ATTACHMENT and TRAUMA

Deborah J Robinson
PCAMS
Reading Borough Council
Attachment

• Lasting psychological connectedness between human beings (Bowlby 1998)

• To the degree that we feel connected to others, we feel safe and ....To the degree that we do not feel connected to others we feel less safe and increasingly insecure (Hoffman 2004)
How child’s mind develops in a safe, supportive world

“Reptilian brain”

Frontal Lobes

Hurt

Playfulness

Fear

Curiosity

Anger

Energy

Shame

Calm

Smooth return to baseline levels of arousal

It’s safe

I’m OK

Someone will take care of me

External sources of explanation support comfort reassurance soothing

Fisher, 2000
Trauma

Psychological trauma is the unique individual experience of an event or of enduring conditions in which:

• the individual is overwhelmed by a situation perceived as threatening and that overtaxes resources for coping
• The individual experiences feelings of helplessness and being out of control
• Is unable, at the time, to process and assimilate the various reactions (cognitive, emotional and physical) to the perceived trauma
• Fails afterward to emotionally, cognitively and somatically integrate the experience of the event

Fisher 2006
“BIG T” Trauma (type 1 or event)

- Real or perceived threat to existence
- Elicits a survival response
- Reflected in long term impairment in modulation of autonomic arousal

Fisher 2003
“SMALL T” Trauma (type 2 or developmental)

Prolonged and repeated exposure to Traumatic experiences

- Non-life threatening, but is sometimes of intentional human design
- Creates lifelong “blocking beliefs” and view of the world
- Negatively affects development of healthy self and accompanying feelings of guilt, shame and worthlessness.
- More likely to lead to long standing interpersonal problems
BRAIN FUNCTION

LIMBIC SYSTEM
Motivation, fear and anger, interpreting emotional significance
Storing emotional, sensory and behavioural aspects of past experience

CORTEX
Interpretation, planning, monitoring of activity, regulating emotions
And impulses, language and verbal accounts of past events

BRAIN STEM
Arousal, sleep wake, Homeostasis, Physical Co-ordination, stores Emotional and sensory accounts of experience
The Brain Becomes “Limbic Dominant”

Fisher, 2003

- Loss of mindful self-witnessing
- Hyper-initiates sympathetic and parasympathetic activity in response to amygdala’s alarm
- The “Fear Center” of the brain, now hyper-excitabile
- Suppressed under threat, its ability to process experience is diminished

Frontal Cortex

Loss of cortical control over emotional responses

Limbic System

Right orbital prefrontal cortex

Left orbital prefrontal cortex

Hypothalamus

Amygdala

Hippocampus

Fight-Flight/Freeze-Submit Responses

Brainstem
How child’s mind develops in unsafe, unsupportive world

Fisher, 2003

“I’m bad” “I am worthless” “Something must be wrong with me”

Distorted cognitive schemas

Intact & impaired coping abilities

Sadness
Wish to be loved
Mistrust
Relentless self-doubt
Hypervigilence

Shame
Fear, panic
Despair
Anger

Fight-Flight/Freeze-Submit Responses

Dissociated, disconnected implicit memory states

Attach
Submit
Freeze
Fight

Responses
Brain development

• Impaired development of brain cell growth (absent or slowed)
• High cortisol levels affect ability to retrieve information and regulate/modulate affect
• The way we wire is the way we fire (Hebb)
• The brain changes with all experience (Perry)
3 core components of personality structure

• Attachment/relating
• Affect regulation and modulation
• Sense of self
Arousal-relaxation cycle

- **Child is free to play/explore**
- **State of relaxation**
- **Secure base**
- **Trust**
- **Attachment**
- **State of high arousal**
- **Caregiver thinks – what may the child feel and need?**
- **Satisfaction of physical/psychological need**
- **Child thinks – I am safe, caregiver is available**
- **Child experiences a physical and/or psychological need**
If something is done to you,

It does something to you,

You then do something to cope, you have to cope

Make sense of what happened to you

What are you going to do about it? Reframe what happened so that you can decide what happened and why and what you will do

And maintain attachment, not be out of control, deal with shame = thinking error

How you believe teaches you to behave

BEHAVIOUR

DONE (Abuse)

DOES (Trauma)

DO (Cope)

BELIEF SYSTEM

MAKE SENSE OF IT
4 Attachment styles or models

There are 4 recognised attachment models.

1. Secure

2. Insecure- ambivalent /coercive

3. Insecure-avoidant

4. Insecure –dis-organised
Insecure- ambivalent (Coercive)

• Carer is unpredictable – child never quite knows whether the carer will meet his needs or not – eg: parent with substance abuse issues, chronic depression

• Children develop strategies to keep a connection with their carer and with others to get their needs met – often much ‘attention needing’ behaviour
Think of this child - Johnny

• If the adult is not immediately showing me they care, understand and remember me, then they have forgotten me and don’t care.

• Adults don’t always know or meet my needs I can’t rely on them.

• I need to do everything and anything to make sure adults won’t forget about me, even if this seems to annoy them. It’s frightening to be ignored.

• If I don’t take control, I won’t get what I need - I must have what I need right away.
Insecure-avoidant

• Carer is insensitive to child’s signals, refuses or discourages physical contact when child is scared, unwell or stressed ("Get on with it!")

• When left alone, child does not display fear and discomfort, acts independent; when carer comes back, he displays no feelings and keeps a distance
Think of this child – Shahida

• There is something not nice or unworthy about me because adults either ignore me or have a go at me so when I see you I will ignore you.

• Worried that I will be a bother to others and/or rejected so feel I have to protect myself by showing capability and independence.

• Having a disagreement or being told off for getting it wrong is scary because I think the effect will be long lasting.
Insecure - disorganised/disoriented

• Often abused children, whose predicament is that the primary attachment figure is both the source and the only solution to alarm/danger!

• When left alone and then reunited, they show they have no strategy for organising (attachment) behaviour
This is how Lucy sees the world at 10 years

• The world is not safe, many things are dangerous or frightening; I have to be constantly vigilant.

• I have to use all the strategies I know to keep myself safe and control the environment; being still, shutting down, crying out, staying close /running away, fighting back.

• I need to make sure all the things that belong to me are close by and safe.

• I need you but can’t trust you.
What we know...

• Children more likely to be abused (CSA/CPA) if have poor attachment
• Adults (and children) more likely to develop PTSD if have poor attachment
What will it look like (in a nutshell!)

- Self perception problems
- Risk aversion/risk taking
- Inappropriate relationships
- No danger awareness
- Poor relationships with peers
- Emotionally immature/mature beyond
- Hypervigilant
- Poor attention
- Seeking attention – attachment/affection
- On own agenda
- Extreme tantrums/withdrawal
- Wandering
- Controlling
- Destructive/disruptive
ACE

POPULATION ATTRIBUTABLE RISK

A large portion of many health, safety and prosperity conditions is attributable to Adverse Childhood Experience.

ACE reduction reliably predicts a decrease in all of these conditions simultaneously.
## Probability of Outcomes

Given 100 American Adults

<table>
<thead>
<tr>
<th>33</th>
<th>51</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>No ACEs</td>
<td>1-3 ACEs</td>
<td>4-8 ACEs</td>
</tr>
<tr>
<td>WITH 0 ACEs</td>
<td>WITH 3 ACEs</td>
<td>WITH 7+ ACEs</td>
</tr>
<tr>
<td>1 in 16 smokes</td>
<td>1 in 9 smokes</td>
<td>1 in 6 smokes</td>
</tr>
<tr>
<td>1 in 69 are alcoholic</td>
<td>1 in 9 are alcoholic</td>
<td>1 in 6 are alcoholic</td>
</tr>
<tr>
<td>1 in 480 uses IV drugs</td>
<td>1 in 43 uses IV drugs</td>
<td>1 in 30 use IV drugs</td>
</tr>
<tr>
<td>1 in 14 has heart disease</td>
<td>1 in 7 has heart disease</td>
<td>1 in 6 has heart disease</td>
</tr>
<tr>
<td>1 in 96 attempts suicide</td>
<td>1 in 10 attempts suicide</td>
<td>1 in 5 attempts suicide</td>
</tr>
</tbody>
</table>
ACE = increased risk

• ACE score Adult depression
• ACE score Alcoholism
• ACE score Hallucinations
ACE Score and Rates of Antidepressant Prescriptions
approximately 50 years later

Mental Health: Costs

Prescription rate per 100 person-years

ACE Score

0 1 2 3 4 5 or more
The ACE Pyramid

- Adverse Childhood Experiences
- Social, Emotional, & Cognitive Impairment
- Adoption of Health-risk Behaviors
- Disease, Disability, and Social Problems
- Early Death

Whole Life Perspective: Conception → Death

Scientific Gaps
Developmental Trauma Disorder (Van der Kolk 2005)

• Root cause of adult pathology (Paterson)
• Children who experienced ongoing traumatic stress in combination with inadequate caring systems
• Sets the stage for...unfocussed responses to subsequent stress (van der Kolk)
Take Away Messages

• Three core assumptions central to mental health (Janoff-Bulman):
  – That the world is benevolent
  – That the world is meaningful
  – That we are worthy
• Children whose primary dependency needs are not met often cannot make sense of the world
• They may live with cognitive distortions
• They may suffer processing disorders
• These increase their risk of further traumatisation
• These increase their risk of psychological distress and physiological ill health
• Increased risk of adult psychopathology
• We can’t afford to do nothing
An ounce of prevention is worth a pound of cure.

– Benjamin Franklin

Facebook.com/AFineParent