ATTACHMENT and COMPLEX TRAUMA

An Overview and Effect on Child Development

Emily Becker-Weidman, PhD
Center For Family Development

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BACKGROUND

A REFRESHER ON ATTACHMENT THEORY

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Attachment System

- **Attachment Behavioral System**. This is a model of the world in which the self and significant others and their interrelationships are represented and which encodes the particular pattern(secure, avoidant, ambivalent, anxious, disorganized) of attachment shown by the person.

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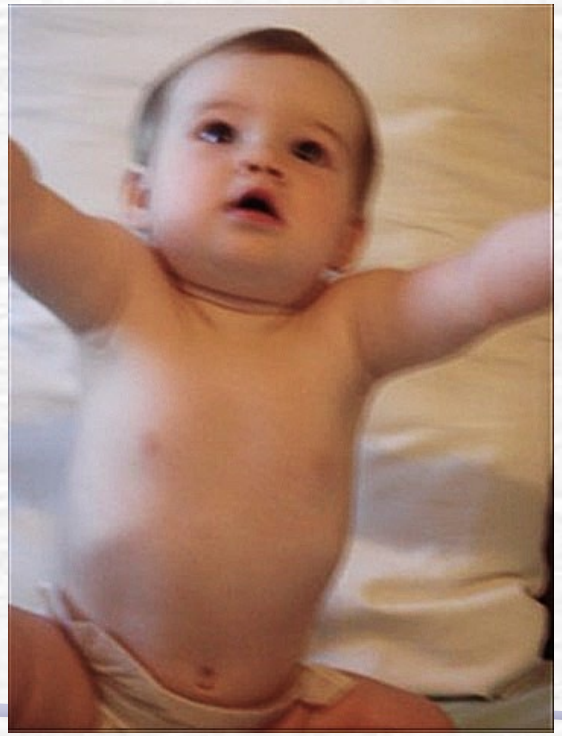
Attachment is:

Safety Seeking: the child's attachment needs are activated by threat or stress, and the child seeks closeness to the caregiver.



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Attachment Relationship

- Proximity seeking to a preferred person.
- Secure base. Without a secure base the child cannot move on developmentally.
- Separation protest. Stress leads to an enhancement of attachment behavior, *even when the source of stress in the attachment figure herself.*

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Patterns of Attachment

- Healthy & Secure 60%
- Avoidant 20%
- Ambivalent 15%
- Disorganized 5%

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Development of Disorganized Attachment

- The attachment relationship is the major environmental influence on limbic system, orbitofrontal cortex, and right brain development.
- Severe disruption of attachment bonds in infancy leads to a regulator failure expressed as:
  - Disturbed limbic activity.
  - Impaired autonomic homeostasis.

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Disorganized Attachment

- Early abuse and neglect create a hyper-aroused state.
  - Persisting fear state becomes a trait.
  - Hypersensitivity of key sympathetic pathways and hyper inhibition of parasympathetic pathways.
  - Child easily moved from being mildly anxious to feeling threatened and terrorized.

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Disorganized Attachment

- Children who have experienced early physical and sexual abuse show EEG abnormalities in frontotemporal and anterior brain regions.[1]
- Stress alters the development of the prefrontal and orbitofrontal cortex.
  - Fewer synapses and fewer neurons

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Right Hemisphere

- Right Hemisphere is dominant in the first three years of life.
- Centrally involved in key areas of psycho-social development.
- Brain maturation is experience-dependent.

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Right Hemisphere Skills

- Reading social cues
- Regulating feelings
- Controlling impulses
- Focusing attention
- Understanding cause and effect
- Learning to plan

All developed within the attachment relationship.

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Role of Amygdala I

- Impulses from eyes or ears reach the amygdala before they are processed by the neocortex, and orbitofrontal cortex.
- If, in the past, eye/ear input has preceded stress, then the amygdala feeds the brain circuits with stress hormones before the higher brain knows what is happening.

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Orbitofrontal Cortex

- Enters a critical growth period during the last quarter of the first year through the middle of the second year.
- Social adjustment
- Control of mood or affect regulation
- Face recognition
- Processing interpersonal information

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Orbitofrontal-Amygdala

- The connections between these two systems develop postnatally.
- Severe trauma results in an over pruning of interconnections between these two systems.
- The result is that amygdala driven states such as fear-flight, are expressed without cortical inhibition.

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Why Is Attachment So Important?

- Attachment is essential for the foundation of a healthy personality and is necessary for:
  - the attainment of full intellectual **potential**
  - the ability to think logically – cause & effect
  - the development of a conscience
  - the ability to cope with stress & frustration
  - becoming self-reliant
  - the development of relationships
  - the ability to handle fear & worry
  - the ability to handle any perceived threat to self

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How Attachment Develops

- After birth, the baby learns:
  - how promptly parents respond to the child's needs and how well the parent provides comfort.
  - how it feels to be calmed (regulated) by parent(s).
  - to experience joy with parent(s).

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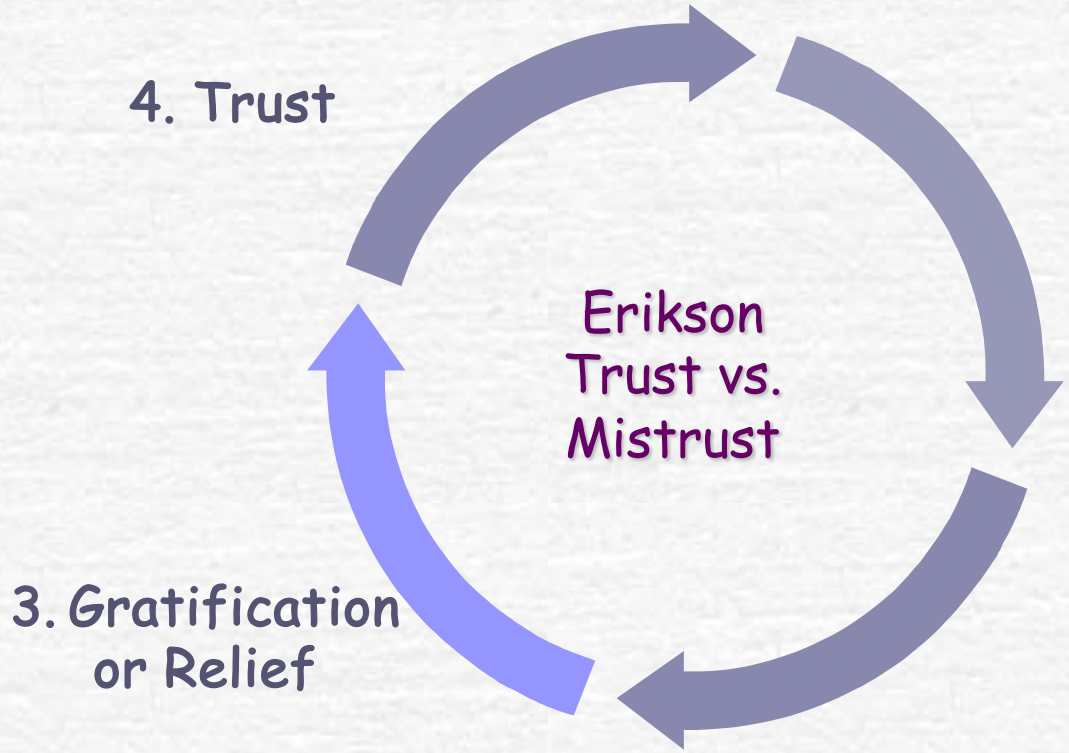
How Does Attachment Develop?

The First Year



Necessary Input:

"LOVE"

(a) Eye Contact
(b) Touch
(c) Movement
(d) Smiles

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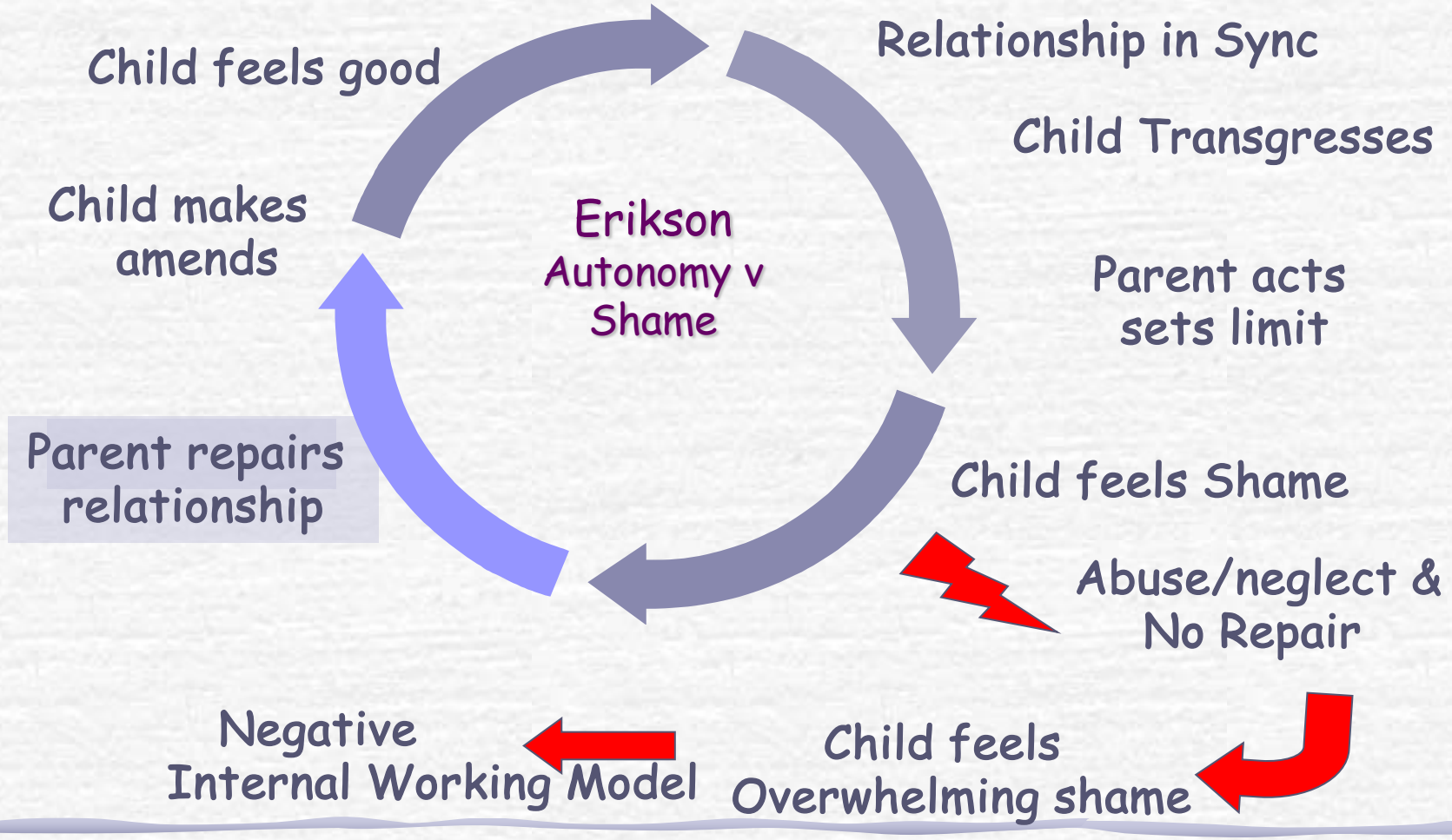
Toddler Years



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ATTACHMENT

- Bonding &Attachment
  - Repeated bonding cycles create trust:
    - Trust that the world is safe
    - Trust that the infant's needs will be met
    - Trust that the infant can effectively influence the world
    - Trust that the parent is reliable and good
    - Trust that the child is good.
  - Trust and the bond can be transferred to others

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COMPLEX TRAUMA

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What is Complex Trauma?

- Complex Trauma refers to the effects of:
  - EARLY
    - First 3-5 yrs.
  - CHRONIC
  - MALTREATMENT
  - IN A CARE-GIVNG RELATIONSHIP

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Maltreatment by Primary Caregiver

- Results in amplified damage that is pervasive
- Erosion and damage of normal developmental pathways
- Places individual at risk for chronic and recurrent anxiety
- Breaks down fundamental psychobiological development in the body, healthy identity, coherent personality secure attachment
- Disturbed relationships

Complex Trauma: Domains of Impairment

- Attachment
- Biology
- Emotional Regulation
- Dissociation: Defensive functions
- Behavioral Regulation
- Cognition
- Self-Concept

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Domains of Impairment: ATTACHMENT

- Problems with relational boundaries
- Lack of trust
- Social isolation
- Difficulty attuning with other's emotional states
- Lack of empathy
- Lack of secure base

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Domains of Impairment: BIOLOGY

- Sensory-motor developmental dysfunction.
- Analgesia
- Sensory-integration dysfunction
- Somatization
- Increased medical problems
  - (CDC's ACE's studies).

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Domains of Impairment: EMOTIONAL REGULATION

- Poor affect regulation
- Difficulty identifying and expressing emotions.
- Difficulty identifying and describing internal states: Undeveloped Reflective Function (Peter Fonegy)
- Difficulty communicating needs and wishes.

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Domains of Impairment: DISSOCIATION (Defensive Functions)

- Distinct alterations in states of consciousness
- Amnesia
- Depersonalization and derealization
- Discrete states of consciousness with discrete memories, affect, and functioning.
- Impaired memory for state-based events
- Really a defense against overwhelming threat & distress.

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Domains of Impairment: BEHAVIORAL REGULATION

- Difficulty regulating impulses.
  - Poor impulse control.
- Self-destructive behavior: TRBs
- Excessive risk-taking behavior
- Aggression
- Pathological self-soothing behaviors
- Sleep problems

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Domains of Impairment: BEHAVIORAL REGULATION

- Disturbances of eating
- Substance abuse
- Excessive compliance (inhibited subtype)
- Excessive defiant behavior (disinhibited)
  - Grounded in fear
- Problems complying with rules.
- Reenactment of trauma in behavior or play.

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Domains of Impairment: COGNITION

- Difficulty with regulating attention
- Difficulty with Executive Functions: planning, judgment, initiation, use of materials, self-monitoring, etc.
- Difficulty processing new information
- Difficulty focusing and completing tasks
- Difficulty with object constancy (shame = "crazy lies."

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Domains of Impairment: COGNITION

- Difficulty planning and anticipating: problems with cause-effect thinking.
- Learning lags
- Difficulty with language development: gap between receptive and expressive communication abilities.

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Domains of Impairment: SELF-CONCEPT

- Fragmented and disconnected autobiographical narrative
- Poorly developed sense of separateness
- Disturbed body image
- Low self-esteem: internal working model of self as unloved/unlovable, not valued/valuable, as "garbage."
- Excessive shame.

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Effects of Complex Trauma

- Anxiety & Depression:
  - panic attacks, generalized anxiety, phobias, dysphoria.
- Cognitive Distortions:
  - Low self esteem, helplessness, over estimation of danger.
- Insecure attachment:
  - Disorganized attachment, reactive attachment disorder, disinhibited engagement, problems with close relationships and trusting others, excessive clinginess

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Effects of Complex Trauma

- Post-traumatic stress:
  - Source attribution errors, re-experiencing (nightmares, reenactments), avoidance, hyperarousal/reactivity, numbing, negative cognitions and mood
- Dissociation:
  - Depersonalization, derealization
- Identity disturbance:
  - Attachment related problems in self and boundary awareness.

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Effect of Complex Trauma

- Affect dysregulation:
  - Relative difficulty to tolerate and control emotions, externalizing behaviors.
- Interpersonal problems:
  - Difficulty forming positive emotionally meaningful and stable friendships, active distrust and paranoia.
- Self injury:
  - **Tension reduction behaviors**: head banging, biting, cutting, hitting self.
- Sexual disturbance:
  - Preoccupation with sexual thoughts and feelings, sexualized behaviors (inappropriate sex play or engaging others in unwanted sexual activity. lation

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Effects of Complex Trauma

- Enuresis and encopresis.
- Somatization:
  - Excessive preoccupation with bodily dysfunction or multiple physical complaints
- School related difficulties:
  - Learning disabilities, poor academic performance
- Social withdrawal:
  - Avoidance of social interactions, self-isolation.
- Conduct disturbance:
  - Truancy, aggression, stealing, excessive rule breaking.
- Suicidality:
  - Thoughts or actions.

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Common Observations of Children who have experienced maltreatment (Hodas, 2006)

- Guarded, defensive, and angry; Difficult to redirect and dismisses support
- Highly reactive
- Behaviors may seem inappropriate and offensive
- Slow recovery and holds onto grievances
- Blames others or minimizes event
- Oppositional and disruptive "on purpose"
- Overly sexualized behavior and lacks interpersonal and physical boundaries
- Social withdrawal and lack of responsiveness to adult efforts at engagement

Common Cognitions of Children who have experienced Trauma

- The world is threatening and bewildering
- The world is punitive, judgmental, humiliating, and blaming
- Control is external, not internal and therefore I don't have control over my life
- People are unpredictable, very few are to be trusted
- When challenged, I must defend myself-my honor and my self-respect. Above all else I must defend myself at any cost
- If I admit a mistake things will be worse than if I don't

Implications

- The survival brain has significant difficulty integrating new experiences and learning.
- Ingrained patterns of behavior, emotions, and relating continue despite changed situations.
- The trauma response is an adaptive response to overwhelming stress of a chronic nature.
  - Flashbacks (source attribution errors).
  - Dissociation
  - Hyper-vigilance
  - Lack of trust

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Implications

- Treatment, parenting, and educational decisions must be made with the significant delays in developmental functioning in mind.
- Beginning treatment earlier rather than later is better.

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Implications: Language Delays

- Receptive & expressive delays
  - Does the child actually understand what is being said?
  - If expressive > receptive, what appears to be oppositional and defiant behavior may be not understanding.
  - Child may also be delayed in cognitive development.
    - Right/left in other: perspective taking

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Implications: Daily Living Skills Delays

- Expectations based on developmental and not chronological age.
- "Act your age," may not be possible.
- Poor hygiene (personal age equivalent = 4.6 vs. 10 chronological age).
  - Perceived lack of compliance may be inability (not won't but can't). Asking the child to so something that may be beyond the child's ability will frustrate the adult and child. Do you want to frustrate a child with significant impairments in affect regulation?
  - Do for and with the child and make it fun. Shift the focus from compliance and control to teaching and helping and enjoyment.

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Implications: Socialization Delays

- Significant delays (3.6 vs. 10)
- School based socialization groups.
- Behavioral rehearsal vs. cognitive and talk.
  - Merely telling a child how to act tends to be ineffective
  - Practicing pro-social behaviors at home and in school.
    - "Do overs."
    - Making skills implicit memory and muscle-memory based.
  - Close supervision.
    - Protects the child. Helps avoid negative behavior escalation.
    - Facilitates emotional and interpersonal learning.

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Implications: Socialization Delays

- Greatest difference between chronological and developmental age is in this domain.
  - Relationship based treatments may be more effective than individual focused treatments.

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Comprehensive Assessment

- Domains that may be affected by Complex Trauma (Chronic early maltreatment within a caregiving relationship)
  - Attachment
  - Emotional Regulation
  - Behavioral Regulation
  - Cognition
  - Biology
  - Defensive Functions
  - Self-Concept

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TREATMENT:
Attachment-Focused Treatment

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Phases of Treatment

1. Creating the Alliance
2. Maintaining the Alliance – Safe Base
3. Exploration
4. Integration
5. Healing

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Creating an Alliance

- Primary tasks:
  - Forming a therapeutic alliance
  - Developing a treatment contract
    - Answers the question, "Why are we here?"
  - Forming initial theories of behavior (meanings to be explored)
  - Creating a secure base:
    - Creating safety!
      - Physical, Emotional, & Psychological
        - Not blaming, shaming, harsh, or punitive.

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MAINTAINING THE ALLIANCE

- Primacy tasks
  - Deepening and strengthening the therapeutic alliance
  - Managing emotional proximity
  - Exploring initial theories of behavior and meanings to be explored
  - Repairing relationship breaches: This is the Adult's responsibility.

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Maintaining an Alliance: The Safe Base

- Primary tasks:
  - Repetitions of the Attachment Sequence:

Intense affect (child is corrected for misbehavior, parent sets a limit)

Disengagement (child may experience shame, manifested as angry defiance)

Interactive repair (reattunement – child accepts underlying emotion, thereby reducing shame). ADULT INITIATED!

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Exploration

- Primary tasks:
  - Uncovering the past in the present
    - Source Attribution Errors
  - Exploration of working models
    - Implicit assumptions.
  - Developing the reflective function
  - Finding the meaning in behavior
    - Developing new therapeutic meanings
  - Beginning exploration beyond secure base

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INTEGRATION

- The primacy task is the development of a coherent autobiographical narrative that is not shame based.
  - Integration of traumas and reduction of splitting off of implicit from explicit memory (affective & episodic).
    - Reduction of source attribution errors.
  - Development of balanced view of self and others: more shades of gray.
  - Enhanced reflective function

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HEALING

- The development of an alliance in and of itself is healing.
- Primacy Components
  - Co-creation of new & therapeutic meanings
  - Insightfulness and reflective function
  - Affective/reflective dialogue
  - PACE
- Increased time reflecting on the treatment experience and a celebration of how life is now different. A reflection on positive changes and the journey.

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PARENTING

The "best" predictor of treatment outcome is often not how "disturbed" is the child, but, rather, parent capacity:

- Insightfulness
- State of mind with respect to attachment
- Sensitivity
- Reflective capacity
- Commitment

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PACE

- Playfulness—light, emotionally rich and close, hopeful
- Acceptance—the child's inner life is never judged
- Curiosity—deep fascination with the discovery of the child's inner life
- Empathy—emotionally engaged with child in his experience of events

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Effective Treatment

- Goals of treatment include:
  - resolution of early losses,
  - development of trust,
  - modulation of affect,
  - development of internal control,
  - development of reciprocal relationships,
  - learning appropriate responses to external structure and societal rules,
  - correcting distorted thinking patterns,
  - developing self respect.

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Attachment Facilitating Parenting

- Causes not symptoms
- Kind attributions
- It's about connections not compliance
- Developmental age not chronological age
- Create a healing PLACE
  - Time together
  - Doing for, with, then independence

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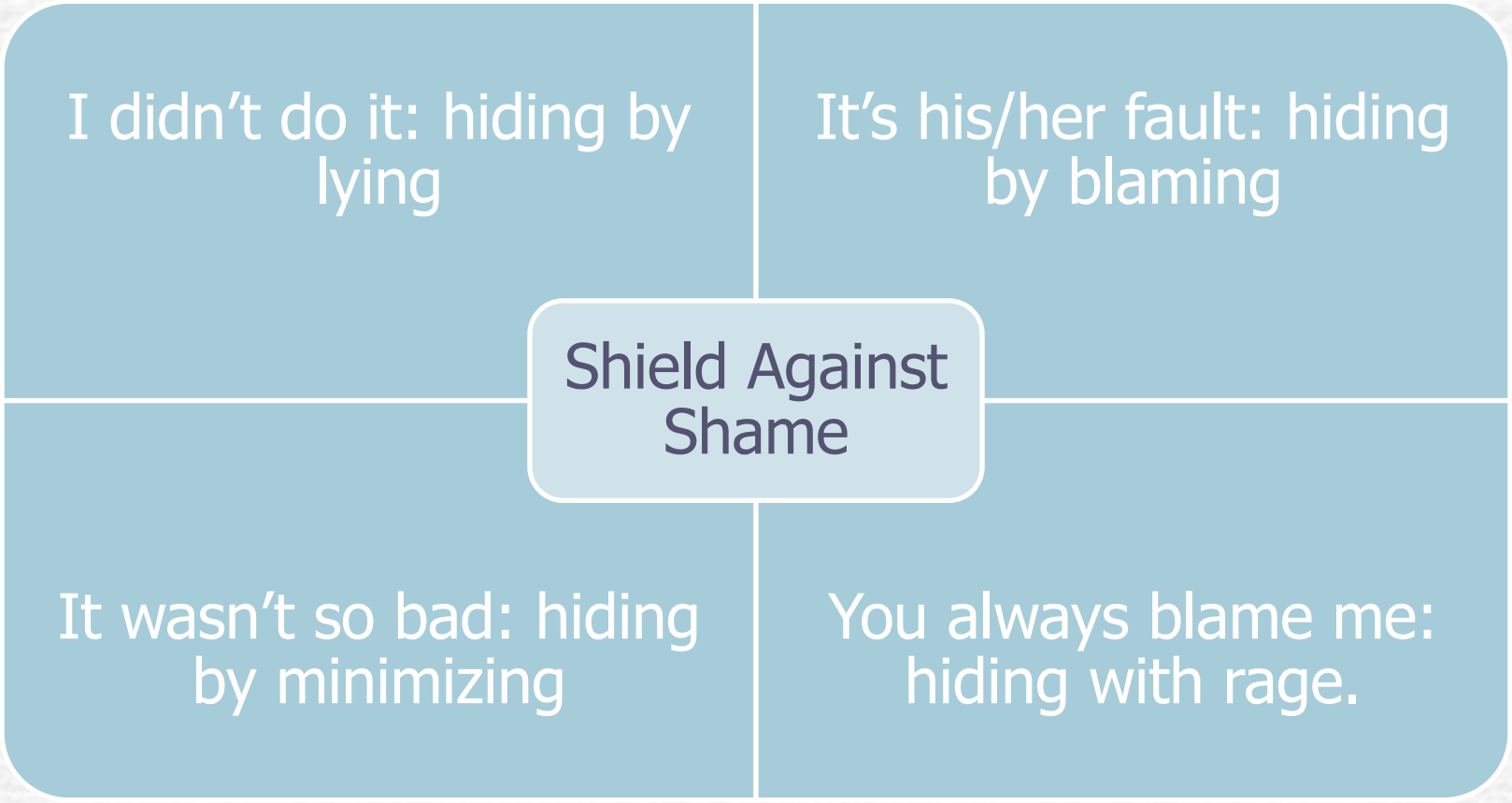
The Shield Against Shame



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Emily Becker-Weidman
Center For Family Development, NYC and NJ
www.Center4familydevelop.com
www.dremilybw.com
646-389-6550
Hudson Valley Center for Cognitive Therapy, Nyack
Child and Family Institute, Westchester

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