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Parenting and Practicing for Neurobiological, Attachment and Trauma Perspectives

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Introductions

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“It takes a Village!”

PARENTING FOR ATTACHMENT VERSUS TRAUMA INFORMED CARE: SAME OR DIFFERENT?

Background

- Attachment "housed" in developmental psychology
- Interventions for trauma "housed" in clinical psychology

- Historically, we have gone through theoretical stages of how to view the needs of children and families, including how to respond
- Not so many years ago, the best practice was to use interventions based on operant learning theory, i.e., behavior modification
- Beginning in the early '90's information about attachment principles (Bowlby, Ainsworth, etc.) came to be used in Virginia (Dr. Robert Marvin and UVA). This perspective was not widely utilized.
- More recently information about the impact of trauma on "children from hard places" has become more readily available.
- Currently there is more focus on trauma informed care.

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Which has raised the question,

Parenting for Attachment or Trauma Informed Care. Are they the same or different?

They are intertwined.

Attachment provides:

- Emotional ties to a *specific* caregiver which results in proximity and contact
- Secure base for exploration and haven of safety
- Attachment has the biological purpose of protection for the child
- ALSO protection for helping child regulate feelings and behavior, remembering that little kids have no strategy for regulation
- ALSO organizes development of child

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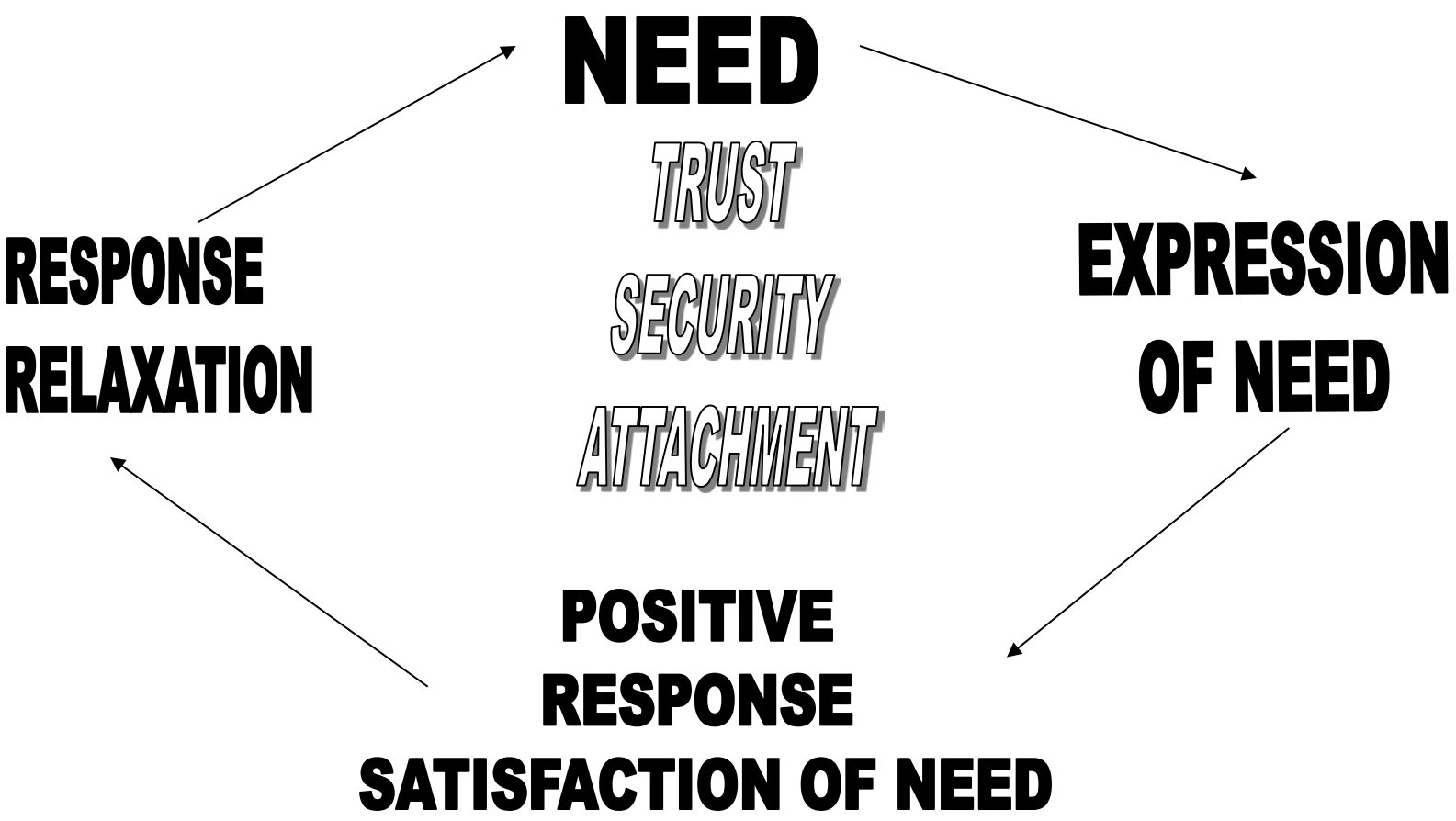
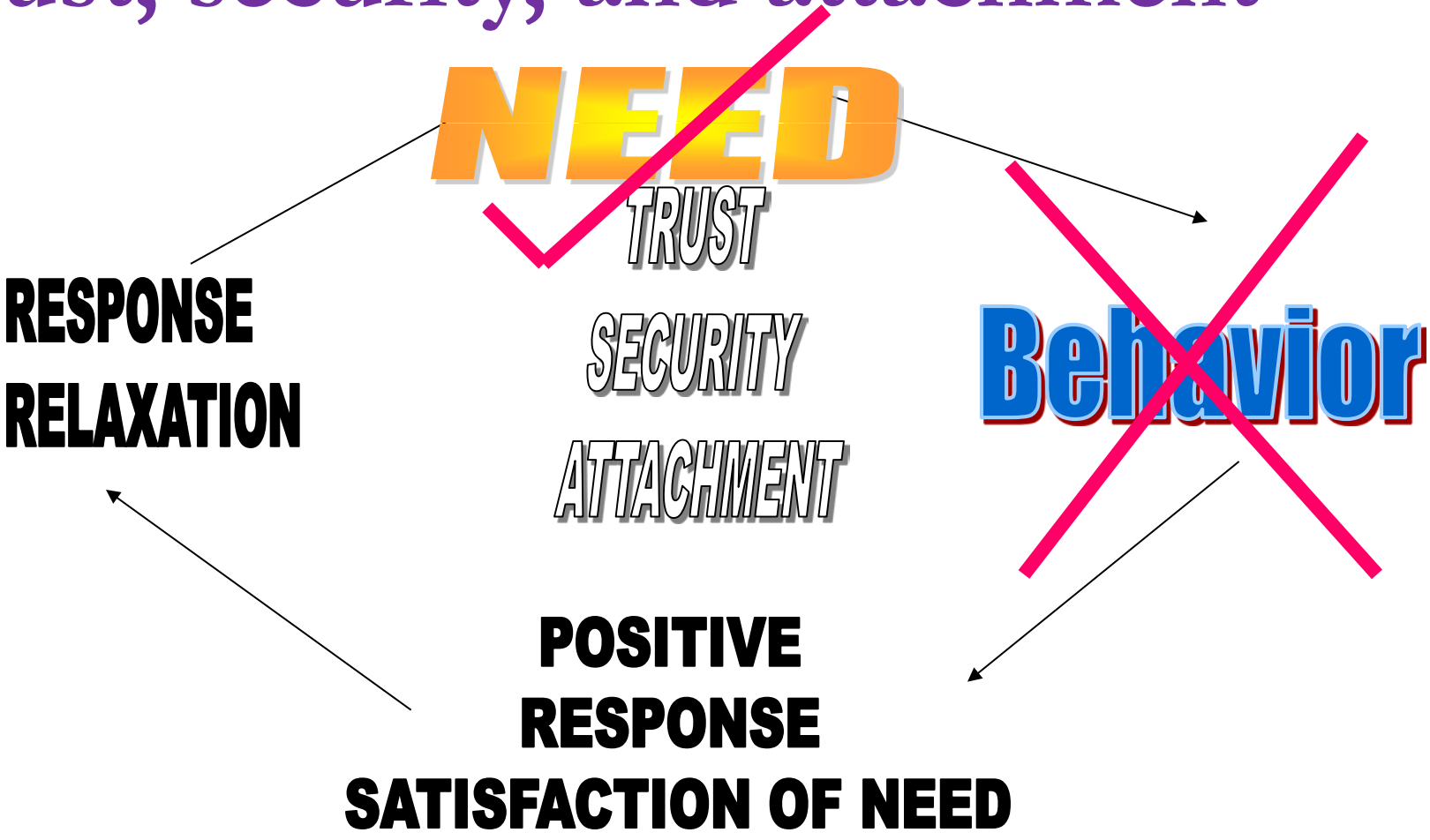
YOU ARE MY PERSON

The development of trust, security, and attachment



The development of trust, security, and attachment



Traumatic Separations – Time to form or break a connection

- Under age 2 -- 12 days
- Age 2-5 – 2 months
- Age 5-12 – 5-6 months
- Over 12 – years

From: Beyond the Bests Interests of the Child, Goldstein, Freud, and Solnit, 1973

Trauma

Any stressful event that is prolonged, overwhelming, or unpredictable

This is trauma

A traumatic experience…

- Threatens the life or physical integrity of a child or someone important to that child (parent, grandparent, sibling)
- Causes an overwhelming sense of terror, helplessness and horror
- Produces intense physical effects such as pounding heart, rapid breathing, trembling, dizziness, or loss of bladder or bowel control

Types of Trauma

- Acute
  - A single event that lasts for a limited time
- Chronic
  - The experience of multiple traumatic events, often over a long period of time

LONG TERM TRAUMA

- **Any stressful event that is prolonged, overwhelming, or unpredictable,**

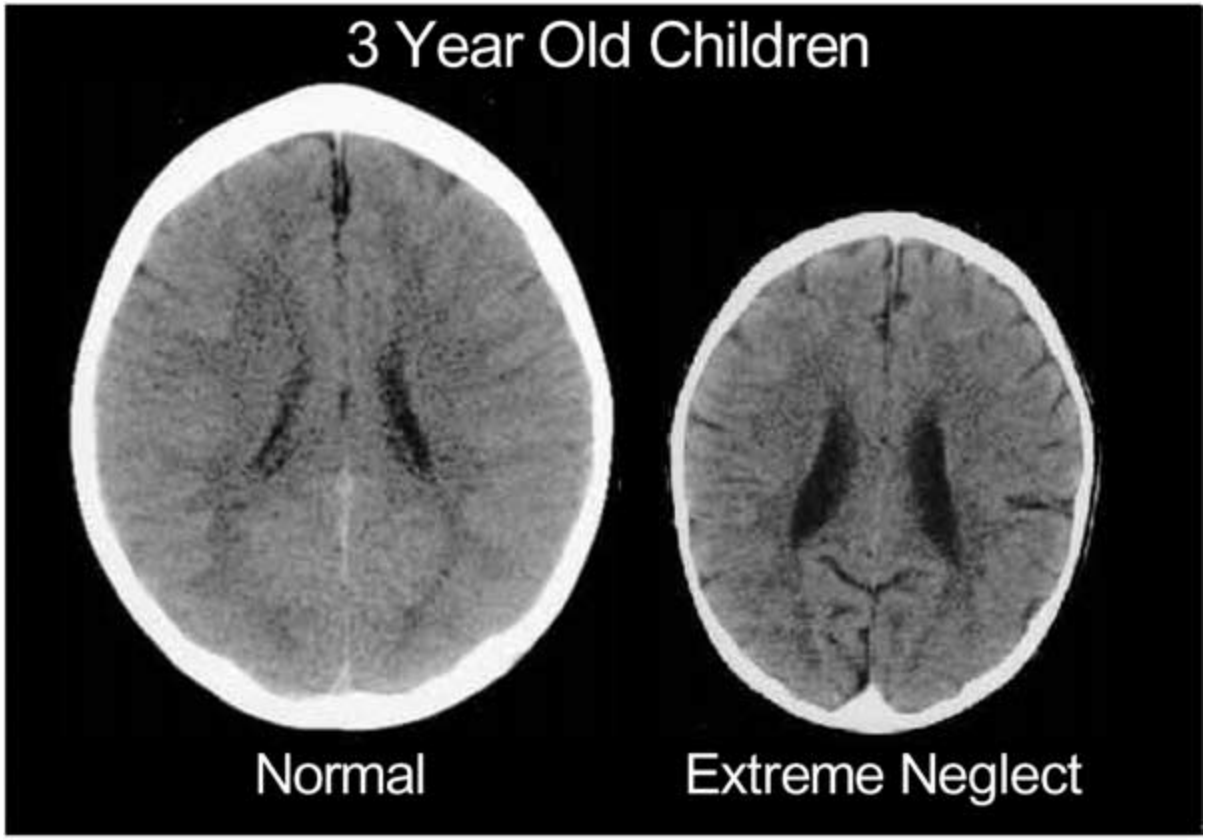
AND

- **that event continues unexpressed, unprocessed and misunderstood**

What about neglect?

- Failure to provide for a child's basic needs
- Perceived as trauma by an infant or young child completely dependent on adults for care
- Opens the door to other traumatic events
- May reduce a child's ability to recover from trauma

- Brain Images – Impact of Neglect



1997, Bruce Perry, ChildTrauma Academy

More distinctions about trauma

- Traumatic Stress
  - Neglect, physical, sexual, emotional abuse

- Shock Trauma
  - Bombs, car accidents, earthquakes, other immediate unavoidable events

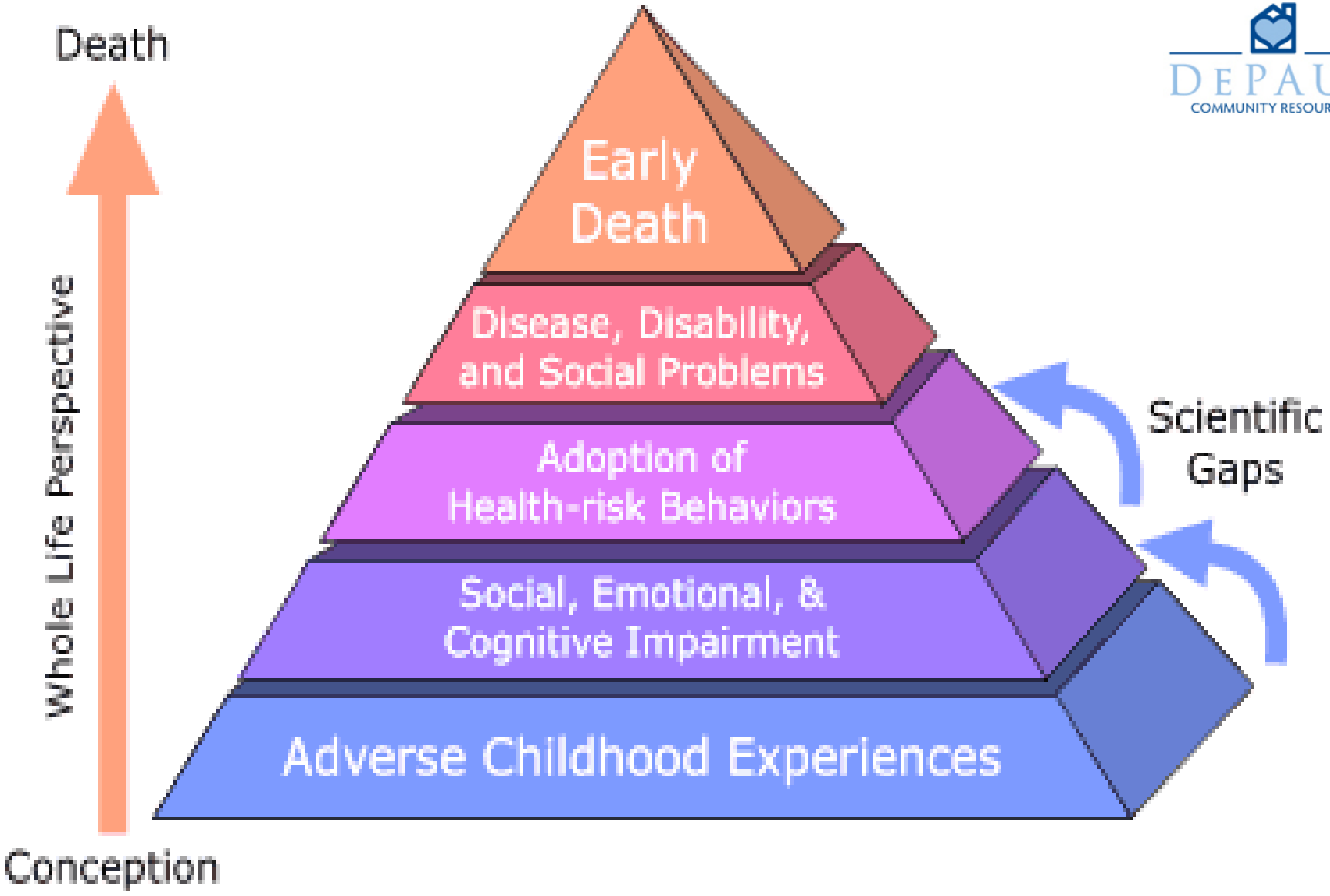
- Developmental Traumas
  - Traumatic stressors that occur during childhood that impedes developmental progress (includes both of above)

Complex Trauma in Children

- The term complex trauma is used to describe a specific kind of chronic trauma and its effects on children
  - Multiple traumatic events that begin at a very young age
  - Caused by adults who should have been caring for and protecting the child
  - Child should have been able to trust the caregiver to provide appropriate care, but it didn't happen

Bob Marvin

- Trauma is an overwhelming fear, repeated or chronic, during which the person (baby or adult) has no haven of safety to terminate (resolve or repair) that fear
- Unresolved fear leads to PTSD symptoms
- If unresolved into adulthood, this fear can lead to disorganization in our parenting which leads to disorganized attachment patterns in children



Center for Disease Control and Prevention, Charles Whitfield, M.D. - http://www.cdc.gov/ace/pyramid.htm

Trauma Informed Care

We need all of those who come in contact with the children to have a common understanding of trauma informed care and their role in those children's care. This includes:

- Caregiver(s)
- Clinician
- Treatment Team (those supporting the families and children

Trauma Competent Caregiving

- According to National Child Traumatic Stress Network, trauma competent caregiving must include:
  - Safety-physical and emotional safety ("felt" safety)
  - Permanency-stable placement
  - Well-being-feeling of happiness and success in areas of cognitive, emotional, psychological, as well as able to view the world as trustworthy.

For more information, see: Child Welfare Trauma training Toolkit: Comprehensive Guide. March 2008. Pages10-11.

Need parallel process

- Therapist needs to be the caregiver's secure base and safe haven, so caregiver can do the same for child
- Which means therapist must have developed their own positive attachment style and be able to educate, role model, and coach the caregiver, i.e., have done their own work

Emotional Regulation

=

Ability to soothe
(or calm down)

INFANTS CANNOT SELF-REGULATE

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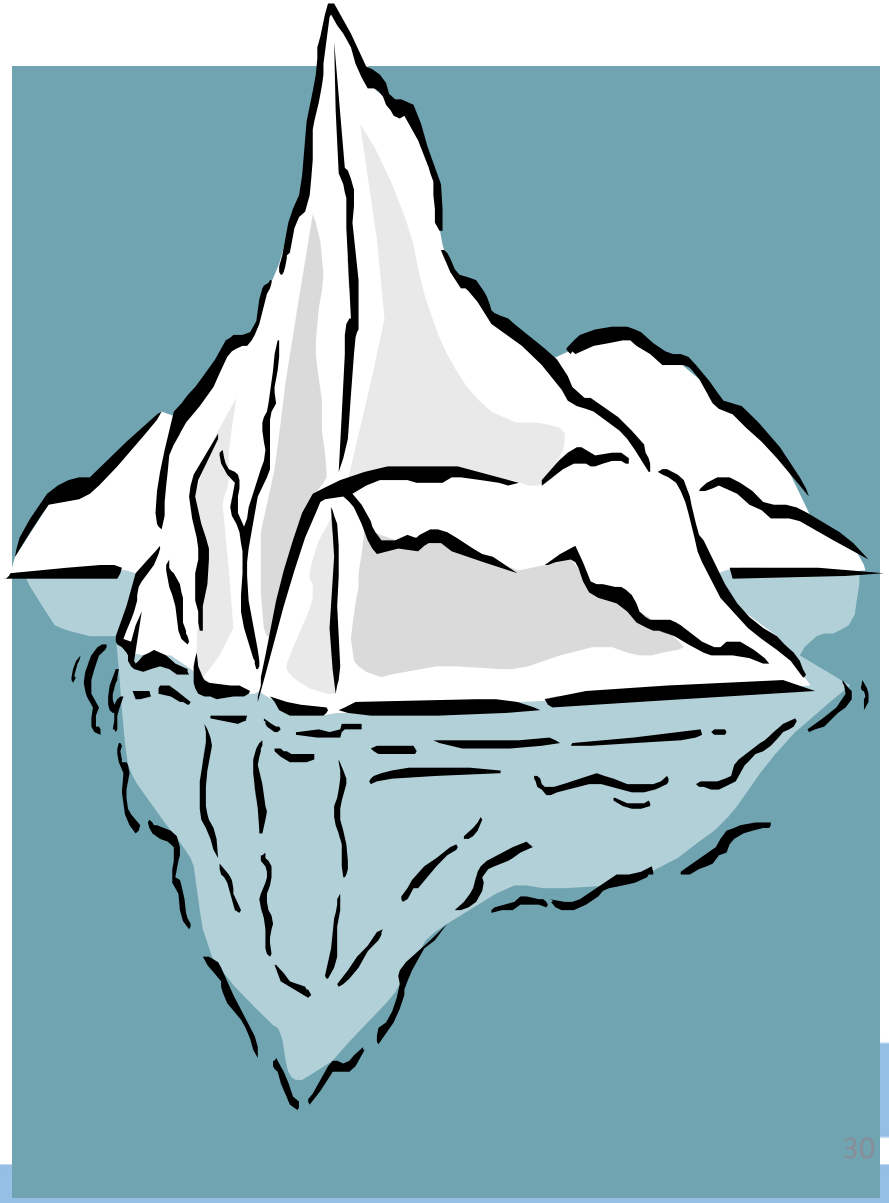
SINCE THE INFANT CANNOT SELF-REGULATE (OR SOOTHE SELF), THE CAREGIVER MUST TEACH HOW TO DO SO

EMOTIONAL REGULATION

What is under the surface!

Another way of looking at the need beneath the behavior



All Emotional Reactions stem from Unfinished Business, a.k.a. Stress/Trauma

STRESS

Causes Confused and Distorted Thinking and Suppresses our Short-Term Memory→

FEAR

→ Cognitions on unconscious level related to “threat”

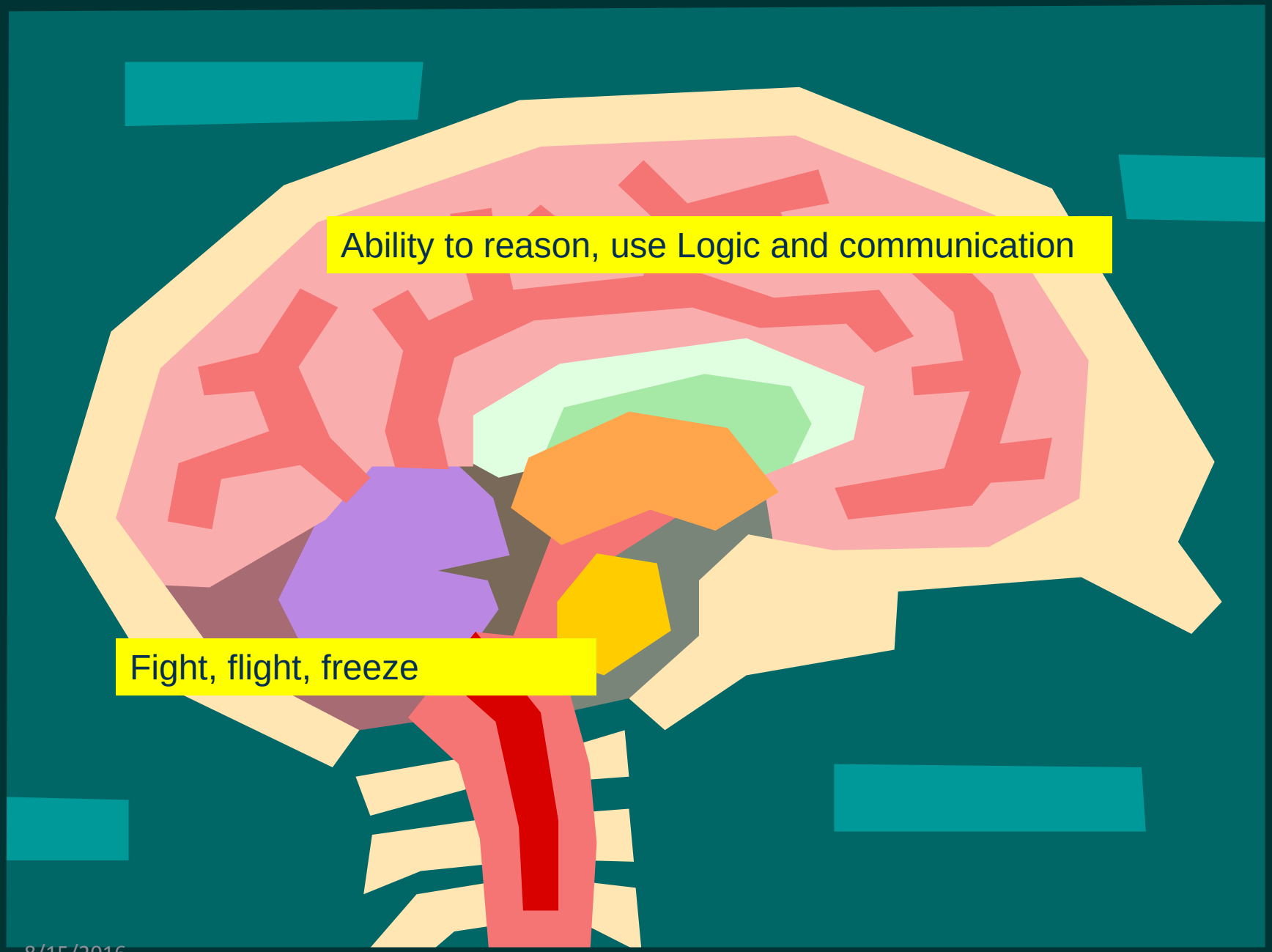
AUTONOMIC NERVOUS SYSTEM

In emergencies,

Fight or flight or freeze

In non-emergencies,

Rest and digest


Ability to reason, use Logic and communication
Fight, flight, freeze

When we are stressed

- There are reductions in our ability to:
  - Take in information (hear with understanding)
  - Give out information (talk)
- Which means we appear not to be listening or communicating
- Which also means we may not remember or think clearly about events that occurred during the stressful moment

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The single most significant way you can improve your relationship with your child is by viewing him or her as fearful (full of fear) and stress-sensitive.

Bryan Post

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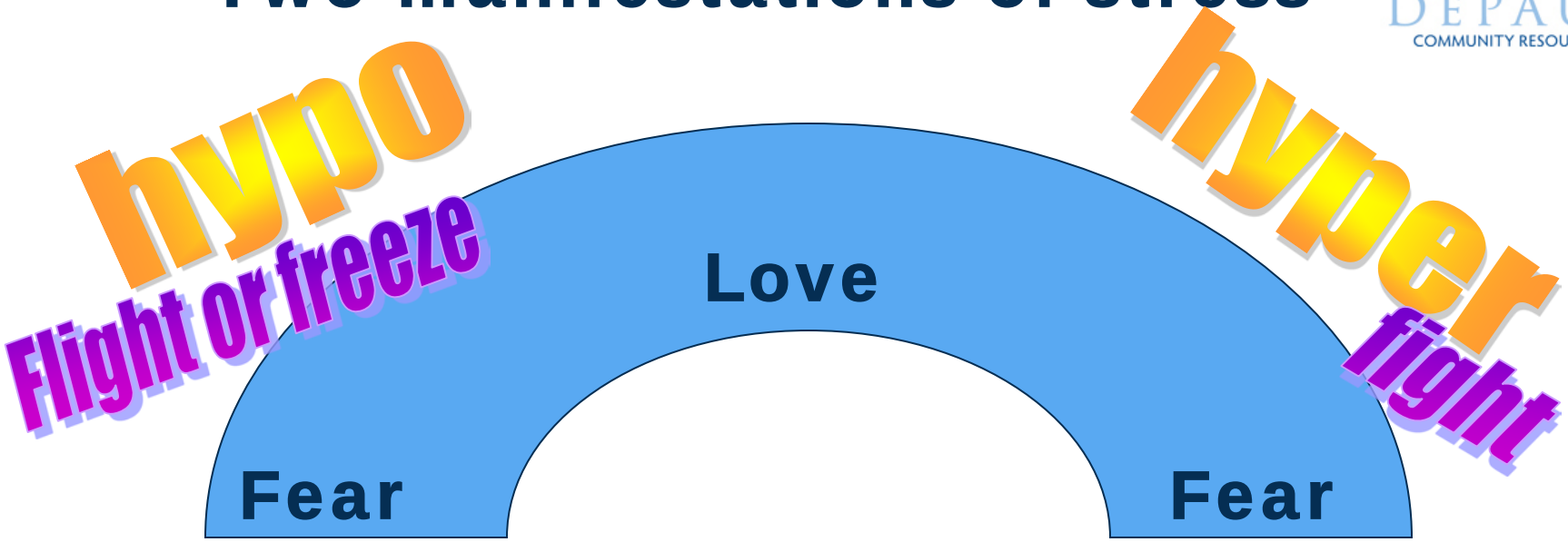
"Children who have experienced trauma will have a significantly different reaction to stress than children who have not."
Bryan Post

Two manifestations of stress



Defiance
Resistance
Depression
Withdrawal

Anger
Hyperactive
Fidgetiness
Vigilance

Survival Behaviors

- Acting out behaviors are symptoms of the pain/hurt that underneath the surface.
- They are the coping strategies that the child developed to survive a trauma event, often chronic trauma events.
- Good news-they survived.
- Bad news-their coping strategies don't work as well now, and we as their caregivers have to deal with them.

TWO IMPORTANT TERMS

- Regulation – ability to maintain stress with window of tolerance

- Dys-regulation – stress exceeds window of tolerance
  - Includes both hypo-arousal and hyper-arousal
  - Difficult children are chronically dys-regulated
  - Difficult children chronically experience "amygdala hijacking"

DYSREGULATION

Being stressed out:

that is, the stress exceeds tolerance level

BRAIN INVOLVEMENT

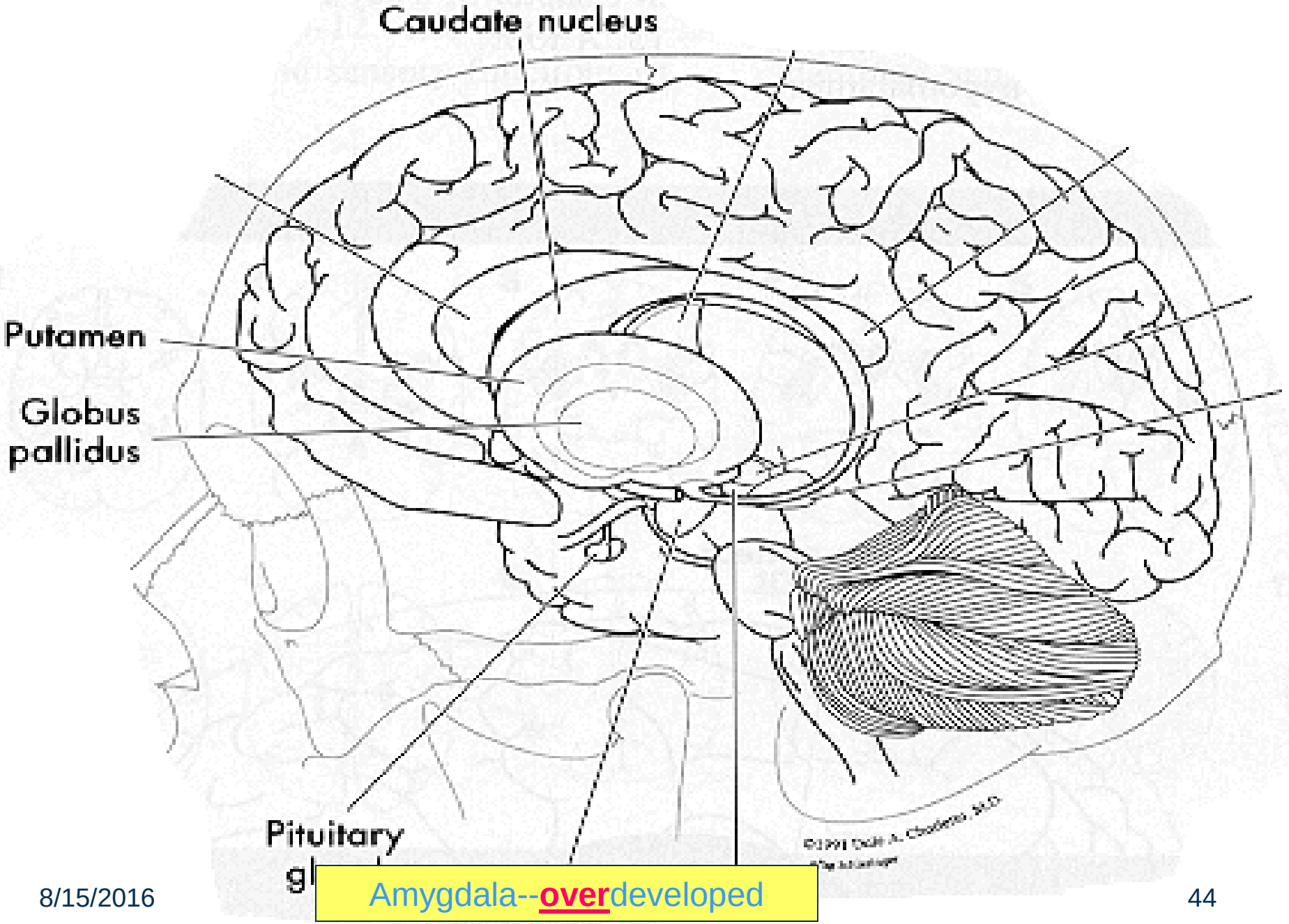
- AMYGDALA
- HIPPOCAMPUS
- ORBITO-FRONTAL

SIMPLY STATED

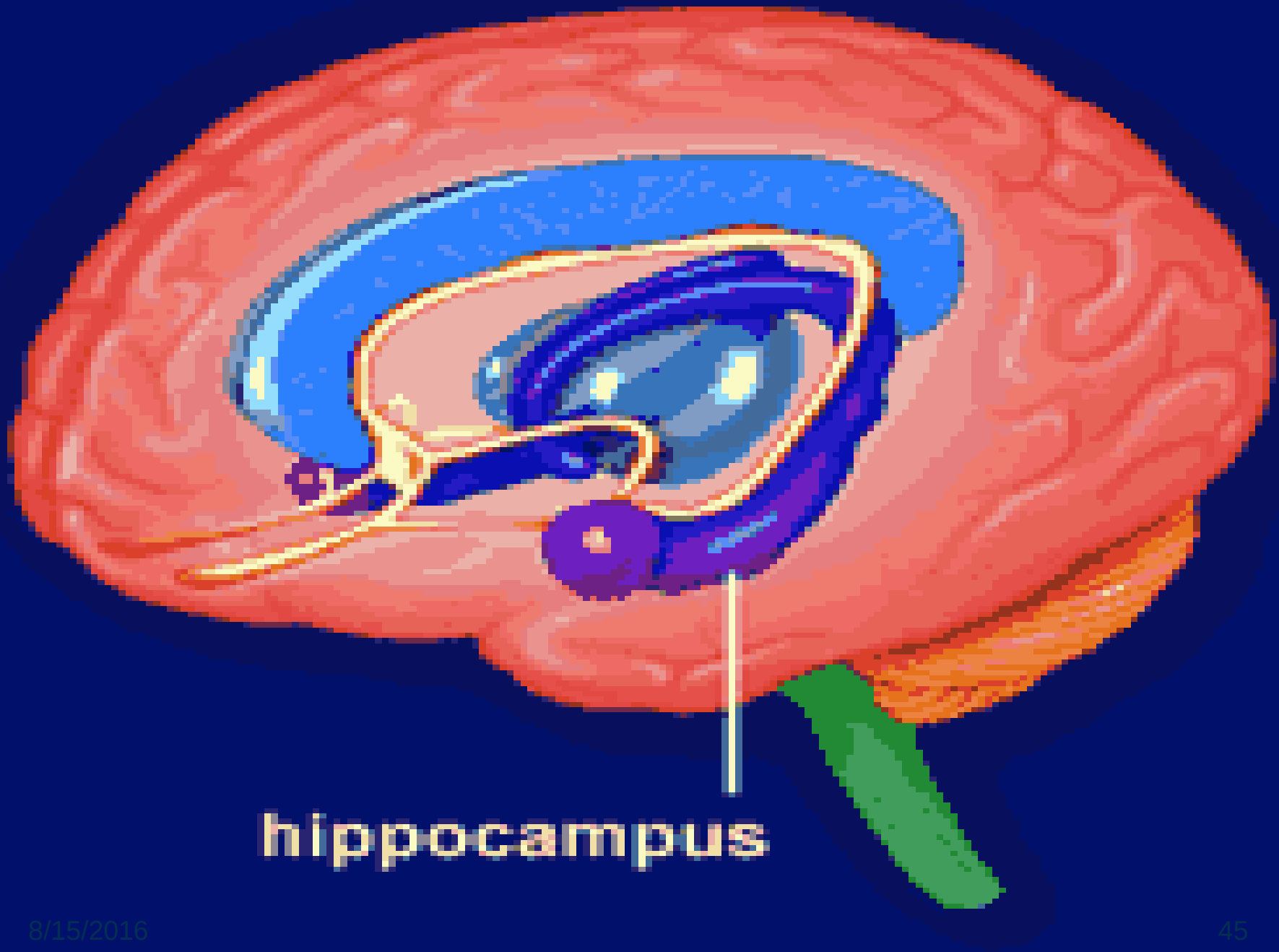
- Amygdala-sensing threat (stress) and in initiating reaction, i.e., fight, flight, freeze

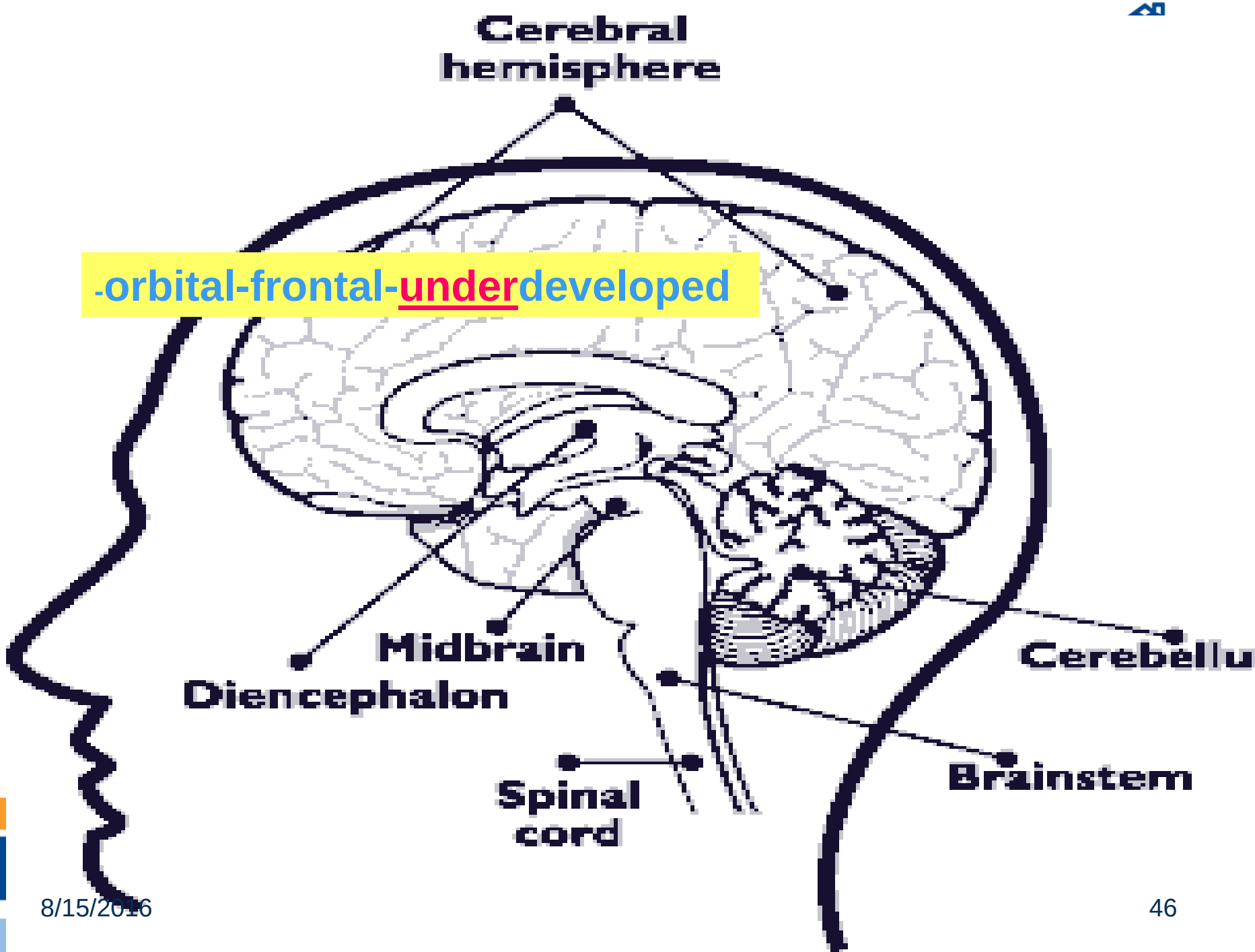
- Hippocampus-helps soothe by relating to past experience with similar situations, i.e., like a traffic cop

- Orbito-frontal-social and emotional relationships, especially cues



Amygdala--**over**developed


hippocampus


Cerebral hemisphere
-orbital-frontal-underdeveloped
Midbrain
Diencephalon
Cerebellu
Brainstem
Spinal cord

Note about Timing….

- Amygdala is "online" at birth, and fully developed by age 18 months, therefore fully able to sense threats, fear and stress
- Hippocampus doesn't complete its development until age 36 months (therefore can't soothe self until then—i.e., don't let them cry themselves to sleep!)
- Orbito-frontal cortex—development complete about age 25 (but open to change throughout lifetime)

IF

the caregiver can

UNDERSTAND, BE AWARE OF,

AND therefore

CALM THE STRESS,

the caregiver

CAN

DIMINISH THE BEHAVIOR

How Fear Changes Thinking, Feeling, and Behaving

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Hyperarousal Continuum	Rest	Vigilance	Resistance Crying	Defiance Tantrums	Aggression
Dissociative Continuum	REST	Avoidance	Compliance Robotic/ detached	Dissociation Fetal rocking	Fainting
Regulating Brain Region	NEOCORTEX Cortex	CORTEX Limbic	LIMBIC Midbrain	MIDBRAIN Brainstem	BRAINSTEM Autonomic
Cognitive Style	ABSTRACT	CONCRETE	EMOTIONAL	REACTIVE	REFLEXIVE
Internal State	CALM	AROUSAL	ALARM	FEAR	TERROR

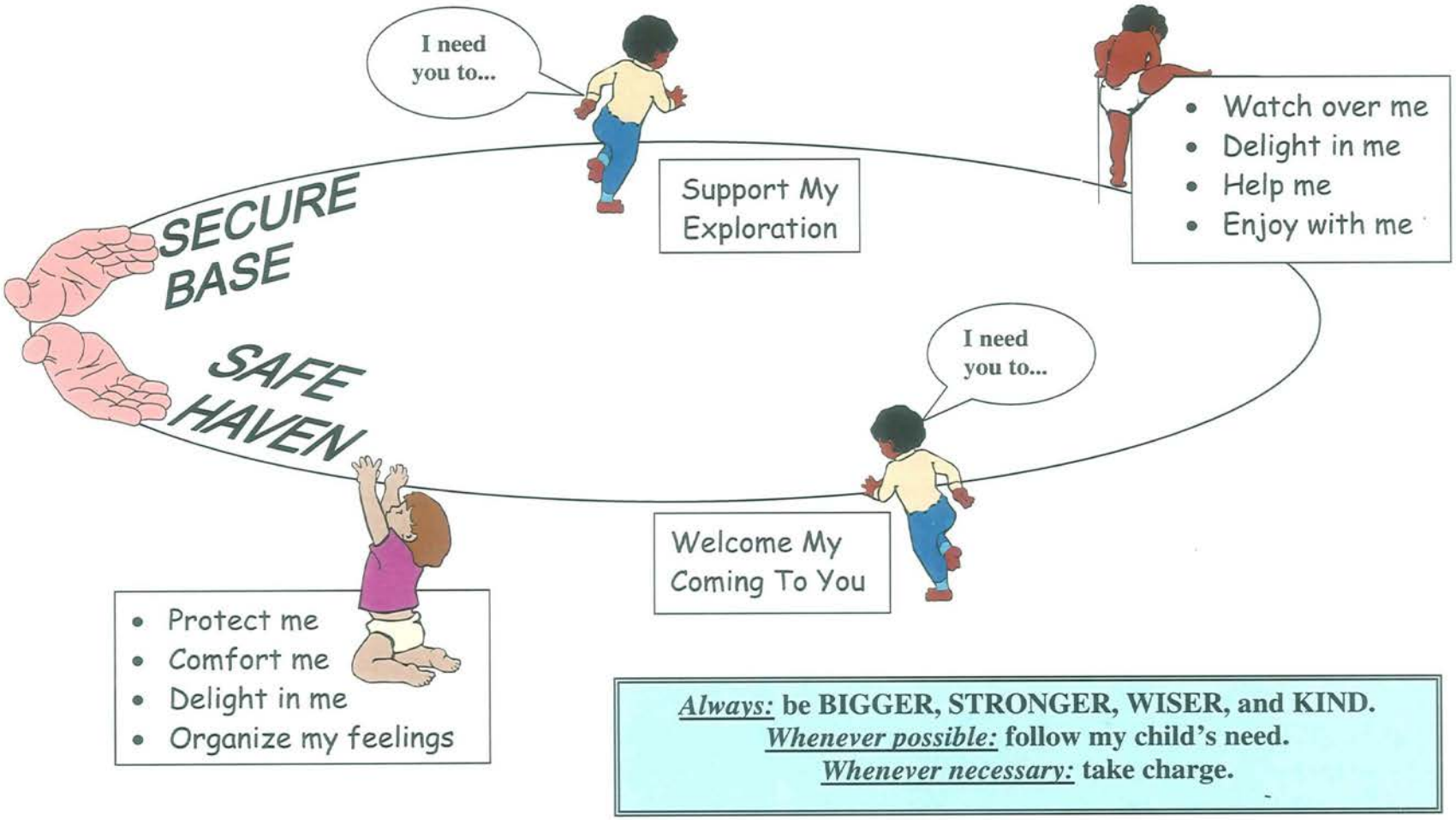
Brain

- Wired for survival
- Wired for attachment
- Cortisol (stress hormone) is meant to increase in the body, which sparks a reduction in the fight, flight, freeze responses.
- However, with chronic stress/neglect this does not happen, which impacts brain growth and development, i.e., attachment, etc.

- Resolution of fear/trauma has to be in context of relationship.
- Not intended to blame child or adult
- But, for the child to heal from their trauma event, they must have access to his/her person, i.e., a specific caregiver who provides haven of safety

CIRCLE OF SECURITY

PARENT ATTENDING TO THE CHILD'S NEEDS

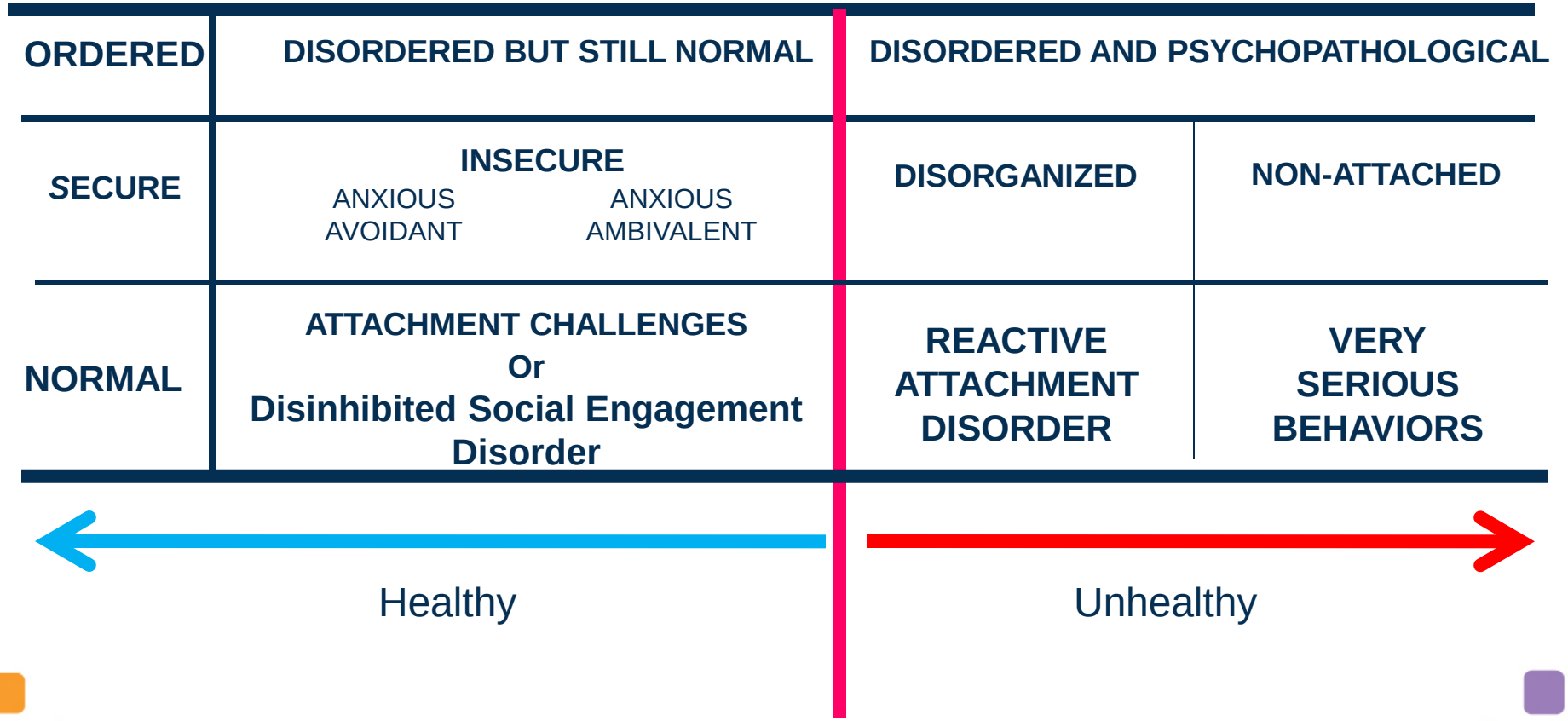


Always: **be BIGGER, STRONGER, WISER, and KIND.**
Whenever possible: **follow my child's need.**
Whenever necessary: **take charge.**

Assessment of attachment

- Best time to make assessment is when child is stressed , i.e., on bottom half of circle, not when everyone is happy (gives a false positive).
- So examining responses during time of separation and reunion

Continuum of Attachment Classifications



When they grow up…

Secure	**Autonomous**
Anxious Avoidant	**Dismissing/Resistant**
Anxious Ambivalent	**Preoccupied**
Disorganized	**Unresolved/Abdicating**
Non-Attached	**(Not usually caregivers)**

- Attachment pattern IS NOT a clinical diagnosis, rather is a designation of a particular classification on the attachment continuum.
- The classification contributes to long term impact of trauma events
  - Ordered and Secure is a protective factor
  - Ordered but Insecure is a risk factor
  - Disordered (Disorganized) indicates a high risk factor.
- Here we see the intertwining.

Non attached can heal

- No real way to empirically prove (ethical reasons)
- Bob Marvin and others –studied families who adopted children from orphanages, who were placed with low risk families (using autonomous parenting style).
- One study of a Romanian orphanage included children who were 2.5 to 6 years old. At the onset of the study, 50% of children met criteria for RAD, but by age 6 all those had moved to a secure attachment pattern. The finding that all the children made the shift at the same age, suggested that something about brain wiring was also involved.

Reactive Attachment Disorder

- Often used as a diagnosis of trauma. Need to be cautious. It could also only be an attachment classification.
- At times, this diagnosis may used to obtain funding, but is overused (raises an ethical issue)
- RAD could result even though there is no maltreatment as commonly thought (oops). **But** rather it stems from a profound absence of a specific caregiver available for haven of safety (so from this perspective, it is more about profound neglect, as result of variety of reasons, including multiple moves, birth family or foster care)

Alternate Diagnoses

- ADHD
- Oppositional Defiant Disorder
- Conduct Disorder
- Abused Child (PTSD)
- Bipolar Disorder

THE WALL:

WHY OUR CHILDREN NEED A DIFFERENT KIND OF CAREGIVING

a graphic illustration of how unmet physical and emotional needs early in life affect children's later development requiring different parenting techniques and support for caregivers.

The wall of a typical child

	Roles	Choices	Tasks	Support	Love
5-9 years	Learning	Opportunities	Friendships	Independence	Self-reliance
	Interaction	Friends	Love	Trust	Boundaries
2-5 years	Play	Language	Encouragement	Security	Social skills
	Speech	Family	Security	Belonging	Love
6 months-2 years	Boundaries	Friends	Understanding	Supervision	Safety
	Stimulation	Eye contact	Security	Belonging	Attunement
0-6 months	Love	Cuddles	Milk	Warmth	Comfort

www.adoptionuk.org

The wall of a child from neglectful background

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Essential skills for Trauma Competent Caregiver

- Understand the impact of trauma
- Maximize "felt" safety in child
- Reduce overwhelming emotions and build connections
- Modify overwhelming behaviors and build connections
- Support relationships
- Develop strength-based understanding of life story
- Self-care

Interventions

- A number of interventions are recommended in the literature
  - Parent Child Interaction Therapy
  - Eye Movement Desensitization and Reprocessing (EMDR)
  - Trauma Informed Focused Cognitive Behavioral Therapy
  - Circle of Security Intervention©
  - Trust-Based Relational Intervention®
  - Sanctuary Model
  - Plus others

In Trauma Informed Care, we shift from asking…

"What is wrong with you?"

INSTEAD WE ASK….

"What happened to you?

How Adult interprets Child's Behavior

Willful Disobedience

or

Survival Behavior

From Empowered to Connect: Karyn Purvis

TOOLS

- Theraplay
- Siegel – "the barking dog"
- Brain-gym
- Shared stories
- Journaling
- Shared games
- Feelings charts
- Sensory activities
- Giving voice
- Life scripts
- Scaffolding
- Daily rituals
- Transitions
- Breathing
- Hydration
- Low blood sugar
- Create opportunities to say "yes"

What does not work

Not likely to be used much nowadays, but strong reasons not to support

- Interventions that include forced holding-probably not used much nowadays
- Regression-re-birthing
- Rage reduction-also not likely to be used much nowadays

BUT THESE STILL LINGER

- Interventions that blames the child (or caregiver)
- Intervention that makes negative inferences rather than empathic inferences on child or caregiver
- Behavior modification contracting with the child
- Parenting that is punitive/harsh
- Parenting that relies on natural consequences (permissive)

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Most effective intervention!

GET THE CHILD AN APPROPIATE CAREGIVER

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In your world, how can you create collaboration in the caregiving system? Remember the need to include all levels of trauma informed care, caregivers, clinicians and all treatment team members.

Resource list

- A Forever Family www.a4everfamily.org
- Adoption Parenting www.adoptionparenting.net
- ATTACH www.attach.org
- ChildTraumaAcademy. www.child-traumaacademy.com
- Child Trauma Institute www.childtrauma.com
- jayeschool@aol.com
- Love and Logic www.loveandlogic.com
- www.nctsn.org
- PLACE www.danielhughes.org
- www.stressfreekids.com. Books and CDs related to relaxation, deep breathing, visualizations, etc.

Suggested Reading List

- Attaching in Adoption, Practical Tools for Today's Parents, Deborah Gray. 2002.
- Brain Gym. Simple Activities for Whole Brain Learning. Paul and Gail Dennison. 1986. www.braingym.com
- The Connected Child. Karyn Purvis, David Cross and Wendy Sunshine. 2007.
- From Fear to Love. B. Bryan Post. 2010.
- The Out-of-Sync Child. Recognizing and Coping with Sensory Processing Disorder. Carol Stock Kranowitz. 2005.
- Parenting the Hurt Child: Helping Adoptive Families Heal and Grow, by Gregory Peck and Regina M. Kupecky.2002.
- The Whole-Brain Child. Daniel Siegel and Tina Bryson. 2011.

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- Children Who Shock and Surprise: A Guide to Attachment Disorders. 2002. Elizabeth Randolph. RFR Publications.
- "Effects of Traumatic Events on Children. 2003. Bruce Perry. www.ChildTrauma.org
- "Empowered to Connect". Conference April 8-9, 2016. Roanoke, VA. www.Showhope.org
- The Foster Parenting Toolbox: A practical, hands-on approach to parenting children in foster care. 2012. Edited by Kim Phagan-Hansel. EMK Press: Warren, New Jersey.

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- "RAD and Disturbances of Attachment". Conference April 22, 2016. Eastern Mennonite University, Harrisonburg, VA. Robert Marvin. www.theattachmentclinic.org
- "Understanding the Effects of Maltreatment on Early Brain Development". Child Welfare Information Gateway, October 2001.