



Attachment Based Practice with Families



Part 1



Rebecca Carr-Hopkins



1

Key Figures in the development of Attachment Theory



John Bowlby



Mary Ainsworth



Mary Main



Pat Crittenden

2

Key Figures in the Trauma field



Bessel Van der Kolk



Vincent Felitti



Bruce Perry

3

Influential figures for UK social work



David Howe



David Shemmings



Karen Treisman



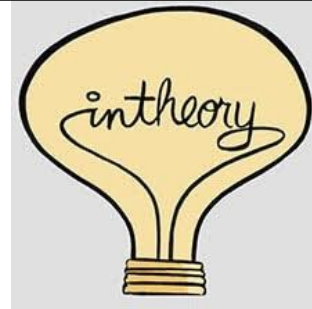
Eadaoin Bhreathnach

4

Attachment is...

....a 'theory' or 'set of ideas'

....developed in UK by John Bowlby
'A close and continuous bond with the mother' 1951



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Attachment & Adaptation



Expanded by Crittenden:

'A theory about protection from danger and how we organise in the face of it'

because...

6

....parents aren't always protective and comforting



7

....and other people and the environment aren't always safe



8

....attachment and adaptation = the solution



9

Security & Safety

*only adaptive in a context
of safety and security*

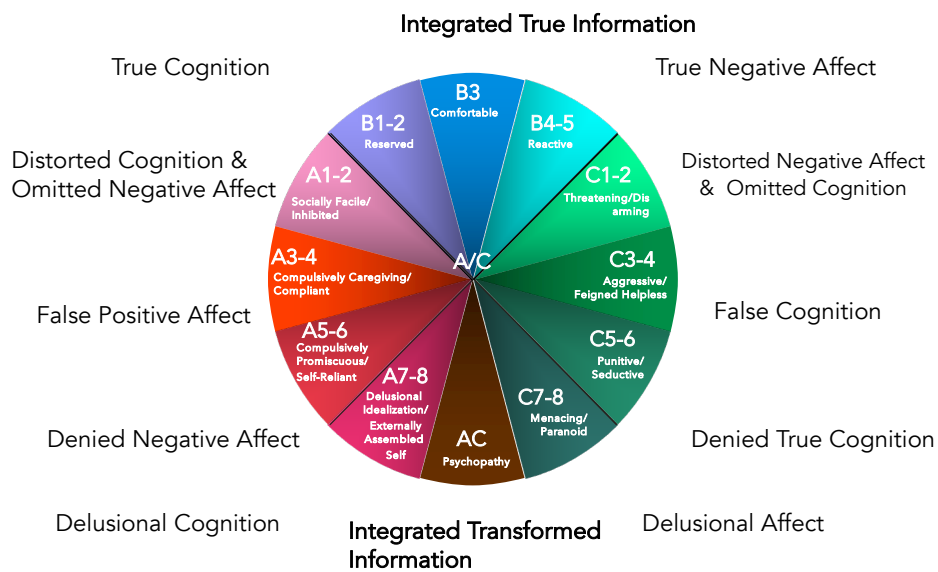
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In unsafe or
dangerous
contexts...

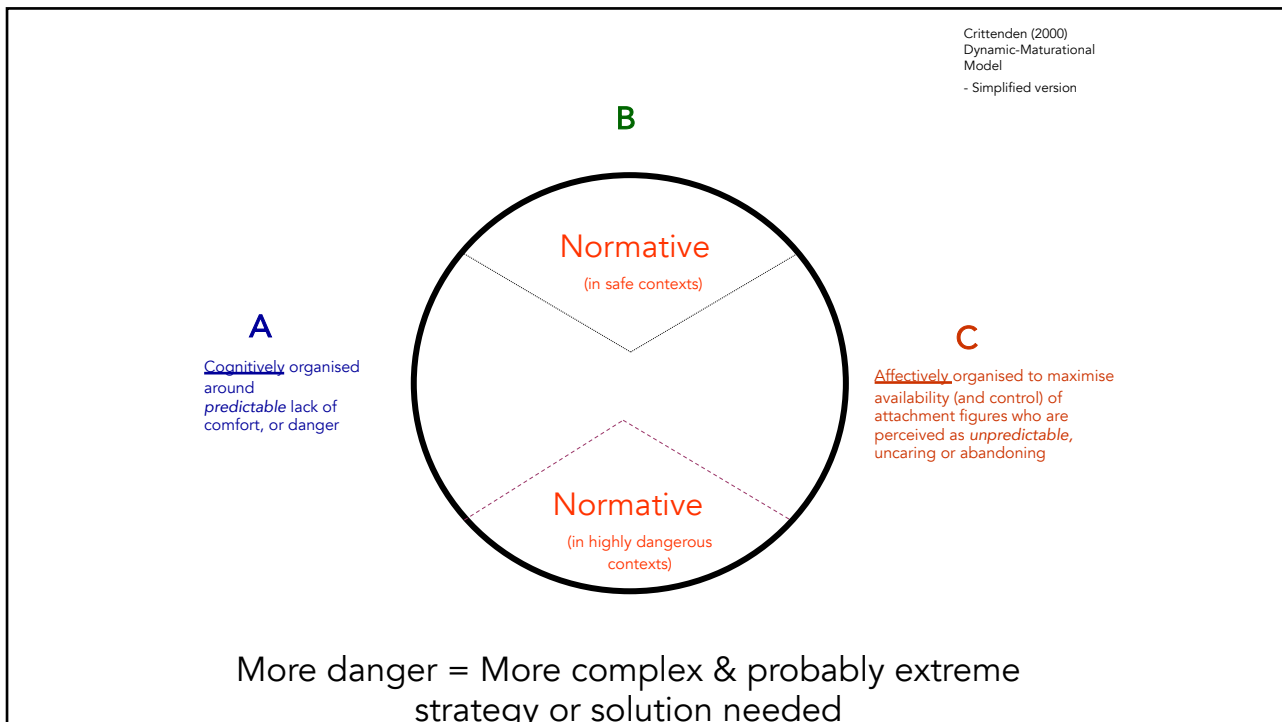
*insecurity and protective
strategies are needed*

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Crittenden's Dynamic-Maturational Model of Attachment and Adaptation (DMM)



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A shift in focus about what attachment does...

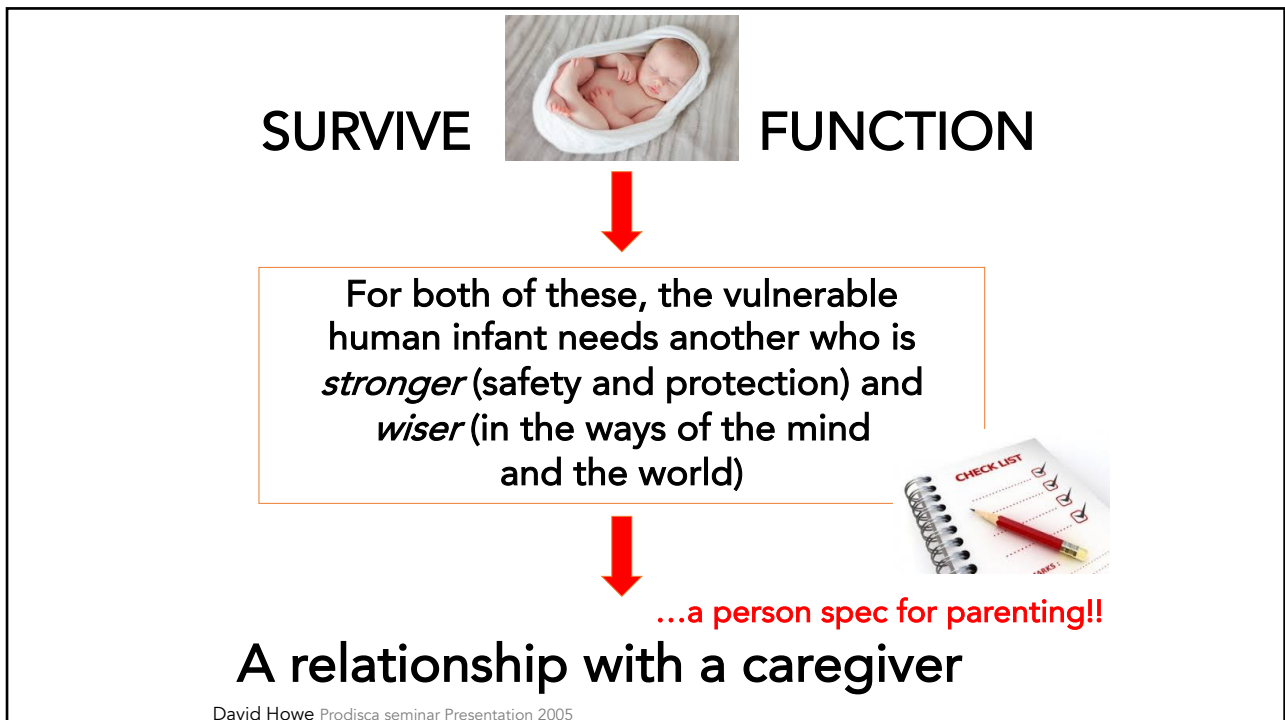
SURVIVE:
Optimise safety and security

FUNCTION:
Learn how to be a human being (make sense, model, cope, explore - especially the self and others)

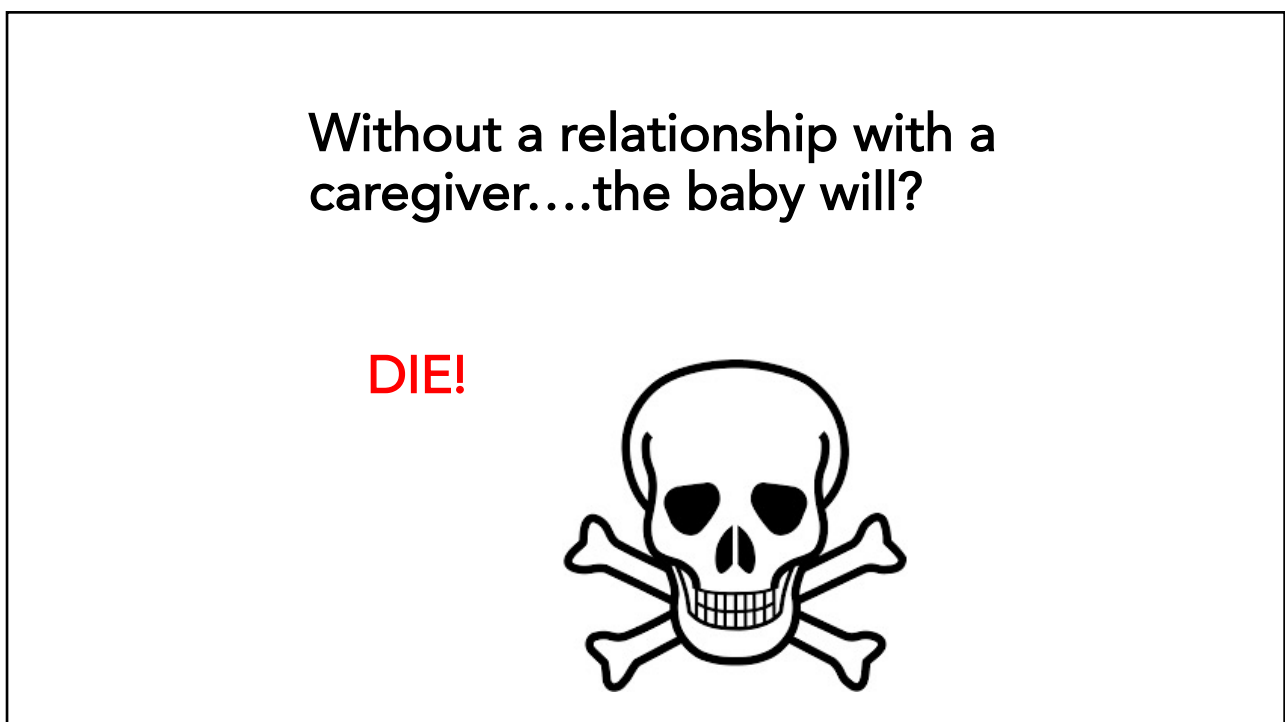



David Howe Prodisca seminar Presentation 2005

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Bowlby's comeback.....

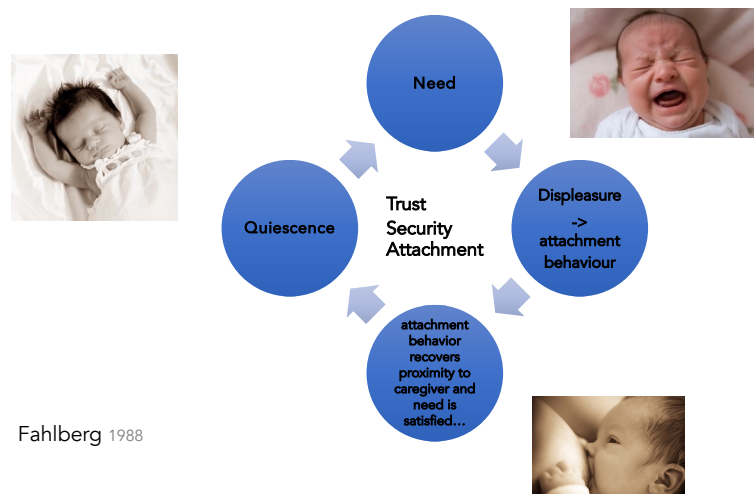


Attachment Behaviour...

A set of instinctive behaviours.. designed to attract adult caregiving and increase protection and comfort.

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The arousal-relaxation cycle in an optimum caregiving context



18

in a less than optimum caregiving context??



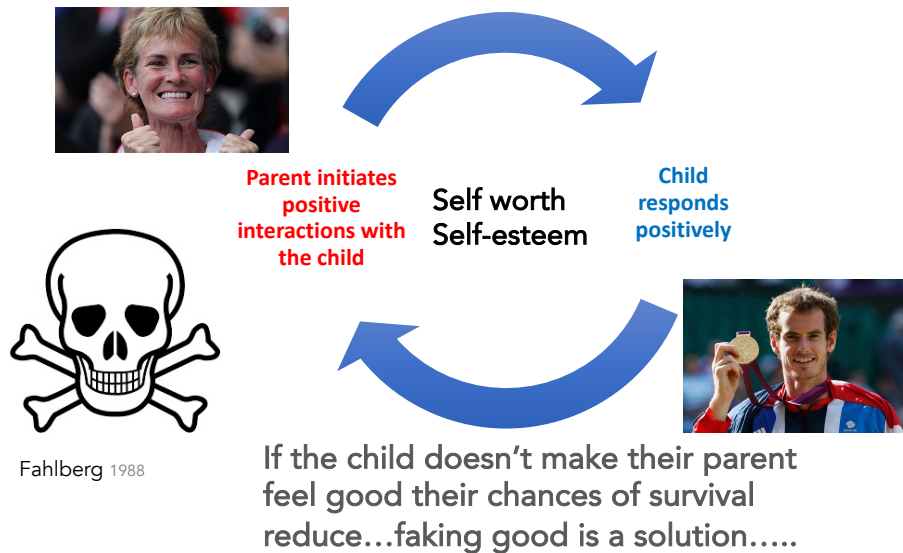
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As the child grows, they widen their repertoire of attachment behaviours/strategies and normally become more proficient at gaining favourable responses....

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The positive interaction cycle



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....it's important to understand that...



...in less than optimum caregiving contexts.....the human being will keep itself as safe as it can and feeling as secure as it can... in the context it's in... by using whatever means it can....

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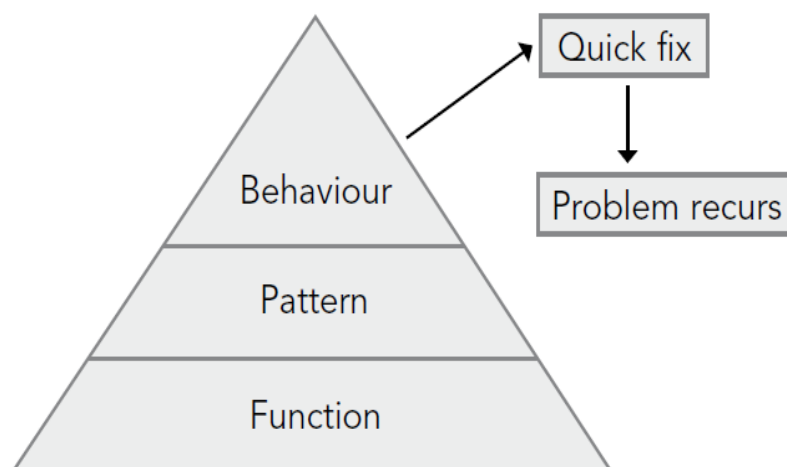
Changing the language
from problem to
solution.....

....often the
problems that
bring families to
the attention of
children's
services started
off as solutions
to other
problems...



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Behaviour (symptom), pattern
and function (meaning)



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The Attachment Figure

- Provides protection and comfort
- Is there when you need...
- Ultimately a long-term, intimate reciprocal relationship



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Quality of Attachment

Is dependent on the parent's physical and emotional:

- Availability
- Sensitivity
- Reliability
- Predictability
- Responsiveness



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In some caregiving contexts,
other people may be more
reliable at providing comfort
and protection.....



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In dangerous and/or neglectful
caregiving contexts.....
...children may find a **solution**
to a lack of comfort and
protection by looking outside
the family



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Sexual exploitation



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Or learning to look after the adults...



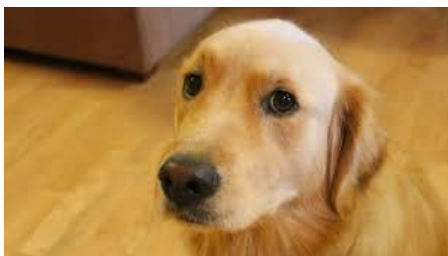
30

Or learning to rely on
themselves...



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animals may be more
reliable at providing
comfort than adults.....



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or things



or food...



33

or substances.....

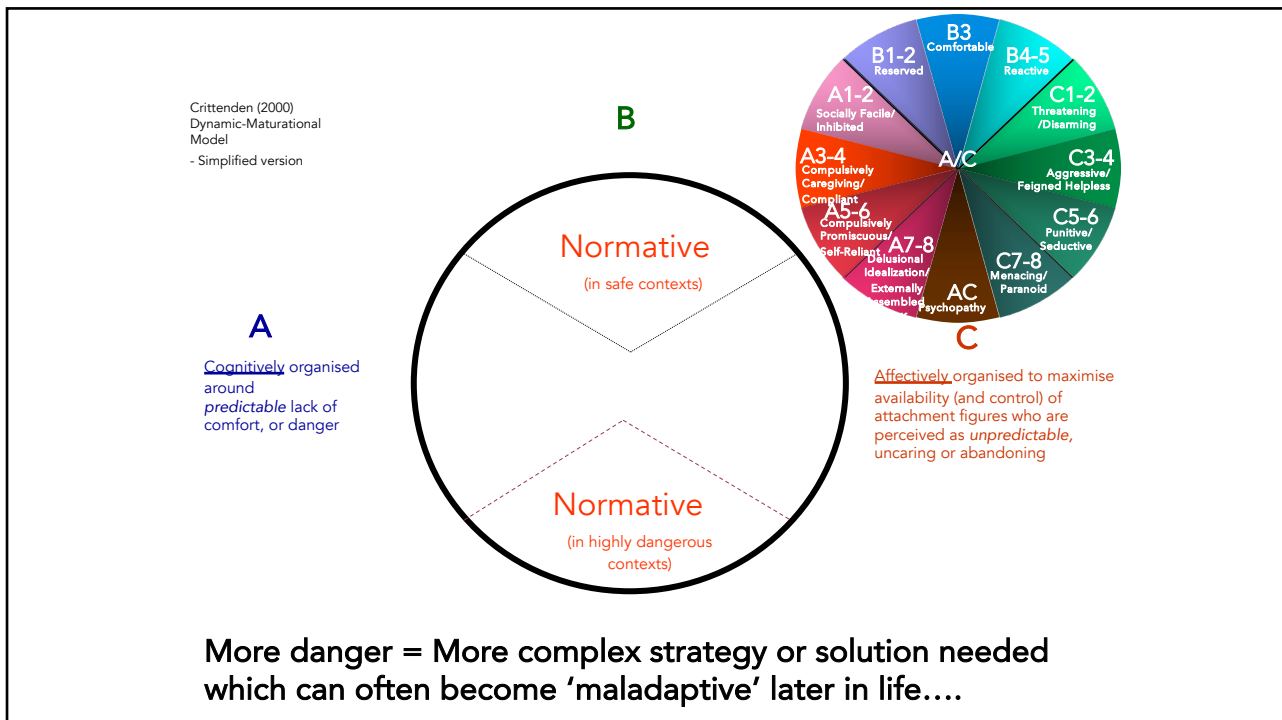


or

SEX

the list goes
on....and on...

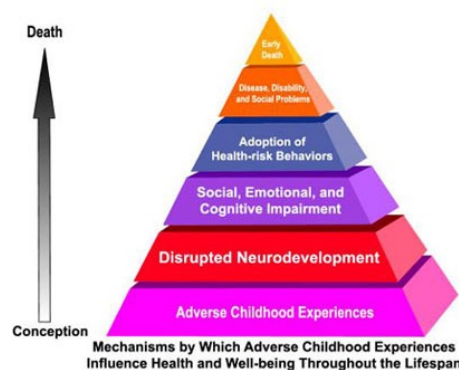
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ACE Study (1985)

- Originates from obesity clinic in California (Felitti)
- Patients often had history of physical or sexual abuse, so hypothesis was that obesity was unconscious defence as a result of trauma
- Link between adverse experiences in childhood and physical and mental ill health later in life
- Cumulative effect. More ACEs = More risk



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- 4 times more likely to be a high risk drinker
- 6 times more likely to have unintended teenage pregnancy
- 6 times more likely to smoke
- 6 times more likely to have under age sex
- 11 times more likely to smoke cannabis
- 14 times more likely to be a victim of violence in last 12 months
- 15 times more likely to have committed violence in the last 12 months
- 16 times more likely to have used crack cocaine or heroin
- 20 times more likely to have been incarcerated at any point

The Impact of
Adverse Childhood Experiences
on Addiction and Other Health Issues



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Developmental trauma a.k.a relational or attachment trauma




...a term developed by Van Der Kolk to describe childhood **trauma** such as chronic abuse, neglect or other harsh adversity in their own homes...




...linked to a vast range of difficulties...

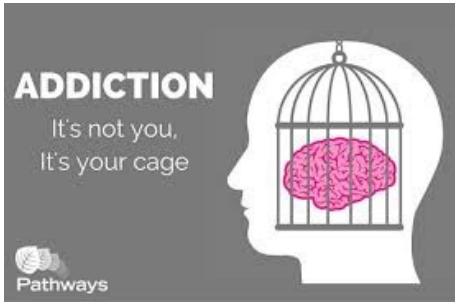
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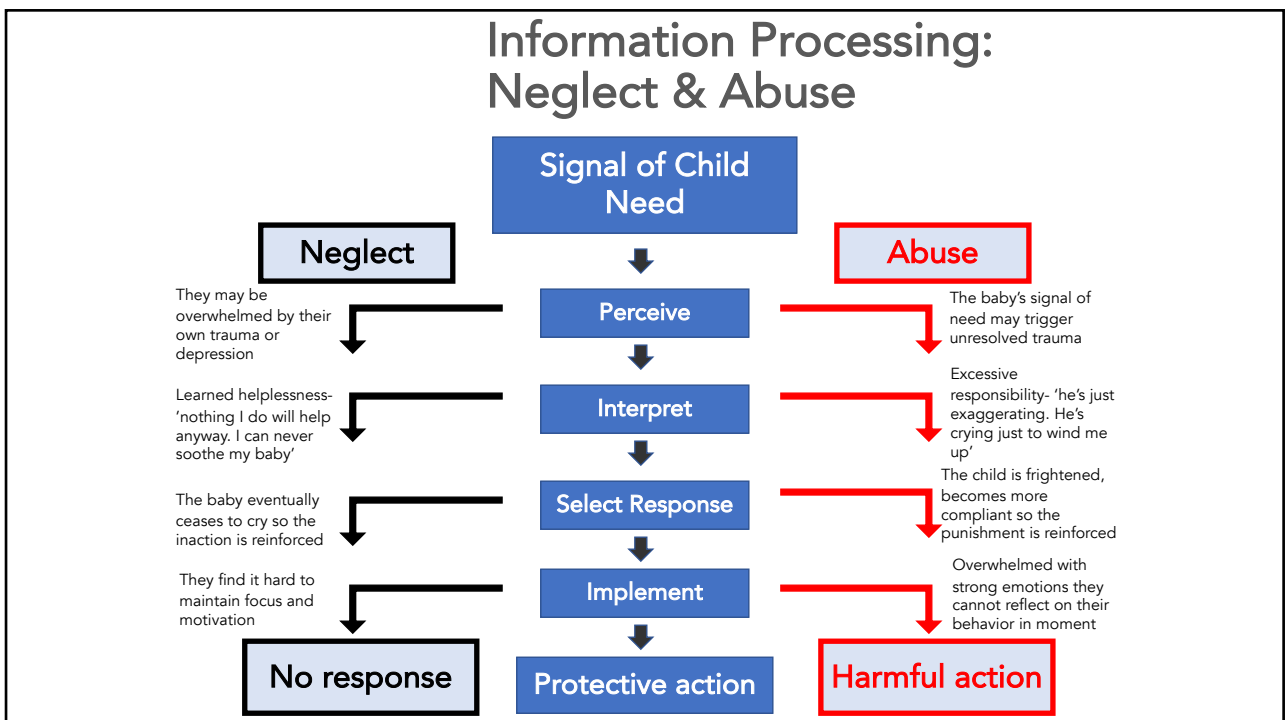
Likely to be an issue with many of the adults and children you are working with....




...and probably underlying many of the parenting problems that resulted in your involvement...



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beaconhouse.org.uk


The Repair of Early Trauma: A “Bottom Up” Approach


The Three R's

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Mentalisation

A theory about minds ...
having an accurate
understanding of your own
mind and the mind of others





When this capacity breaks down, a person might think that another person is out to get them (child or adult) which could cause them to behave in irrational ways...

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Increasing a parent's capacity to mentalize is correlated with increased sensitivity and reduction in risk Sadler et al (2013) Once you see the other's mind, you can't be violent to it....BUT....it's hard to mentalise in the face of intense negative affect such as, fear, anger, sadness. Slade (2012)



It's the opposite of what happens when you are trained to go to war....

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Mind-Mindedness

- Mind-mindedness is the parent's ability to read their baby's mind and accurately reflect what the child is thinking or feeling Meins et al 2001
- How young minds form in the context of close relationships Schore 2001
- The birth of the psychological self Fonagy et al 2002
- Can be very problematic when a child experiences multiple moves

The child learns about their own mind from their caregiver



and for bad....



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The danger of pathologizing typical behaviour

- What is typical?
- Reframing exposure to danger and adversity?



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DANGER SCALE

- 0** Developmental event with no danger
- 1-2** Developmentally normal, expected dangers, from which the child was adequately protected and comforted.
Examples:
 - a. being hungry or tired (infancy),
 - b. falling over, being alone (toddlerhood),
 - c. skinned knees, competition with a sibling, being punished (preschool),
 - d. seeing parents argue, being teased, being occasionally rejected by peers (school-age),
 - e. being jilted, trying drugs, fighting with parents (adolescence)
- 3-4** Developmentally normative dangers for which one was protected, but not comforted
OR
Developmentally inappropriate dangers from which one was protected and comforted or only comforted
Examples: serious accidents/illness, distant family death, physical punishment of young child for dangerous behaviour, familial sexual abuse by loving person
- 5-6** Developmentally inappropriate dangers from which one was neither protected nor comforted
Examples: serious accidents/illness requiring hospitalization, physical punishment for non-dangerous behavior, verbal abuse (especially by caregivers), bullying, pervasively rejected/excluded from school, non-familial sexual abuse, close family (non-parent) death, mentally ill parent, foster care or sibling in foster care, substance using parent
- 7-8** Parentally inflicted dangers (no comfort, no protection) or self-inflicted dangers
Examples: persistent rejection, being sent to live away from parents (>12y), triangulated deception of a parent, physical, emotional or familial sexual abuse/neglect, deception,
Example: running away, self-harm, child in foster care, overdosing
- 9** Events that would be threatening to adults as well (death of a parent/spouse/child, war)
- 10** Ongoing serious endangerment (in the present). Partner abuse, neighbourhood violence involving self or family, dangerous psychosis or criminality

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Three main patterns of attachment



...with subsections
and information processing

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- Mary Ainsworth **A B C**



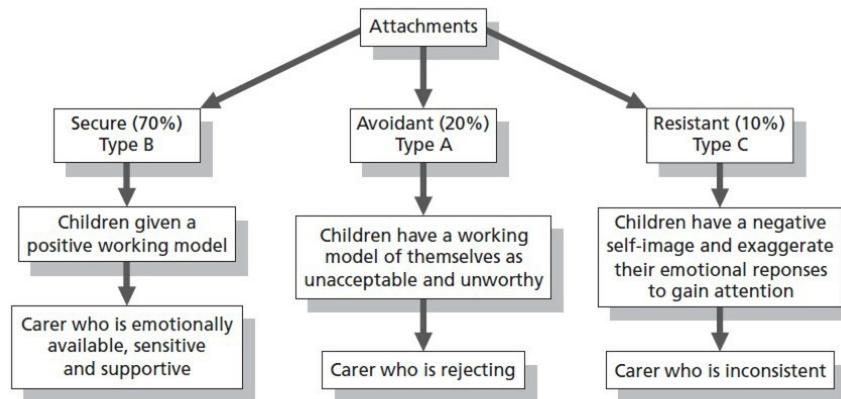
- Mary Main **A B C + D**

- Patricia Crittenden **A B C A/C**



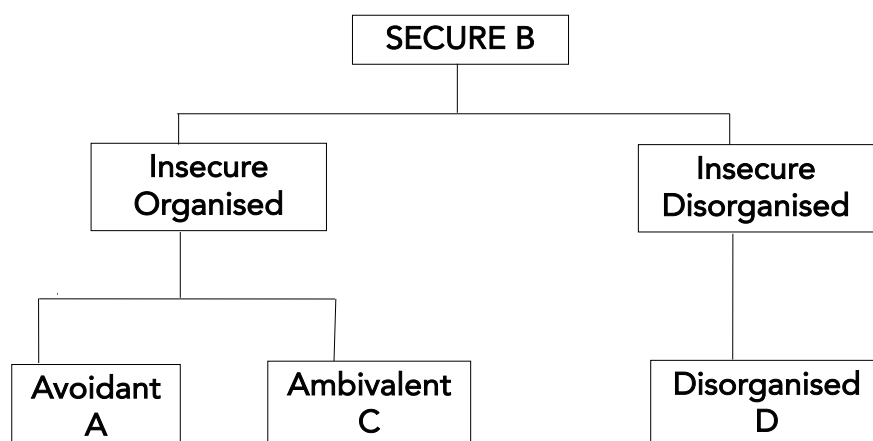
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Mary Ainsworth's A B C model

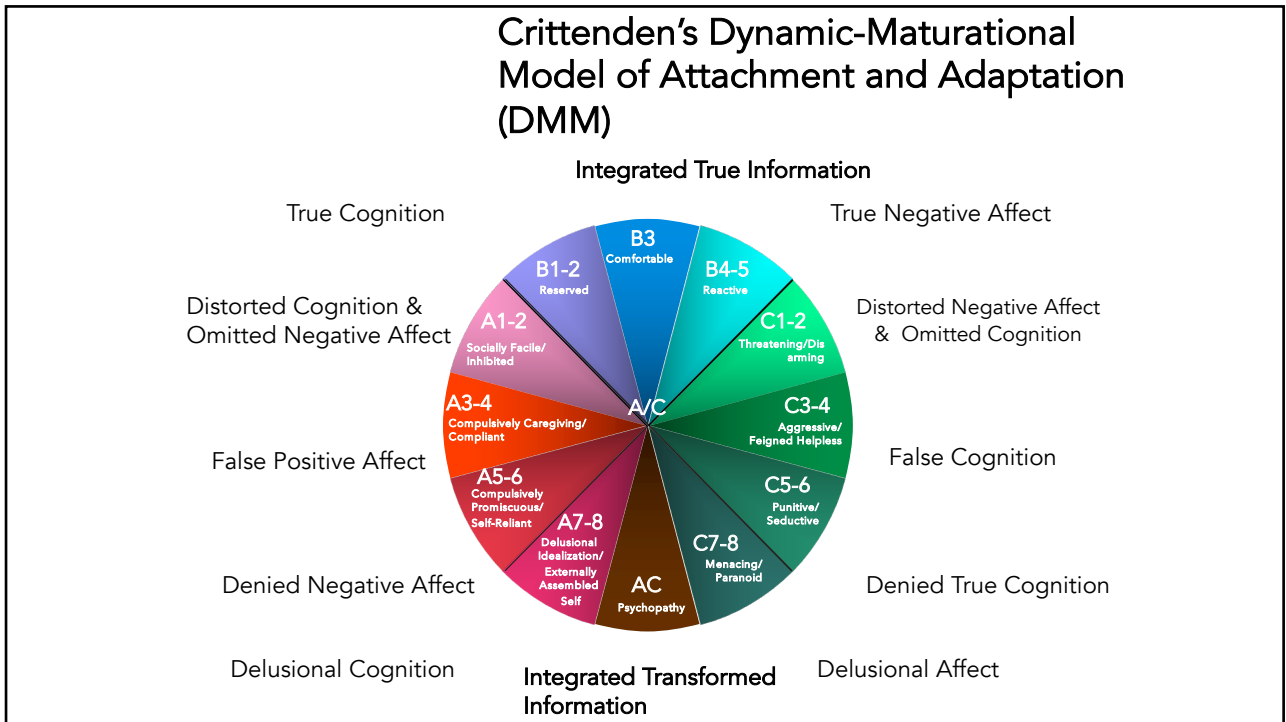


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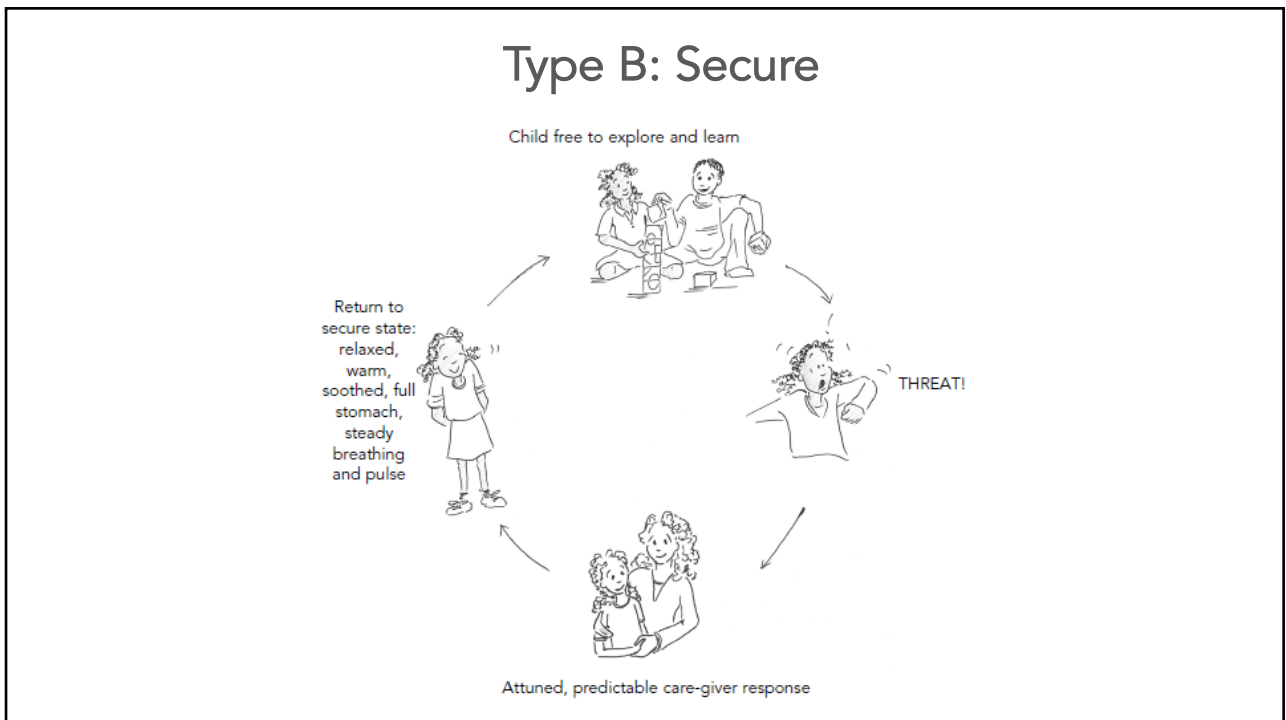
Mary Main's A B C + D model



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Type B

Expect protection and comfort

Integrate thinking and feeling

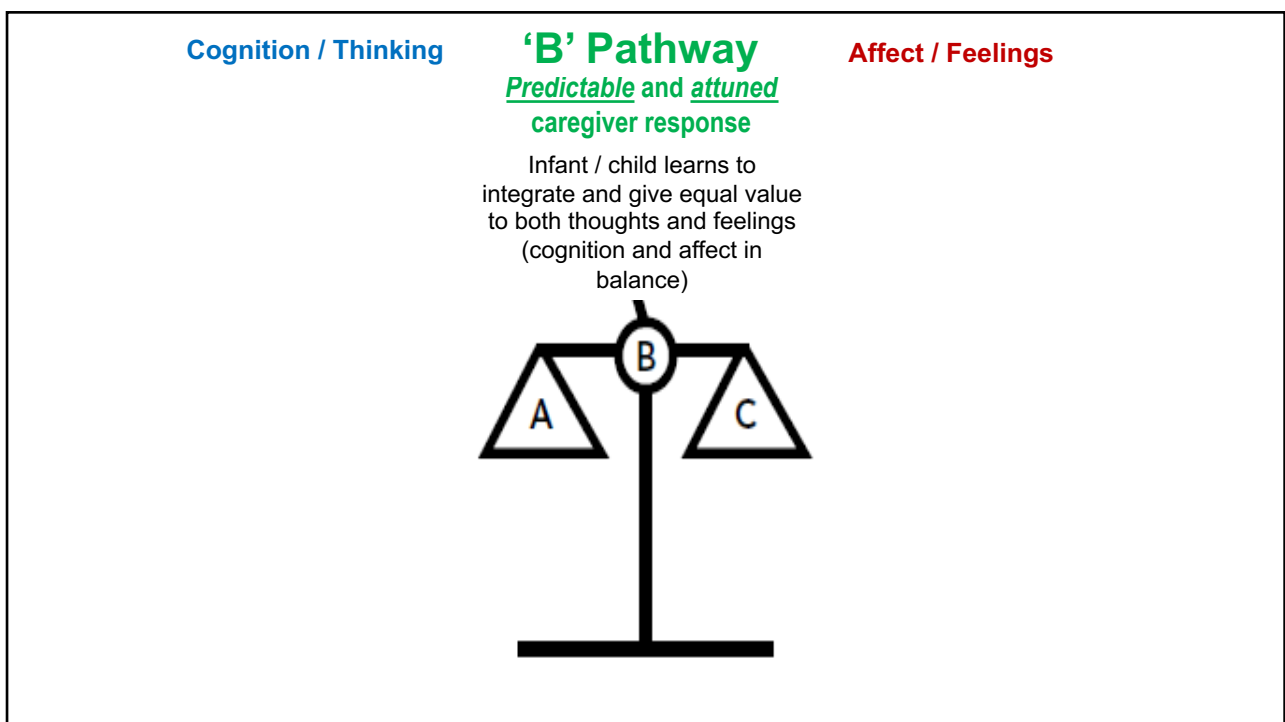
Feel confident to approach

Caregiver characteristics:

- ✧ Available
- ✧ Sensitive
- ✧ Attuned
- ✧ Mind-minded
- ✧ Flexible
- ✧ Responsive
- ✧ Good enough



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Type A / A+



Inhibit things that will displease carers

Do things that will please or placate
predictably rejecting or dangerous carers

Caregiver characteristics:

- ✧ Predictably unresponsive to attachment behaviour
- ✧ Predictably rejecting of attachment behaviour
- ✧ Predictably hostile to attachment behaviour
- ✧ Predictably cold in response to attachment behaviour
- ✧ Conditional in response to attachment behaviour
- ✧ Intrusive
- ✧ Controlling



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Cognition / Thinking 'A' Pathway

Affect / Feelings

Predictable and unattuned caregiver response

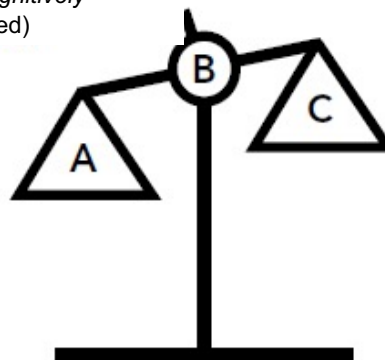
Infant / child learns to value to
thinking and cut off feelings
(becomes *cognitively*
organised)

Normative (age 0 +)
People-pleasing / Inhibited
(adaptive in safe contexts)

Concerning (ca. 3 +)
Compulsively care-giving / Compliant
(adaptive when comfort is obtainable with contingent
behaviour)

Endangering (ca. 11 +)
Promiscuous / Self-reliant
(adaptive when closeness = predictable danger)

Delusional (ca. 18 +)
Delusional idealisation ('Stockholm syndrome') /
Externally assembled self
(adaptive when life-threatening danger is predictable
and inescapable)



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Development of a Type A strategy might lead to:



- undemanding infants, children and adults
- explosions of forbidden negative affect, or somatic symptoms resulting from suppression of emotions
- “workaholic” children and adults
- understanding relationships intellectually, but a lack of emotional engagement
- use of drugs or alcohol to escape social anxiety



N.B. In its milder forms, avoidant-type behaviour may be highly functional in some work and educational settings Howe et al, 1999

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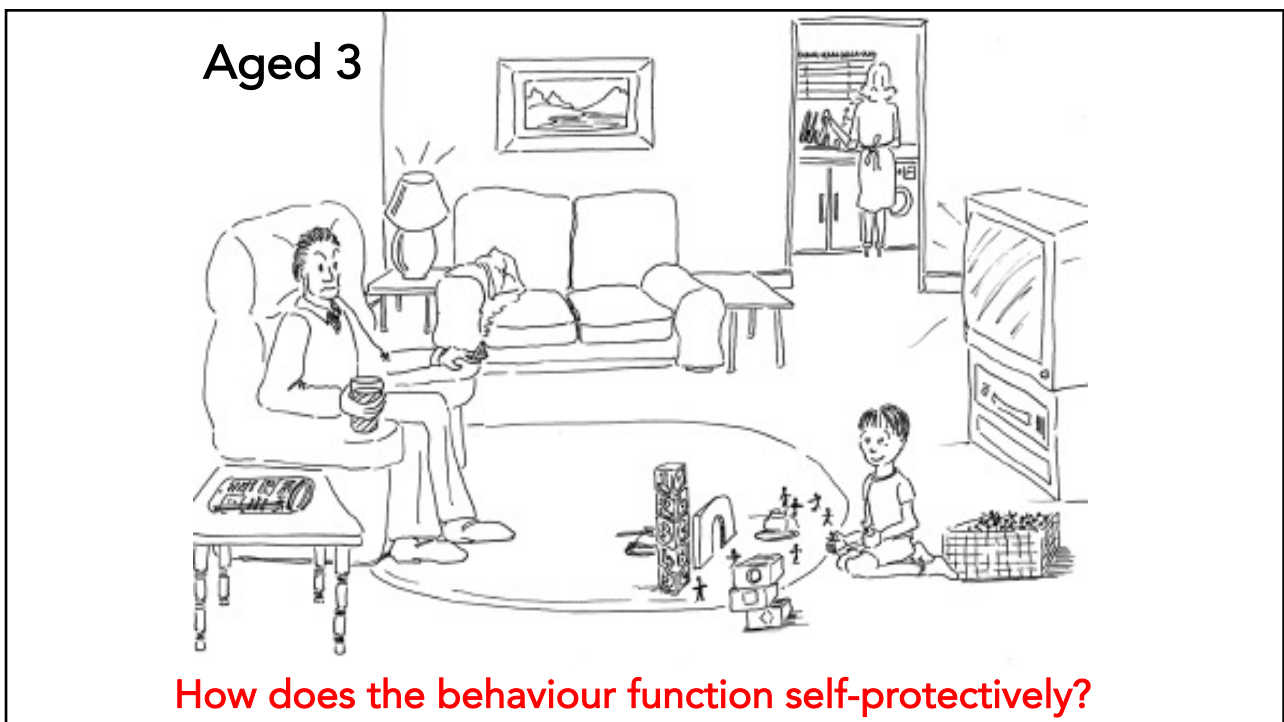
“You could beat her and she wouldn’t cry....She could take the beatings and pain like anything.” Karl Manning



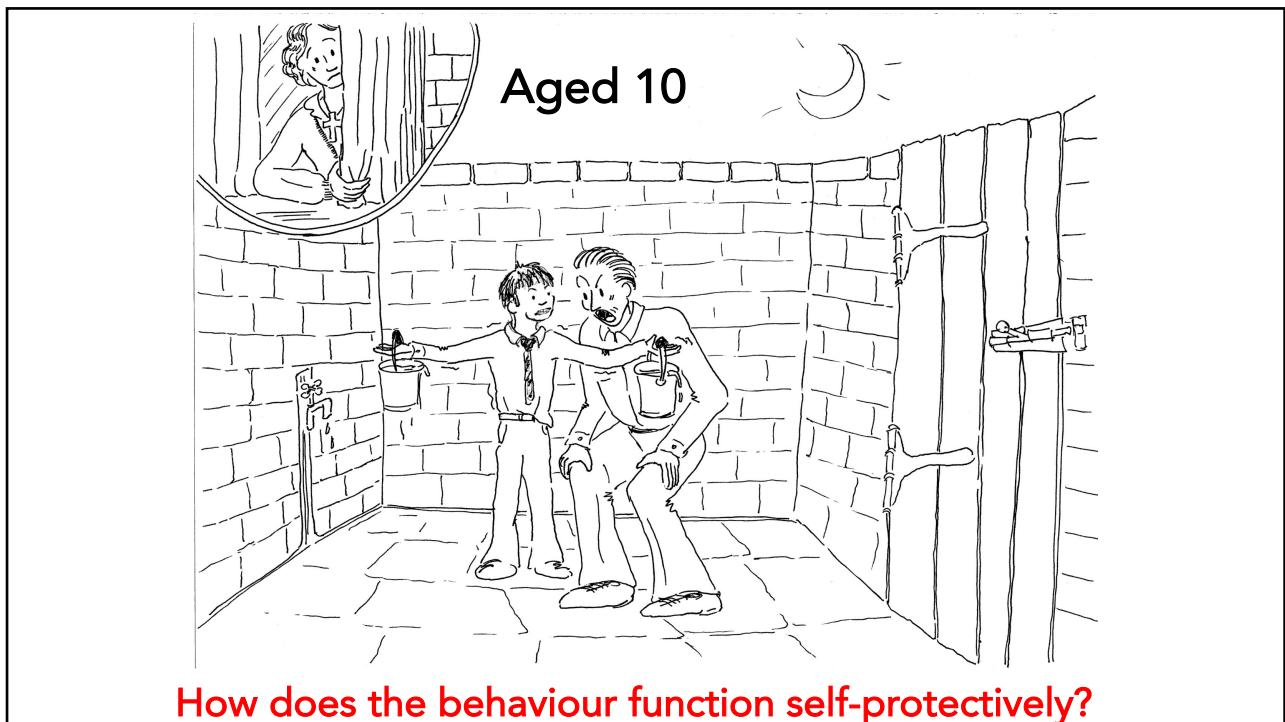
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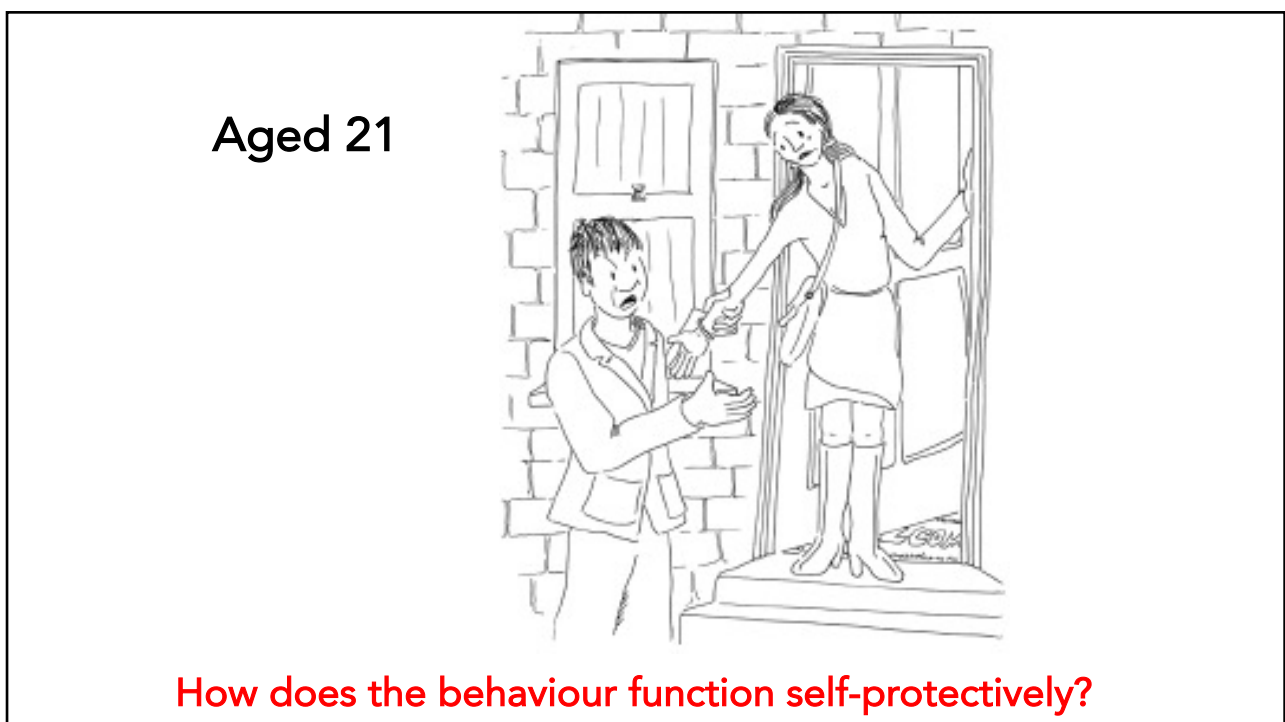
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Formulation

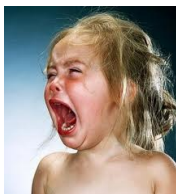


1. Can you link Adam's developmental history to the parenting problems that have led to Children's Services involvement? What do you think Adam would say about his developmental history?
2. Write a 3 sentence summary of your analysis & assessment of risk using the danger scale?
3. Develop an attachment-informed intervention plan based on your analysis. What would success look like?
4. How could this be achieved?
5. How will the worker need to be/not be with Adam?
6. Does Adam remind you of any of the parents you're working with?

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Type C

Cannot predict carer's responses to attachment seeking behaviour



So use displays of emotion (vulnerability or invulnerability) to make carers more predictable and responsive



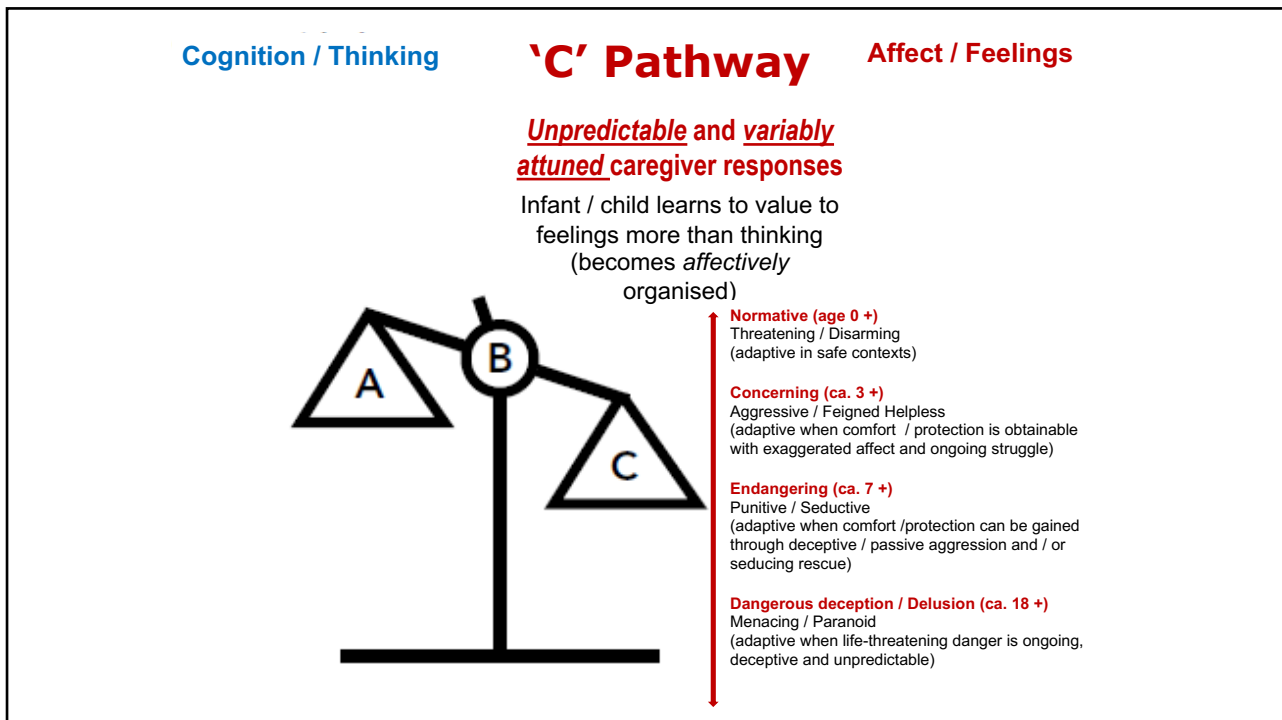
One feeling on display and the other hidden

Caregiver characteristics:

- ✧ Insensitive
- ✧ Under-involved
- ✧ Inconsistent
- ✧ Anxious
- ✧ Uncertain
- ✧ Preoccupied



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Development of a Type C strategy might lead to:

- attraction to groups – especially those which push boundaries to the limit and increase feelings of safety and invulnerability
- Impairment of social development and self efficacy
- displays of anger, aggression or vulnerability that change the behaviour of others

Adapted from Howe et al, 1999



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Aged 6

How does the behaviour function self-protectively?

69



Aged 12

How does the behaviour function self-protectively?

70

Aged 20



How does the behaviour function self-protectively?

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Formulation



- What would be your concerns if you were tasked with undertaking the pre-birth assessment with Calum? (Linked to his developmental history). What do you think Calum would say about his developmental history?
- Write a 3 sentence summary of your analysis.
- Develop an intervention plan. What would success look like? What would make the situation worse?
- How could this be achieved?
- Does Calum remind you of any of the parents you're working with?

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Development of Attachment Strategies

Cognitively Organised:
Information outside the
body takes priority

'A' Pathway

Predictability

but

non-attuned response

'B' Pathway
Predictable
and
Attuned response

Affectively Organised:
Information inside the
body takes priority

'C' Pathway

Unpredictability

and

Variably attuned
response

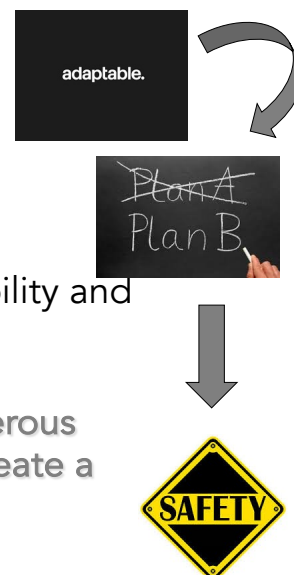


Intrusions of Anger, Fear,
Sadness, Sexuality / Need for
Comfort

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What strategy is best?

- Each is the best for some problem
- None is the best for every problem
- To be safe, we need them all
- Flexibility gives the greatest adaptability and maximum safety
- Whilst perfectly normative in dangerous contexts, extreme strategies can create a new kind of problem....such as...



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Self reliance....might lead
to....isolation and
depression....



feigned
helplessness....might
lead to anxiety and
incompetence....



threatening
behaviour.... might
lead to menacing and
criminal behaviour...

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Remember...
.....happy children in
unsafe contexts are the
ones we should worry
about most...

Things are not always as they
seem....



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The Danger of Labelling

- Avoid use of labelling, as in 'he is avoidant' or 'he has a preoccupied attachment strategy.'
- The DMM is not based on *symptom*-based diagnoses, but rather on understanding the *function* of a person's self-protective strategies.
- Attachment strategies can only be 'diagnosed' using **proven instruments** and only by **qualified practitioners**. Remember the limitations of your knowledge!
- Even then, the attachment strategy will only be said to apply to certain situations and certain relationships. It will have specific contexts.
- Assessing attachment has to happen under situations of stress, e.g. Strange Situation, the AAI.

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The Neurobiology of Attachment



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The Evolution of the Brain

○ The reptilian brain



- Evolved 300 million years ago

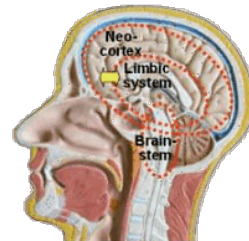
○ The lower mammalian brain



- Evolved 200 million years ago

○ The higher 'rational' human brain

- 200,000 years old

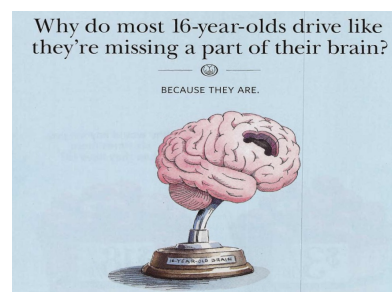
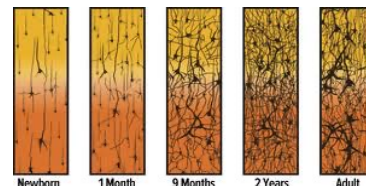


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Brain wiring from birth

- Much of the infant brain is developed after birth, in particular the higher brain

- At birth: 200 billion brain cells, but very few connections in the higher brain

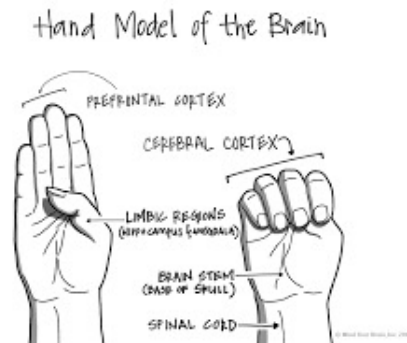


- Connections start to form at a rapid rate with 90% growth happening in first five years of life
- Unneeded or under unused cells are pruned away:
 - ❖ 80 billion by 1 year
 - ❖ 90 billion during adolescence *late twenties
 - ❖ 105 billion by aged 70 years

Sunderland, 2006

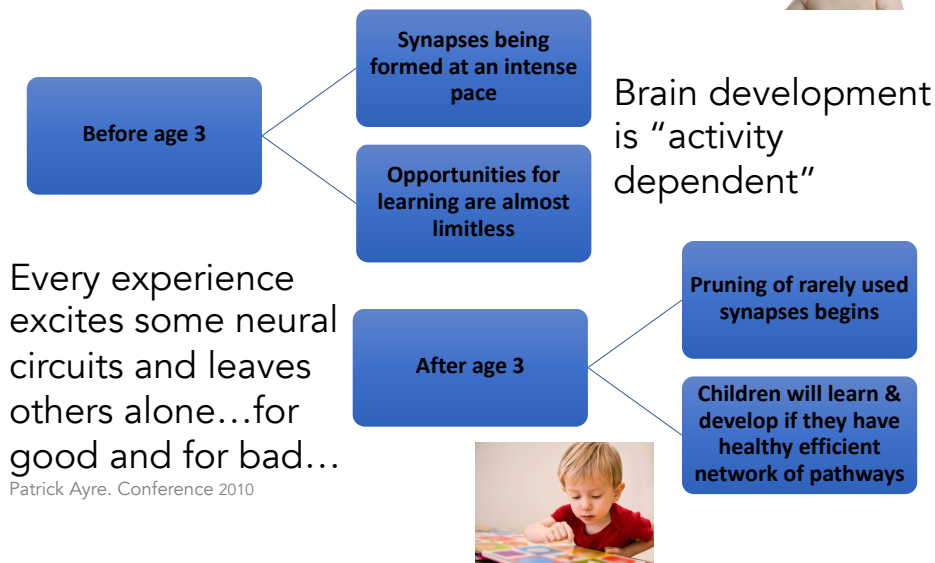
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Dan Siegel's Brain Hand



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Experience Affects the Structure of the Brain



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So arguably....
(*& metaphorically*)

neglect will
result in an....
empty head



and stress and
abuse will result in
brain pathways
like.... spaghetti
junction



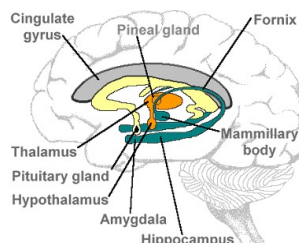
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Stress

Crying → hypothalamus
releases CRF → pituitary
gland releases →
ACTH → adrenal
glands release stress hormone
cortisol



Continued crying → continued
high levels of cortisol = toxic



Prolonged high cortisol

- cell damage in hippocampus
- **permanently** oversensitive stress response system
- Highly disrupted biochemical state (TAP ON or TAP OFF)



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A hypothesis....

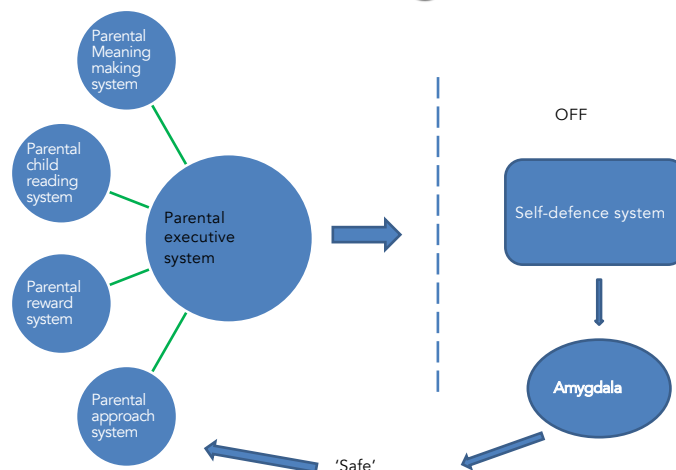
by assessing how
shiny the child is
and their
engagement
with their
environment....

relational
withdrawal...



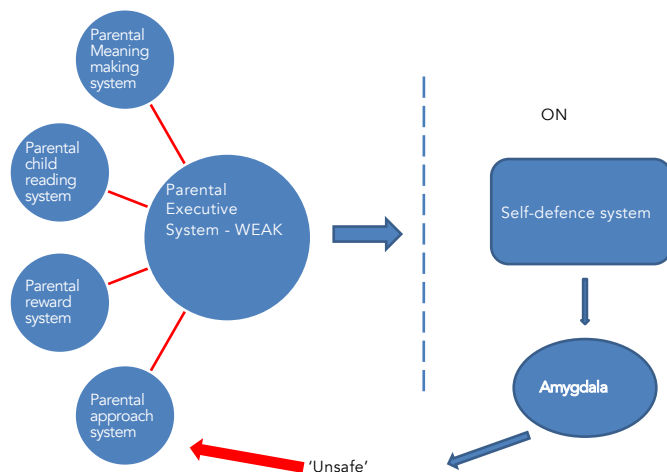
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Effective Parental functioning



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Stress & Blocked Care...



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The potential therapeutic value of oxytocin.....



- Oxytocin receptors multiply dramatically near the end of pregnancy
- First important surge is during labour as the baby passes through the cervix. Heightens levels in mother and child.
- Causes a mother to become familiar with and prefer her baby's smell. Calming and pain reducing for the mother.
- Opioids released in baby when lovingly touched
- Children with oxytocin rich blood levels are curious and eager to make friends with increased emotional resilience, increases ability to handle stress and decreased impulsivity!

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Smiles and Oxytocin



- Securely and insecurely attached mothers showed different patterns of brain response to their infants' photos
- The securely attached women had greater activation in the reward processing brain regions when they saw their children's smiling face as well as sad face
- Insecurely attached women had activation in the reward regions only when they saw their children's happy face
- Instead their infant's sad face activated the brain regions associated with feelings of unfairness, pain and disgust

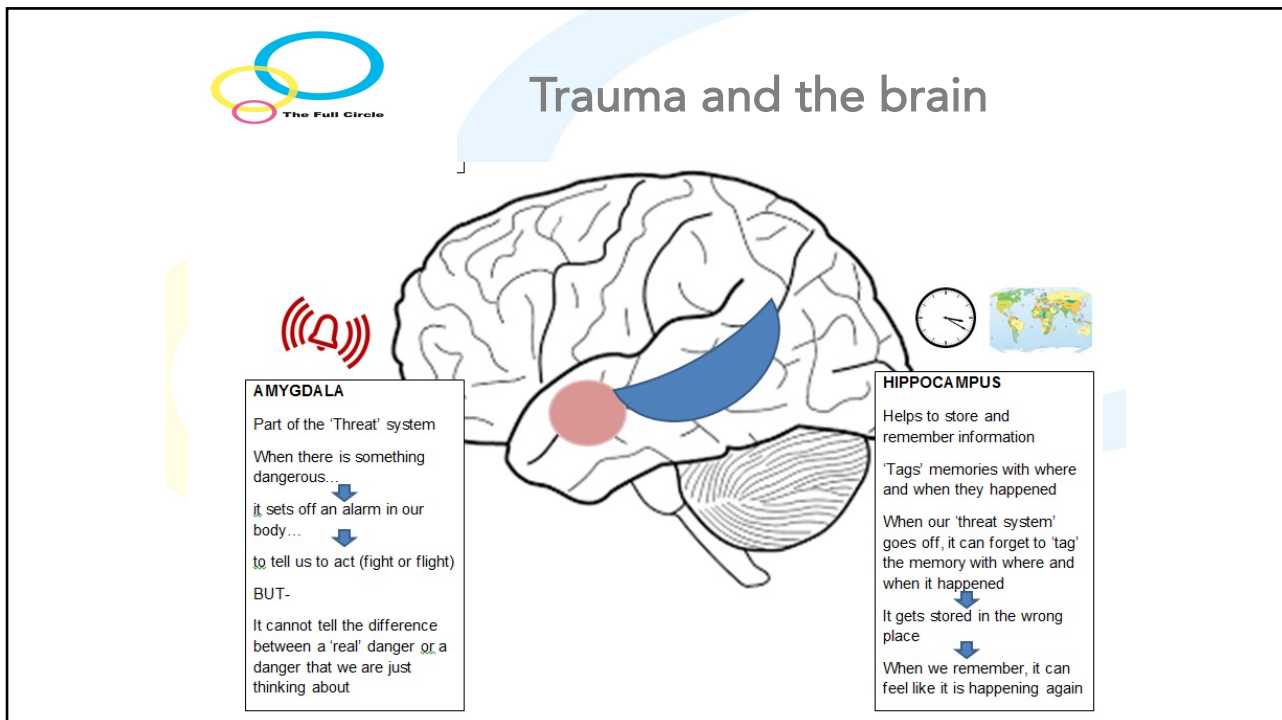
Lane Strathearn 2009

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Toxic Stress and the womb



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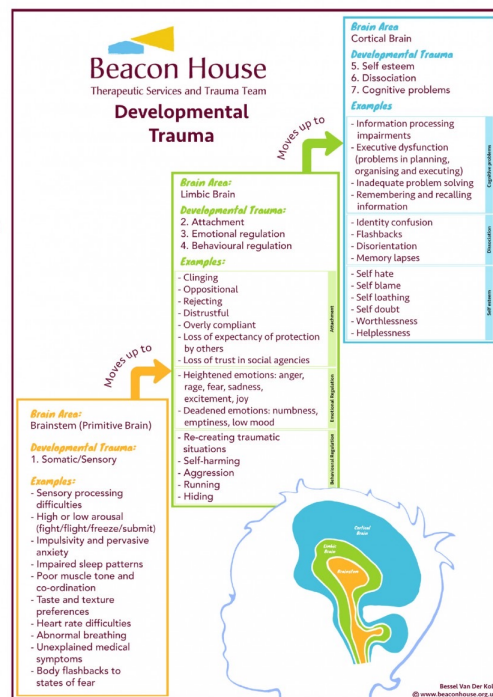
Bottom-up, The Hijacked Brain

Everyday experiences connected to the trauma will trigger instinctive survival responses: fight, flight, freeze, collapse and numbing, dissociation, re-enactment behavior. The client's animal brain takes over, the ability to think goes "off line," & acting out behavior takes place without conscious intention or judgment, even without awareness!

Janina Fisher, 2007

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- Sensory processing difficulties
- High or low arousal
- Impulsivity and pervasive anxiety
- Impaired sleep patterns
- Poor muscle tone and co-ordination
- Taste and texture preferences
- Heart rate difficulties
- Body flashbacks
- Self harming
- Information processing impairments
- Disassociation
- Cognitive problems
- Executive dysfunction (problems in planning, organising and executing)
- Inadequate problem solving
- Self hate
- Self blame
- Self doubt
- Helplessness



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How can you help?

deliver an
intervention....



with proven
efficacy...

EFFICACY

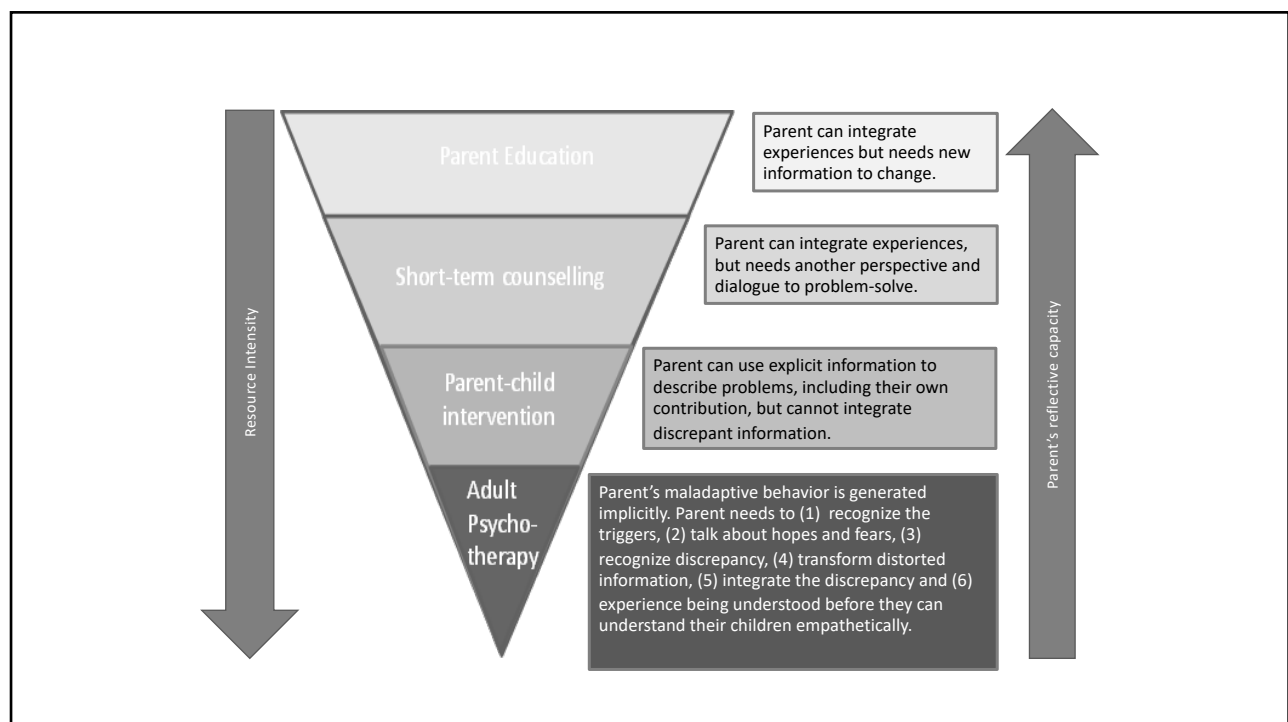
for resolving the problem you've
identified...

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Some interventions ...

- VIG
- Theraplay
- Family therapy
- Drama therapy/ Psycho Drama therapy
- EMDR
- MBT
- Dyadic Developmental Psychotherapy (DDP)
- Drama Therapy
- Movement Therapy
- Mindfulness
- Yoga
- Tai -Chi
- Sensory attachment intervention
- Body Based interventions

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"If relationships are where things go wrong, then relationships are where they are going to be put right." (Howe, 2011, IX)



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Implications for Practice

- Key moments of change, insight and new behaviours often happen when the individual feels safe and trusting enough to allow him or herself to become genuinely vulnerable, and when they receive an attuned response that encourages them to try a new form of coping in developmentally appropriate ways.
- Intervention effectiveness depends as much on the quality of implementation as on the type of intervention. Attachment theory tells us that best practice relies on a 'secure-base' working relationship between the individual and the worker(s), in the context of consistent and predictable organisational practice.

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The worker-client relationship: ingredients of a secure base:

- Responsiveness and offers of comfort when distressed.
- Consistency and reliability - timely, predictable, appropriate responses.
- Sensitivity and attunement. The capacity to mirror.
- Reflective functioning.
- Capacity to absorb protest.
- Security enables exploration, learning and enjoyment.
- Positive internal working model.
- Able to form a goal-directed partnership.
- Capacity to see other people as separate from self, with their own thoughts, feelings and goals.

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What's your emotional coping style?

Inhibited
Display of
Negative
Affect and /
or False
Positive
Display

Balanced
Integrated
display of
negative affect

Hyper-activated
Display of Negative
Affect



A

B

C

'Negative affect' = Fear, Anger, Sadness, Need for Comfort

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What type of worker strategy is optimum for working with families?

A, B or C???

A self aware one!

Who understands the implications of their own bias in information processing and works actively to ensure it doesn't impact their practice



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Relationship examples

Social Worker Service User Results

A (dismissing)		A	Rigid technical-cognitive approach Unexplored and avoided areas Dismissing negative emotions False affects
C (preoccupied)		C	Emotional emphasis Excessive expectations Extended consultations Relationship conflicts
A C		C A }	Partial compensation Difficulty in understanding Therapy interruption
B (secure or balanced)		A, B, C	Mentalization Affective and cognitive communication Tailored to the patient strategies

(Baldoni. Conference 2012)

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Key messages for practitioners

- The worker/service user relationship can evoke attachment strategies, particularly under conditions of stress. **You don't want your attachment strategy going out to meet your service user's attachment strategy!**
- The skills, personal qualities and self-awareness of workers are fundamental to successful interventions, and to attachment based working
- "the capacity to be in touch with the client's feelings is related to the worker's ability to acknowledge his/her own. Before a worker can understand the power of emotion in the life of the client, it is necessary to discover it's importance in the worker's own experience..." Shulman, 1999
- Attachment informed practice needs attachment informed supervision to support it Baim & Morrison (2011)