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Attachment disorders in residential treatment

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Attachment disorders in residential treatment

Abstract

Various aspects of developmental attachment are explored in this power point presentation. Attachment is defined and differentiated from bonding. The variations of attachment are described as they relate to the work of Mary Ainsworth (1978) and Katharine Leslie (2004). Trauma is also explored as one of the major contributors to attachment disorders. The trauma information is also linked with how the brain develops and ultimately is affected by trauma. Lastly, the symptoms of reactive attachment disorder are discussed and explored as they relate to other diagnoses such as depression and oppositional defiant disorder.

Attachment Disorders in Residential Treatment

A Research Project

Presented to

The Department of Educational Leadership, Counseling,

and Postsecondary Education

University of Northern Iowa

In Partial Fulfillment

of the Requirements for the Degree

Masters of Arts in Mental Health Counseling

by

John Church

December 2006

This Research Project by: John Church

Entitled: ATTACHMENT DISORDERS IN RESIDENTIAL TREATMENT

has been approved as meeting the research project requirements for the Degree of Master of Arts.

Darcie Davis-Gage

10/5/06

Date Approved

Adviser/Director of Research Project

Michael D. Waggoner

11.14.06

Date Received

Head, Department of Educational
Leadership, Counseling, and
Postsecondary Education

Abstract

Various aspects of developmental attachment are explored in this power point presentation.

Attachment is defined and differentiated from bonding. The variations of attachment are described as they relate to the work of Mary Ainsworth (1978) and Katharine Leslie (2004).

Trauma is also explored as one of the major contributors to attachment disorders. The trauma information is also linked with how the brain develops and ultimately is affected by trauma.

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Attachment Disorders in Residential Treatment

Working in a residential setting with adolescents presents many challenges. One of those challenges is trying to understand these children's behaviors. Understanding why they do what they do provides insight into the best method of treatment. However, trying to understand these children is a complex and overwhelming task. Therefore, it is necessary to start at the beginning of their development in order to gain insight. The beginning in this case is the developmental stage of attachment. Understanding how these children experienced the attachment process helps to understand their behaviors more clearly, and provide empathy instead of blaming the child for their unfortunate position in life.

This project is designed to educate others on the role that attachment plays in the developmental process. Understanding attachment and how it affects behavior is foundational for equipping residential care workers to meet the needs of children. Too many children enter the system only to be shuffled around from placement to placement without proper understanding as to why they behave the way they do. My hope is that more people can be educated on how attachment affects behavior so that the proper treatment interventions can be put into place to meet the deepest needs of those in residential care. This paper will outline the objectives I hope to achieve when presenting this information to my peers and colleagues. The information in this paper and presentation is from a collection of literature and numerous trainings.

Objectives

Difference between attachment and bonding

Language is an obstacle in understanding attachment and bonding. Some authors describe bonding as the final product of attachment. Others describe bonding as the process by which one becomes attached (Leslie, 2004). This presentation takes the position that bonding is the process and attachment is the final product. This position is supported by various authors such as Leslie (2004), Ainsworth (1978), and Siegel (1999) who discuss attachment in terms of children being securely or insecurely attached.

Variations of attachment

There are two perspectives represented in this project in terms of attachment variations. One perspective is that of Mary Ainsworth and her research which found anxious, avoidant, disorganized, and secure attachments in children (Ainsworth, 1978). The other perspective is that of Katharine Leslie who sees the variations of attachment on a continuum rather than in categories (Leslie, 2004). Leslie contends that attachment spans from non-constituted along a continuum to fully-constituted. In the middle of the continuum exists the semi-constituted child.

Variables impacting attachment

There are many variables in a child's world that affects attachment. Some of those variables are temperament, trauma, neglect, caregiver, and health (Fox & Zeanah, 2004). Each one of these variables plays a role in the attachment process. Understanding the role of each variable helps to gain a well rounded view that contributes to accurate diagnosis and treatment.

Attunement

Attunement is a foundational component in understanding attachment. Attunement refers to the ability of a caregiver to accurately and effectively respond to the cues of a child (www.childtraumaacademy.com). Without proper attunement of the part of the caregiver secure attachment in the child doesn't have a chance. Accurately understanding attunement has implications for both the therapist and caregiver in the life of the child. The therapist needs to be attuned to the child in order to provide effective therapy, and the caregiver needs to be attuned to the child in order to create bonding experiences.

Trauma and Attachment

Trauma in the life of the child and caregiver impacts attachment more than any other variable. Therefore, it is vital that an understanding of how trauma affects attachment is gained by those who work with children who have an attachment disorder. Trauma affects every aspect of development: emotional, physical, and psychological. Topics such as trauma bonding, trauma re-enactment, addiction to trauma, and loss of volume control are valuable in understanding the connection between trauma and attachment (Bloom, 2001).

Connection between the Brain and Attachment

In the last ten years there has been an increase in brain research. This increase has allowed attachment theorists to gain more insight into how the intricacies of the brain contribute to the development of attachment. In his book *The Developing Mind* Dan Siegel stated, "At the level of the mind, attachment establishes an interpersonal relationship that helps the immature brain use the mature functions of the parent's brain to organize its own processes." (Siegel, 1999, p. 67).

Symptoms of Reactive Attachment Disorder

There are many lists available in books and on the internet which list a variety of symptoms associated with reactive attachment disorder. One such list is found on the www.radkid.com website. It contains a comprehensive list of potential behaviors that can be present in a child that has a severe attachment disorder. This list includes behaviors such as firesetting and cruelty to animals. Some of the behaviors associated with reactive attachment disorder are also associated with other diagnoses. Therefore, it is helpful to evaluate the trauma history and underlying motivations of children, if known, rather than solely focusing on symptoms.

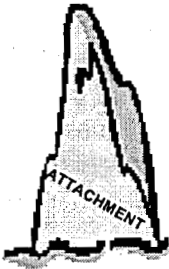
Conclusion

Understanding how attachment affects behaviors is absolutely critical for working with traumatized children. Without an understanding of the attachment process one will be left with only the behaviors of a child to guide treatment. Shifting from behavioral modification treatment to trauma sensitive treatment is a large paradigm shift. Overwhelmingly residential treatment facilities across the country are compliance based programs. In general these programs focus on a child's behavior to the peril of the underlying causes. Children don't get better and then get passed around from treatment facility to treatment facility. Armed with the understanding of developmental attachment one can approach residential treatment with a new vitality and direction. Children can be housed in treatment centers that are trauma sensitive and attachment friendly. Residential care workers can be trained to understand the underpinnings of behaviors instead of being left with insufficient tools to handle deep rooted behaviors.

Attachment Disorders in Residential Treatment



Tip of the Iceberg



Objectives

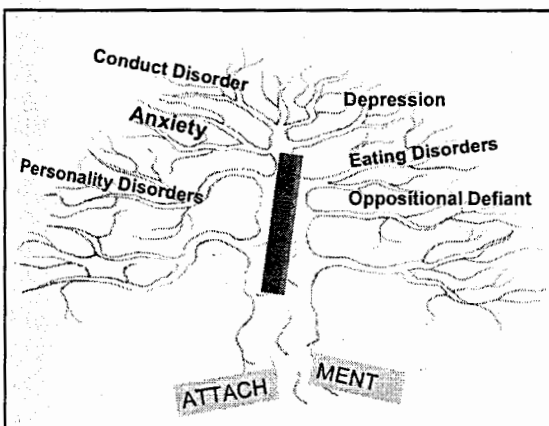
- Know the difference between attachment & bonding.
- Be able to list the variations of attachment.
- Identify variables that impact attachment.
- Understand attunement.
- Know the significance that trauma has on attachment.
- Understand the connection between the brain and attachment.
- Know the common symptoms of Reactive Attachment Disorder.
- Be able to discuss why Reactive Attachment Disorder is often misdiagnosed.

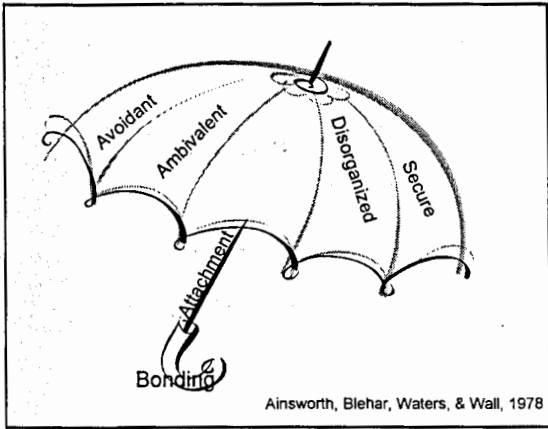
What is attachment?

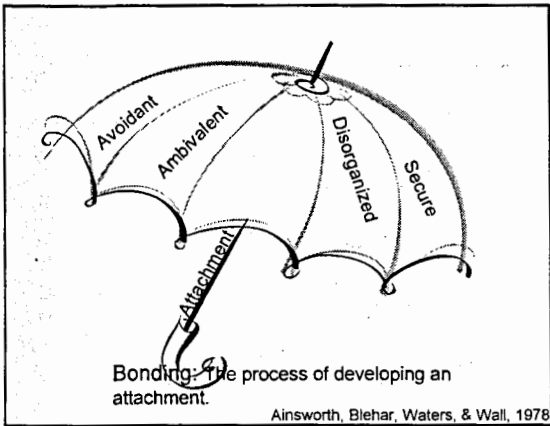
- Attachment = The developmental stage in which an infant attempts to establish an enduring bond of safety and comfort with the caregiver.

“No form of behaviour is accompanied by stronger feeling than is attachment behaviour. So long as a child is in the unchallenged presence of a principle attachment-figure, or within easy reach, he feels secure. A threat of loss creates anxiety, and actual loss sorrow; both, moreover, are likely to arouse anger.”

(Bowlby, 1969, p.209)







Types of Attachment

Avoidant = Emotionally unavailable, imperceptive, unresponsive, and rejecting.

Ambivalent = Inconsistently available, perceptive, responsive, and intrusive.

Disorganized = Frightening, frightened, disorienting, and alarming.

Secure = Emotionally available, perceptive, and responsive.

Hartzell & Siegel, 2003

Non-Constituted Semi-Constituted Fully-Constituted



Non-constituted = isolated, evasive, defiant, bizarre

Semi-Constituted = ambivalent, avoidant, narcissistic, role-reversed, undifferentiated

Fully-Constituted = secure

Leslie, 2004

Reactive Attachment Disorder of Infancy or Early Childhood

DSM-IV-TR Diagnosis 313.89

SUMMARY

- Unable to form positive social connections.
- Disturbed and developmentally inappropriate social relatedness in most situations.
- Caused by persistent disregard for child's physical and emotional needs.

APA, 2000

Reactive Attachment Disorder of Infancy or Early Childhood

DSM-IV-TR Diagnosis 313.89

Inhibited Type:

- a. Persistently withdrawn.
- b. Little interest in responding to the attempts of others for social interaction.

Disinhibited Type:

- a. Indiscriminately social.

APA, 2000

What impacts attachment?

Temperament

Health

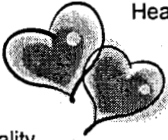
Environment

Trauma

Personality

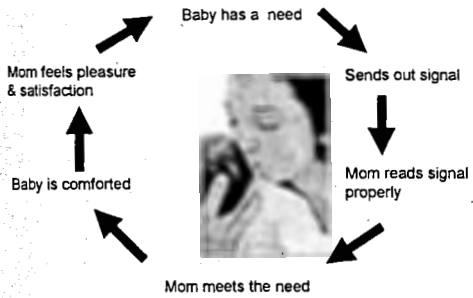
Caregiver

Attunement



Fox & Zeanah, 2004

Attunement Dance



www.childtraumaacademy.com

What impacts attachment?

Temperament

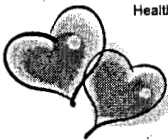
Health

Environment

Personality

Attunement

Caregiver



Trauma

- "Traumatization occurs when both internal and external resources are inadequate to cope with an external threat."

(Van der Kolk, 1989, p.393)

3 Elements of Trauma

- Unexpected
- Unprepared
- Unable to prevent it



www.helpguide.org

Abuse vs. Trauma

- Abuse can lead to trauma, but trauma can exist without abuse.
- Abuse becomes trauma when one's personality or functioning is altered due to the abuse.

Trauma may develop from:

Unhealthy behaviors

Abuse

Humiliation

Accidents



Disasters

Illness

Deep disappointments

...but doesn't always!

- It's not the event that determines trauma, but an individual's experience of the event!
- People handle things differently.



Trauma Theory

- Fight – Flight – Freeze
- Learned Helplessness
- Loss of volume control
- Thinking and Remembering
- Dissociation
- Addiction to trauma
- Trauma bonding
- Trauma reenactment

Bloom, 1999

Fight – Flight - Freeze

- An automatic biological built-in response to danger.
- Natural defense mechanism.
- Children exposed to repeated danger can develop a hyper-sensitivity which can be triggered by even minor threats.



Bloom, 1999

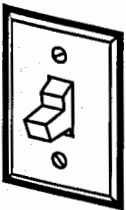
Learned Helplessness

- "Nothing I do changes my situation so I'll just give up."
- Loss of empowerment to flee.
- Loss of motivation to leave the undesired situation.



Bloom, 1999

Loss of Volume Control



VS.



Thinking Under Stress

- Action not thought.
- Decisions based more on impulse.
- Unable to weigh all of the options.
- Focused on the immediate and not the future.



Bloom, 1999

Remembering Under Stress

- Verbal memory:
 - Normal everyday memories with words attached.
- Non-verbal memory:
 - Visual memory without words.
 - Emotional memory (Joseph LeDoux)

Bloom, 1999

Dissociation

- Fainting
- Amnesia
- Highway hypnosis
- Emotional numbing
- Defense mechanism for extreme stress / trauma

Gil, 1998

Addiction to Trauma

- **Contingent Responsiveness:** meeting the child's need at the time it needs to be met.....not later!
- If needs go unmet the child's brain dumps endorphins aimed at relieving the stress caused by the unmet needs.
- Too much of this over time causes hyper-arousal and homeostasis in high stress situations.

Bloom, 1999

Trauma Bonding

- The abuser is the source of pain and comfort.
- Viewing dangerous relationships as okay or normal.



+



=

Trauma
Bond

Bloom, 1999

Trauma Reenactment

"We reenact our past everywhere – at home, at school, at the workplace, on the playground, in the streets. We cue each other to play roles in our personal dramas, secretly hoping that someone will give us a different script, a different outcome to the drama."

(Bloom, 1998, p. 10)

It's just common sense that...

- ✓ People avoid things that scare them.
- ✓ People avoid pain.
- ✓ If somebody hurts you, you get away from them.
- ✓ We can tell who can be trusted and who can't.
- ✓ People learn from their experiences.
- ✓ Parents love their children.
- ✓ You don't hurt people you love.
- ✓ People remember anything that is really terrible.

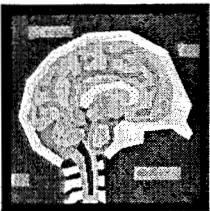
www.andruschildren.org

But traumatized children...

- ✓ Put themselves in situations of danger.
- ✓ Hurt themselves.
- ✓ Get into and stay in relationships with hurtful people.
- ✓ Are frequently unable to discern who is to be trusted.
- ✓ Don't seem to learn from experience.
- ✓ Have been hurt by people who were supposed to love them.
- ✓ Frequently hurt the people they love the most.
- ✓ Don't remember the worse experiences of their lives.

www.andruschildren.org

Trauma and the Brain



“...traumatic experiences at the beginning of life may have more profound effects on the “deeper” structures of the brain, which are responsible for basic regulatory capacities and enable the mind to respond later to stress.”

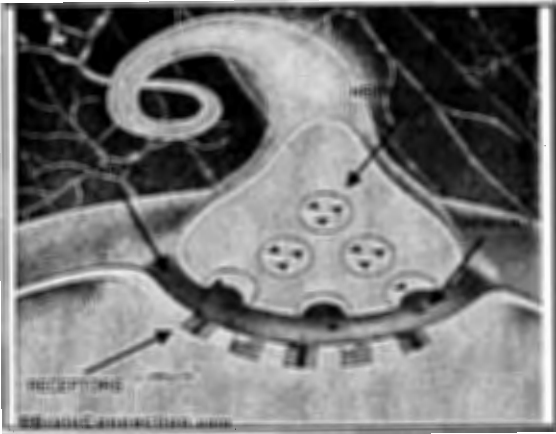
(Siegel, 1999, p. 13)

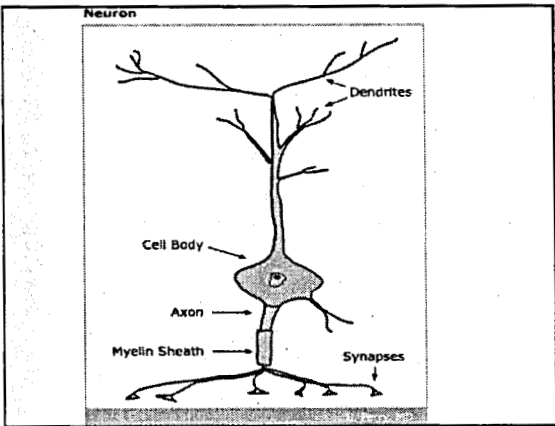
“During the first three years of life, the human brain develops to 90 percent of adult size and puts in place the majority of systems and structures that will be responsible for all emotional, behavioral, social and physiological functioning during the rest of life.”

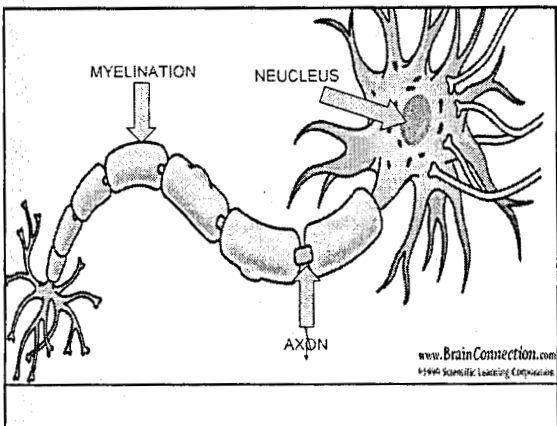
(www.childtraumacademy.com, 2006, p. 4)

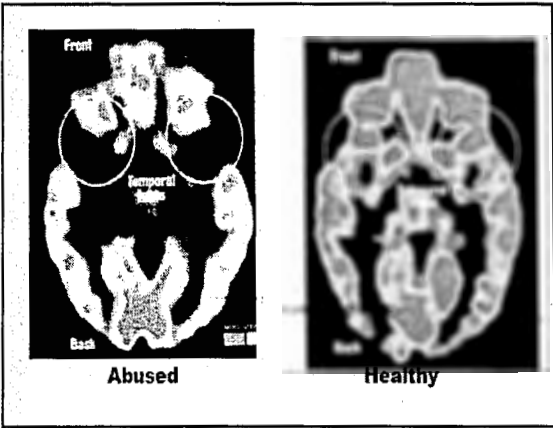
Recent research on childhood trauma is helping us understand how children’s exposure to overwhelming stress is transmuted over time into adult psychopathology. As evidence accumulates it becomes clear that the brain organizes itself in response to environmental pressures that may be far more potent than even genetic influences because the central nervous system is so vulnerable to stress.

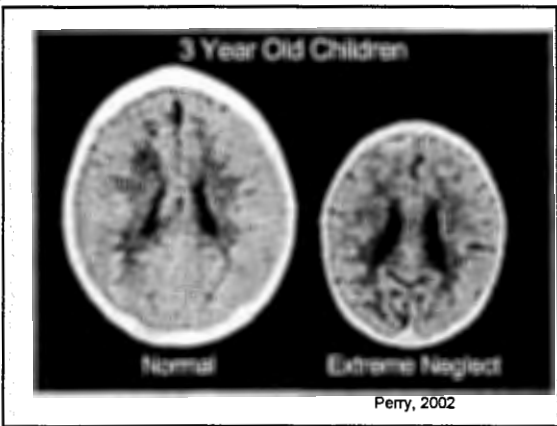
Garbarino, 1999











Common Symptoms of R.A.D.

- Impulsive.
- Lies at times without reason.
- Rage.
- Self destructive behaviors.
- Steals (even when asking would have worked).
- Hoards food or refuses to eat.
- Lack of friends.
- Triangulates.
- Defiant.
- Sexually acting out.

www.radkid.com

Common Symptoms of R.A.D.

- Indiscriminate affection or connection to people.
- Lacks empathy.
- Manipulative.
- Need for control.
- Lack of eye contact (except when lying).
- Argumentative.
- Hyperactive.
- Cruel to animals.
- Physically and verbally aggressive.

www.radkid.com

Is it really R.A.D.?

- R.A.D. kids often get misdiagnosed for Oppositional Defiant Disorder, Conduct Disorder, or Depression.



Why O.D.D. or C.D.?

- The aggressive behaviors can look the same in a R.A.D. child, but the underlying causes are very different.
- O.D.D. and C.D. children can form significant and satisfying relationships, but R.A.D. children can't.



Why depression?

- R.A.D. children can often seem very distant, disconnected, and sad.
- Depressed children can still form meaningful relationships with those who try to help, but R.A.D. children will reject help.



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- Hughes, D. (2006, October). *Dyadic Developmental Psychotherapy*. Presented at the Attach conference in St. Louis, Missouri.
- Jewish Board of Family and Children's Services, Inc. (2006, July). *Trauma Sensitive Programming*. Presented in White Plains, New York.
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- Miller, K. E., (2006, September). *Delight In Me: Growing The Relational Skills Of Early Childhood To Resolve Attachment Trauma*. Presented in Des Moines, Iowa.
- Pettitt, D. (2006, October). *Directive Play Therapy and the Treatment of Children with Attachment Disorder*. Presented at the Attach conference in St. Louis, Missouri.
- Spottswood, R. (2006, October). *Adolescent Attachment Work Using Dyadic Developmental Psychotherapy*. Presented at the Attach conference in St. Louis, Missouri.
- White, L. (2006, October). *Theoretical Foundations Of Affect Regulation*. Presented at the Attach conference in St. Louis, Missouri.