in which daycare assistants and teachers are assigned to a small group of children and provide care for the children assigned them during meals, diaper changes, and nap times. The role of the caregiver is to be emotionally and physically available to support security. The goal is for preschoolers to build a close mutual bond with one staff member, something that is crucial for children with attachment problems. The daycare professional then functions as the child's safe base at preschool (Drugli & Undheim, 2012). A home visit by the child's primary contact person can be a positive way to initiate cooperation with parents (Drugli, 2010) and can provide insights into child-parent interactions.

An attachment program for parents and teachers is the Circle of Security:

- **Circle of Security** is a research based early intervention training aimed at enhancing attachment relationships between parents and children. The video-therapy approach educates caregivers about the importance of attachment. Although originally designed for parents, educational training is also available for preschool teachers and other professionals working with children (Zeanah, Berlin, & Boris, 2011).

A child's relationship with her preschool teacher is itself a supportive intervention. Pianta (1999) explains that adults are critical environmental influences on a child's growth into competence. Competence is not a property of the child but rather is a property of the systems in which a child interacts. One of these systems is the dyadic relationship between a child and her teacher, its nature revealing the child's development not as something static, but as a dynamic part of a system where transactions take place and in which a teacher has the possibility to influence outcomes.

Relationships can be thought of as dyadic systems, meaning two individuals influence each other through dynamic and reciprocal interactions (Lerner, 1998). Over time as they interact, the child and teacher develop such a relationship. Pianta's child-teacher model (see Figure 1) enables examination of new dimensions of this relationship (Pianta et al., 2003). The model represents features of the individuals and their interplay with each other as well as with their environment. The child (C) and the teacher (T) are pictured within individual circles in the middle of the model. Each of them have their own biological characteristics and experiences that they take with them. They are encompassed by an oval indicating that they have a relationship with each other. The two

arrows in the middle of the model between the child and the teacher represent the processes where information is exchanged within their relationship. The remaining arrows inside the circle indicate each individual's representation of the relationship. The arrows outside the oval represent external influences like environmental influences within the social context. This conceptual model demonstrates that both individuals influence the relationship but that the child-teacher relationship is asymmetrical, meaning that the adult has a greater level of responsibility for influencing the quality of the relationship.

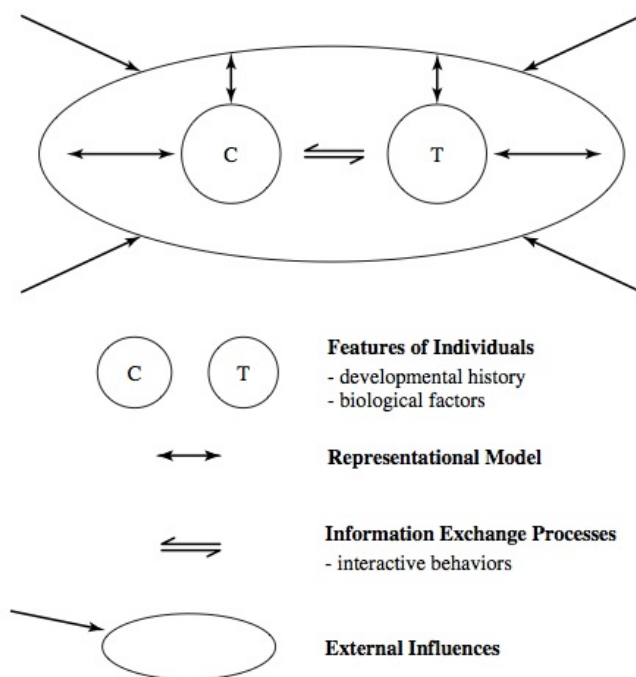


Figure 1. A conceptual model of child-teacher relationships (Pianta et al., 2003, p. 206).

Teachers need to keep updated about useful tools that support children with attachment problems. These include evidence based support interventions to aid teachers in the classroom. Teacher awareness of conceptual models is an asset which enables teachers to visualise processes.

4. Methods

The methods used in this study are described here. First the methodological approach is discussed followed by a short description of the qualitative interview. The interview process is then systematically described. The chapter continues with a discussion of the central aspects concerning the quality of research: validity, reliability and generalisation. Ethical reflections are included at the end of the chapter.

4.1. Methodological approach

Quantitative and qualitative research are two pillars of the social sciences. To distinguish between these two types of research is that qualitative research operates with a text, quantitative research relies on numbers. While quantitative methods rely on statistical procedures to collect hard, fixed data, qualitative methods use less formal methods to collect soft, flexible data (Johannessen, Tufte, & Christoffersen, 2011). The goal of qualitative research is to gain an understanding of a social phenomenon (Silverman, 2006) and is a useful method when a researcher wants to study a relatively unknown phenomenon or to gain greater depth of knowledge about a topic (Johannessen et al., 2011). A qualitative approach has been chosen for this study.

The purpose of this qualitative study is to investigate what preschool teachers know about identification and support of children with attachment problems, as well as to inquire into teacher knowledge of the consequences attachment disorders have for child development. Interviews are conducted to give insights into relevant social and cultural aspects of attachment problems and shed new light on the research question.

4.2. The qualitative interview

An interview is a structured and purposeful conversation between a researcher and one or more subjects (Kvale & Brinkmann, 2009). Social phenomena are complex and the qualitative interview enables access to information that might be difficult to attain using other research methods (Silverman, 2006). Interviews provide the researcher with a variety of data including reflections grounded in the informant's experiences which can be used to interpret and understand the phenomenon in question (Johannessen et al., 2011; Thagaard, 2011). This method enables the researcher to come in close contact with the subject of the study and gain rich descriptions of the characteristics of a phenomenon (Widerberg, 2011).

Qualitative interviews as used here allow the researcher to learn more about teachers' personal experiences and reflections through nuances in their responses about the topic of attachment. The descriptions and insights the teachers share provide data for later analysis (Johannessen, et al., 2011). The live setting of an interview can itself stimulate the interviewee to provide additional relevant information (Kvale & Brinkmann, 2009).

A phenomenological approach is used as the qualitative design for this study. Phenomenology is the study of experience and consciousness, and the aim here is investigation of the deeper meaning in a subject's experience and of his understandings of a given phenomenon (Johannessen, et al., 2011). It studies an individual's subjective experience given an underlying assumption that what is perceived is reality according to Thagaard (2011). The researcher attempts to see the phenomena through the eyes of the interviewee, keeping in mind that her own knowledge and personal experiences provide a basis for understandings and interpretations or hermeneutic perspective (Johannessen et al., 2011). A researcher's foreknowledge and previous experience with the relevant phenomena are valuable resources (Thagaard, 2011). These are a condition of insight which enables better judgment, and through breadth of knowledge greater objectivity as well.

Kvale and Brinkmann (2009) recommend a seven-stage route for interview inquiries beginning with the idea phase and culminating in the final report. The seven stages are: 1) Thematizing, 2) Designing, 3) Interviewing, 4) Transcribing, 5) Analysing, 6) Verifying and 7) Reporting. These stages define the framework for this study.

4.3. Thematizing

The purpose and the themes of this study were considered in late 2013. As part of the planning process it was necessary to contemplate and define the why, what and how of my study (Kvale & Brinkmann, 2009).

Why? — Thinking about this question helped me clarify my purpose - attachment has a lifelong impact on child development and preschool teachers have an important role in supporting children in their first years of life.

What? — My prior knowledge from study and work with children helped me consider what to investigate. I decided I would explore to what extent relevant theory illuminates the role and

function of preschool teachers in classrooms with young children and their unique attachment problems. This was a step towards formulating my final research question.

How? — This question helped me consider what approach to use and who might provide with the answers I was looking for. Early childcare educators can identify, compensate, and initiate early intervention for children with attachment problems. Therefore I decided the best method to help me answer my research question would be a qualitative approach using interviews with preschool teachers working with 0-3 year olds.

Next the interview guide was written. This was an important part of the planning phase because it provided direction. Then I made a work plan outlining when each phase of the study would be completed. This was necessary because of time constraints. The final plan for the study was outlined in a project description that was sent to NSD (Norsk samfunnsvitenskapelig datatjeneste) for approval. The letter of approval from NSD is included in Appendix C.

4.4. The interview process

4.4.1. Designing

The interview process requires a proper design. The design phase included sampling, writing the interview guide, and conducting a pilot interview.

Sample

Purposeful sampling was used and involves recruiting participants suitable for the purpose of the study (Johannessen et al., 2011). Preschool teachers were chosen as the focus because teachers play an influential role in the lives of young children, and they have daily opportunities to interact with vulnerable children in a more intimate way than a special education teacher from PPT who would occasionally meet the family for consultation.

The phenomenological approach and analysis is time consuming, therefore the sample size was limited to five preschool teachers. The small sample size creates challenges for generalisation. However, it also enables a deeper, closer, inquiry into the knowledge and experience base of the interviewees.

In order to recruit the informants, I visited five daycare centres and explained my study. I provided a letter outlining the study and requesting the participation of preschool teachers with at least five

years of experience working with 0-3 year olds children (see Appendix A). Three daycare centres responded positively. I was contacted by the teachers via email where dates and times for the interviews were set. Three of the preschool teachers had at least four years of experience and two teachers had many more years of experience. I anticipated that it might be a challenge to find willing participants but that was not the case.

A total of five interviews were conducted in early 2014 at three different daycare centres in two communities. Three of the interviewees were from the same daycare centre. The remaining two worked at different daycare centres. At the request of the staff, the five interviews were conducted at the workplace in the teacher's lounge or resource room during working hours.

Before each interview the participants either read my letter outlining the criteria for selection and handling of interview recordings or we discussed the project explanation. The letter explained that identities would be protected and that the interview recordings would be destroyed after the project was complete. It also noted that the interviewees could withdraw from the study at any time. My advisor's name and my name and contact information were included in the letter in the event that there were problems or questions related to the research project. The teachers finally signed a letter of authorisation to use the interview data.

Interview guide

A semi-structured interview guide based on a prewritten schema of questions is used in this study. It gives the interviewer a degree of flexibility. Although the questions provide a basis, the researcher has freedom during the interview to change the order and the wording of questions. The researcher can also move back and forth in the interview schema. The schema supports the interview process because it ensures that all of the critical areas and elements related to the focus are covered (Johannessen et al., 2011).

Kvale and Brinkmann (2009) provide some specific suggestions for formulating the interview questions. Good questions are to the point and easy to understand. An introductory question provides a smooth start for the interview. After the introductory phase, more specific questions are formulated to probe deeper into the theme. Follow-up questions can be used as necessary, to stimulate reflection and elicit insights from interviewee experience making for more productive research.

The interview guide used in the study provides questions based on relevant attachment theory. The guide covers three topics: 1) identification and characteristics of children with attachment

problems 2) consequences of problems and 3) interventions. The pre-written guide was helpful because all of the themes were systematically addressed, simplifying the analysis process. A copy of the interview guide is included in Appendix B.

Pilot interview

In order to ensure the best possible results, one pre-interview was conducted. The recording device - a portable laptop - was checked. The pre-interview gave an indication of how long the interview would last, and gave me practice in formulating the questions. The process proved to be useful because it allowed for reflection about possibilities for misinterpretation, and it was necessary since I have no experience with conducting interviews. Several adjustments were made as a result of the pre-interview.

4.4.2. Interviewing

Before each interview I discussed the plan, explaining that several questions would address attachment in preschool from a teacher perspective. This was followed by three individually presented vignettes (cases). The three vignettes were taken from Killen's (2012) book concerning attachment in daycare centres (see Appendix D). They illustrate varying degrees of attachment security. The first vignette presents a child with a secure attachment, the second, avoidant attachment, and the third, disorganised attachment. The purpose of the cases is to promote reflection and new insights. This proved to be a useful way to enable the teachers expand their thinking about attachment.

The initial questions were used to determine the participants' knowledge about attachment. The vignettes were presented after the initial questions, because it seemed appropriate to determine the teachers' prior knowledge about attachment disorders before "helping" them with a case study. Each interviewee read a vignette, responded to a question about it, and the process was then repeated. After the three vignettes were discussed a new topic with new questions was presented. After the final question there was a debriefing question where the interviewee was asked to reflect about the interview process.

4.4.3. Transcribing

Transcription is the analytic process whereby interview material in spoken form is transferred to a written text in preparation for analysis (Kvale & Brinkmann, 2009). It is important that transcriptions are as accurate as possible to capture the essence of the interviewee's message. After the transcriptions were completed a reliability check was performed. This involved listening to the

interviews again and comparing the recordings with the transcriptions. A few small adjustments were made.

The interviews were conducted in Norwegian and recorded on a portable laptop. They were then transcribed verbatim using the program Nvivo. In order to ensure accuracy the transcribing process was painstaking. When dialect was used it was rewritten as bokmål. Pauses and most filler words without meaning were removed from the transcriptions when they did not add to the content considered relevant for later analysis. Care was taken with the placement of commas and periods in order to preserve the intended meaning. In order to ensure confidentiality no names were used, instead, each interviewee was given a number. Names of daycare centres given were replaced by fictive names in the transcript.

Ensuring the validity of transcriptions is “more intricate than assuring their reliability” (Kvale & Brinkmann, 2009, p. 185). This may be due to the fact that each researcher has her own experiences, background and theoretical basis which colour her thinking. Care must be taken in the transcribing process so that the transcriptions reflect the interviewee’s worldview and rather than the researcher’s theoretical assumptions.

4.4.4. Analysing

The results from this study were examined using a thematic analysis. This requires that data be categorised into themes that are central to the study. During the analysis new sub-themes were identified (Thagaard, 2011). The same three categories used in the interview guide were used as guiding themes for the analysis. In the analyses and reporting process the purpose is to determine what of this information is important and to provide an overall impression of the content together with a systematic analysis of the interviews. Knowledge of relevant theory is relied on during the analysis process which focused mainly on the similarities in the answers (Johannessen et al., 2011).

The four step process of the phenomenological approach described by Malterud (2003) was relied on during the analysis of the interviews. I have applied these steps in my study in the following way:

- 1) *Get an overall impression of the material, summarise the meaning, and note the main themes.*
In order to get a general impression, I read the interviews and looked for central themes. Next I summarised the answers. Irrelevant information was left out, while the essence of each answer was captured in the summaries.

2) *Establish codes, categories and terms.*

I reread the interviews and used coloured pens to mark and distinguish key words and phrases that were most meaningful. Codes were then established and these enabled me to identify what was most important. Sometimes the original code words were traded for new ones that provided a better description. This made coding a time consuming but a useful and necessary process.

3) *Condense the material.*

The codes words were first categorised and then organised in tables to give a visual representation of the essence of the five interviews.

4) *Analyse and synthesise the material to form new descriptions.*

In the analysis process it was important to not only use the codes but understand their meaning in the right context. It was often necessary to check the original transcriptions to achieve this objective. Analysis helped me see similarities and patterns in the responses. These patterns were then evaluated in light of relevant theory, as the results section of my study was written (Johannessen et al., 2011).

4.5. The research quality of the study

Quality provides the foundation for research and promotes its reliability. To enable the researcher to produce trustworthy results, research requires stringent methodology. This characteristic is methodological awareness (Silverman, 2005). Such awareness aids the researcher in producing results that have quality in terms of validity and reliability. Thagaard (2011) highlights generalisation, validity, and reliability as the three main elements which determine the quality of qualitative research.

4.5.1. Validity

Validity refers to the soundness of a statement. It also touches on whether a method investigates what it intends to investigate (Kvale & Brinkmann, 2009) and whether interpretations are well grounded representations of reality (Thagaard, 2011). Validity reflects craftsmanship in an investigation. This implies that the researcher should repeatedly check and question the findings in light of relevant theory. In addition, researchers ought to account for the steps they take in the research process to strengthen the credibility of their findings (Kvale & Brinkmann, 2009).

Transparency in relation to the choice of theoretical anchoring, method, and approach, provides clarity (Nygaard, 2009) and supports this study's validity. Validation covers the span from the initial

stage where one establishes themes to the last stage where the researcher writes and reports (Kvale & Brinkmann, 2009). Valid conclusions can be made when the researcher has been a careful and conscientious craftsman during the research process.

Several factors contribute to the validity of this study. 1) An interview guide was used for all of the interviews ensuring that all planned topics were in fact included and discussed during the interview. 2) The use of a recording device ensured that no valuable data was lost. 3) A pre-interview was conducted before the actual interviews, and adjustments were made based on feedback from the interviewee. 4) The interview schema proved to be a valuable tool in this study. Both the participants and the researcher had the opportunity to ask follow-up questions during the interview to make certain that both the questions and responses were correctly understood.

4.5.2. Reliability

Reliability refers to the trustworthiness and consistency of research findings. This criterion addresses “whether a finding can be replicated at other times and by other researchers using the same method” (Kvale & Brinkmann, 2009, p. 327). A researcher should strive to be objective and not allow personal feelings or opinions to dominate or bias findings. Kvale and Brinkmann refer to objectivity as “freedom from bias” (Kvale & Brinkmann, 2009, p. 242). This concern should be kept foremost in the thoughts of researchers as they conduct interviews and interpret data. Reliability is an important aspect of validity (Ohna, 2001), and achieving it is a challenge for interview analysis. Reliability covers a range of characteristics including the accuracy of data, selection of data, data acquisition and data coding (Johannessen et al., 2011). Documenting these aspects, raises the quality of the study.

Several issues related to reliability have been considered. In this study it is difficult to evaluate whether my foreknowledge has influenced the analysis of the interviews. Another consideration is that three of the interviewees work at the same daycare centre and know each other. The preschool teachers were specifically asked during the interviews not to discuss the interview with their colleagues and all agreed to abide by this request. For the sake of clarity the questions were carefully formulated in everyday language in order to avoid misunderstandings. Based on feedback from an interviewee one of the questions was reworded after the first interview to promote clarity.

4.5.3. Generalisation

Generalisation is “the extent that findings in one situation can be transferred to other situations” (Kvale & Brinkmann, 2009, p. 324). Klette (2004) maintains that there are challenges

with generalisability in qualitative studies. A researcher can either give up on the idea of generalising beyond a specific case that is described or one can use alternative criteria for generalising (Clifford & Marcus, 1986). An alternative criterion is credibility (Donmoyer, 1990) which is the extent to which a research finding has been shown to be based on evidence (Silverman, 2005).

This study has five informants, a relatively small group to be able to generalise the findings. However this study does provide new information and insights about the participants' knowledge, familiarity, and experience with children with attachment problems. Another researcher conducting the same study with different participants will likely produce different findings, because no two early childhood educators have the same reflections and experience. This study then, along with other related studies, provides a knowledge base in 2014 on which further research can build.

4.6. Ethical reflections

Researchers need to be proactive in considering the ethical challenges and implications of their research and practices. Ethical considerations in research are the principles, rules and directives followed by the researcher to safeguard the interests of the participants (Johannessen et al., 2011). An important ethical principle in research is that the study shall not harm the participants. Trust between researcher and participant can and should develop as the researcher considers the privacy of the participants (Johannessen et al., 2011). The informative letter used helped establish credibility by outlining the procedures and guidelines used by the researcher in this study. It states that the participants can withdraw from the study at any time, ensuring that the participants' autonomy is protected. In order to protect privacy, the letter explains that no personal inquiries will be made. Only questions related to the interviewees' experiences and reflections about the topic of attachment are addressed.

Another ethical consideration of our study is the principle of anonymity. It is also important that the participants feel certain that the information provided is treated confidentially (Kvale & Brinkmann, 2009). These issues are addressed in the letter read and signed by the participants, where an explanation is provided about how the recordings are handled during and after the study. According to Thagaard (2011) the researcher should use caution when quoting an interviewee. Thus she recommends that the researcher avoid using quotes with special expressions that characterise a specific informant and which could later lead to identification. This recommendation is taken into account in this study because three of the participants work at the same daycare centre.

According to Widerberg (2011) there are disadvantages to conducting interviews at the interviewee's workplace rather than a neutral location because teachers are busy and have a limited availability. Offsetting this drawback is the security and comfort of known surroundings for the interviewee. On home ground, the interviewee is less inclined to experience the interviewer as an imposing figure, and more disposed to openness and the planned mutuality of the interview situation. This context may optimise the ideal of dialogue as collaboration and effect an operationalised hermeneutic situation in which each party feels herself to be an equal, but different, contributor (Widerberg, 2011). There were no indications that conducting these interviews at the interviewees' workplace had a negative impact on their quality. On the contrary, the interviewees seemed at ease during the interviews and provided detailed answers reflecting their knowledge and experience.

5. Results and discussion

The objective of this interview based study is to find answers to the research question “What do preschool teachers know about identifying attachment disorders and what can they do to create an environment that compensates and fosters a healthy development?” The results are presented and discussed together in this chapter. This enables a closer link between the theory and data and makes the discussion more meaningful.

The overall scheme of the interview questions is categorised as shown in Figure 2 and provides the structure for discussion of the results. The interview is divided into four categories. The first category probes the participants’ training in attachment. The purpose of the focus question is to find the interviewees baseline of knowledge in the context of the theory presented in Chapter 2.

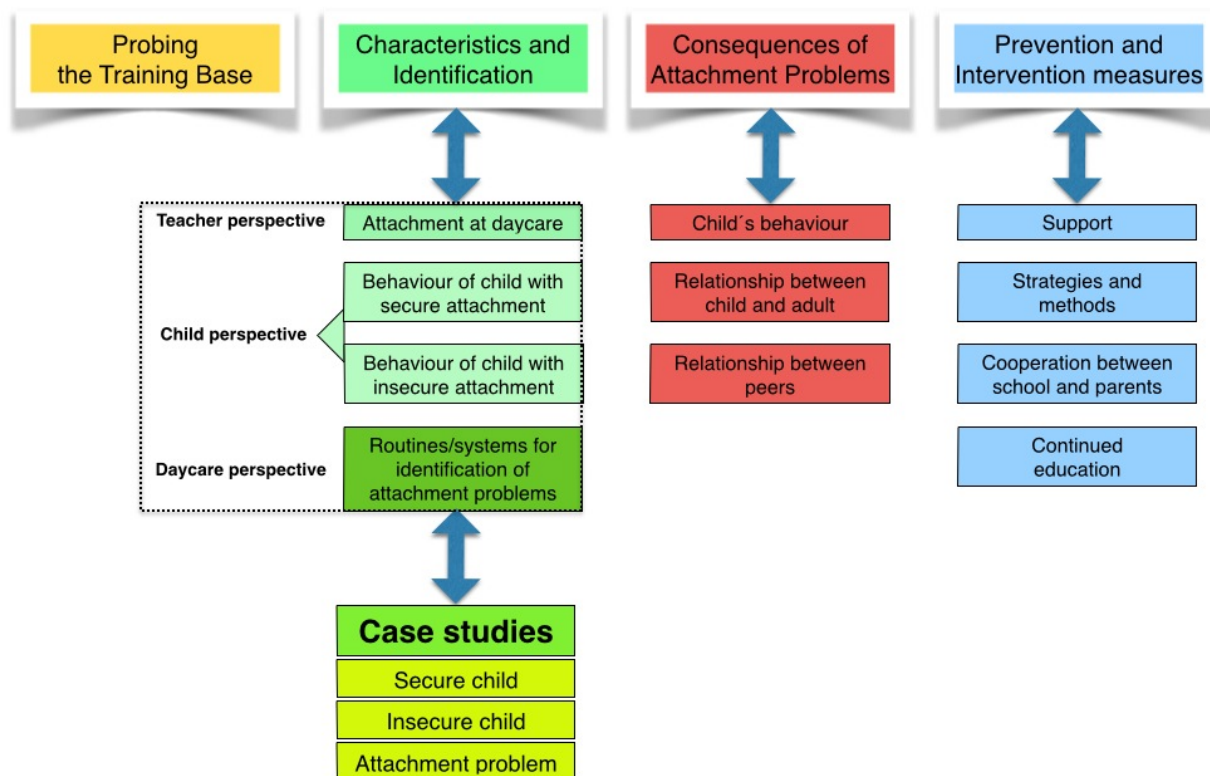


Figure 2. Overview of the interview set-up.

The second category addresses the characteristics of attachment problems and the methods teachers and daycare centres use to identify children. It begins with a teacher perspective where teacher knowledge concerning attachment in preschool is in focus. Thereafter, a child perspective is taken and teachers are asked to describe and discuss the behaviour of a secure child, an insecure child, and a child with disorganised attachment. A daycare perspective is taken in the

following question as the participants address routines for identifying children with attachment, and explicitly speak to our research question. The third category focuses on the consequences of attachment problems. The goal is to understand how attachment problems affect a child's behaviour. The interview questions address two types of relationships and how attachment problems affect them. The adult-child relationship is addressed first, followed by the child-peer relationship.

The fourth category addresses prevention and intervention methods used by the preschool teachers in their daycare centres. Its questions elicit teacher experience of practices related to support and strategies and methods that aid children while broaching co-operation between daycare centres and parents and continuing teacher education. Overall, the teachers are asked what they can do to create an environment that compensates and fosters healthy development, a central investigative concern of the research study.

The results from the five interviews will be presented and discussed in the subsequent section. Theory and research from chapter 2 is interwoven into the discussion to create a fabric connecting theory and current practice in Norwegian daycare centres. In the discussion direct quotation from the interviews is used. The interviews were conducted in Norwegian and the quotes have been translated into English. Their Norwegian counterpart is included in the text for reference.

5.1. Probing the training base

The participants have from 4 to 20 plus years of experience working with young children. One teacher has worked as preschool teacher, special education teacher, and assistant director at a daycare centre. Another works as a special education teacher as well as at her own daycare post. The three other teachers have 4-5 years experience as preschool teachers.

Question 1: Have you had training or courses in attachment with young children?

All five teachers claimed either informal or formal education in attachment. One participant attended a class with a local attachment expert who is an academic author and university lecturer. Others received job training or had instruction in attachment as part of their university education. The teachers' responses indicate a limited focus on attachment theory in formal and informal preschool teacher training.

A national reform for preschool teacher education is currently under implementation and the new programme has a focus on qualifying teachers to make sound educational decisions. The research

based curriculum is reduced from ten to six subjects. It allows teachers to take additional course work in one to two subject areas determined by the college or university (Tollefsrud, 2014).

5.2. Characteristics and identification

The interviewees' understanding of attachment is the subject of the second category. Its focus is teacher identification of methods and routines used in daycare centres to support healthy attachment, and knowledge of characteristics of secure attachment, insecure attachment and disorganised attachment. This knowledge is facilitated by asking questions from the teacher, child and daycare centre perspectives. The approach is in keeping with a systemic perspective that takes into account the multiple environments that influence a child as well as outcomes (Pianta, 1999).

Question 2: How do you understand attachment in young children, in your job as a preschool teacher?

This second question addresses the teacher perspective. All of the teachers touched on relevant aspects of attachment and the participants regarded a child's feelings of safety and bonding as the two most significant and key features. This shows good insight into attachment theory. Bowlby (1988) claims that a child needs a healthy bond with her attachment figure in order to feel safe and the child's sense of security with her caregiver provides a foundation that helps her thrive. One response indicates a solid understanding of attachment:

"When I think of child attachment it is of a child feeling emotionally secure, being able to find help and comfort, and wanting to be close to another person, an adult".

(" Når jeg tenker på tilknytning til barn så er det at et barn føler seg emosjonelt trygg, kan søke hjelp og trøst, ønsker å være nær en annen person, en voksen person.")

The two following questions address the child perspective, pertinent to this study. The child with attachment problems is emphasised and the conditions of the child's unique situation and needs are presented as the focal point for compensation.

Question 3: Can you describe the behaviour of a child with a secure attachment?

According to Bowlby (1988) appropriate response to needs defines a safe base. Two preschool teachers described interactions where the adult acts as a safe base for a young child. Four out of five teachers understood secure attachment as exemplified in the child who seeks comfort from an

adult when upset. Drugli's (2010) research supports this understanding. Securely attached children trust that their caregiver is available for them when they are afraid or upset.

One interviewee brought up an interesting point. She regarded secure attachment to be related to a child's ability to use the entire space allowed them. It seems likely this comment was meant to highlight how a child with a secure attachment is able to freely explore given the knowledge that she has a safe base to rely on (Bowlby, 1988). By contrast, a child with an insensitive or inconsistent caregiver lacks trust in her attachment figure and uses energy to determine if people are responsive, typically resulting in little energy devoted to learning and exploration. As noted by this teacher, the attachment figures within children's attachment net provide the necessary security that enable them to try new things (Levitt, 2005).

"They reach back towards the secure attachment figure at regular intervals, usually with some eye contact, perhaps now and again come and sit in your lap, find their calm place there, get recharged, move on, use the grown-up as a scaffold for being able to try out new things".

(" De søker tilbake til den trygge tilknytningspersonen med jevne mellomrom og mest med en sånn blikkontakt, kanskje av og til kommer og sette seg i fanget, finner roen i fangen, lader seg opp litt, går videre, bruker den voksne som et stillas for å kunne tørre prøve ut nye ting".)

Case study 1

After the initial responses the teachers read and reflected over the first case study (see Appendix D). This study described a one year old girl's first day at daycare. Vilde has a secure attachment and cries when her mother leaves, and then plays a little but cries off and on throughout they day. When her mother returns she cries again and is comforted by her. As the days pass Vilde plays more and cries less, but she stays close by her preschool teacher's side. When the teacher is away for a few days she is overwhelmed with sadness. The comfort, given and received indicates Vilde's healthy attachment.

Although the teachers did not use attachment terminology, (i.e. secure, avoidant, and disorganised attachment) all of the teachers understood that Vilde has a healthy attachment with her mother. The interviewees noted her secure attachment as evidenced by her sadness when her mother left, her acceptance of comfort from her preschool teacher, and her attachment with her teacher. One participant noted the parent's mentalization in this case study:

“When mother then picks her up and is comforting and accepts this feeling of the child and perhaps puts words to it, then I would say that this is a good attachment.”

(“Når mor da tar hun opp og er trøstende og aksepterer denne følelsen til barnet og kanskje setter ord på det så vil jeg si at det er en god tilknytning.”)

Question 4: Can you describe the behaviour of a child with attachment problems?

The interviewees recognised that there are many behaviours associated with attachment problems, among them emotional instability manifested as withdrawal and/or acting out. Four teachers described these children as rejecting. Bowlby (1969) notes that a young child's experiences of rejection in early caregiving experiences affect their inner working models. Children with attachment difficulties have received caregiving that affects their relationship with their attachment figure which in turn affects expectations about future relationships (Drugli, 2012). In short, the mental representations that help children understand how relationships work have taught them to expect rejection and therefore these children reject others. This knowledge is critical for preschool teachers who can provide new relational experiences that influence a young child's working model toward acceptance rather than rejection.

Case study 2

The second case study involves one year old Harald's fourth drop-off at daycare (see Appendix D). Mother and son communicate very little, other than instructions that he needs to eat his lunch. There is little face to face contact and Harald does not react when his mother leaves, although when mother says she is leaving, he looks down and nods his head. Harald is covertly anxious about his mother's unresponsiveness and uses detachment behaviour as a defence strategy to manage his anxiety. His need for contact is in conflict with his feelings of anger which carry over to become maladaptive behaviours.

With this example of avoidant attachment the interviewees describe both the lack of parental attention and the resignation of the child as disturbing behaviours. Four teachers gave a clear indication that the attachment was problematic. The fifth teacher regarded Harald's behaviour as an indication of his reserved personality. She understood that he was a boy that kept his feelings to himself, and made no reference to an attachment problem. One teacher's reflection took the young child's perspective:

“I think that this is a boy who is accustomed to being abandoned without explanation, or to uncertainty about which person in likelihood remains, and has resigned a bit in this type of situation: it is just how it is. Because these protests are natural.”

(“Jeg tenker på at dette er en gutt som er vant med å bli forlatt uten forklaring, eller usikkerhet på hvilken tid personen gjerne er tilbake og har resignert litt i den type situasjoner, det er bare sånt det er. For det er naturlig med de protestene”.)

Case study 3

The third case is more complex (see Appendix D). It describes one year old Simen's participation in a study on attachment whose point was to observe children's reaction to stress. Simen was given a basket of toys and encouraged to play. Instead of playing he crawled along the wall of the large room and did not look at his mother. When a stranger came in he observed her as she spoke with his mother. He did not react when his mother left or when she came back. He approached the stranger and crawled after her as she left the room. Simen's disorganised behaviour is his response to his mother's sometimes scary and unpredictable behaviour which causes him fear and distress. His contradictory behaviour indicates a lack of strategy for managing anxiety which is typical for disturbed children with this pattern of attachment.

All of the teachers expressed great concern for the wellbeing of this child with a disorganised attachment. Four interviewees considered this an alarming situation and the fifth along with two others noted that ongoing monitoring would be required. The teachers regarded the child's interest in a stranger, and the way he distanced his mother from himself as concerning behaviours, while one teacher regarded this as a possible case of neglect where child welfare should be involved. As the respondents read and reflected on the case studies it was apparent that they gained new insights that were incorporated into their responses. The non-critical behaviour towards strangers evident in this case study is an example. One teacher expressed her concern in this way:

“Yes, here it is evident and because he starts to crawl after the stranger that it is likely he wishes the contact, but that it is a stranger rather than his mother. So, it is of course a frightening thought, I think, I think this way: that regardless of whom, just so long there is someone, yes.

(“Ja, her, det er tydelig og at siden han begynner å krabbe etter den fremmede at han ønsker gjerne den kontakten, men at det er en fremmed framfor mor. Altså, det er jo en skremmende tanke, tenker jeg at, jeg tenker sånn at uansett hvem, bare det er noen, ja”.)

Question 5: Does your daycare centre have routines or systems for identifying children with attachment problems?

Here the day care centre perspective is represented and the research question addressed. One teacher noted that her daycare centre has routines for observation and charting and routines for

contacting outside agencies, but she felt her daycare centre lacked systematic efforts to aid in identifying children with attachment problems. All of the teachers cited routines of observation. Observation is the main method of identification used in daycare centres according to the Nova report *Kvalitet i barnehager* (Gulbrandsen & Eliassen, 2013). Child development evaluations (charting), discussion with other staff members, and communication with parents were other routines cited by teachers. Charting involving documenting observable behaviour is a valuable form of evaluation and can form the basis for purposeful interventions, so care should be taken as teachers and daycares centres decide which evaluation schema to use. In addition to the general focus areas covered by most schemas, the quality of child-parent interaction should be included as evidenced in the next point.

Only one preschool teacher referred to observation of parent-child interaction during drop off and pick up times as a tool for identification. This indicates a lack of awareness about this valuable method of identification. Teachers need to know the red flags to watch for in child-parent interactions and special attention should be given to separations and reunions during drop off and pick up times as a critical source of information. Insensitive or under involved parents that miss their child's distress signals should be noted, as should caregivers who interact in an intrusive manner. Interactions with little face-to face-contact are also of concern (Howe et al., 1999).

A child's social and personal history may provide the first clue to attachment problems (Wilkerson et al., 2008) however teachers must follow strict rules protecting individual privacy and therefore this information may not be available. A home visit from the primary contact person is used successfully in daycare centres in Stockholm (Drugli, 2010). These visits allow the preschool teacher to observe child-parent interactions in the home environment. This special focus time with each family can be a useful way to initiate co-operation, while teachers also observe patterns of care. In order to validate attachment measures home visits are also conducted in the USA. These visits target at risk families with the goal of observing secure base behaviour (Thompson, 2010).

Two participants addressed the causes of attachment problems. One recognised the role of a child's temperament or biology as significant and capable of affecting attachment, while another cited neglect as a cause. This draws attention to the vital importance of a systemic perspective in which nature and nurture both influence the state of affairs. Individual differences and personality, as well as interaction and social dynamics, shape the realm of relevant observable phenomena or empirical evidence as Hart (2011) among others has insisted. Influences on attachment come from a wide range of causal fields (individual biology and psyche, family) and arenas (community,

school, playground, child's own room and private imagination), influences which all are ingredient in the complex of an individual's regulation and attachment.

The education and/or training and experience of the teachers contributes to their knowledge, as was discussed earlier. Additionally according to one participant, further insight can be gained through reflection and self-awareness:

“Those working with children with attachment difficulties have to be very reflective about their own emotions and ways of approaching the child. There needs to be great openness among the personnel. Because at times it can be very challenging, exhausting, so that one can be enabled and have opportunity to discuss this and also be able to say that ‘now I have a problem approaching this child, perhaps the parents too.’ So that it is possible for someone else to come in and help one for a period so that one can process these emotions”.

(“De som jobber med barn med tilknytningsvansker må være veldig reflekterende omkring egne følelser og måter de møter barnet på. Det må være en stor åpenhet personalet imellom. Fordi noen ganger kan det være ganske utfordrende, utmattende, sånn at en har på en måte rom og få anledning til å drøfte det og også kunne si at ‘nå har jeg et problem med å møte dette barnet, kanskje også foreldrene.’ For at da kan det være rom for at noen andre kan gå inn og hjelpe en i en periode for at en kan bearbeide følelsene”).

Research supports the value and use of mentalization which is the ability to apprehend emotive and cognitive states. Mentalization allows teachers to examine reactions and practices and is a valuable tool because attitudes influence behaviour (Drugli, 2010). The above respondent also touched on the importance of teacher mentalization to exercise control over own behaviour and reactions. Children pick up on verbal and non-verbal cues from their teacher, so when teachers lose control in a difficult situation it is likely that children will repeat the modelled behaviour (Drugli, 2012). Mentalization helps teachers evaluate their thinking and reactions, remain professional, and act as good role models. It is concerning that only one respondent recognised teacher reflection about one's own practices as a valuable tool.

One of the teachers understood identification as involving more than just the fixed, formal routines:

“After all, we have the good kind of more formal things such as good charting/documentation and observation methods which we go through at regular intervals. But I think the most important is this, it sounds a bit strange, but the gut feeling we get as an adult in child daycare.”

(“Vi har jo de gode sånne mer formelle ting som god kartlegging og observasjons metoder som vi går gjennom i jevne mellomrom. Men jeg synes det viktigste er den, høres litt løye ut, men den magefølelsen som vi får som voksen i barnehagen”.)

Her insight and personal evaluation speaks to the importance of tacit knowledge, an invaluable knowledge born of familiarity and experience which may manifest as a gut feeling, as she suggests, but means: teachers listening to their intuition. This respondent's reflective appeal is to attunement, something we described was a core strength. From this evidence we might even conclude that it is a mutually enabling characteristic in the attachment domain. Identification of need by the teacher depends on she herself being secure and attuned. Her intuitive grasp is a quality the vulnerable child relies on.

5.3. Consequences of attachment disorders

The objective of the third category, consequences of attachment problems, is to determine the interviewees' understanding of the effects of attachment difficulties. The questions address the consequences attachment disorders have for child behaviour in relationships between children and adults, as well as in relationships with peers.

Question 6. What consequences can attachment problems have for children's behaviour?

One teacher pointed out that attachment problems can be very serious:

“Yes, right, big attachment difficulties, we know of course that in the long run these will have big consequences for the majority. Areas of development actually, if worst comes to worst, it can affect childrens' total development”.

(“Ja, altså store tilknytningsvansker, vi vet jo at de vil på lengre sikt har store konsekvenser for de fleste. Utviklingsområder egentlig det kan i verste fall ha noe å si for den totale utviklingen hos barna”.)

There are indeed many areas of development that are affected in children with attachment problems and were cited during the interviews. Three teachers noted internal and external problems as consequences. Research indicates that parental rejection and anxious child-rearing practices are predictors of internalising behaviours such as anxiety and depression, as well as of externalising behaviours such as aggression (Roelofs et al., 2006). One teacher cited the cognitive consequences of attachment problems in this way:

“There is a great deal of learning they miss, when they aren’t able to establish good relations with others”.

(“Det er masse læring som de går glipp av, når de ikke klarer å knytte gode relasjoner til andre”.)

A majority of teachers noted that children with attachment problems struggle socially. Often these children have not learned positive strategies for social interaction in the home context from a sensitive attachment figure. Affiliation does not come easy to these children, and they find it a challenge to relate to peers and adults in the school context. This exemplifies how the transactions that take place in one social environment (home) influence outcomes in other environments (daycare). Learning and development is contingent on the interplay between the individual, his behaviour and the environment (Grusec, 1992). A key to support is the recognition that a variety of effective systems and mechanisms influence outcomes.

Self-efficacy, a key concept of Bandura’s, was not cited during the interviews. We know that a young child with a secure attachment develops self-efficacy through warm and caring responses from her attachment figure (Grusec, 1992). An insecure child however does not have this foundation, and when faced with a challenge her belief that she is able to perform an action to help her meet her goal is reduced. Therefore teachers need to address and support self-efficacy because it will improve child functioning in the classroom. Two teachers did cite insecurity as a consequence. Self-efficacy and insecurity are linked. A child that struggles with self-efficacy is likely to be insecure, which can lead to withdrawal, an internal consequence cited by the participants.

The teachers mentioned other consequences of attachment disorders, only one explicitly noting problems with the “core strength” self-regulation. She noted:

“And there is that self-regulation, in play with others for example, that the small children, that is to say, they meet a lot of resistance from each other, but they aren’t old either before they find their strategy for handling it. A push is a natural aspect of it, and a push back again. The one that doesn’t respond to such and just accepts, the type of behaviour like avoidance behaviour which sometimes becomes a beware signal for us. So it is that, which then can lead in another direction that with more acting out behaviour too”.

(”Og det har den selvregulering, for eksempel, i lek med andre at de små barn, altså de møter mye motstand hos hverandre, men de er ikke gamle heller før de finner sin strategi hvordan de skal håndtere det. Et dytt er naturlig aspekt i det, og et dytt tilbake igjen. Den som ikke responderer på sånn og bare aksepterer, den type adferd som unnvikelsesadferd som blir en obs-obs signal noen ganger for oss. Så det er jo det som kan gå en annen vei igjen med mer utagerende adferd og”.)

Research indicates that childrens´ interactions with their caregiver affect their ability to self-regulate (Pianta, 1999). Self-regulation affects feelings about self and peer relationships, so awareness of this developmental lack and its effects enables teachers to offer support (Vohs & Baumeister, 2011). Self-regulation affects so many aspects of adaptation, that it is troubling that so few teachers cited this as a serious issue for children with attachment problems.

Question 7: How can attachment problems influence relationships between adults and children?

Little common ground emerged in the responses with the exception of three teachers who noted the importance of child-adult relationships for children suffering from attachment problems. Only two teachers noted the importance of the child-teacher relationship. Lack of attention to the importance of child-teacher relationships indicates a need for more knowledge about this relational tool. One teacher´s reflection was significant:

“ If a child arrives who has problems attaching to me, it means there is a problem I really have to work to develop the relationship”.

(“Hvis det kommer et barn som har problemer med å tilknytte seg til meg, det gjør at det er et problem som jeg må virkelig jobbe for å utvikle den relasjonen”.)

Her understanding is in keeping with research that highlights the teacher´s responsibility for the quality of the interactions (Pianta et al., 2003). This response also reflects recognition of the vital significance of the child-teacher relationship, while the teacher´s sense of the objective responsibility - a professional challenge formed as a moral demand - is noteworthy.

If early caregiving experiences are lacking it is critical that preschool teachers understand their role as “object teachers” (Winnicott, 1964) who can positively influence both working models and outcomes for children with attachment problems by building relationships that provide emotional support, model appropriate behaviours, and provide safety and security to vulnerable children. The

compensation afforded by a primary caregiver like a preschool teacher will in time be such a resource. One teacher noted the importance of relationships:

“The relations between personnel and children, that really is the basis, actually, for a good daycare in a 0-3 department.

(“Det med relasjoner mellom personalet og barn er jo det som er grunnlaget egentlig for en god barnehage i en 0-3 års avdeling.”)

Adult rejection was one event cited as having an important impact on child-adult relationships. In this connection the teacher noted that children who reject adults are the ones who have the greatest need for contact, with self-reinforcing behaviours presenting in a peculiar reciprocal influence:

“So in that way it becomes a kind of reinforcing behaviour that is reciprocally influenced by each other”.

(“Så på den måte blir det en sånn forsterkende adferd som gjensidig påvirkes av hverandre”.)

Teacher mentalization in this case enables one to understand thoughts, interpret needs, and provide for health and welfare by accommodating children through objective and subjective care.

One teacher recognised that a child’s temperament can influence relationships with adults. She spoke of very demanding twins who cried continually and were difficult to read and comfort. Childcare staff tired of these clingy children and found it difficult to meet their needs. The mutual understanding shared by mother and child in a secure attachment, if inadequate would explain why for these twins intersubjectivity is difficult to establish (Hart & Schwartz, 2009). According to research a child’s temperament can influence the parent’s response making a secure attachment hard to come by (Zeanah & Fox, 2004).

Question 8: How can attachment problems influence relationships between children?

The teachers had a few common responses to this question. Several claimed acting out was a problem. Two teachers noted that peers avoid children with attachment problems and that these children do not have friends. It is not surprising that teachers cite acting out with peers as a social difficulty in attachment challenged children, because this behaviour quickly attracts teacher attention in the classroom. Acting out and withdrawal were both equally acknowledged by the

respondents, although only one mentioned withdrawal as problematic for peer relationships, and another pointed out how a child's acting out can be self-alienating, not just alienating to peers:

"They can express somewhat that they do not wish to play more, because they just destroy . . . to destroy is their way of participating in what looks to be fun, but they aren't able to manage it".

("De kan gi litt uttrykk for at de ikke ønsker mer lek, fordi de bare ødelegger....å ødelegge er deres måte å prøve å ta del i det som ser kjekt ut, men de får det ikke til".)

Research indicates that children with attachment problems are poorly adapted relationally (Bergin & Bergin, 2009) and struggle with the "core strength" affiliation (Perry, 2002). Children who have experienced hostile caregiving may also be highly sensitive to peer behaviour perceived as hostile or rejecting. This can lead to acting out, thus initiating peer rejection (Dodge et al., 1982). Poor self-regulation also influences a child's ability to control stress reactions and interpret mental states, making adaptation with peers difficult. As one teacher noted:

"As a rule there are many things that are interconnected."

("Som regel er det mange ting som henger sammen.")

5.4. Prevention and intervention measures

The fourth and final category aims at knowledge about use of interventions and preventative measures supportive of children with insecure attachments. The second part of the research question: What can teachers do to create an environment that compensates and fosters healthy development? is addressed in this category. The questions asked here address measures, strategies and methods that can be adopted in childcare centres, as well as the significant issue of parent-daycare cooperation and the need for teachers to be offered continuing education .

Question 9: How can the daycare centre support these children?

Research is clear: the earlier the needs are identified and addressed the greater the chances for good social and emotional development (Binnie & Allen, 2008). One teacher noted the importance of being proactive and initiating early intervention, explaining the potentially self-reinforcing tendency of the negative attachment complex should concerning behaviours be overlooked:

"So, attachment problems start mostly with the situation that relationships with parents are not good enough, that they don't have the abilities to be able to meet their child adequately. I

think that the relationship problems can have started with, yes, there can be different reasons but it is always possible that the consequences are that when a child comes to daycare and has an established attachment difficulty, it will always entail a big chance that this can develop further if one doesn't intervene and take hold of it. Because many of these children have either a kind of retreat or rejection as a way of encountering their environment. So that it can become self-reinforcing if one isn't aware of it".

("Altså, tilknytningsvansker starter jo stort sett med at det er relasjonene til foreldrene som ikke er gode nok, at de ikke har evner å klare å møte barnet sitt på en adekvat måte. Jeg tenker at relasjonsvansker kan jo har startet med at ja, det kan være ulike årsaker men konsekvensene kan jo alltid bli at når et barn som kommer i barnehagen og har etablert en tilknytningvanske, så vil det jo alltid medføre til at det er en stor sjanse at dette kan videreutvikle seg hvis man ikke griper fatt i det. Fordi mange av disse barn har da enten en type tilbaketrekking eller avvisning som en måte å møte omgivelsen sin på. Slik at de kan bli selvforsterkende hvis man er ikke oppmerksom på det".)

Several respondents noted that the provision of safety is a measure that supports children with attachment problems, as research can substantiate. Children who have lived with fear, stress and neglect desperately need a safe environment that compensates for lacks at home (Bergin & Bergin, 2009). Teachers provide safety as they implement predictable activities, provide structure and rules, have consistent routines, and strive to meet the emotional needs of the child.

It is noteworthy that most of the teachers regarded the coordination of internal routines to promote security as a key to childcare support. Routines provide predictability for children that have experienced unpredictable caregiving and help them to feel secure. The performative role of the teacher in creating stability is a fundamental requirement of children and of the classroom environment.

Invisible or hidden children are a theme and a concern, as the developmental consequences of neglecting or overlooking a child, especially a vulnerable or disordered child, are great. Greve (2009) has studied one and two year olds in daycare using videotaped observation and found that verbal children with language dominate socially while the youngest children without language can easily become invisible.

The need for teachers to "see" each child without overlooking is an acknowledgment made by three teachers interviewed. One of them noted:

“I think our most important measure in daycare is that children are seen. It sounds very simple. It isn't, however“.

(“Jeg tenker vår viktigste tiltak i barnehage er at ungene blir sett. Det høres veldig enkelt ut. Det er det ikke”.)

Her comment highlights the need to recognise and affirm each child's uniqueness as well as to provide adjusted support based on the child's need (Killen, 2012). Stortingsmelding 41 (Kunnskapsdepartementet, 2009) also notes that children need to be seen and respected for who they are. Teachers can use mentalization as a tool to interpret the needs of children with problematic attachments and in this way better “see” each child. As one child may need support with self-regulation, another may need to be engaged and otherwise guided to become attuned. The necessary practices are not wholly predictable. But being seen must mean being validated as the person one is, here and now, at the same time being seen in all one's unrealised potential. What can make this an easier task to accomplish becomes evident in the next point.

Two teachers cited the need for low adult-child ratios at daycare, a measure which deserves the attention of politicians. One teacher noted that the youngest children find it scary to have many caregivers. Another understood that small groups are ideal and noted that this is especially important for children with attachment problems. Research shows that group sizes influence the quality of care (Phillips & Lowenstein, 2011). Research emphasises the importance of small groups with a few adults providing care because this hinders stress and allows children to feel safe enabling exploration (Ghazvini & Mullis, 2002). Children who are stressed do not have the capacity to learn because fear causes them to become hyper-vigilant about being safe (Prasad, 2011).

A systemic theory such as was discussed earlier illuminates likely implications of low adult-child ratios for children. In the community rules and policies that regulate society and influence daycare centres are made, like rules about adult-child ratios. This policy in turn influences a dyadic child-teacher relationship because class size influences individual perceptions that are formed. It also seems likely that class size has the potential to influence the quality of the child-teacher relationship (Pianta, 1999) This then shows how the events in one system affect other systems: decisions made at the community level influence children and teachers at the preschool level. The outcome for a preschooler with attachment problems in this situation is not promising because low adult-child ratios means this child does not receive the behavioural support needed for healthy development, placing him at risk for school failure (Pianta & Walsh, 1996).

Early intervention, the provision of safety, “seeing” every child, establishing routines, and attention to group size are cited by the early childhood educators as ways to support children with attachment problems. This support is the embodiment of the key influential factor of the child-teacher relationship. Also, within the scope of this support is the provision of health, which covers optimal physical, emotional and cognitive functioning, as well as child welfare, that is seeing to that children fare well. As teachers model and teach emotional and behavioural self-regulation, one of Perry’s (2002) “core strengths,” they support child welfare. Objective and subjective care are both necessary supports: objective care involving attention to the physical environment, class structure, group rules and expectations; subjective care directed toward promoting feelings of security within the child, feelings enabled as teachers provide comfort, warm contact, and sensitive responses. Subjective care is the significant condition for formation of attachments.

Attachment, is a vital “core strength” and a fundament that allows teachers to function as a safe base for young children. Interactive teaching and modelling of affiliation, another “core strength,” is also necessary. Affiliation helps children feel connected with peers and enhances social competence. To summarise, children with attachment problems benefit from a mutual relationship with their teacher. In the teacher toolbox a focus on the three “core strengths” - self-regulation, attachment and affiliation - is essential in the classroom because it establishes a framework for healthy development. Teachers then also accommodate children through their objective and subjective care and their use of mentalization. These tools can be used by teachers to aid in creating an environment that compensates.

Question 10: Has your daycare centre developed strategies or methods to help these children?

Two teachers noted that their daycare centre has no written strategies. Although most considered the primary contact person a useful practice for all children and especially young preschoolers with attachment problems. Only two teachers recognised the task and value of charting children’s development, signalling a lack of awareness about this method that can aide in identification.

One participant understood teacher methods for helping children with attachment problems in this light:

“ . . . it deals with some personal qualities, to be able to tune in and be present here and now together with small children. It is about general competence in the relation you have to the youngest”.

(“...det handler om en del personlige egenskaper, å klare å tune seg inn på og være tilstede her og nå sammen med små barna. Det handler om generelle kompetansen i den relasjonen du har til de minste ungene”.)

Her reflection speaks to the importance of synchronised child-teacher interactions that allow intersubjectivity to flourish (Hart & Schwartz, 2009). According to research there are three fundamental relational abilities necessary for teachers: 1) preschool teachers need to read the child’s emotional and social cues, 2) respond to the signals given, and 3) provide emotional support or boundaries (Pianta et al., 2003).

Only one interviewee made reference to research based social programs, which indicates a likely need for greater knowledge of such programs. “Let’s be Together” and “The two of us, you and I” can be used in daycares to build social competence, prosocial behaviour and improve relationships. Banking Time is a strategy that was not cited during the interviews, though the primary contact model was cited by four participants, a model that also promotes child-teacher relationships.

The dyadic child-teacher relationship is a system where mutual transactions affect individual representations and can influence outcomes for a child with attachment problems. The child-teacher model exemplifies how the communication and interactions that take place during Banking Time are important for the smooth functioning of the relationship (Pianta et al., 2003). Banking Time sessions support the child-teacher relationship because when attentive teachers provide sensitive and nurturing responses, closeness and trust is strengthened and the child’s inner working model of adults can be positively affected enabling the child to use her teacher as a safe base. The child-teacher model also illuminates how external influences from the peer group interact (Pianta et al., 2003). A strategic teacher can select positive peer role models to participate in Banking Time sessions. As classmates model good self-regulation the vulnerable child is influenced. Such dynamic interaction can positively affect the representations formed by child and teacher.

Question 11: How can parent-daycare centre cooperation help children with attachment difficulties?

There was an expectation here that teachers would cite the importance of having the same rules at home as at school, yet this was not the case. However all of the teachers believe and understand that communication with parents supports children with attachment disorders. One teacher noted the following as an important aspect of parent-daycare cooperation:

« . . . that we can converse well together, that there is openness so that we can speak about what isn't good, but that we also speak about what is good.»

("...at vi kan snakke godt sammen, at det er åpenhet for at vi kan snakke om det som ikke er bra, men at vi også snakke om det som er bra".)

Good communication builds bridges between home and preschool and can be enhanced through mentalization. Inner dialogue and reflection about one's actions and reactions can positively influence relationships and create greater teacher sensitivity (Killen, 2012) which is especially important for vulnerable parents of attachment disordered children. Sensitive cooperation is necessary as various systems of support interact to provide interventions for the child and family.

Another teacher recognised that all families need good communication with daycare staff about how their child is functioning and what works and does not work. Then she noted that children with attachment problems need:

"...an even stronger, closer, nearer work."

("...enda sterkere, tettere, nærere arbeid").

Her comment speaks to the importance of early identification and intervention coordinated by an informed teacher with knowledge about how to support children with attachment problems. Several teachers recognised that some children and families need support from outside agencies and one noted:

"...here the limit is drawn between what we can do and what others should do."

("...her går grensen med hva vi kan gjøre og hva andre bør gjøre".)

Referrals to support institutions in most cases can be made in cooperation with parents.

Question 12: Is there a need for more information/knowledge of this field?

The five respondents overwhelmingly replied with a definitive yes. Continuing education about the topic of attachment is required in order to promote teacher awareness about the needs of children with attachment problems. One interviewee reflected about the importance of attachment thus:

“So this has given me some good thoughts before you came that, hmmm, one has to think more about this . . . so to put it into words is something we must work much more with at daycare”.

(“Så det har gitt meg noen sånne gode tanker, før du kom at, hmmm, dette må man tenke mer på...så det å sette ord på det kan vi jobbe mye mer med i barnehagen.”)

One teacher recognised the need for more focus on attachment:

“This theme should be taken up more often, lifted into the light of day more, to put it that way”.

(“Dette temaet skulle vært mye mer opp, å løfte mer opp i dagslyset for å si det sånn”.)

6. Summary and conclusions

An interview based qualitative inquiry was used to find out what preschool teachers know about identifying attachment disorders and to learn about the circumstances of their knowledge. It investigates what they can do for preschoolers who come to them with negative attachment histories, so that healthy development can be fostered and impaired attachment and its consequences compensated. The security of a child's attachment with her caregiver affects development and has lifelong consequences. A child's distinctive attachment style affects emotional regulation, self-regulation, affiliation, physical and psychological health.

A twofold approach in creating an environment that compensates is necessary. This includes simultaneously addressing relationally focused practices and psycho-educational interventions. We start with relational compensation as a tool for achievement. "Children are only as competent as their context affords them the opportunity to be" (Pianta, 1999, s. 64). This outlook speaks to the importance of the multiple environments which affect developmental outcomes. The preschool teacher as an integral part of making the preschooler's context at day care both inclusive and accommodating. Attachment theory's safe base forms a picture of how child-adult relationships can positively affect a young child in the classroom. The teachers in this study recognised the significance of the primary contact model for safeguarding optimal development in children with attachment problems. The daycare centre is clearly a primary context for development. Daycare centre staff can agree to establish a school ethos of nurture which will support the needs of a vulnerable child. A whole-school focus on building supportive relationships helps nurturing and attunement become part of mainstream practice where the child's social and emotional needs are a priority.

Psycho-educational interventions are the second part of the twofold approach. In the classroom context preschool teachers support children with attachment problems by providing safety, security, structure, predictable routines, nurture, and emotional support. These are tools for constructive and motivating interaction. Evidence based support interventions such as "Let's be Together" and "The two of us, you and I" as well as the Banking Time strategy also aid children with attachment problems. As teachers focus on the "core strengths" affiliation, attachment and self-regulation they provide necessary social support that fosters healthy development.

Teachers must be aware at the outset of the significance of their role as attachment figure and safe base, as a protective factor for young children. The interview results indicate a need for expanding the knowledge base on attachment among preschool teachers. This can be accomplished through

continuing education. Early childhood education provides a foundation in pedagogical knowledge, and as work experience is gained tacit knowledge increases. Pedagogical knowledge and reflection work in concert to enhance teacher understanding. This resulting new understanding helps preschool teachers better tune in to concerning behaviours and so aid in early identification, the first step toward intervention for children with attachment problems. Continuing education like The Circle of Security helps teachers maintain their attachment awareness, enabling them to apply their understanding to a spectrum of attachment needs.

The interviews indicate the need for teacher-training from a relational perspective. The quality of the child-adult relationship depends on the adult's interpersonal skills and individual characteristics, and teachers need to be aware of how child-teacher relationships can compensate for negative effects of earlier experiences and thereby influence outcomes. Children with insecure attachments are in urgent need of a relationship with a sensitive adult who "sees them," reads their needs (through mentalization) and responds appropriately. This enables children to form new working models of how the world works since they experience that their needs are important because they are met. Many children have a working model of adults as harsh or neglectful. A whole-school focus on adults being consistently positive helps child-teacher relationships to flourish and influences children's working models positively.

The study results indicate the need for an improved, more systematic approach to identification. Knowledge concerning three necessary routines aid in identification and are vital: child observation; observation of child-parent separations and reunions; and developmental charting. It gives some cause for concern that only one teacher recognised child-parent observation as a means of identification. Biannual developmental charting should be required in every childcare centre and most of the teachers in this study did not cite charting as one of the useful tools for identification. Developmental charting should include evaluation of language skills, motor development, social competence, cognitive development, and child-parent interaction. Instruction in these necessary routines must be included in continuing education courses and in the early childhood education programs offered at universities. For greater reliability two adults should conduct individual assessments. These tasks must be incorporated into teacher routines.

Research indicates that a young child's attachment system gets activated more easily than that of an older child so that a focus on early identification and intervention during the window of opportunity is essential. This places a great responsibility on both preschool teachers and daycare centres. To support attachment means to support the various contexts for development. When teachers observe child-parent interactions and note child behaviours that are a concern, they have

a responsibility to initiate early intervention and seek outside assistance and in this way they support the home context. Many methods of assessment are used by outside agencies. Therefore written observations and charting information provided by the preschool teacher are crucial as a starting place for outside agencies in assessing the child's attachment problems.

We must use caution not to label a vulnerable child with a view to "fixing" someone or thing that is broken. In this connection, compensation is perhaps a term that needs to be reinterpreted, and in any case carefully used when the task is to help a child overcome early adversity. Interventions that provide safety, security, and sensitivity are desirable and necessary in the quest for more adaptive outcomes. While the goal and aim of the teacher is perhaps always somewhat visionary, to create an accommodating space that provides balance between the individual and the environment, and among all individuals in the environment is the overarching act of compensation in the preschool classroom. It extends beyond to family, guardians, and other relevant participants of the community.

National government strategies and educational institutions in Norway can and do provide direction for improving preschool teacher competence. *Kompetanse for framtidens barnehage* (Kunnskapsdepartementet, 2013) outlines government strategies for increasing preschool teacher knowledge. The Department of Education suggests that daycare centre staff increase their competence in developmental charting and child development, with the goal of meeting special needs aims. This is an initiative which our findings strongly support. A national reform for preschool teacher education is currently under implementation and the new programme has a focus on qualifying teachers to make sound educational decisions. Special needs understanding and competences will be significantly strengthened when all universities include a substantial amount of specialised practical and theoretical instruction on the subject of attachment. Young children in Norway spend many hours in daycare and will benefit from the safe and nurturing care provided by preschool teachers well acquainted with attachment theory.

Home visits which promote early identification take place in Sweden and the USA. In the USA these visits target "at risk" families with the aim of observing secure base behaviour. An attachment focus in the reformed early childhood education curriculum will equip competent preschool teachers to observe patterns of care in a home visit, empowered with knowledge about what the observations reveal about attachment. Observation and developmental charting would follow up these home visits enabling early identification and intervention.

The systemic perspective we suggest illuminates how social agendas are interwoven through communication. Microsystems (such as child-teacher relationships), mesosystems (daycare centres), and macrosystems (political systems) must communicate well to create an environment that nurtures healthy development (Bronfenbrenner, 1995). Policies made in one system impact others, for instance government policies about teacher-child ratios and their effects on children. To support healthy development, daycare centres must maintain adult-child ratios that improve teachers' ability to build relationships with children. Research has established that teachers can better provide sensitive responses when ratios support teacher availability. The government provides some guidelines in this area but unfortunately government intentions do not always match practice. Since the first three years of a child's life lay the foundation for future relationships it is political awareness of the young child's requirements, and of systems and initiatives answering to these, that is needed by society.

Clearly, children's mental organisation is complex, and therefore reasonable accommodation of individual needs will depend on a benign benevolence. Yet to enable children themselves to build supportive relationships at daycare also requires more. Patterns of adaption are learned and stimulated, copied and improvised. Enabling children to cope, helping them to develop their own toolbox of adaptive patterns, giving the right kind of stimulation, is a matter of intellect as well as emotion, and of explicit as well as tacit knowledge. The standard of balance in early childhood education is to be professionally as well as sensitively interested. In other words it is desirable to be empathetic, intuitive and involved but also intellectually aware and businesslike. Childcare means being in active collaboration with the child and still the stable figure of support, responsible authority and final appeal. The ideal suggested by this study is the educator as a pedagogically informed midwife, one able to assist the child in its emergence into the greater world, nurturing its healthy development.

7. Suggestions for further research

My acquaintance with the theory and practice of attachment through this study has led me to see child-teacher relationships with special interest. Unfortunately, it seems that my interest is not always shared. The government sends important signals in guiding documents with little mention of this important subject. The framework plan for daycare centres (Kunnskapsdepartementet, 2011) is a handbook used by preschool teachers in daycare centres and should explicitly address the topic of attachment as should the National Framework plan for regulation for preschool education. Such information would be a resource for teachers and create a greater awareness about the subject of attachment.

This study has a limited sample size and used qualitative interviews which provided valuable insights that are not possible using quantitative approach alone. A quantitative study using a mixed methods approach would be a useful supplement and a more comprehensive approach to information acquisition on teacher knowledge. It would incorporate both interviews and questionnaires, providing a larger sample size as well as hard data about existing practices in daycare centres. Additional research is needed to develop methods that aid teachers in compensating for children with attachment problems.

One respondent noted that there is new research concerning the youngest children, but more is needed. Although this group is difficult to study because of their limited language and the restrictions that researchers must follow when studying children, this group indeed needs more attention from attachment researchers. Research concerning methods that aid preschool teachers in identifying children with attachment problems is needed and useful.

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Appendix A. Information letter

Informasjon til informantene

Jeg er en masterstudent ved UiS i spesialpedagogikk. Som en del av studiene skal jeg skrive en masteroppgave om tilknytning hos førskolebarn. Min veileder er førsteamanuensis Ella Idsøe, Ph.D. Studien vil bli basert på intervjuer av pedagoger med minst 5 års erfaring i arbeid med barn ifra småbarnsavdelingen. Intervjuene blir gjennomført i løpet av februar 2014. For å kunne lykkes i dette prosjektet trenger jeg din verdifulle innsikt basert på dine erfaringer. Tidspunktet for intervjuet kan avtales for å passe best til din tidsplan og tilgjengelighet.

Jeg planlegger å gjennomføre intervjuet i løpet av 30-40 minutter. Du blir ikke stilt noen personlige spørsmål. Jeg er kun interessert i din erfaring og synspunkter om barna med tilknytningsvansker. Jeg kommer til å ta intervjuet opp elektronisk for en senere transkripsjon. Alle intervjuene jeg skal gjennomføre blir behandlet med høyeste grad av konfidensialitet. Intervjuene blir anonymisert for å hindre sporing tilbake til deg som informant. Den elektroniske versjonen av intervjuet og transkripsjonen blir lagret på en forsvarlig måte på en låst datamaskin, og kun klarerte personer får tilgang til denne informasjonen.

Etter at prosjektet er avsluttet vil den elektroniske versjonen av intervjuet og transkripsjonen bli fjernet fra datamaskinen. Du vil bli anonymisert i studien. Det blir ikke gitt noen informasjon om ditt arbeidssted eller noe annet som kunne spore informasjonen tilbake til deg.

Jeg trenger ditt samtykke for å gjennomføre studien. Dette kan du gjøre ved å signere dette arket. Du vil samtidig gi meg lov til å bruke all informasjon du gir meg under intervjuet i min studie under de vilkårene som beskrevet ovenfor. Du har rett til å trekke deg som informant uten å fortelle årsaken.

Hilsen

Deanna Kinnari

Tel. 416 81 025

Epost: deannak@online.no

SAMTYKKE

Jeg gir mitt samtykke for å delta i undersøkelsen beskrevet ovenfor. Jeg vil samtidig også gi samtykke at intervjuet og transkripsjonen av den kan lagres elektronisk med de betingelsene som beskrevet ovenfor. Jeg forstår også at jeg til enhver tid har rett til å trekke meg fra studien uten å måtte spesifisere årsaken.

Dato og sted

Navn og signatur

Appendix B. Interview guide

Introduksjon

- Beskrivelse av formålet med intervjuet
- Gjenta vilkårene beskrevet i informasjonsarket sendt til informantene
- Det deles ut tre vignetter.

Spørsmålene deles i tre grupper.

1. Identifisering og karakteristika

- a. Kan du beskrive hva tilknytning generelt sett er?
- b. Kan du beskrive oppførselen til et barn som har en trygg tilknytning?
- c. Kan du beskrive oppførselen til et barn med tilknytningsvansker?
- d. Har din barnehage noen rutiner eller et system for å identifisere barn med tilknytningsvansker?

2. Konsekvenser av tilknytningsvansker

- a. Kan du nevne noen av konsekvensene av tilknytningsproblemer på oppførselen til barna?
- b. Hvordan vil tilknytningsvansker påvirke relasjonen mellom voksne og barn?
- c. Hvordan vil tilknytningsvansker påvirke relasjoner mellom barn?

3. Tiltak

- a. Hva er de viktigste faktorene du burde ta hensyn til for å kunne gi støtte til disse barna i barnehagen (trygghet, struktur, sosial interaksjon, osv.)?
- b. Har din barnehage utviklet noen strategier for å hjelpe disse barna?
- c. På hvilken måte kan relasjonen mellom barnehagen og foreldrene hjelpe?
- d. Ser du behov for mer kompetanse/kunnskap innen dette feltet?

Ønsker du å fortelle meg noe annet som du føler er viktig for dette temaet?

Appendix C. NSD confirmation

Norsk samfunnsvitenskapelig datatjeneste AS

NORWEGIAN SOCIAL SCIENCE DATA SERVICES



Harald Hårfagres gate 29
N-5007 Bergen
Norway
Tel: +47-55 58 21 17
Fax: +47-55 58 96 50
nsd@nsd.uib.no
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Ella Idsøe

Institutt for grunnskolelærerutdanning, idrett og spesialpedagogikk Universitetet i Stavanger

4036 STAVANGER

Vår dato: 23.12.2013

Vår ref: 36581 / 2 / LMR

Deres dato:

Deres ref:

TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 09.12.2013. Meldingen gjelder prosjektet:

36581	<i>Attachment disorders and social learning for preschoolers. The teacher's role in identifying and supporting these children</i>
Behandlingsansvarlig	Universitetet i Stavanger, ved institusjonens øverste leder
Daglig ansvarlig	Ella Idsøe
Student	Deanna Kinnari

Personvernombudet har vurdert prosjektet og finner at behandlingen av personopplysninger er meldepliktig i henhold til personopplysningsloven § 31. Behandlingen tilfredsstillende kravene i personopplysningsloven.

Personvernombudets vurdering forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, ombudets kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, <http://www.nsd.uib.no/personvern/meldeplikt/skjema.html>. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, <http://pvo.nsd.no/prosjekt>.

Personvernombudet vil ved prosjektets avslutning, 30.06.2014, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

Vigdis Namtvedt Kvalheim

Linn-Merethe Rød

Kontaktperson: Linn-Merethe Rød tlf: 55 58 89 11

Vedlegg: Prosjektvurdering

Dokumentet er elektronisk produsert og godkjent ved NSDs rutiner for elektronisk godkjenning.

Avdelingskontorer / District Offices:

OSLO: NSD, Universitetet i Oslo, Postboks 1055 Blindern, 0316 Oslo. Tel: +47-22 85 52 11. nsd@uio.no

TRONDHEIM: NSD, Norges teknisk-naturvitenskapelige universitet, 7491 Trondheim. Tel: +47-73 59 19 07. kyrre.svarva@svt.ntnu.no

TROMSØ: NSD, SVF, Universitetet i Tromsø, 9037 Tromsø. Tel: +47-77 64 43 36. nsdmaa@sv.uit.no



Prosjektvurdering - Kommentar

Prosjektnr: 36581

Det tas høyde for at det behandles personopplysninger i prosjektet (eksempelvis identifiserbare informanternes personlige synspunkter), og prosjektet behandles derfor som meldepliktig i henhold til personopplysningsloven.

Ifølge prosjektmeldingen skal det innhentes skriftlig samtykke basert på skriftlig informasjon om prosjektet og behandling av personopplysninger. Personvernombudet finner informasjonsskrivet tilfredsstillende utformet i henhold til personopplysningslovens vilkår.

Innsamlede opplysninger registreres på privat pc. Personvernombudet legger til grunn at veileder og student setter seg inn i og etterfølger Universitetet i Stavanger sine interne rutiner for datasikkerhet, spesielt med tanke på bruk av privat pc til oppbevaring av personidentifiserende data.

Prosjektet skal avsluttes 30.06.2014 og innsamlede opplysninger skal da anonymiseres og lydopptak slettes. Anonymisering innebærer at direkte personidentifiserende opplysninger som navn/koblingsnøkkel slettes, og at indirekte personidentifiserende opplysninger (sammenstilling av bakgrunnsopplysninger som f.eks. yrke, alder, kjønn) fjernes eller grovkategoriseres slik at ingen enkeltpersoner kan gjenkjennes i materialet.

Appendix D. Cases studies

The case studies have been taken from Killen (2012).

Case 1. Vilde - Secure attachment

Ettårige Vilde kommer til barnehagen med mor. Det er bare noen få barn som er kommet. Mor har vært sammen med Vilde i barnehagen i tilvenningsperioden fire dager tidligere. Mor hjelper Vilde av med tøyet og forklarer at hun skal på jobb og at hun og far kommer og henter senere. Vilde gråter hjerteskjærende og tviholder på mor så snart mor gjør seg klar til å gå.

Hun fortsetter å gråte, hikster og sovner på armen til førskolelæreren. Når hun våkner etter en halv times tid, holder hun seg nær førskolelæreren, men ser interessert på de andre barna. Dette er en interesse som førskolelærer følger opp ved å leke både med Vilde og et annet barn med en ball. Innimellom gråter Vilde og hikster, men "henter seg inn".

Mor kommer tidlig og henter. Da bryter gråten løs igjen. Mor løfter henne opp og Vilde har hodet sitt i halsgropen til mor og lar seg trøste.

Vilde vet hva hun føler, og hun kan gi uttrykk for det. Hun vet også hvor tryggheten er. Hun holder godt fast i mor mens pedagogen snakker med mor på en måte som Vilde kan forstå, og hvor pedagogen formidler aksept av Vildes følelser, at hun har savnet mor og vært lei seg store deler av dagen. Men at hun også har lekt med et annet barn og hatt det morsomt.

De følgende dager henter Vilde seg hurtigere inn, men holder seg nær førskolelæreren. Etter to uker er førskolelærer, Vildes kompletterende tilknytningsperson, fraværende noen dager, og Vilde er utrøstelig.

Case 2. Harald - Avoidant attachment

Harald (1 år) kommer til barnehagen med far og mor. Det er hans fjerde dag i barnehagen. Far venter utenfor, og mor hjelper Harald av med tøyet. Det er lite kommunikasjon mellom dem, ut over at mor viser ham matpakken som hun sier han må spise. Han nikker, men det er lite ansikt-til-ansikt-kontakt mellom dem. Det er ingen observerbar reaksjon på at mor går, annet enn at han nikker og ser ned når hun sier at hun går. Førskolelæreren tar ham i hånden og leder ham inn til de andre barna.

Case 3. Simen - Disorganised attachment

Simen (1 år) og mor deltok i en undersøkelse om tilknytning hvor poenget er å utsette barn for stress. Simen ble introdusert for en lekekurv. "Du kan få låne lekekurven min mens du er her." Simen så hverken på sin mor, lekekurven eller meg. Han krabbet langsetter veggen, og det var et stort rom. Han fjernet seg hurtig, og så ikke i retning av mor. Da den fremmede kom inn, så han kort på henne. Mens den fremmede snakket med mor, fulgte han med på avstand og observerte den fremmede. Han reagerte ikke, hverken da mor gikk ut eller kom tilbake. Han nærmet seg derimot den fremmede og krabbet etter henne som et lyn da hun gikk ut.