

'Working with Troubled Adolescents'

Changing the language from
troublesome to troubled.

*Attachment theory's contribution to
working with adolescents and adults with
problematic behaviour.*

Rebecca Carr-Hopkins

ISW Matters Ltd.

&

Dr Oliver O'Mara

Clinical Psychology North East Ltd.

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About this Course

Attachment theory is essential for understanding how human beings function in relationships and how people develop social and psychological difficulties. It is also fundamental for understanding what constitutes psychological wellbeing. Through exploration of relevant case examples, the training is designed to help practitioners develop their understanding of the theory and its utility in understanding the young people they are working with and increase their confidence to act as change agents and relate to young people and their families in an attuned way.

Learning outcomes. At the end of the course participants will:

- Understand the key components of attachment theory and its links to child development and neurobiology;
- Understand the essential aspects of the Dynamic-Maturational Model of Attachment and Adaptation (DMM) across the lifespan and its utility as a strengths-based, non-labelling and non-pathologizing approach;
- Be aware of the developmental factors that contribute to the development of secure and insecure attachment strategies (The 'ABC' model of attachment) and the characteristics associated with these;
- Be clear about why understanding the attachment experiences of children and adults (assessment) can help practitioners increase their understanding of the roots of maladaptation in family functioning (formulation) and develop attachment informed plans and interventions;
- Understand why attachment informed practice strongly signals the importance of relationship-based practice as key to successful assessment and intervention;
- Understand how to apply theory to practice through exploration of case study interview.
- Understand how the DMM connects with the emerging fields of interpersonal neurobiology and narrative medicine;
- Understand the impact of unresolved loss and trauma and implications for assessment and intervention;
- Understand how to hold difficult conversations with families.

Programme: Day 1

- 9.30am** Introductions and learning outcomes
Development stages
The Adolescent Brain
Core tasks of adolescence
- 11.00am** ***Break***
- 11.15am** ***Break tasks-independent study***
- Introduction to Attachment Theory video
Danger chronology
- 11.45am** What helps ameliorate the effects of danger
Behavioural strategies across different developmental stages
- 1.00pm** ***Lunch***
- 1.30pm** Reframing behaviour from an attachment perspective.
Name it to Tame it. Millie video
- 2.30pm** ***Close***

Programme: Day 2

- 9.30am** Reflection on Learning from Day 1
Type A: Adam
Type C: Calum
- 11.00am** ***Break***
- 11.15am** ***Break tasks-independent study***
- Dan Siegel's Brain Hand video
- 11.30am** Introduction to Trauma
Window of Tolerance
- 1pm** ***Break***
- 1.30pm** What do families need from professionals?
Family Tree/Timeline Exercise
Feedback & Final Questions
- 2.30pm** ***Close***

DID YOU EVER...?

When you were under 18 years old, did you ever

Act	Points
Lie about your age to someone	5
Stay out later than you were supposed to	5
Lie to loved ones about something important	5
Drive a car without a licence	30
Ride a motorcycle without a licence	30
Steal from a shop	30
Smoke a cigarette before 16 years old	15
Ignore the good advice of parents or carers	15
Watch 18 rated movies or look at 18 rated materials	10
Peer pressure a friend into doing something	10
Go to bars and clubs whilst underage	25
Get in cars with older friends or associates	25
Use drugs	30
Skip school	15
Get a tattoo	30
Graffiti	20
Bully someone	20
Copy something dangerous that you saw someone else do	25
Had unprotected sex	30
Use alcohol	30
Steal from loved ones	10
Leave home or get kicked out	30
Hang out with someone you barely knew	10
Go missing	20
Have sex before the age of 16	20
Significantly change your appearance or style	5
Hang around with people much older than you	20
Have a 'one night stand'	30
Play in dangerous areas (train tracks, deep water etc.)	15
Physically assault someone (hit, kick, fight)	20
Tell parents and carers you were one place and went another	10
Have more than 5 sexual partners	30
Have a child	30

Nb. Remember that there will be many explanations for behaviour....your job is to hypothesise about what the behaviours *might* mean and link it to your understanding of the child's developmental history...



SIGNS OF DEVELOPMENTAL TRAUMA AT HOME & SCHOOL

When children experience early loss, separation, abuse or neglect their brain development is affected in significant ways. They often experience what is known as Developmental Trauma, which means their development has gone off track and they cannot behave, feel, relate and learn like other children their age. Developmental Trauma can be repaired with a holistic, 'bottom up' approach; with safe and sensitive relationships with adults being central.

SIGNS OF SENSORY PROBLEMS AT HOME

- Strong dislike for certain foods & textures
- Strong dislike for touching or overly tactile
- Sucking, biting, chewing to self-sooth
- Avoidance of routines such as tooth brushing
- Jumpy, restless and alert, even when safe
- Difficulty knowing when they are hot/cold; hungry/full or when they need the toilet

SIGNS OF SENSORY PROBLEMS AT SCHOOL

- Difficulty with concentration & attention
- Overwhelmed by noisy busy classrooms
- Difficulty throwing and catching a ball
- Difficulty with co-ordination and balance
- Poor handwriting and pencil grip
- Shutting down/zoning out frequently throughout the day

SIGNS OF ATTACHMENT INSECURITY AT HOME

- Avoidance of emotional intimacy or emotionally over-spilling
- Feeling 'hard to reach', emotions are bottled up and the child is hard to read
- The parent/carer feels exhausted with the unrelenting demands, crises and emotional needs of the child.
- Boundary setting can trigger a big reaction or non-compliance in child
- Episodes of distress or anger last much longer than expected
- Separations trigger anxiety or anger in the child
- The child is controlling of his/her parents and siblings

SIGNS OF ATTACHMENT INSECURITY AT SCHOOL

- Difficulties processing new information
- Under performance or over-dependence on academic perfection
- Difficulties planning, organising and completing tasks
- Struggles with transitions, loss and change
- Big reactions or zoning out for reasons not obvious to others
- Difficulties in friendships
- Find it hard to ask for help or the child is always needing help
- Over compliance or disruptive behaviour in class

SIGNS OF EMOTIONAL DYSREGULATION AT HOME

- Prolonged meltdowns over small things
- Lots of arguments as the child cannot see things from their parents' perspective
- Very limited empathy for others
- Frequent child to parent violence
- Tearfulness and clingy behaviours at separation
- Bedtime routine is prolonged and painful
- In teens – self harming, drug use, promiscuity

SIGNS OF EMOTIONAL DYSREGULATION AT SCHOOL

- Outbursts of anger or distress at small events such as a change in activity
- Immaturity in friendships – jealousy, possessiveness, struggles to share
- Too emotional to take on board new learning
- Tearfulness and anxiety at drop off
- Over-dependence on adults
- Rule breaking
- Aggression, running off and hiding

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Nb. Remember that many of us in the room will have an ACE score of 4 or more. Exposure to danger isn't equivalent to trauma. If young people had safe and supportive parents then they are likely to have had the resources to overcome the challenges of the adverse experience (resilience & learning to safeguard themselves in the future). If not then this is what produces toxic stress....

Adverse Childhood Experience (ACE) Questionnaire

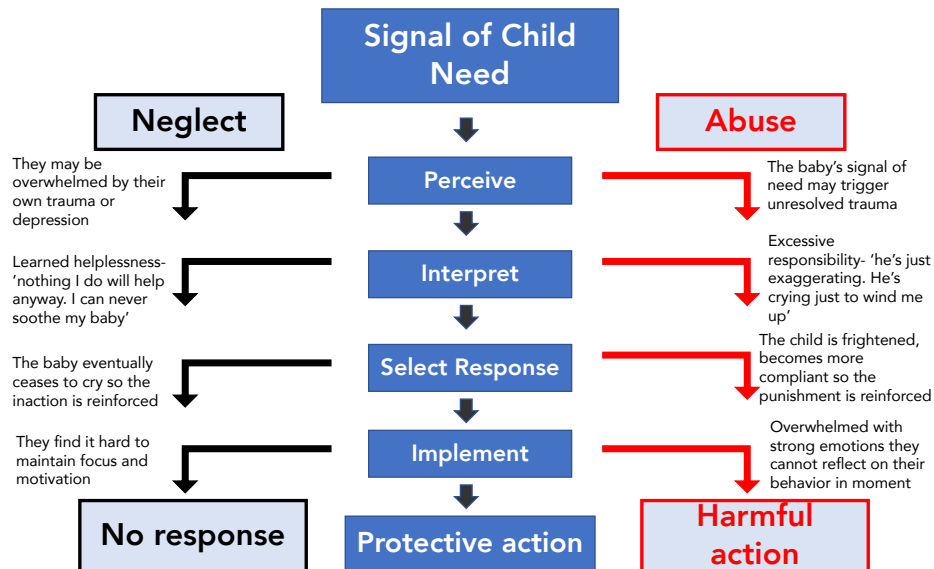
Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

Information Processing: Neglect & Abuse



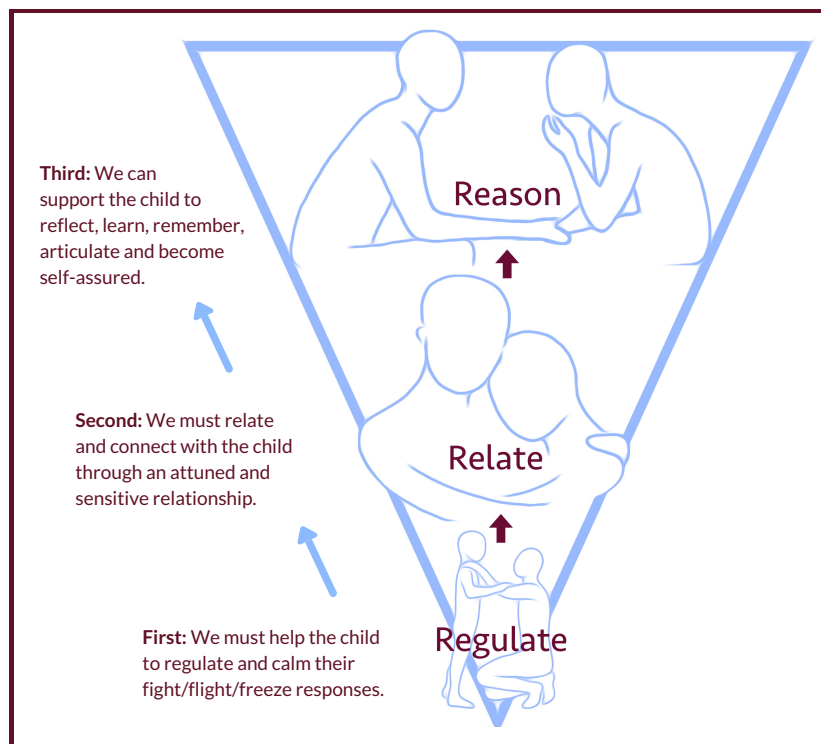
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The Three R's: Reaching The Learning Brain

Dr Bruce Perry, a pioneering neuroscientist in the field of trauma, has shown us that to help a vulnerable child to learn, think and reflect, we need to intervene in a simple sequence.



Heading straight for the 'reasoning' part of the brain with an expectation of learning, will not work so well if the child is dysregulated and disconnected from others.

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What if...



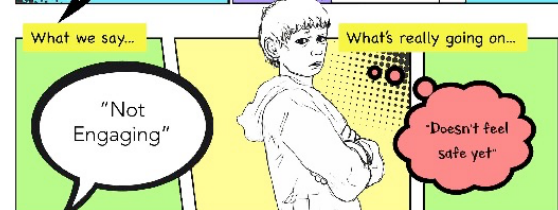
...we are curious about behaviour?

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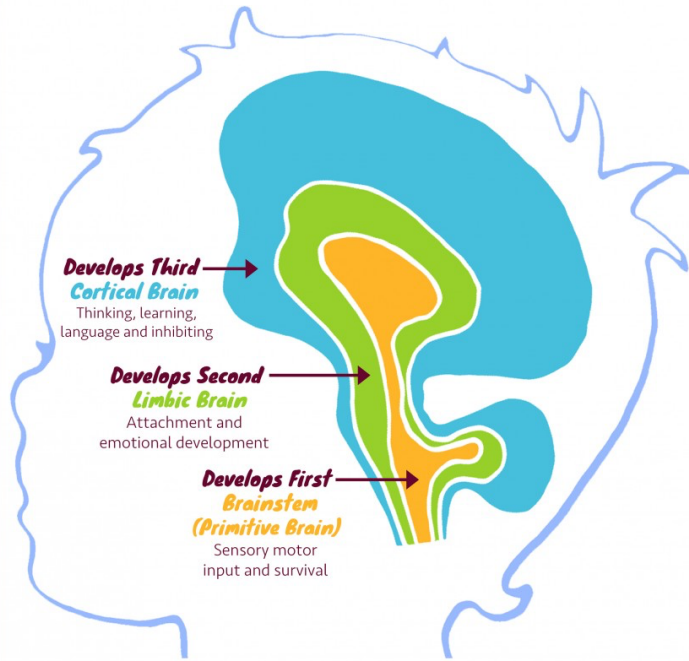
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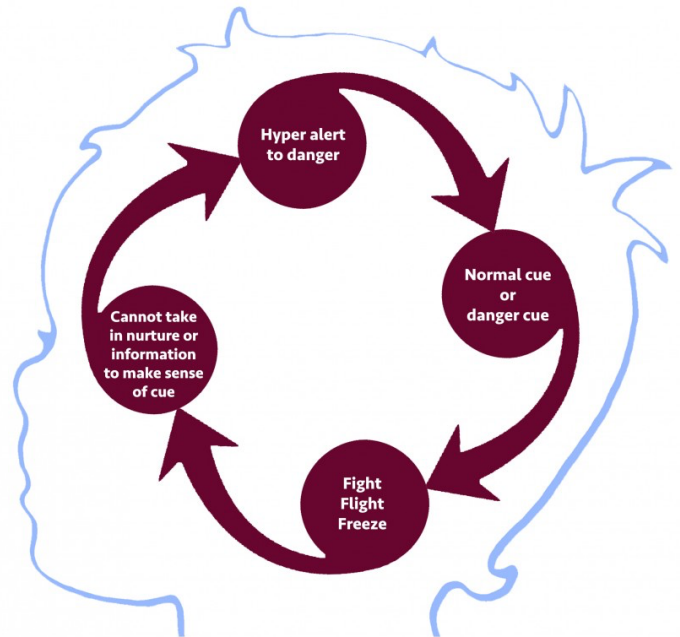


Children's brains develop from the bottom up.



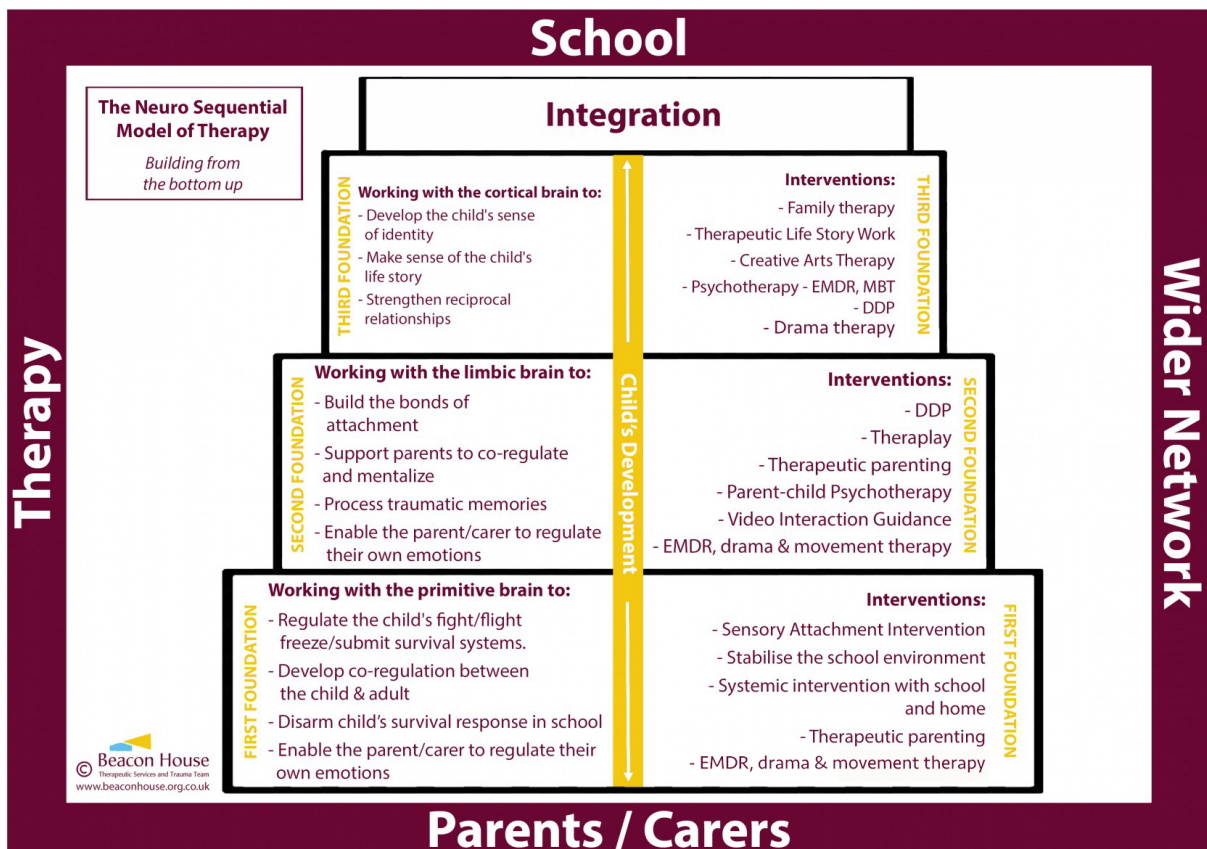
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Survival Loop



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The Neurobiology of Attachment



Developmental Trauma

Brain Area:
Brainstem (Primitive Brain)

Developmental Trauma:
1. Somatic/Sensory

Examples:

- Sensory processing difficulties
- High or low arousal (fight/flight/freeze/submit)
- Impulsivity and pervasive anxiety
- Impaired sleep patterns
- Poor muscle tone and co-ordination
- Taste and texture preferences
- Heart rate difficulties
- Abnormal breathing
- Unexplained medical symptoms
- Body flashbacks to states of fear

Moves up to

Brain Area:
Limbic Brain

Developmental Trauma:
2. Attachment
3. Emotional regulation
4. Behavioural regulation

Examples:

- Clinging
- Oppositional
- Rejecting
- Distrustful
- Overly compliant
- Loss of expectancy of protection by others
- Loss of trust in social agencies
- Heightened emotions: anger, rage, fear, sadness, excitement, joy
- Deadened emotions: numbness, emptiness, low mood
- Re-creating traumatic situations
- Self-harming
- Aggression
- Running
- Hiding

Attachment

Emotional Regulation

Behavioural Regulation

Moves up to

Brain Area
Cortical Brain

Developmental Trauma
5. Self esteem
6. Dissociation
7. Cognitive problems

Examples

- Information processing impairments
- Executive dysfunction (problems in planning, organising and executing)
- Inadequate problem solving
- Remembering and recalling information

Cognitive problems

- Identity confusion
- Flashbacks
- Disorientation
- Memory lapses

Dissociation

- Self hate
- Self blame
- Self loathing
- Self doubt
- Worthlessness
- Helplessness

Self esteem



An Introduction to the ABC patterns of Attachment

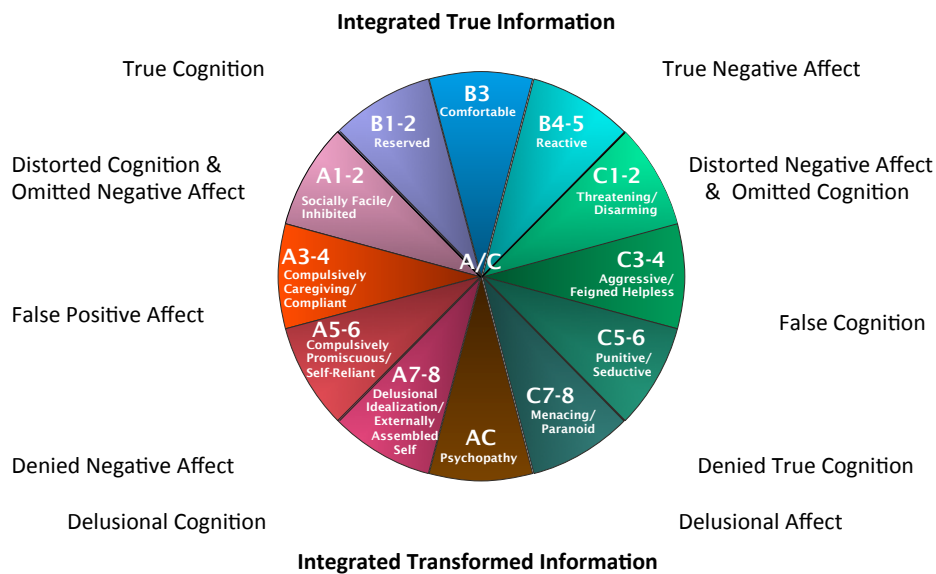
Secure: Parents are interested in and alert to infant's state of mind-are anxious to understand their child and to be understood by them →child develops an internal model of the self as loveable and psychologically intelligible→child will mentally represent others as potentially interested available and responsive at times of need→at times of stress the child will have a positive view of others as a resource

Insecure A: Parents feel anxious and irritated when the child makes emotional demands and will distance themselves when child signals distress. Rather than attempt to understand the child-will impose their view of what a "good child" is→child adapts to rejecting caregiver by downplaying (over-regulating) negative emotions-children get most attention when they behave in the way the parent wants them to behave (Compulsive A)→Intimacy will be avoided→when stressed will feel anxious-has not learnt how to elicit sensitive care and protection

Insecure C: Under involved carers-more interested in whether child loves them than in the child's needs-slow to respond to distress→child increases displays of distress to overcome caregiver's insensitivity-feels angry that parental care cannot be taken for granted-seems to be no relationship between their behaviour and whether the carer will respond (coercive)→child can become distressed at being left alone, poor concentration, moody. Tries to control other people's unpredictability through coercive behaviour →others give up, confirming fear that others let you down

Disorganised (in ABC+D model) A/C or A+ & C+ in DMM: When carer is source of fear-highly organised strategy to deal with it→if parents are rejecting and physically abusive→compulsively compliant or if parents needy/unable to look after themselves→compulsive caregiving. If parents abusive and neglectful →child seeks to be in control rather than be controlled→bossy aggressive, violent self abusive

DMM Self-Protective Strategies in Adulthood



Dynamic-Maturational Model Self-Protective Strategies

Patricia M.Crittenden, Ph.D.

The descriptions below accompany and elaborate the circular model of self-protective strategies.

Type B strategies integrate cognitive and affective information in a balanced and flexible manner.

B3: The Type B strategy involves a balanced integration of temporal prediction with affect. Individuals using the Type B strategy show all kinds of behaviour, but are alike in being able to adapt to a wide variety of situations in ways that are self-protective, partner-protective, and progeny-protective. As often as possible, they cause others no harm. They communicate directly, negotiate differences and find mutually beneficial compromises. They distort information very little, especially not to themselves. They display a wider range of individual variation than people using other strategies-who must constrain their functioning to employ their strategy. This strategy functions in infancy. By adulthood, two sorts of Type B strategies can be differentiated. Naïve B's simply had the good fortune to grow up safe and secure. Mature B's, on the other hand, 1) have reached neurological maturity (in the mid-30's), 2) function in life's major roles, e.g., child, spouse, parent, and 3) carry out an on-going process of psychological integration across relationships, roles and contexts. Where naïve B's tend to be simplistic, mature B's grapple with life's complexities.

B1-2: Individuals assigned to B1-2 are a bit more inhibited with regard to negative affect than B3s, but are inherently balanced.

B4-5: Individuals assigned to a B4-5 exaggerate negative affect a bit, being sentimental (B4) or irritated (B5), but are inherently balanced.

Type A strategies emphasise cognitive contingencies while inhibiting display and awareness of feelings.

A1-2: The A1-2 strategy uses cognitive prediction in the context of very little real threat. Attachment figures are idealised by over-looking their negative qualities (A1) or the self is put down a bit (A2). Most A1-2s are predictable, responsible people who are just a bit cool and business like. Type A strategies all rely on inhibition of feelings and set danger at a psychological distance from the self. This strategy is first used in infancy.

A3: Individuals using the A3 strategy (compulsive caregiving, cf., Bowlby, 1973) rely on predictable contingencies, inhibit negative affect and protect themselves by protecting their attachment figure. In childhood, they try to cheer up or care for sad, withdrawn and vulnerable attachment figures. In adulthood, they often find employment where they rescue or care for others, especially those who appear weak and needy. The precursors of A3 and A4 can be seen in infancy (using the DMM method for the Strange Situation) but the strategy only functions fully in the preschool years and thereafter.

A4: Compulsively compliant individuals (Crittenden & DiLalla, 1988) try to prevent danger, inhibit negative affect and protect themselves by doing what attachment figures want them to do, especially angry and threatening figures. They tend to be excessively vigilant, quick to anticipate and meet others' wishes, and generally agitated and anxious. The anxiety, however, is ignored and downplayed by the individual and often appears as somatic symptoms that are brushed aside as being unimportant.

A5: A5 individuals use a compulsively promiscuous strategy (Crittenden, 1995) to avoid genuine intimacy while maintaining human contact and, in some cases satisfying sexual desires. They show false positive affect, including sexual desire, to little known people, and protect themselves from rejection by engaging with many people superficially and not getting deeply involved with anyone. This strategy develops in adolescence when past intimate relationships have been treacherous and strangers appear to offer the only hope of closeness and sexual satisfaction. It may be displayed in a socially promiscuous manner (that doesn't involve sexuality) or, in more serious cases, a sexual promiscuity.

A6: Individuals using a compulsive self-reliant strategy (Bowlby, 1980) do not trust others to be predictable in their demands, find themselves inadequate in meeting the demands or both. They inhibit negative affect and protect themselves by relying on no one other than themselves. This protects the self from others, but at the cost of lost assistance and comfort. Usually this strategy develops in adolescence after individuals have discovered that they cannot regulate the behaviour of important, but dangerous or non-protective caregivers. They withdraw from close relationships as soon as they are old enough to care for themselves. There is a social form of the strategy in which individuals function adaptively in social and work contexts, but are distant when intimacy is expected, and an isolated form in

which individuals cannot manage any interpersonal relationship and withdraw as much as possible from others.

A7: Delusionally idealising individuals (Crittenden, 2000) have had repeated experience with severe danger that they cannot predict or control, display brittle false positive affect and protect themselves by imagining that their powerless or hostile attachment figures will protect them. This is a very desperate strategy of believing falsely in safety when no efforts are likely to reduce the danger (cf., the "hostage syndrome"). Paradoxically, the appearance is rather generally pleasing, giving little hint of the fear and trauma that lie behind the nice exterior until circumstances produce a break in functioning. This pattern only develops in adulthood.

A8: Individuals using an A8 strategy (externally assembled self, Crittenden, 2000) do as others require, have few genuine feelings of their own, and try to protect themselves by absolute reliance on others, usually professionals who replace their absent or endangering attachment figures. Both A7 and A8 are associated with pervasive and sadistic early abuse and neglect.

Type C strategies emphasise feeling states in contexts where contingencies are complex of information is ambiguous or incomplete.

C 1-2: The C 1-2 (threatening-disarming) strategy involves both relying on ones own feelings to guide behaviour and also using somewhat exaggerated and changing displaying negative affect to influence other people's behaviour. Specifically, the strategy consists of splitting, exaggerating, and alternating the display of mixed negative feelings to attract attention and manipulate the feelings and responses of others. The alternation is between presentation of a strong, angry invulnerable self who blames others for the problem (C1, 3, 5, 7) with the appearance of a fearful, weak, and vulnerable self who entices others to give succorance (C2, 4, 6, 8). C1-2 is a very normal strategy found in people with low risk for mental health problems and a great zest for life. Infants display the C1-2 strategy.

C3-4: The C3-4 (aggressive-feigned helpless) strategy involves alternating aggression with apparent helplessness to cause others to comply out of fear of attack or assist out of fear that one cannot care for oneself. Individuals using a C3 (aggressive) strategy emphasise their anger in order to demand caregivers' compliance. Those using the C4 (feigned helpless) strategy give signals of incompetence and submission. The angry presentation elicits compliance and guilt in others, whereas vulnerability elicits rescue. The precursors of this strategy can be seen in infancy (using the DMM method for the Strange Situation), but the strategy only functions fully in the preschool years and thereafter.

C5-6: The C5-6 strategy (punitively obsessed with revenge and/or seductively obsessed with rescue) is a more extreme form of C3-4 that involves active deception to carry out the revenge or elicit rescue. Individuals using this strategy distort information substantially, particularly in blaming others for their predicament and heightening their own negative affect; the outcome is a more enduring and less resolvable struggle. Those using a C5 (punitive)

strategy are colder, more distant and self-controlled, and deceptive than people using C3. They appear invulnerable and dismiss other people's perspectives while forcing others to attend to them while misleading others regarding their inner feeling of helplessness and desire for comfort. Individuals using the C6 (seductive) strategy give the appearance of needing rescue from dangerous circumstances that are, in fact, self induces. C6 individuals mislead others regarding their anger. This alternating pattern is often seen in bully-victim pairs, within gangs, and in violent couples where the hidden half of the pattern is usually forgotten or forgiven-until the presentation reverses. This strategy develops during the school years, but does not fully function fully until adolescence.

C7-8: C7-8 (menacing-paranoid) is the most extreme of the Type C strategies and involves a willingness to attack anyone combined with fear of everyone. Type C strategies all involve distrust of consequences and an excessive reliance on ones own feelings. At the extreme, this pattern becomes delusional with delusions of infinite revenge over ubiquitous enemies (a menacing strategy, C7) or the reverse, paranoia regarding the enemies (C8). These two strategies do not become organised before early adulthood.

Type A/C strategies alternate or blend Type A and Type C strategies.

A/C: A/C strategies combine any sub-patterns. In practice, most A/C's consist of the more distorted patters, i.e., A3-4 or higher and C3-4 or higher. Individuals using these strategies display either very sudden shifts in behaviour (A/C) or, in the case of the blended strategies (AC), they show very subtle mixing of distortion and deception. The extreme of the blended form is psychopathy.

Four aspects of the 'A' strategy

Functions of the strategy for the person	Cognitions or pre-conscious mental 'rules' (normative to endangering)	Behaviours (normative to endangering)	The 'story' that accompanies the 'A' strategy (normative to endangering)
Over-regulate /control own negative emotions and deactivate attachment behaviours in order to.....	Be good.	Superficial/socially facile/ people-pleasing	I didn't need comfort-everything was fine
increase attachment figure's acceptance , proximity and responsiveness, via...	Follow the rules	Inhibited/ withdrawn	My childhood was perfect, but don't ask me for examples
compliance, care-taking or self-sufficiency	I'm responsible	Compulsive care-giving	There was a problem in my childhood but my parents were not to blame
Plus: Use self-representations that self is strong and invulnerable , and defensively exclude internal world (feelings and emotions) in order to...	Don't ask, don't challenge, don't feel. (Feelings are dangerous)	Compulsive compliance	I solved the problems because I looked after my parents or by being such a good boy/girl
	You can't hurt me/I don't need comfort/This is just business/Just sex	Compulsive social or sexual promiscuity (can lead to emotionally callous behaviour)	There were problems and my parents were lousy, but I left home and decided I could go it alone
avoid negative emotions that create discomfort	I don't need other people/Do as I say and don't cause me to feel uncomfortable emotions	Compulsive self-reliance (can lead to bullying/ controlling behaviour to minimise and avoid negative feelings)	There were serious problems, but I protected myself by anticipating every danger (because no-one else was there to protect me)

Treatment implications for clients using an 'A' strategy:

Client's stance

- A core dilemma underpinning the A strategy is fear of emotional intimacy versus fear of isolation.
- More concerned with *what happened* than *how they felt about it*.
- Core concept: 'My thinking will keep me safe and help me survive.'
- Over-arching strategy: an exterior presentation that inhibits negative affect.

Worker's stance

- Central therapeutic challenge: to hear and work with the *fearful* (desiring comfort and protection), *sad or angry person* beneath the outwardly positive, neutral or distancing exterior.
- Build trust to overcome suspicion.
- Beware of trying to find a quick fix. Be prepared to stay in 'for the long haul'.
- Honour the client's story whilst eliciting more balanced stories, including painful or difficult emotions.

Approaches that might help

- Encourage 'I' statements.
- Don't 'attack' their idealised attachment figure – this will usually cause the client to defend them.
- Give 'permission' to the client to reveal their 'shadow' emotions and impulses, without fear of reprisal.
- Unpick the client's assumptions, errors, omissions, distortions and self-deceptions (ie. related to thinking and feeling).
- Help client to express true affect, e.g. fear, anger, sadness or need for comfort.
- Help client to use active or projective methods (e.g. objects, drawing) to externalise issues like shame, guilt and remorse. The 'A' strategy often carries with it a burden of shame, and it may help the client if they are able to 'place' the shame outside of themselves, and perhaps 'give it back' to whom it belongs.
- Encourage client to show him or herself self-compassion.
- Help client to accurately distribute responsibility for events in their past and present.
- Help client to develop intimacy skills, especially skills such as asking for care or comfort, and expressing feelings.
- Help client to develop the skills of mentalisation, self-reflection and emotional self-awareness.
- Teaching problem-solving skills.
- Help client to develop skills of reciprocity in relationships (the goal-directed partnership).
- Help client to identify strengths and build self-esteem.
- Help client to appraise themselves from their own perspective, not that of others.

Four aspects of the 'C' strategy

Functions of the strategy for the person	Cognitions or pre-conscious mental 'rules' (normative to endangering)	Behaviours (normative to endangering)	The 'story' that accompanies the 'C' strategy (normative to endangering)
<p>Hyper-activates attachment behaviour via.....</p> <p>exaggerating 'poor me' feelings (cry, whine etc.) or anger in order to...</p> <p>increase attachment figure's predictability, and availability</p> <p>whilst feeling resentful at attachment figure's unpredictability</p> <p>Plus:</p> <p>Anxious that attachment figure will withdraw, but resists comfort and so... remains in under-regulated, emotionally aroused state and...</p> <p>cognitively disconnects: no link between attachment figure, words and actions</p>	Feelings rule, and I am angry!	Threatening	I cannot predict other people's behaviour or control my own
	It's not my fault. Things happen to me	Dismissing/sulking/ clingy/coy	Let me tell you everything I can think of. It's too complicated, so I cannot draw conclusions about responsibility
	Pay attention to me or else I will....	Aggressive/ coercive	There was a problem and my parents are to blame
	Look after me or I will be hurt by....	Feigned helpless	I am angry/helpless because I am still waiting for them to fix it
	How dare you....	Punitive/defiant/ oppositional	Other people can't help me, or they hurt me and must be punished (including you)
	Don't hurt me....	Seductive/bullied	Here is a pseudo-problem that I want you to struggle with (not the real problem) and that can never be solved, but I need people attentive to me. I will seduce or tantalise or scare you into not giving up on me

Treatment implications for clients using an 'C' strategy:

Client's stance

- A core dilemma underpinning the 'C' strategy is fear of abandonment versus fear of losing autonomy.
- Less concerned with *what happened* than *how they felt about it*.
- Core concept: 'My feelings will keep me safe and help me survive.'
- Over-arching strategy: To exaggerate the display of genuinely felt fear or sadness and alternate it with the display of anger (with varying degrees of one presentation being dominant) in order to involve the other person (eg. their attachment figure) in an ongoing, unsolvable, everlasting struggle.

Worker's stance

- Central therapeutic challenge: when the outward presentation is *fear and desire for comfort*, to hear and address the underlying *anger*. When the outward presentation is *anger*, to hear and address the *underlying fear, vulnerability and desire for comfort*.
- In both cases, to also help the person to organise their thinking about people and relationships and how they think and behave when they feel stressed or threatened in relationships.
- Build trust to overcome suspicion.
- Beware of trying to find a quick fix.
- Honour the client's story whilst helping client to arrive at a more coherent story from uncontained emotion and unstructured narrative. Help client to include a balance of true cognition and affect.
- Avoid colluding with stories that blame others and / or characterise their attachment figures as 'all good' or 'all bad'. This will reinforce the 'C' strategy.

Approaches that might help

- Create structures and clear boundaries.
- Unpick the client's assumptions, omissions, errors, distortions and self-deceptions (ie. related to thinking and feeling).
- Help client to separate their own feelings from those of other people.
- Help client to develop accurate perspective-taking and a view of other people that balances different perspectives.
- Help client to identify exceptions, eg. when their attachment figure behaved differently.
- Help client to make accurate links between their feelings and the events they describe
- Help client to accurately distribute responsibility for events in their past and present.
- Help client to develop intimacy skills work, especially skills such as asking for care or comfort, and talking about feelings.
- Help client to develop the skills of mentalisation, self-reflection and emotional self-regulation.
- Encourage client to show him or herself self-compassion.
- Help client to develop problem solving skills.

Asking Difficult Questions:

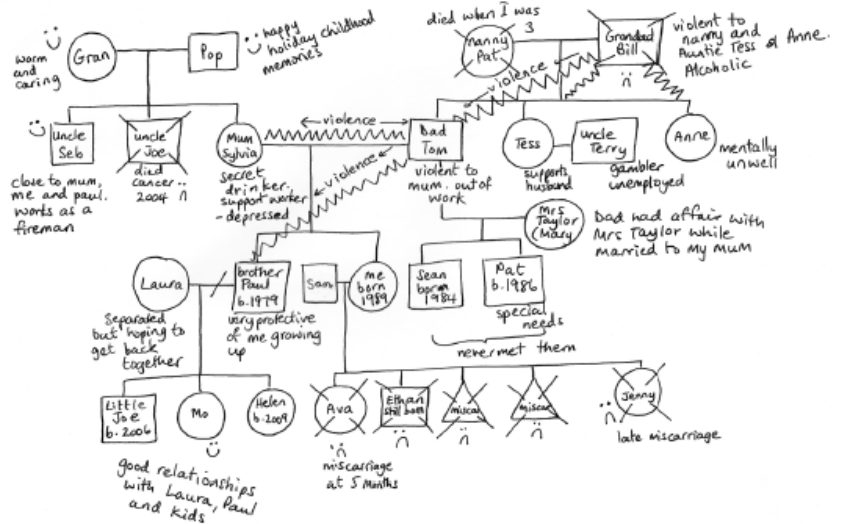
- Questions about individual functioning may be painful and must be approached with sensitivity and tact.
- Need to exercise caution about when to ask questions that could put a family member in danger e.g. when violence from man towards woman is suspected, don't ask questions in front of him.
- May take more than one session to gain this information
- Be aware about what may be missing, discrepancies in the information offered, take note of the connections family members make or fail to make about events.

Framework for using your understanding to think about a child, young person or family's problems:

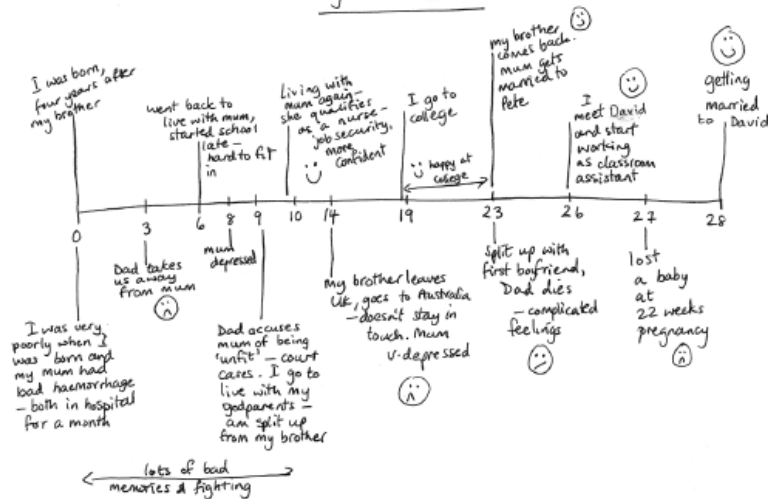
1. Construct a genogram noting the attachment history of young person and key family members if known. Go back at least two generations and note intergenerational patterns of strength and risk.
2. What have been the dangers? What are the current dangers? Does this understanding of their developmental history help you understand any difficulties the young person or parents/carers are currently experiencing?
3. What don't you know?
4. How strategy do you think the young person and/or key family members might be using and what is its self-protective function?
5. What do you need to do next?
6. Using your knowledge from the last 2 days, develop a plan that will increase the child's security and comfort.
7. Think about whether the intervention needs to be more cognitively or affectively oriented.
8. Make sure you consider the potential value that you and your involvement will have....
9. How might the parents/carers be assisted to increase their availability to be a secure base for the child?
10. What support do you need to work with the family in this way?

Some ideas for direct work:

Genogram



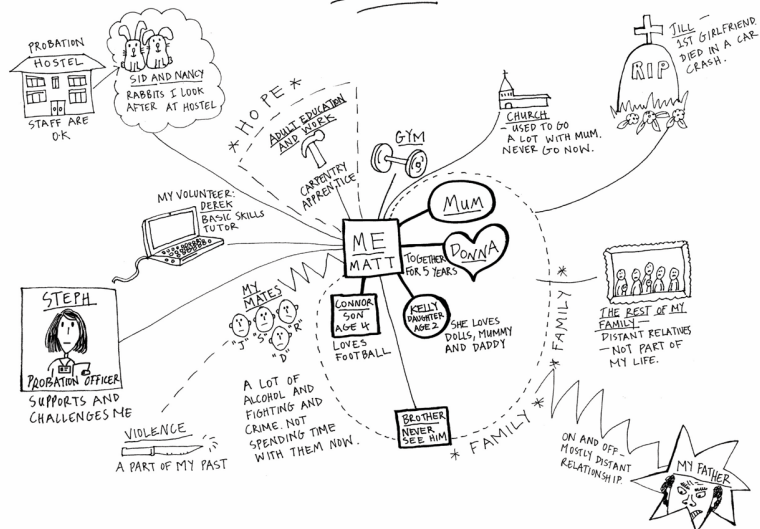
My life - Melanie



Timeline

Ecomap

MY WORLD DIAGRAM MATT



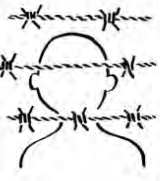











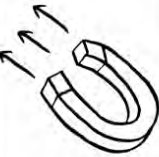




Worksheet 10.1

When I feel unsafe

Feeling Unsafe/Putting Up Defences

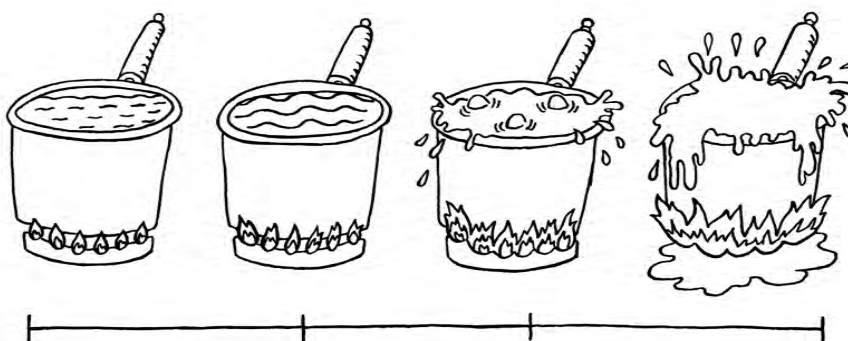
When I am feeling "unsafe" and need to protect myself I ...

<p>Surround myself with barbed wire</p> 	<p>Go into attack mode like a hungry shark</p> 	<p>Go into my own protective bubble</p> 	<p>Put on my bulletproof vest</p> 	<p>Retreat into my tortoise shell</p> 
<p>Make myself small/invisible</p> 	<p>Hide away in the fog</p> 	<p>Freeze on the spot</p> 	<p>Whizz around like a dart</p> 	<p>Paint on a smile like a clown</p> 
<p>Put up my spikes like a hedgehog</p> 	<p>Zoom away like a speeding car</p> 	<p>Push people away like an opposing magnet</p> 	<p>Think in black and white</p> 	<p>What else?</p> 

My Strengths	How they help me
Internal strengths (e.g. honesty, sense of hope, concern, for others, my ability to stay alive, my sense of fairness or justice for myself and others)	
People who give me strength (e.g. family, friends, colleagues, people in the community, social workers/professionals)	
Things I am proud of (e.g. work, education, social, hobbies, any achievements I can take pride in having accomplished. It doesn't matter how 'small' the accomplishment is)	
Any other strengths (e.g. transpersonal strengths such as belief system/religious faith/spirituality: places that give me strength; animals; pets; art; music, nature)	

Worksheet 8.9
Pot of bubbling feelings

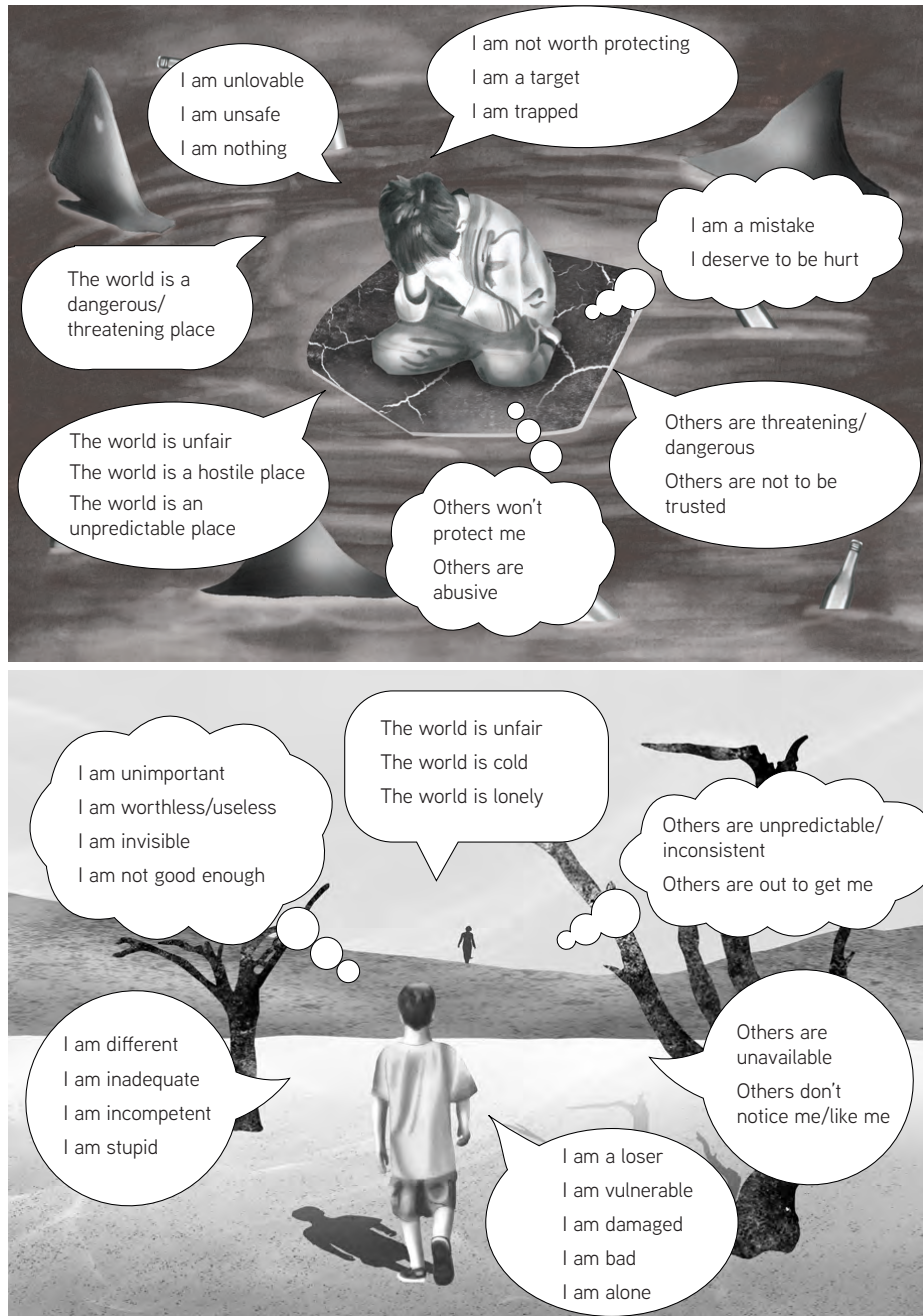
The Pot of Bubbling Feelings





Worksheet 5.1

Common core beliefs worksheet



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LEARNING LOG AND ACTION PLAN

The purpose of this log is to capture the learning at the end of a course and record any actions you may wish to take before the business of everyday life takes over. You may wish to use this document in supervision or as part of your record of continual professional development.

My personal learning goals attending this course were....

- 1.
- 2.
- 3.

Key areas of learning for me on this course were....

- 1.
- 2.
- 3.

Aspects of the course that particularly challenged me were:

Areas I wish to explore further are?

One thing that I will take away from the training that I will do differently and will make a positive difference to service users is....

Other improvements that I want to make to my work

By when?

What will tell me or others that I have been successful in improving my practice?

Who/ what will assist me in making improvements?