

The Hand that Rocks the Cradle

Attachment and the effects of early childhood Trauma

Jennie Cole-Mossman LIMHP
Co-Director
Nebraska Resource Project for Vulnerable Young Children
Center on Children, Families and the Law - UNL



THE HAND THAT ROCKS THE CRADLE

Infancy's the tender fountain,
Power may with beauty
flow,
Mothers first to guide the
streamlets,
From them souls
unresting grow –
Grow on for the good or evil,
Sunshine streamed or evil
hurled,
For the hand that rocks the
cradle
Is the hand that rules the
world.
- William Ross Wallace



What is Attachment

- * Attachment is a deep and enduring emotional bond that connects one person to another across time and space (Bowlby, 1969; Ainsworth 1973).
- * Evolutionary way for caregivers to provide safety and security
- * Enhances survival (Bowlby)
- * “lasting psychological connectedness between human beings”
- * Set of learned behaviors (Dollard and Miller 1950)

Brief History of Attachment

- * Bowlby beginning in the 1960's - attachment as a set of evolutionary behaviors that included psychological goals
- * Ainsworth 1970's and beyond - infant's affective appraisal of the mother's behaviors contribute to attachment; Strange Situation lab tests to measure scientifically the attachment system.
- * Current research explores topics like intergenerational transmission of attachment, internal working model aspects of attachment, attachment across the life span and attachment and psychopathology.

Harlow's Monkeys



Conclusions from Harlow

- * For a monkey to develop normally, s/he had to have some interaction to a mother with which s/he could cling
- * Clinging was also what occurred when the monkey was stressed
- * Maternal deprivation leads to emotional damage
- * Emotional damage can be reversed if the monkey was allowed to make an attachment with a mother during before the end of the critical period

Attachment Formation

- * We are “wired” to attach, our brain circuitry ensures that we will attach to assist us with survival.
- * Occurs between 6-9 months and is focused for up to 12 months, but sensitive beyond this to 3-5 years of age.
- * Nurturing, sensitive, predictable caregiving wires the brain for secure attachment. Child is comfortable in the world.
- * Neglectful and/or abusive caregiving still produces attachment but this attachment is not necessarily secure or comforting to the child.

Stages of Attachment

- Rudolph Schaffer and Peggy Emerson (1964)
- Longitudinal Study of 60 babies for 18 months
- Measured stranger anxiety, separation anxiety, and social referencing



Stages of Attachment

- * ASOCIAL (0-6 WEEKS)
 - * Many kinds of stimuli, both social and non social produce a favorable reaction such as a smile.
- * INDISCRIMINATE (6 WEEKS-7 MONTHS)
 - * Babies enjoy human company and respond equally to any caregiver but get upset when they get no response; at 3 months smile more at familiar
- * SPECIFIC (7-9 MONTHS)
 - * Baby looks to a specific caregiver for comfort and protection, shows fear of stranger and unhappiness when separated from the caregiver
- * MULTIPLE ATTACHMENTS (10 MONTHS)
 - * Baby can have and is dependent on several attachments; usually formed with those who can read their cues the best

10 months and up

- * Mother was the main attachment figure for about half the children; the father for the other half
- * Most important factor in forming attachments was not who fed and changed the baby, but who played, communicated, and was the most responsive to the baby.



Types of Attachment

Organized

- * Caregiver acts in a way that the child knows what to do in response to the caregiver's actions
- * Does not mean the caregiver acts in a predictable manner

Disorganized

- * High risk situations
- * Parent acts in a way that is "atypical"

Types of Attachment

Quality of Caregiving	Strategy to deal with distress	Type of Attachment
Sensitive and Loving	Organized	Secure
Insensitive and Rejecting	Organized	Insecure-avoidant
Insensitive and Inconsistent	Organized	Insecure-Resistant
Atypical	Disorganized	Insecure- Disorganized

Types of Attachment

Secure

- * Caregiver's response to distress is sensitive and loving
- * Caregiver's response to distress is consistent
- * Baby feels free to express negative emotions that will cause the caregiver to comfort them.

Insecure - Avoidant

- * Caregiver's respond in a rejecting way.
- * Rejection is consistent (baby learns to expect it when distressed).
- * Ignores, ridicules, becomes annoyed with the child.
- * Baby learns to avoid the caregiver or minimize negative emotions.
- * Risk for adjustment problems

Types of Attachment

Insecure - Resistant

- * Caregiver responds in a way that is unpredictable and inconsistent often causes the infant more distress.
- * Baby responds with extreme distress to try to get the attention of the inconsistent caregiver.
- * Risk for social emotional adjustment problems

Disorganized

- * Parent behavior is "frightening, frightened, dissociated, sexualized or otherwise atypical".
- * These behaviors are NOT limited to when their child is distressed.
- * Baby learns their supposed "haven of safety" is actually something to be feared and brings distress.
- * Accounts for 15% of low risk infants and 82% of high risk situation infants.

What is “high risk”?

- * Maltreatment
- * Unresolved early loss or trauma in a parent
- * Martial discord
- * Parental depression
- * Parental insensitivity
- * Parental dissociation and frightening behavior
- * Domestic Violence
- * Parental Substance Abuse

What does disorganized attachment look like?

- * Stilling or Freezing for a substantial amount of time
- * Apprehension or fear of the parent particularly when the child is stressed
- * Indifference to the parent when the child is distressed
- * Seeking proximity to a stranger instead of the parent after the separation
- * Atypical behaviors such as pulling of the hair and dazed expression when parent is present and child is stressed instead of going to the parent
- * “Fright without solution”

What does secure attachment do for us?

- * Provides the brain with sensory stimulation to help the brain grow
- * Allows the baby to be soothed when s/he is in distress
- * Gives the baby a sense of belonging
- * Reduces stress hormone release in the baby
- * Teaches the baby that the world is a safe place to explore
- * Helps the baby grow up to have secure relationships

Child Trauma

- Witnessing or experiencing an event that poses a real or perceived threat
- The event overwhelms that child's ability to cope



Types of Trauma

- * ACUTE - single event that is limited in time.
- * CHRONIC - multiple traumatic events, effects are cumulative
- * COMPLEX - Profound impact on every aspect of child's development, usually caused by a caregiver and/or includes system trauma
- * MEDICAL- chronic illness, injury and/or the treatment
- * HISTORICAL - personal or historical events or prolonged experiences that impact several generations.

Long Term

- * High risk coping behaviors
- * Alcoholism
- * Drug abuse
- * Depression
- * Suicide attempts
- * Medical issues (sexually transmitted disease, heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease)



Adverse Childhood Experience

ACES can have lasting effects on....



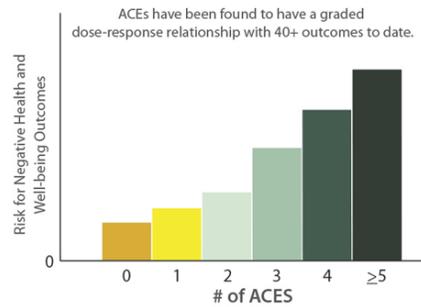
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)

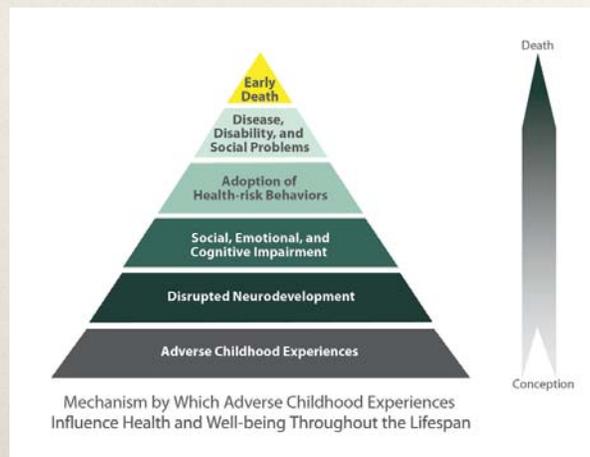


Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome

Adverse Childhood Experiences



What Builds A Brain?

- * Brain development occurs when stimulated by interactions with caregivers.
- * Serve and Return – interactions between caregiver and child that shape development
- * Secure attachment allows the child to feel safe about exploring, knowing that the caregiver can soothe any distress.
- * The more something is repeated – the stronger the connection

Serve and Return

Three Core Concepts in Early Development

Experiences Build Brain Architecture	Serve & Return Interaction Shapes Brain Circuitry	Toxic Stress Derails Healthy Development
---	--	---

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD
Center on the Developing Child  HARVARD UNIVERSITY

developingchild.harvard.edu

Trauma and the Brain

- * Early childhood trauma causes reduced size of the cortex (responsible for memory, attention, perceptual awareness, thinking language and consciousness).
- * Trauma affects “cross talk” between left and right hemispheres (affect IQ, ability to regulate emotions, reduced sense of safety).
- * Exposure to trauma causes the brain to develop to help child survive; child is most often on alert for danger in a state of fight, flight or freeze.

What Trauma Does to Young Children



- * Regulatory Issues
- * Arousal Issues

What Trauma Does to Young Children

- * Reduced capacity to explore the environment and master age appropriate tasks
- * Eventual straying from developmental trajectory- regressive behaviors
- * Blame themselves for the trauma due to magical thinking and lack of understanding of cause and effect.



Trauma and Attachment

- * Trauma can inhibit secure attachment.

- * WHY?

Remember needs for secure attachment:

- * Predictable, Nurturing, Consistent responses to Distress that make the baby feel the world is safe and okay.

Known to Unknown

- * Young child is separated from parent:
 - * Separation may be experienced as traumatic when abrupt and associated with overwhelming change and loss.



Substitute Caregiving

- * Multiple caregivers/disruptions in caregiving:
 - * Disruptions may be numerous and sudden.
 - * Interruption of familiar schedules and routines occur
- * Child may have difficulty forming healthy attachment to resource parent:
 - * Child may have divided loyalties.
 - * Child's behavior (e.g., rejecting, detached) may confuse resource parent.
 - * Resource parent may not encourage attachment.
 - * Each disruption may make it harder for child to attach to new caregiver.

Attachment Mediates Trauma Response

- * Secure Attachment can mediate the trauma response by helping to soothe distress.
- * Caregiver's response to the trauma influences how the child perceives the trauma.
- * Secure attachment provides the "regulator" for the child in the form of the caregiver and their regulated emotions and response.

Attachment as a buffer

- * Social buffering - an attachment figure is able to reduce the release of stress hormones.
- * Social buffering protects the child from the damaging effects of stress.
- * In rat pups the presence of a nurturing mother works as a biochemical switch to make pups learn to avoid odor associated with pain.
- * Those rat pups raised by an abusive mother still form an attachment but this type of attachment produces vulnerability later to mental health difficulties.

Attachment Stability

- * Attachment security stays relatively stable without intervention
- * Research from the Adult Attachment Interview shows evidence that it is likely that a mother's own attachment is predictive of her child's attachment



Therapy to enhance attachment and work on trauma

- * *Child Parent Psychotherapy (ages 0-6)*
- * Attachment and Biobehavioral Catch Up (ABC) (ages 0-2)
- * Attachment, Self-Regulation and Competency (ARC) (ages 2 and above)
- * *Parent Child Interaction Therapy (some not all) (ages 2-7)*
- * *Trauma Focused Cognitive Behavioral Therapy (ages 3-18)*
- * *Alternatives for Families: Cognitive Behavioral Therapy (ages 5 and above)*

*** ALL OF THESE REQUIRE A CONSISTENT CAREGIVER TO PARTICIPATE

Citations

- * Benoit, D. (2004, October). Infant-parent attachment: Definition, types, antecedents, measurement and outcome. *Paediatrics and Child Health*, 9(8), 541-545.
- * Heim, C., Shugart, M., Craighead, W. E., & Nemeroff, C. B. (2010, September). Neurobiological and psychiatric consequences of child abuse and neglect. *Developmental Psychobiology*, 52(7), 671-690.
- * Felitti V. [Adverse childhood experiences and adult health](#). *Acad Pediatr*. 2009;9:131-132.
- * McLeod, S. (2009). Attachment theory.
- * Moriceau, S., & Sullivan, R. M. (2005, November). Neurobiology of infant attachment. *Developmental Psychobiology*, 47(3), 230-242.
- * Shah, P. E., Fonagy, P., & Strathearn, L. (2010, July). Is attachment transmitted across generations? The plot thickens. *Clinical Child Psychology and Psychiatry*, 15(3), 329-345.
- * Sullivan, R. M. (2012, August). The neurobiology of attachment to nurturing and abusive caregivers. *Hastings Law Journal*, 63(6), 1553-1570.
- * Sullivan, R. M., & Holman, P. J. (2010, May). Transitions in sensitive period attachment learning in infancy: The role of corticosterone. *Neuroscience & Biobehavioral Reviews*, 34(6), 835-844.

Citations

- * van IJezendoorn, M. H. (1995). Adult attachment representations, parental responsiveness, and infant attachment: A meta-analysis on the predictive validity of the adult attachment interview. *Psychological Bulletin*, 117(3), 387-403.
- * van IJezendoorn, M. H., Schuengel, C., & Bakermans-Kranenburg, M. J. (1999). Disorganized attachment in early childhood: Meta-analysis of precursors, concomitants, and sequelae. *Development and Psychopathology*, 11, 225-249.
- * Waters, E., Merrick, S., Treboux, D., Crowell, J., & Albersheim, L. (2000, May/June). Attachment security in infancy and early adulthood: A twenty-year longitudinal study. *Child Development*, 71(3), 684-689.

Web references

- * www.nctsn.org (Child Welfare Trauma Training toolkit)
- * www.cdc.gov/violenceprevention/
- * [Center on the Developing Child at Harvard University
developingchild.harvard.edu/](http://www.developingchild.harvard.edu/)



www.nebraskababies.com

@ Nebraskababies