Perspectives on Attachment

Human Relationships as the Foundation for Wellness

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The Intergenerational Passing of Attachment

“Everything about us—our brains, our minds, and our bodies—is geared toward collaboration in social systems. This is the most powerful survival strategy, the key to our success as a species, and it is precisely this that breaks down in most forms of mental suffering. It is important not to ignore the foundations of our humanity: relationships and interactions that shape our minds and brains when we are young and that give substance and meaning to our entire lives.”

Bessel Van Der Kolk - The body keeps the score: Brain, mind, and body in the healing of trauma.
A Journey through Attachment

CIRCLE OF SECURITY
Parent attending to the toddler's needs

Secure Base
- Protect me
- Comfort me
- Delight in me
- Organize my feelings

Safe Haven
- Welcome my coming to you

Support My Exploration
- Watch over me
- Help me
- Enjoy with me
- Delight in me

I need you to

I need you to
Key Phases of Early Development

- Pre-natal
  - Epigenetics and maternal stress, relationship to pregnancy

- Post Birth
  - (0-18 months): Trust vs. Mistrust- Do caregivers come when I need them?
  - (18 months-3 years): Autonomy vs. Shame & Doubt- Does my will or my behavior have an impact upon my environment? Can I start to be an individual apart from my parents and still be loved? Are adults threatened by my budding identity?
  - School age: Initiative vs. Guilt- As I explore the world and assert myself am I supported or am I shamed (by both peers and adults)?
Development phases continued

- Industry vs. inferiority (5-12)- Will I be supported to develop a sense of competency in my goals? Will I be able to rise to social demands and meet the expectations or will I feel inferior?
- Identity vs. Role Confusion (12-18)- Who am I? What is my role in society and where do my gifts/talents fit in? The middle ground between childhood and adulthood, learning the ethics of what it means to be an adult.
- Intimacy vs. isolation (18-40 years)- Can I develop intimacy with people? Can I feel safe to be vulnerable and still be loved? Do my relationships meet my needs?
Attachment Styles

• Secure Attachment- Based in safety with caregiver
• Anxious-Preoccupied Attachment- Based in preoccupation with and prevention of perceived abandonment by caregiver (emotional or physical).
• Anxious-Avoidant Attachment- Based in avoidance of intimacy/comfort/soothing as a way to protect self from further pain.
• Disorganized Attachment- Based in fear of caregiver (intolerable paradox).
Caregiving and Affect Regulation

- Developmental phases as foundations for survival (annihilation vs. safety)
  - Emotional safety is physical safety
- The release of stress hormones as child explores the world
  - Parent as container, “Thermostat”
  - The effect of parent’s inability to help child co-regulate (socially, physically, chemically)
- The importance of predictability
  - Development of insecure attachment and its relationship to unpredictability.
Caregiving and Identity Construction

- Enmeshment as necessary in early development
  - Child- “I am caregiver, caregiver is me. I have no self outside the responses of my caregiver.”
- Mirroring
- Individuation occurs based on internalized scripts of caregiving.
  - I can respond to myself only as far as my caregiver has responded to me.
- If I have no “stable self” I flail in the world looking for a mirror
  - Development of later substance use disorders, compulsion and shame based behaviors
Attachment Disruption as Trauma

• Types of dynamics that could result in disrupted attachment
  • Active addiction in caregiver, untreated mental illness in caregiver, intimate partner violence, neglect (describe as a spectrum), physical abuse, sexual abuse (response of caregivers, or abuse by caregivers), inconsistent caregivers (frequent foster placements) in the first five years, institutional settings in early childhood

• The necessity of self blame as survival
  • Shame, disconnection, isolation as means of protection
  • Don’t take a child’s self blame away from them prior to establishing safety

• Trauma and the Brain
  • Inability to regulate emotions, stunted individuation, feelings of emptiness/loss of identity, terror, safety as the basis for learning
Assessment of Attachment Based Disorders

• Labels as inadequate
  • Are symptoms attempts at solutions?
  • How do symptoms protect child from fear of loss, fear of death
  • Conceptualizing all disorders as having some potential for an attachment basis
    • Community and relationships as necessary for recovery regardless of diagnosis

• DSM V
  • Disinhibited Social Engagement Disorder
  • Reactive Attachment Disorder
Attachment Bases for Additional Diagnoses

• Attention Deficit Hyperactivity Disorder
• Oppositional Defiant Disorder
• Conduct Disorder
• Post Traumatic Stress Disorder
• Additional Diagnoses in Adulthood that could be conceptualized as having connections to disrupted attachment:
  • Borderline Personality Disorder, Anti Social Personality Disorder, Mood Disorders
Use of Self as Assessment Tool

• What feelings does the child’s behavior draw from me?
  • Concept of counter-transference
  • Disgust, hatred, contempt, anxiety
  • “arriving at empathy”—using your feelings as tool to narrate child’s experience
• What cycle is the child proving to him or herself?
• Chasing behavior vs. underlying needs
  • What core message does the underlying need reveal?
Further Assessment/Treatment Tools

- Non directive play
- Thera-play based Parental/Child interaction analysis
- Developmental history
  - Bio psycho social assessment including history of traumatic events and age of event(s)
- Object Relations Theory
- Receiving/accepting comfort
- Allowing adults to take control vs. taking control through behavior
Attachment Based Trauma: Signs Across Lifespan

- Common co-occurring/differential diagnoses: Autism, Developmental delay, ODD, Conduct disorder
- Varied reaction to physical touch (flinching, giggling, inability to control body in response)
- Attempts at controlling interactions (anticipated abuse/neglect)
- Difficulty managing anger (acting out behavior)/Aggression
- Difficulty with feeling/showing remorse/empathy
- Flat affect/no response to traditional behavior modification
- Hoarding food
- Toileting issues
- Defiance (goes back to trusting adults)
- Self harm (head banging, scratching, cutting)
- Later in life: substance misuse, brief/intense/abusive/unequal romantic relationships,
Goals for Treatment of Youth

- Attitude of openness (mimics early attachment needs): PACE
- Identify and respond to child’s emotional age (fluctuates depending on progress-age regression)
- Negative attention trap- flipping the script
- Rewriting the negative core beliefs and narratives with new experiences
  - Including the family/caregivers
  - Enactments in therapy, thera-play
- Creating safety in all relationships
  - Affect co-regulation, increasing means of communication for negative feelings
- Sensorimotor integration- becoming more aware of one’s body and hypervigilance
  - Take the child’s cues, let child listen to their physical urges
- The experience of healthy goodbyes/separations
  - Giving back control
Core Beliefs under Attachment Trauma

• “I am bad”- behavioral manifestation- Let me show you how bad I am through my behavior. Let me push you away to prove that I am as bad as I feel. I deserved to be hurt and to hurt others. The predictability of abandonment is safer than trusting you.

• “Everyone will leave me eventually”- behavioral manifestation- How extreme can my behavior become to push the limits? Nothing you take away from me matters because I never expected it to stay in the first place.

• “My needs were the problem to cause abandonment”- behavioral manifestation- I will take care of everyone else and everything else. I will parent my younger siblings. I will try to control adults by managing the household to prevent my own abandonment.

• “Something about me makes people leave/I am unloveable”- I will interact with the world with rage. I see no future for myself. I don’t think this will get better and I will reject positive attention.
Healing Core Beliefs

• “I am bad” ---> “I am loveable regardless of my behavior”
• “Everyone will leave me eventually” ---> “I can trust that my caregiver will need to say bye to me sometimes. Goodbyes are part of life and my caregiver can help me get through them.”
• “My needs were the problem to cause abandonment” ---> “It is OK to have needs. I can ask for what I need and say how I feel and adults will listen. I can trust adults to meet my needs.”
• “Something about me makes people leave” ---> “Some adults were not able to take care of me in the way I needed because of their own struggles and it’s ok to be sad. Those adults were trying the best they could. There are other adults who can be safe with me.”
Vignette example

• Respond to Zach- You walk into Zach’s home and Zach is 8. Zach is stomping around the living room and throwing his caregiver’s cell phone. Caregiver tells you that Zach had a “good day” at school except for the school bus ride home when he slapped another child when the other child told him that “your daddy doesn’t love you enough to come to donut with dad day.”

• Playfulness
• Acceptance
• Curiosity
• Empathy
Cautions for Treatment of Youth

• Rewards and Consequences/Behavioral Interventions- typically ineffective if not worsening, related to negative attention cycle and normally validate the child’s negative core beliefs
  • Sticker charts, behavior tracking, “tacking down or up”, point systems
• Importance of caregiver ownership of any barriers that inhibit their ability to self soothe/love the child, encourage caregivers to seek individual therapy
  • Avoid framing behavior as manipulative
  • Can’t vs. won’t
• Focusing just on the child (not including family)
Thera-play sample

- I have passed out pieces of paper and markers. We are going to make “table crests” meant to mimic a family symbol activity I may do in thera-play.
  - Groups of six
  - Each person state a strength that brought them here today. Turn it into a group statement. This group is ______
  - Hand tracing
- Engagement
- Structure
- Challenge
- Nurturing
Hope for Youth and their Caregivers

• Closing stories


