

ATTACHMENT and TRAUMA

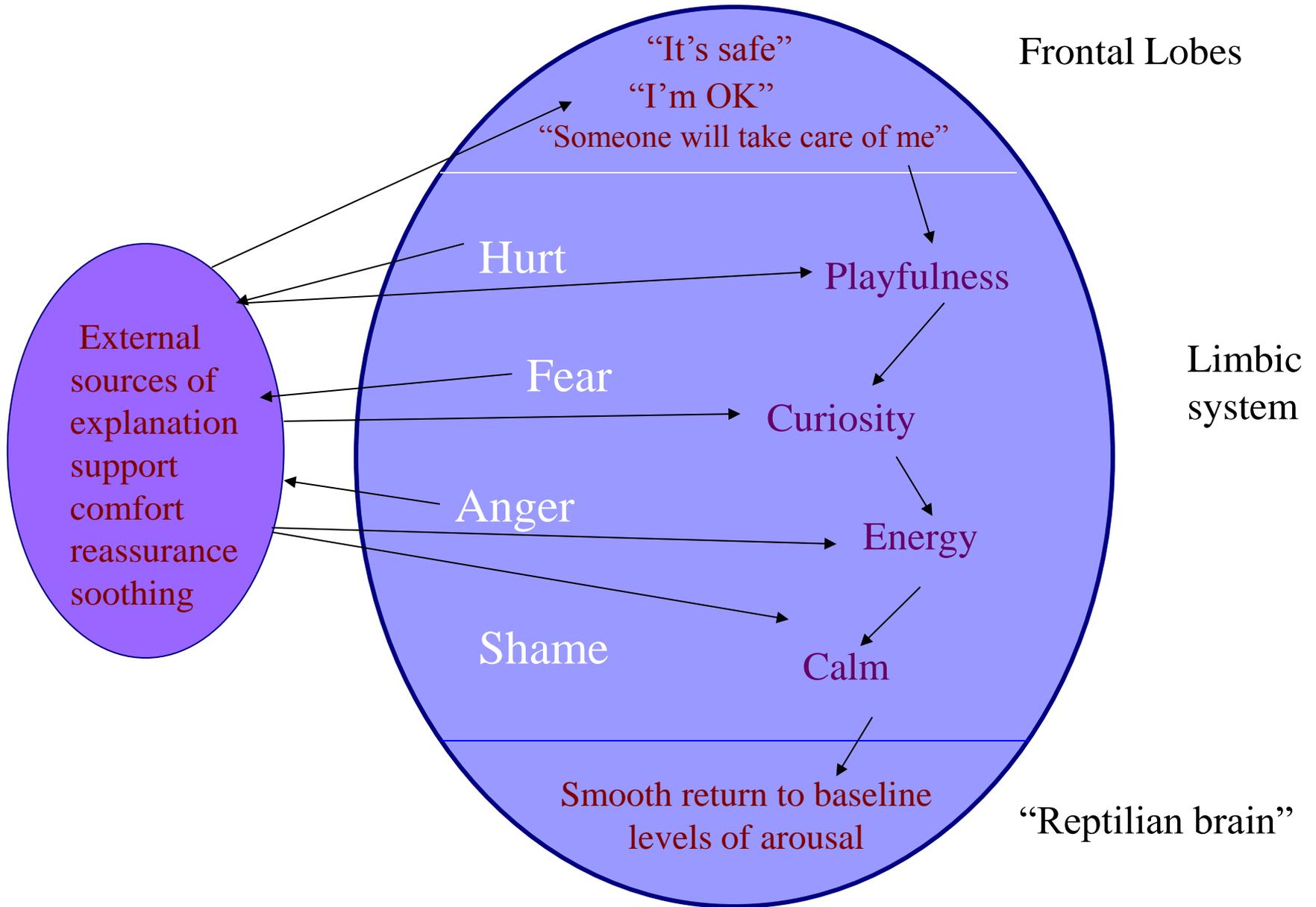
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PCAMS

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

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

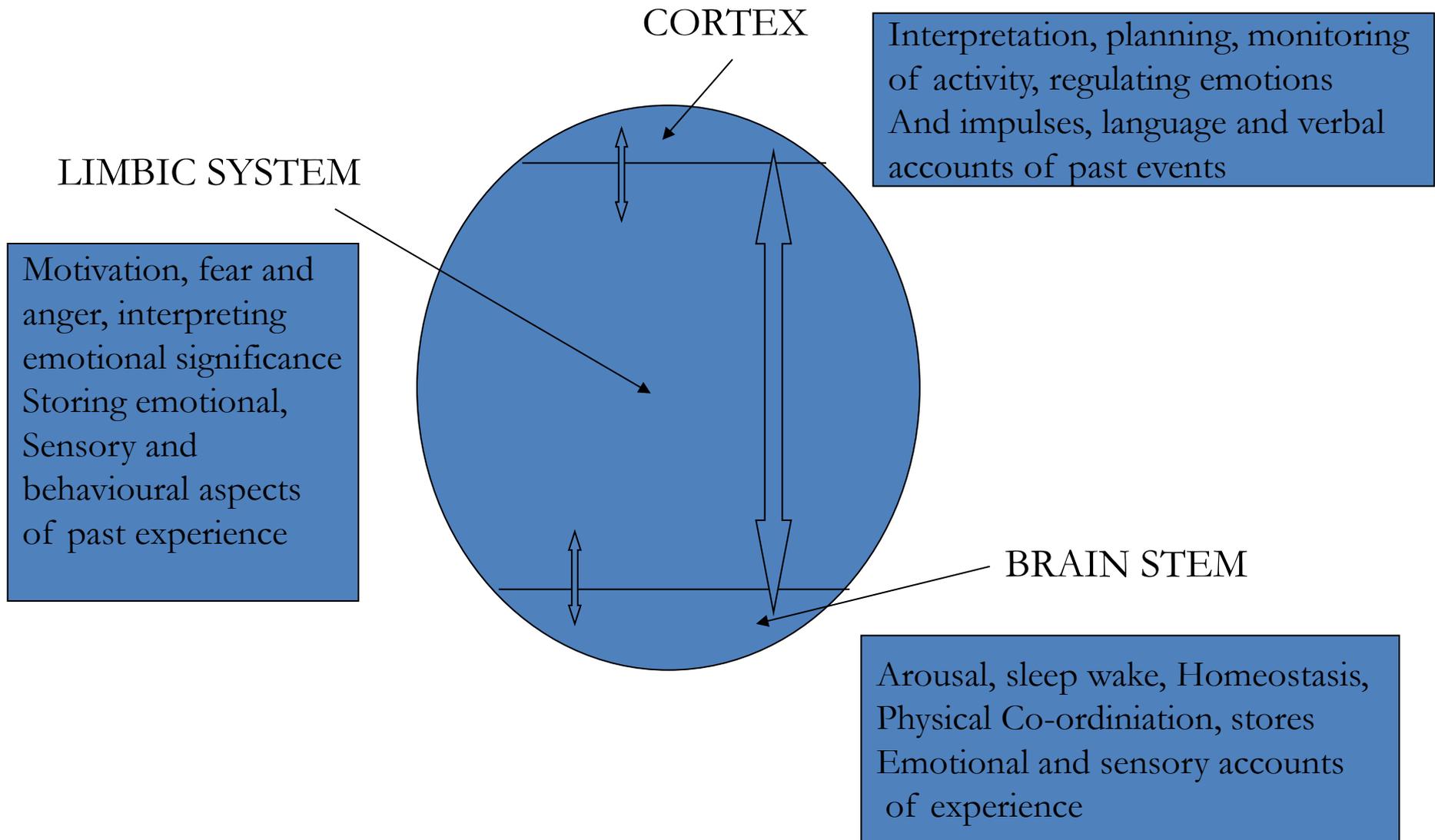
Fisher 2003

“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



Frontal Cortex

Loss of mindful self-witnessing

Loss of cortical control over emotional responses

Left orbital prefrontal cortex

Right orbital prefrontal cortex

Limbic System

Hypothalamus

Amygdala

Hyper-initiates sympathetic and parasympathetic activity in response to amygdala's alarm

The "Fear Center" of the brain, now hyper-excitable

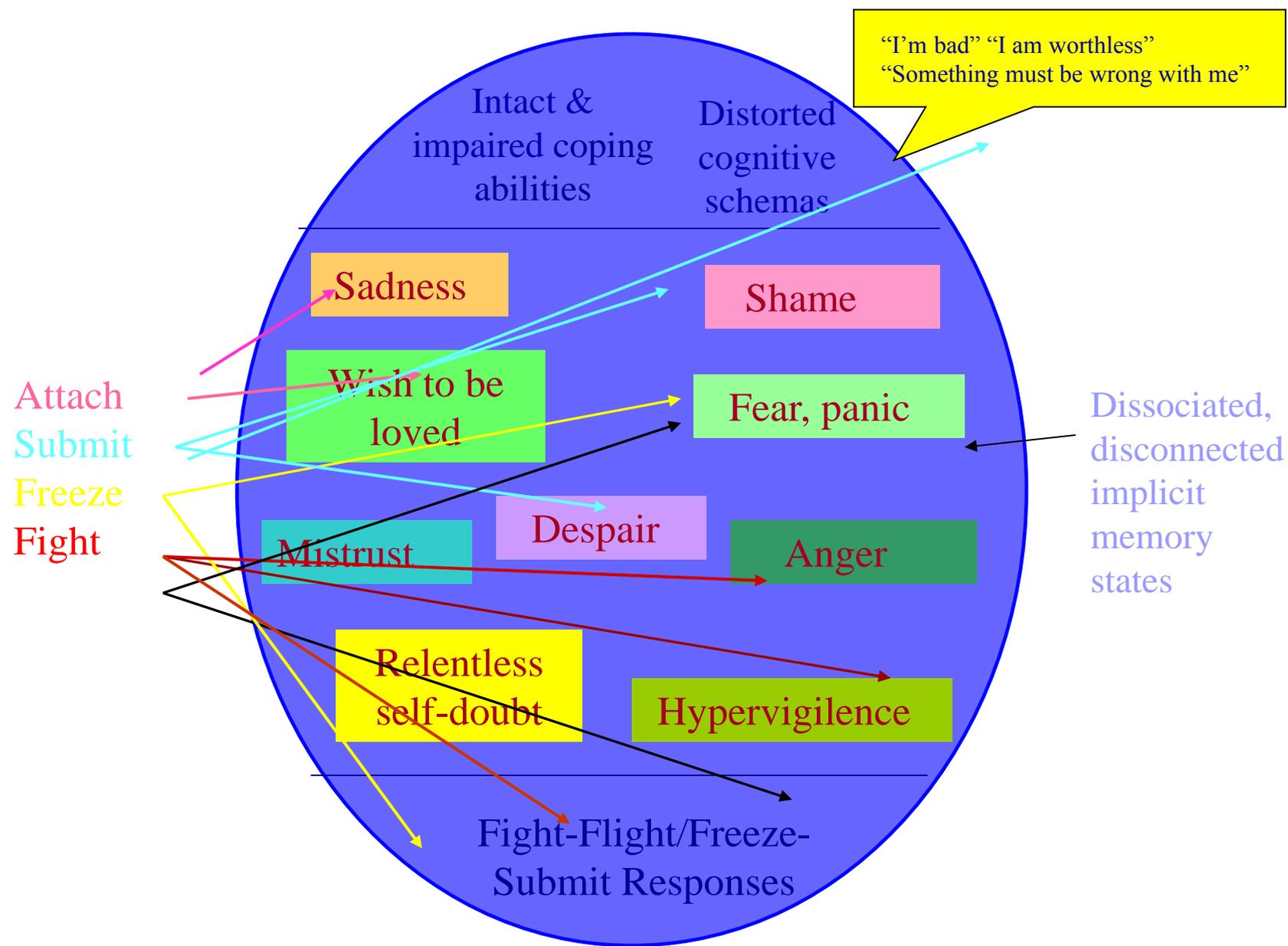
Hippocampus

Suppressed under threat, its ability to process experience is diminished

Brainstem

Fight-Flight/Freeze-Submit Responses

The Brain Becomes "Limbic Dominant"



How child’s mind develops in unsafe, unsupportive world

Brain development

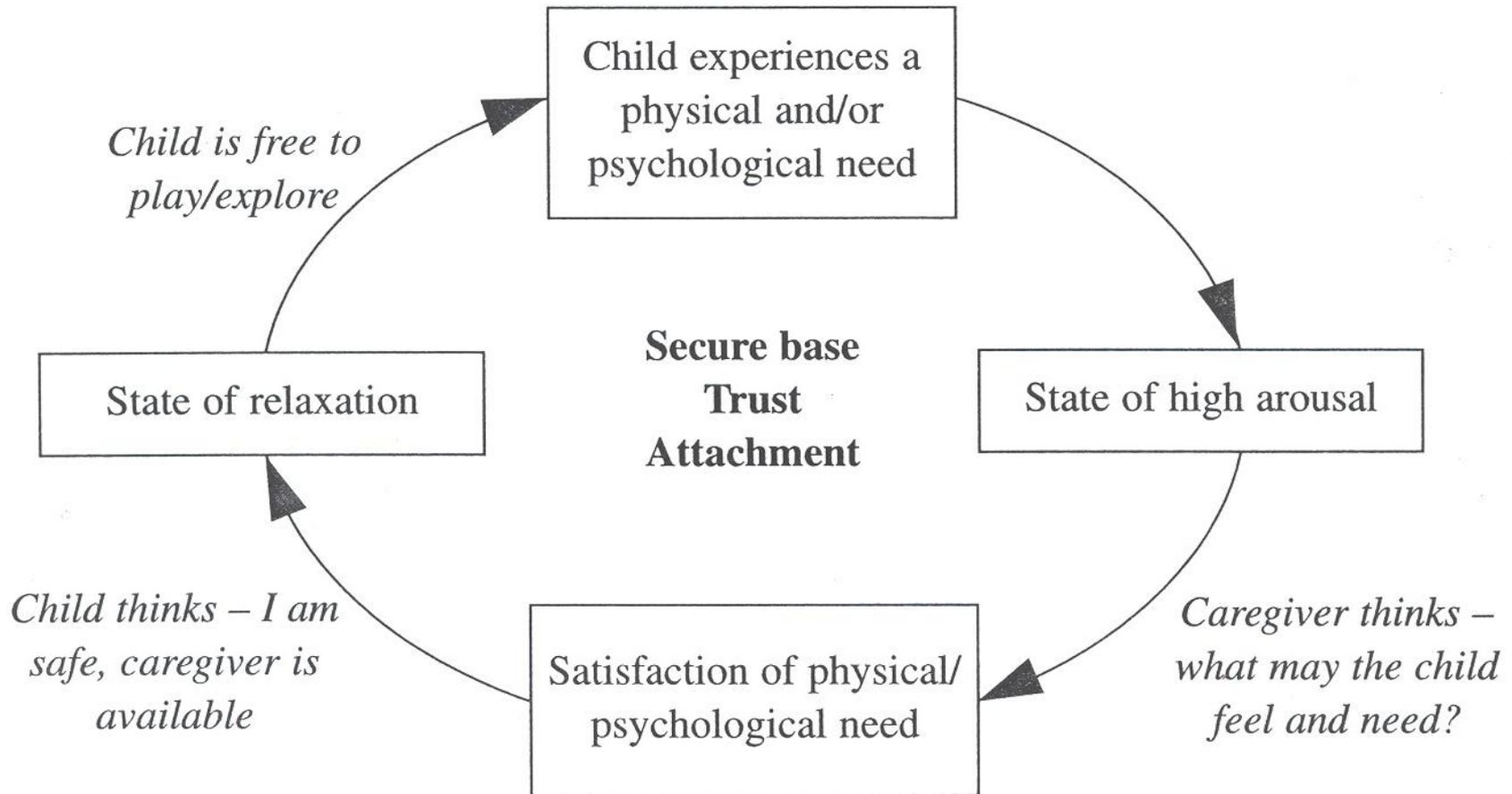
- Impaired development of brain cell growth (absent or slowed)
- High cortisol levels affect ability to retrieve information and regulate/modulate affect
- The way we wire is the way we fire (Hebb)
- The brain changes with all experience (Perry)

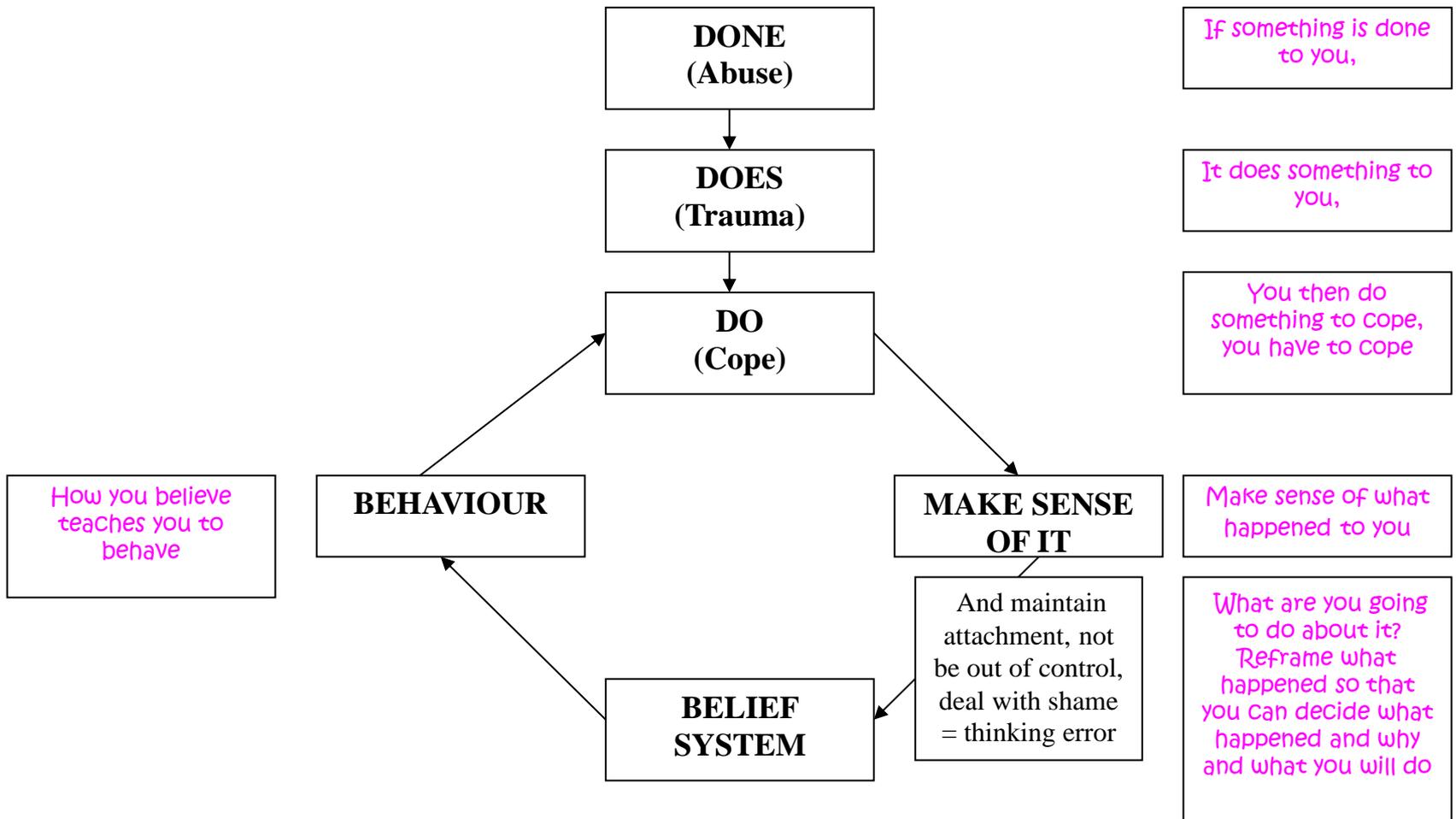
3 core components of personality structure

- Attachment/relating
- Affect regulation and modulation
- Sense of self

Figure 1

Arousal-relaxation cycle





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

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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!)

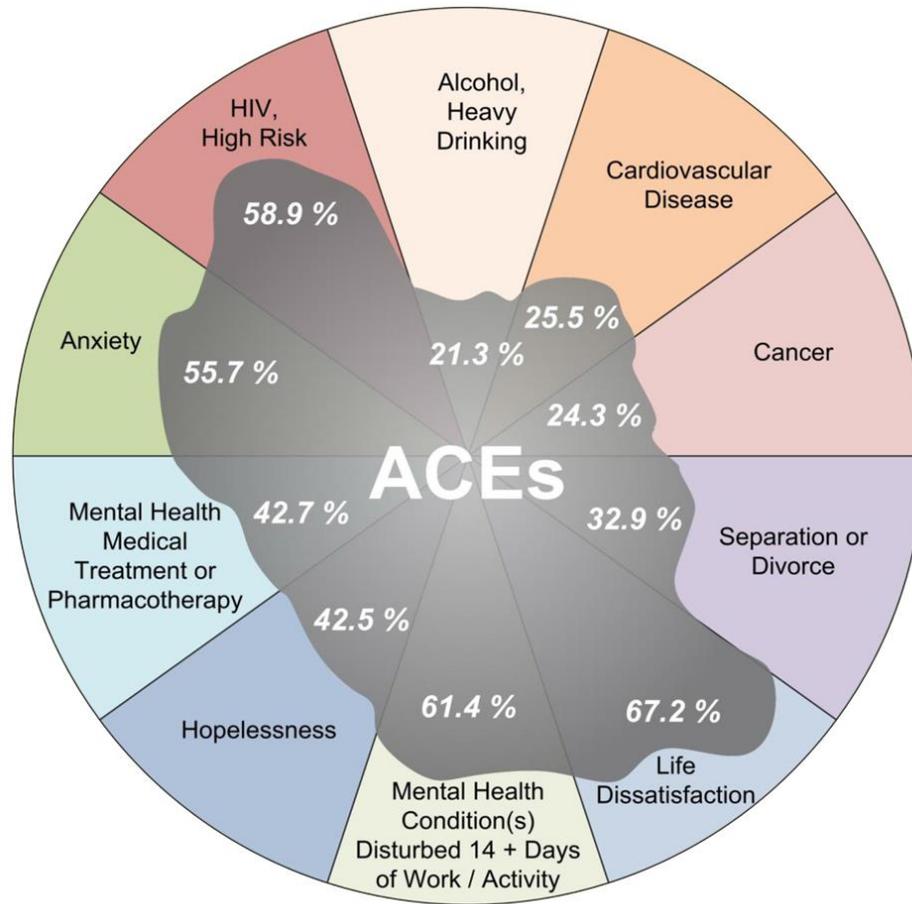
- Self perception problems
- Risk aversion/risk taking
- Inappropriate relationships
- No danger awareness
- Poor relationships with peers
- Emotionally immature/mature beyond
- Hypervigilant
- Poor attention
- Seeking attention – attachment/affection
- On own agenda
- Extreme tantrums/withdrawal
- Wandering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

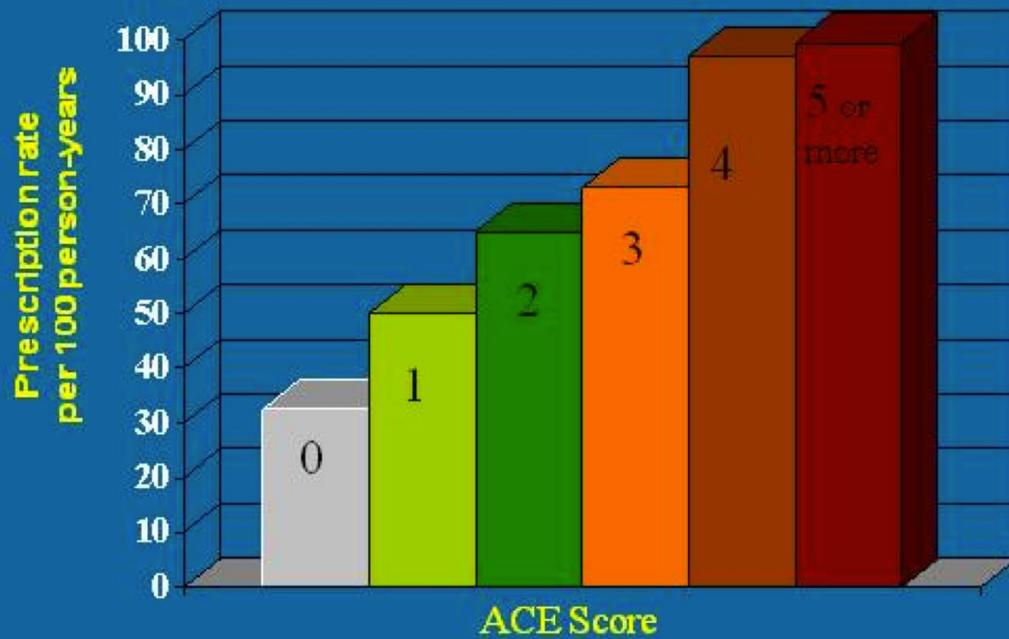
33 No ACEs	51 1-3 ACEs	16 4-8 ACEs
<u>WITH 0 ACEs</u> 1 in 16 smokes	<u>WITH 3 ACEs</u> 1 in 9 smokes	<u>WITH 7+ ACEs</u> 1 in 6 smokes
1 in 69 are alcoholic	1 in 9 are alcoholic	1 in 6 are alcoholic
1 in 480 uses IV drugs	1 in 43 uses IV drugs	1 in 30 use IV drugs
1 in 14 has heart disease	1 in 7 has heart disease	1 in 6 has heart disease
1 in 96 attempts suicide	1 in 10 attempts suicide	1 in 5 attempts suicide

ACE = increased risk

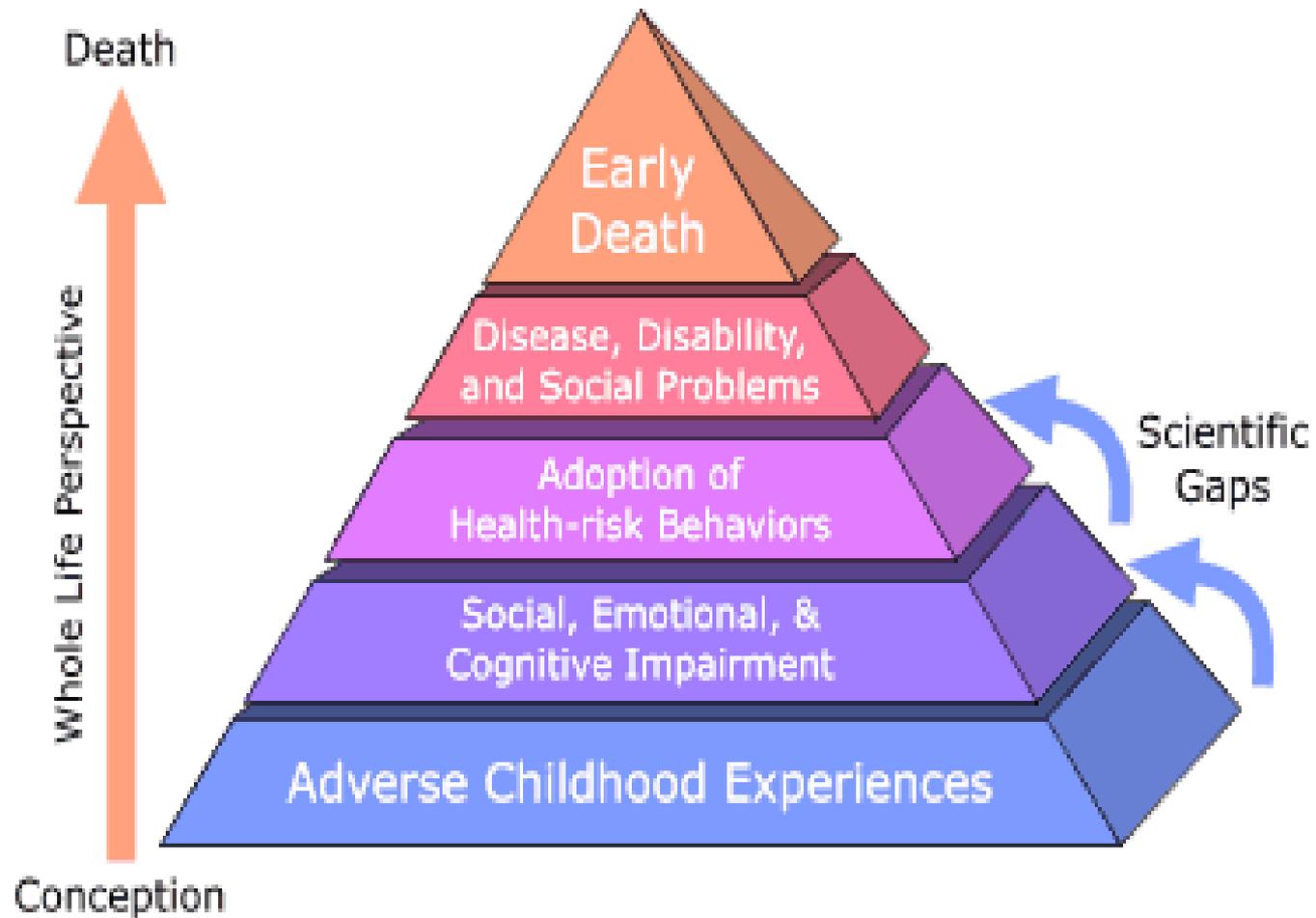
- ACE score Adult depression
- ACE score Alcoholism
- ACE score Hallucinations

ACE Score and Rates of Antidepressant Prescriptions

approximately 50 years later



The ACE Pyramid

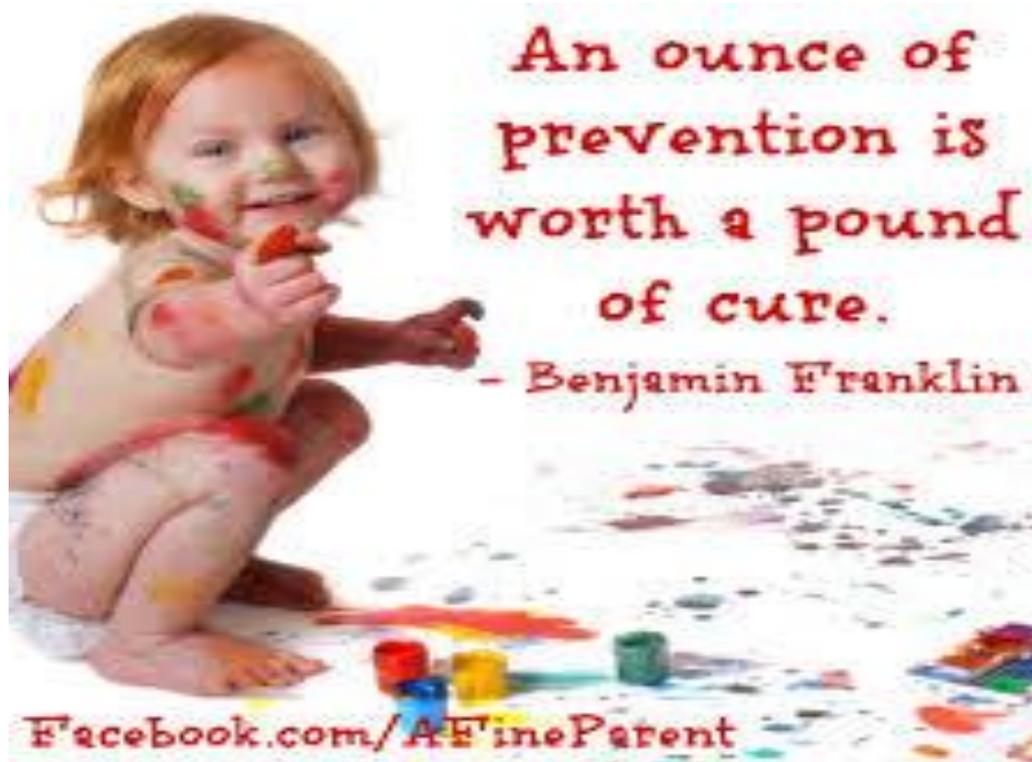


Developmental Trauma Disorder (Van der Kolk 2005)

- 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

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