

Attachment Based Principles for Supporting Children with Special Needs in Families, Classroom, and Camps: Key Note for Energia Conference 2022

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Goals of Discussion



- ✓ **Review basic principles of attachment**
- ✓ **Consequences of disrupted attachment & Trauma**
- ✓ **Neurobiology and attachment**
- ✓ **Treatment: helping hurt children heal**
 - ✓ **Parenting,**
 - ✓ **Psychotherapy,**
 - ✓ **Support**

Attachment Cycle at Birth

Baby has needs for:
food, stimulation,
touch, warmth, bodily
functions, security,
sleep



**Mother meets baby's
needs, hopefully in a
warm and sensitive
manner. May anticipate
needs**

**Baby expresses needs: crying,
wiggling, grasping, fussing**

**Baby experiences relief,
satisfaction, pleasure**

Attachment Cycle: Progression



**Emotional Connection
Develops**

**Baby has needs for:
food, stimulation,
touch, warmth,
bodily functions,
security, sleep**

**Baby experiences relief,
satisfaction, pleasure**



Trust Develops

**Mother meets baby's
needs, hopefully in a
warm and sensitive
manner. May
anticipate needs**

**Baby expresses needs:
crying, wiggling,
grasping, fussing**

Implications of Trust & Emotional Connection



- **Trust**—will believe that parent can and will care for you. Will believe that one is safe. Will believe that commands, rules, directives are given for a good reason and should be obeyed



- **Emotional Connection**—will experience empathy. Will want more closeness & intimacy, and will avoid actions that detract from this.

Broken Bonds

**Anger/rage,
apathy**

Baby has needs for:
food, stimulation,
touch, warmth,
bodily functions,
security, sleep

Baby experiences relief,
satisfaction, pleasure

Distrust

Baby expresses needs:
crying, wiggling, grasping,
fussing

Mother meets baby's
needs, hopefully in a
warm and sensitive
manner. May
anticipate needs



Consequences of Broken Attachment



- **Distrust**—Believes he/she can depend only on self. Will do whatever is necessary to meet self needs: manipulate, hoard, steal, lie, etc. Fear and anxiety drive behavior.



Anger/rage—May be expressed overtly in hitting, destructiveness, incontinence, or internally through self-destructive actions

Apathy—absence of empathy or caring leads to absence of remorse or conscience. One's own needs are the only ones that matter.



Attachment is on a Continuum

- Attachment ranges from severely impaired to very strong/healthy



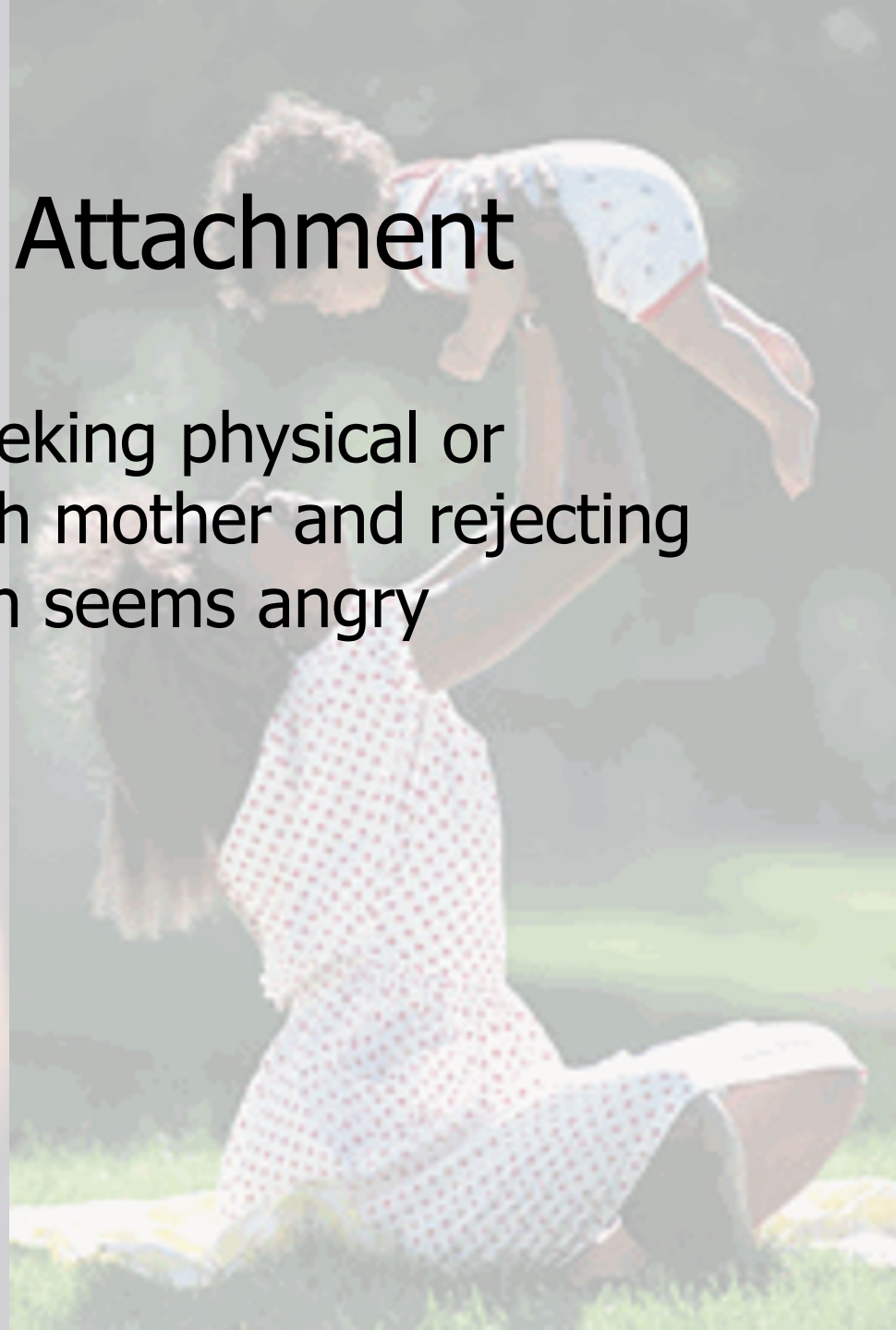
Attachment Disorder Categories

- Ambivalent Attachment
- Avoidant/Inhibited Attachment
- Indiscriminate attachment
- Dependent/clingy



Ambivalent Attachment

- Oscillates between seeking physical or emotional contact with mother and rejecting or resisting her. Often seems angry



Avoidant/Inhibited Attachment

- Seems disinterested in mother, avoids or rejects mom upon reunion, may be more affectionate with strangers than with mom.



Indiscriminate attachment

- Seems friendly and sociable with everyone, seeking affection even from strangers, but typically directs intense misbehavior toward mom.



Dependent/clingy Attachment Style

- Unwilling to venture away from caretaker, excessive clinging, “compulsive compliance”, overly dependent & attention needy.



Severe Attachment Disorder: Additional Subtypes Based on Research (Randolph, 2001)

- Isolated-avoidant
- Evasive-anxious
- Defiant-ambivalent
- Bizarre-disorganized



Isolated-Avoidant

- Sadness is predominant emotion
- Avoid nurturing touch because of aversion to intimacy
- Intimacy/nurture is seen as dangerous due to being hurt by caretakers in the past
- Prefer a passive-aggressive approach to relating to adults, but avoid open defiance
- Tend to be hyper-independent and may have cared for younger siblings at a very early age

Evasive-Anxious

- Fear is predominant emotion (especially fear of abandonment)
- Seek to be close to adults, but do so in intrusive ways (nonstop chatter, invading personal space, interrupting)
- Relationships lack intimacy: They drain emotional resources by clingy/attention seeking behavior and give little back (lack reciprocity)
- Prefer a passive-aggressive approach to relating to adults, and alter their presentation to what they perceive will be most accepted (thus “real” feelings are avoided in therapy).

Defiant-Ambivalent

- Anger/rage is predominant emotion
- Rage is used to avoid feeling other emotions of fear, sadness, loneliness
- They are directly defiant and aggressive
- The directness of their emotion/behavior makes them disruptive and prone to rejection by foster parents
- Easier to work with therapeutically because their emotions and motivations are more clear
- Primary thinking error: "There's not enough for everyone so I need to get mine first"

Bizarre-Disorganized

- Free-floating anxiety is predominant emotion
- At risk for poor reality testing or even psychosis
- Tend to be more impaired neurologically (IQ, LD, sensory problems)
- Tend to throw prolonged tantrums
- Tend to be hyper-independent and may have cared for younger siblings at a very early age



Diagnostic Assessment: Thorough Assessment is Best

- Detailed History (especially of infant illness, temperament, trauma)
- Family Interaction Assessment (e.g., Marschack Interaction Method)
- Objective Rating Scales for general symptoms (e.g., BASCII, Conners', DSMD)
- Objective Rating Scale for Attachment Sx (e.g., Randolph Attachment Disorder Q)
- Projective Techniques can be helpful
- Neuropsychological Evaluation

Critical Symptoms to Alert For...

- Superficially engaging & charming
- Manipulative & splitting parents
- Obvious, absurd lying
- Hoarding food
- Stealing
- Cruel to animals or people
- Lack of remorse
- Poor eye contact
- Affectionate only on their own terms
- Affectionate or attention seeking from strangers
- Extensive Tantrums
- Encopresis/Enuresis
- Destructive of property

WATCH OUT!!

- Inventing tales of abuse creates a hazard for parents and therapeutic staff
- Evasive-Anxious may invent tales of abuse to distance themselves when emotional connection increases
- Defiant-ambivalent use false allegations to manipulate and create excitement
- Bizarre-Disorganized may be confused or psychotic, believing that things done by birth parents are now being done by current caretakers.

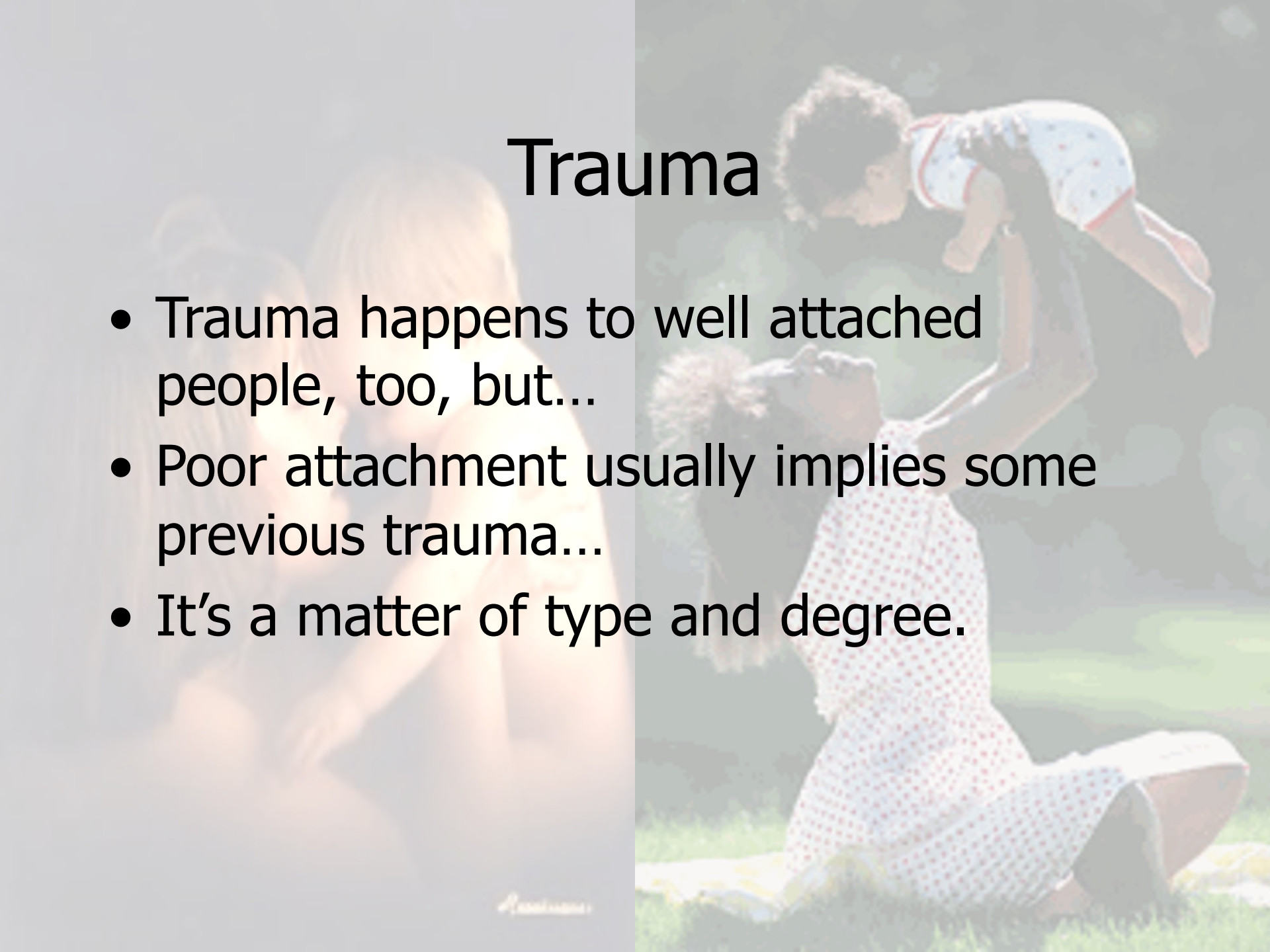
Differential Diagnosis: Comorbidity & Symptom Overlap—Get a Thorough Evaluation

- RAD, ADHD, Bipolar, PTSD, ODD, and PDD/Autism
- Confusion exists over patterns of behavior typical of autism in Romanian orphans
- Quasi-Autistic Patterns with prolonged deprivation
- Patterns of despair, trauma, emptiness and true “detachment”
= Loss of motor, sensory, and cognition
- Estimated that for every two months of institution = one month delay in cognitive and emotional development

- Federici, 1999 and Rutter, 1998

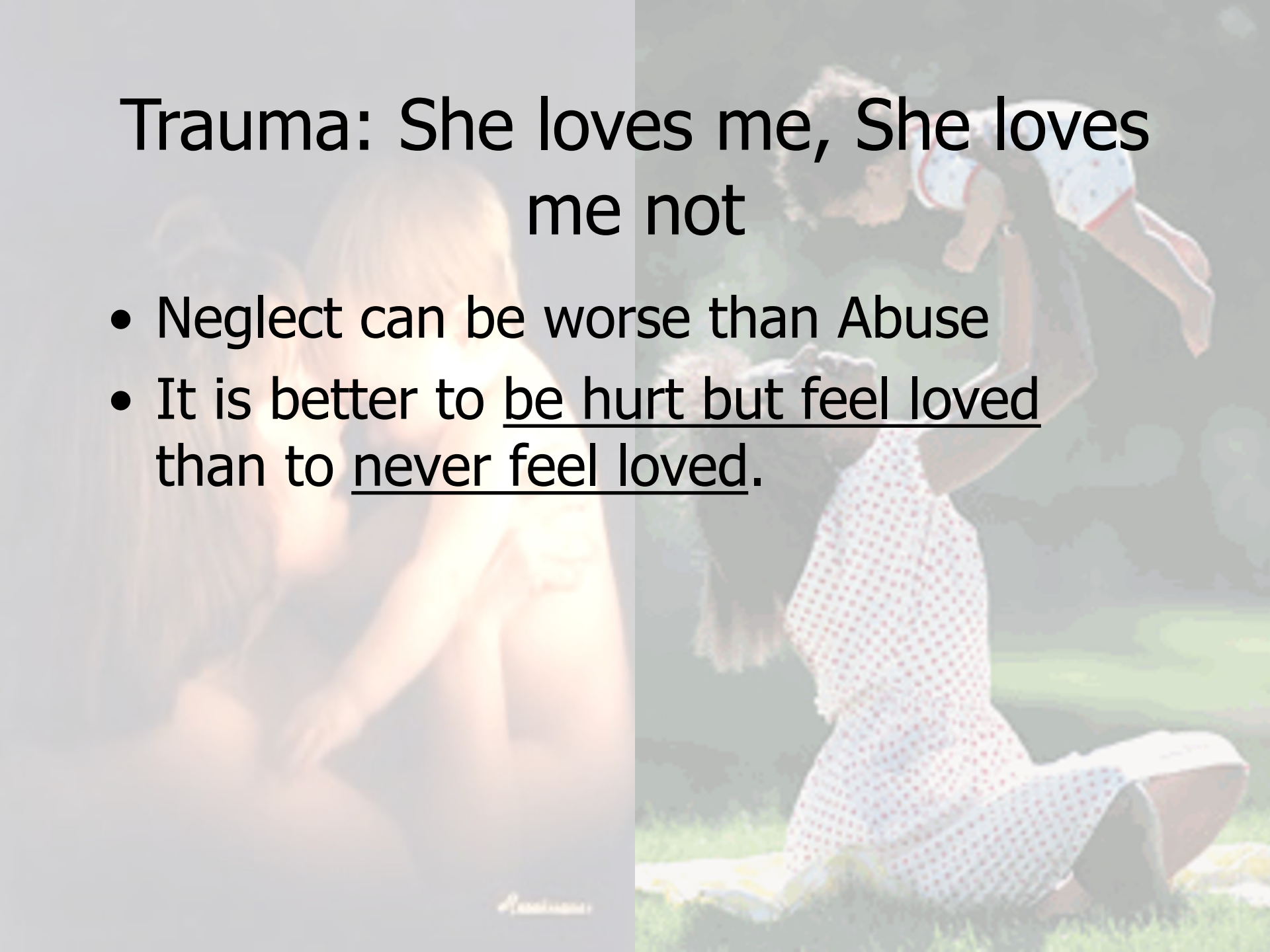
Trauma

- Trauma happens to well attached people, too, but...
- Poor attachment usually implies some previous trauma...
- It's a matter of type and degree.



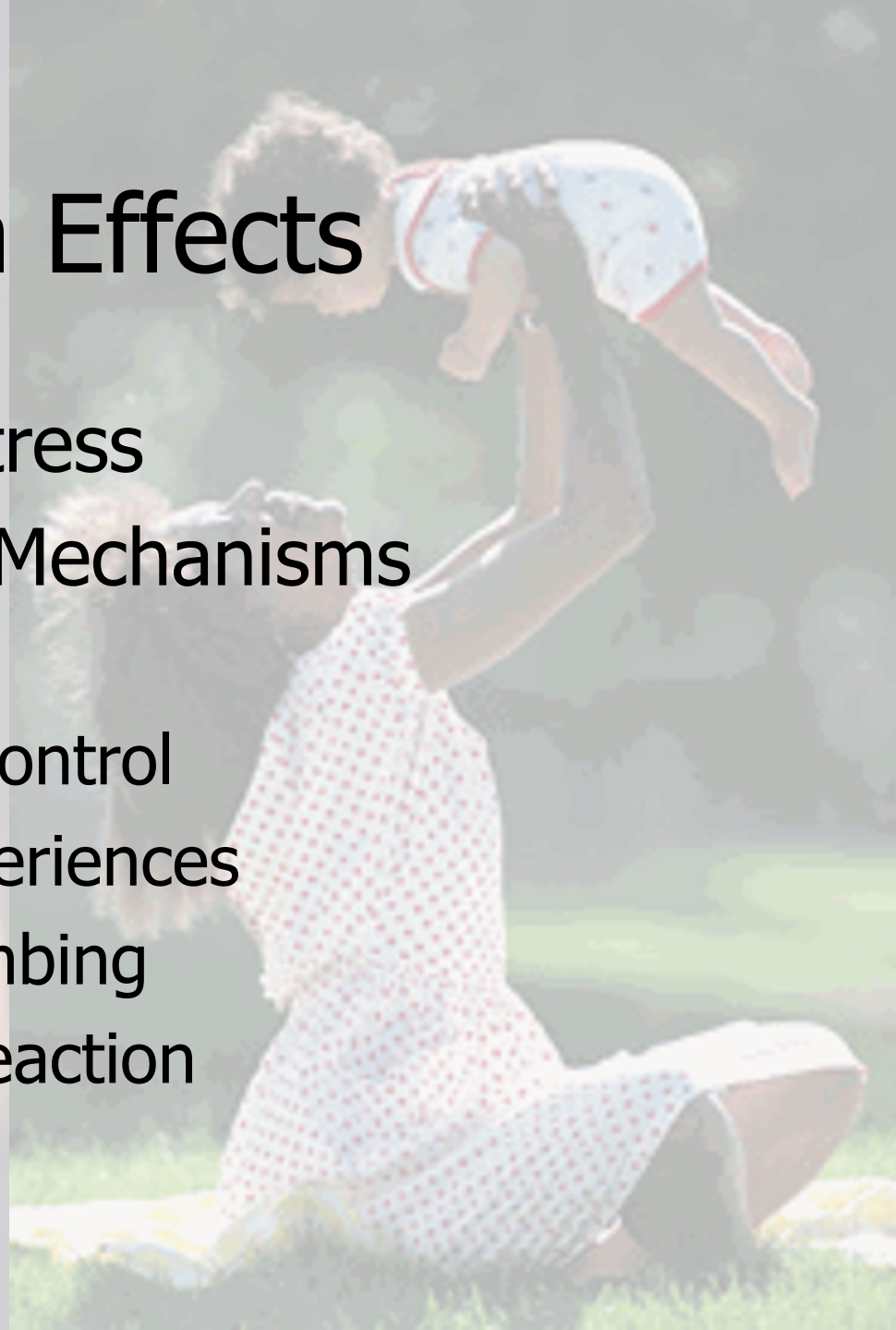
Trauma: She loves me, She loves me not

- Neglect can be worse than Abuse
- It is better to be hurt but feel loved than to never feel loved.



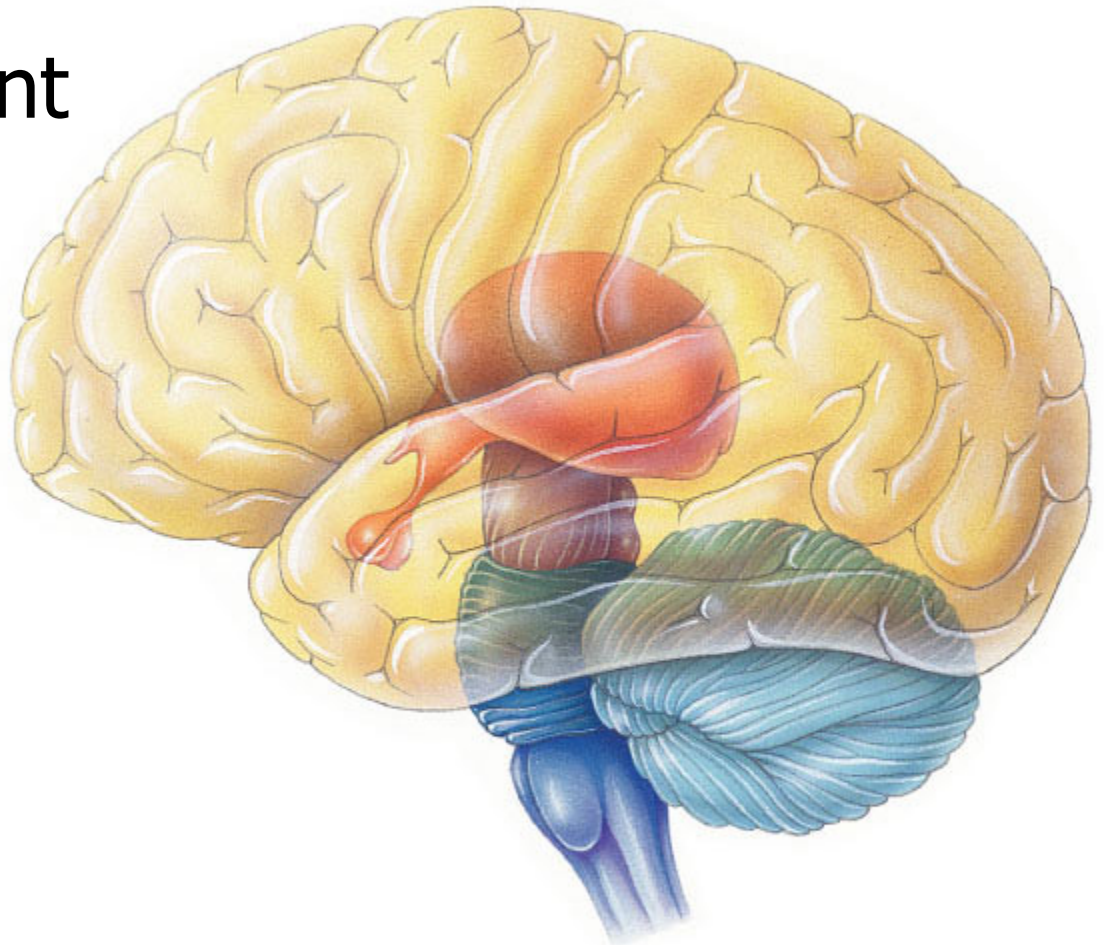
Trauma Effects

- Neuro-endocrine stress
- Behavioral Coping Mechanisms
 - Avoid intimacy
 - Insist on being in control
 - Reject positive experiences
 - Dissociation or numbing
 - Hyperalert/alarm reaction

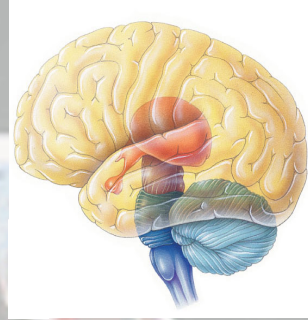


Neurobiological Components of Attachment

- Cortex Involvement
- Limbic System
- Endocrine System



Frontal Lobes

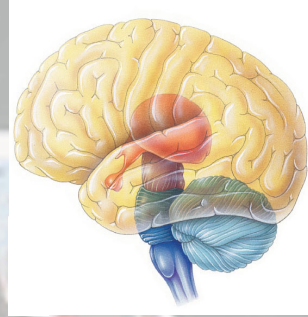


- **Executive Functions:**

- problem solving, organization, planning



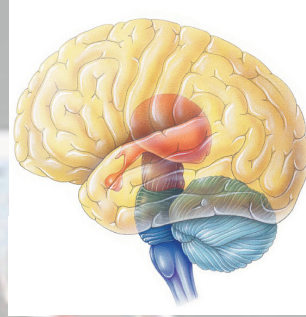
Orbital Frontal Cortex & Development



- Orbital frontal region is important for emotional development &
- Developing a relationship with a caregiver
 - Response to touch
 - Response to facial expression
 - Response to talking

Cozolino, 2002

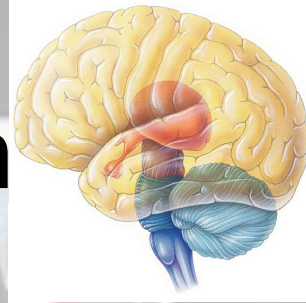
Damage to Orbital Frontal Region & Cingulate Can result in Impaired Moral & Social Reasoning



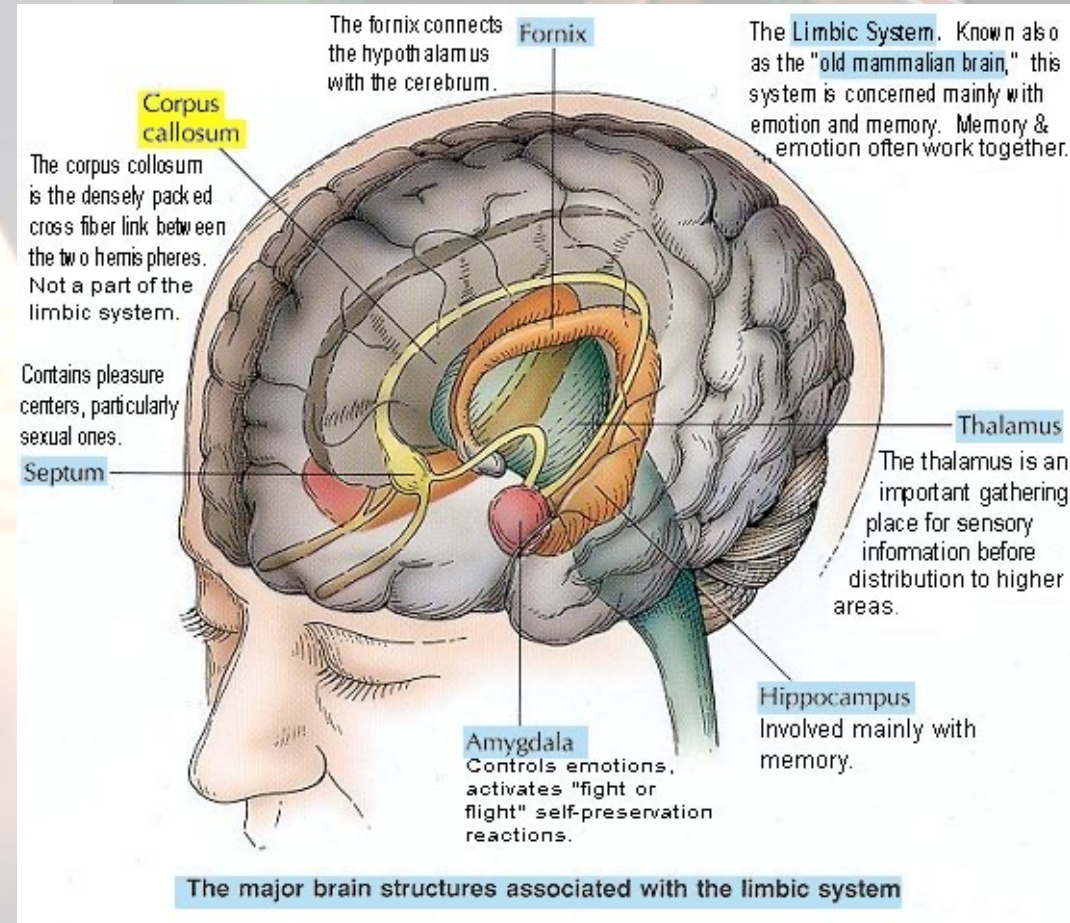
- Poor impulse control
- Reduced response to consequences
- Lacks delayed gratification
- Lacks empathy for others
- Anderson et al. 2002



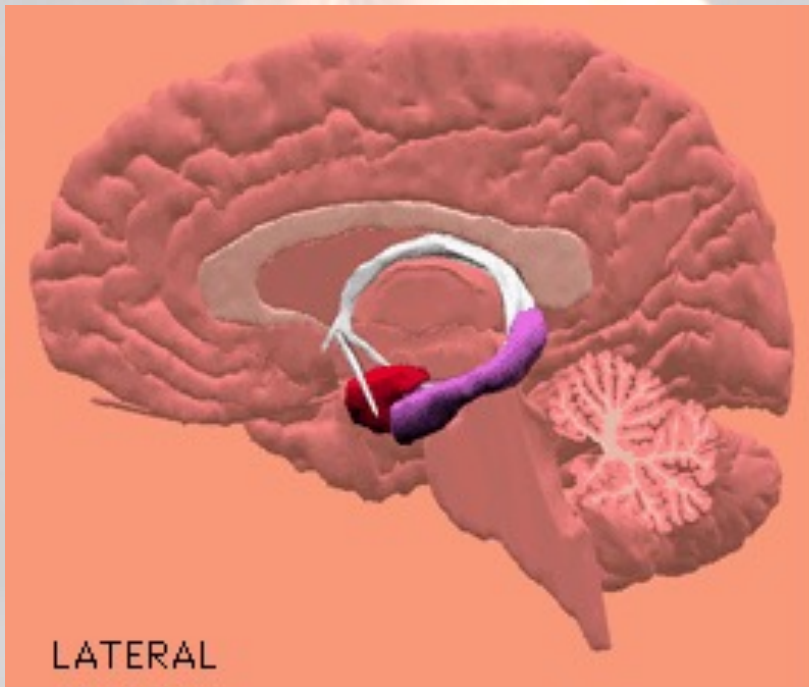
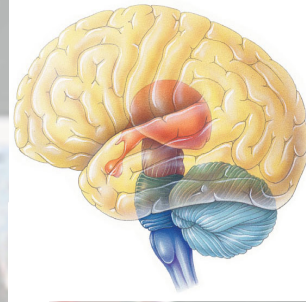
Limbic System: 3 Parts to Remem



- **Anterior Cingulate—**
- **Amygdala**
- **Hippocampus--**
Memory



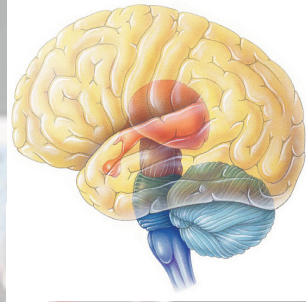
Limbic System—Amygdala



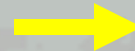
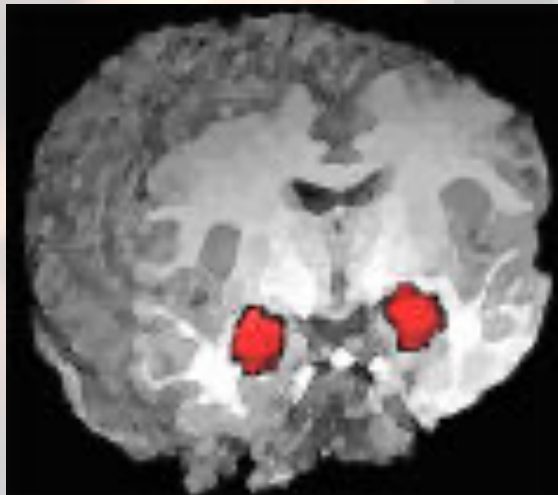
- **Amygdala** connects to medial frontal lobe
- Central Nucleus of Amygdala: Dense opioid receptors: Biochemical mechanisms of bonding and attachment

» Goodman, Snyder, Kuhar & Young, 1980

Amydala Functions

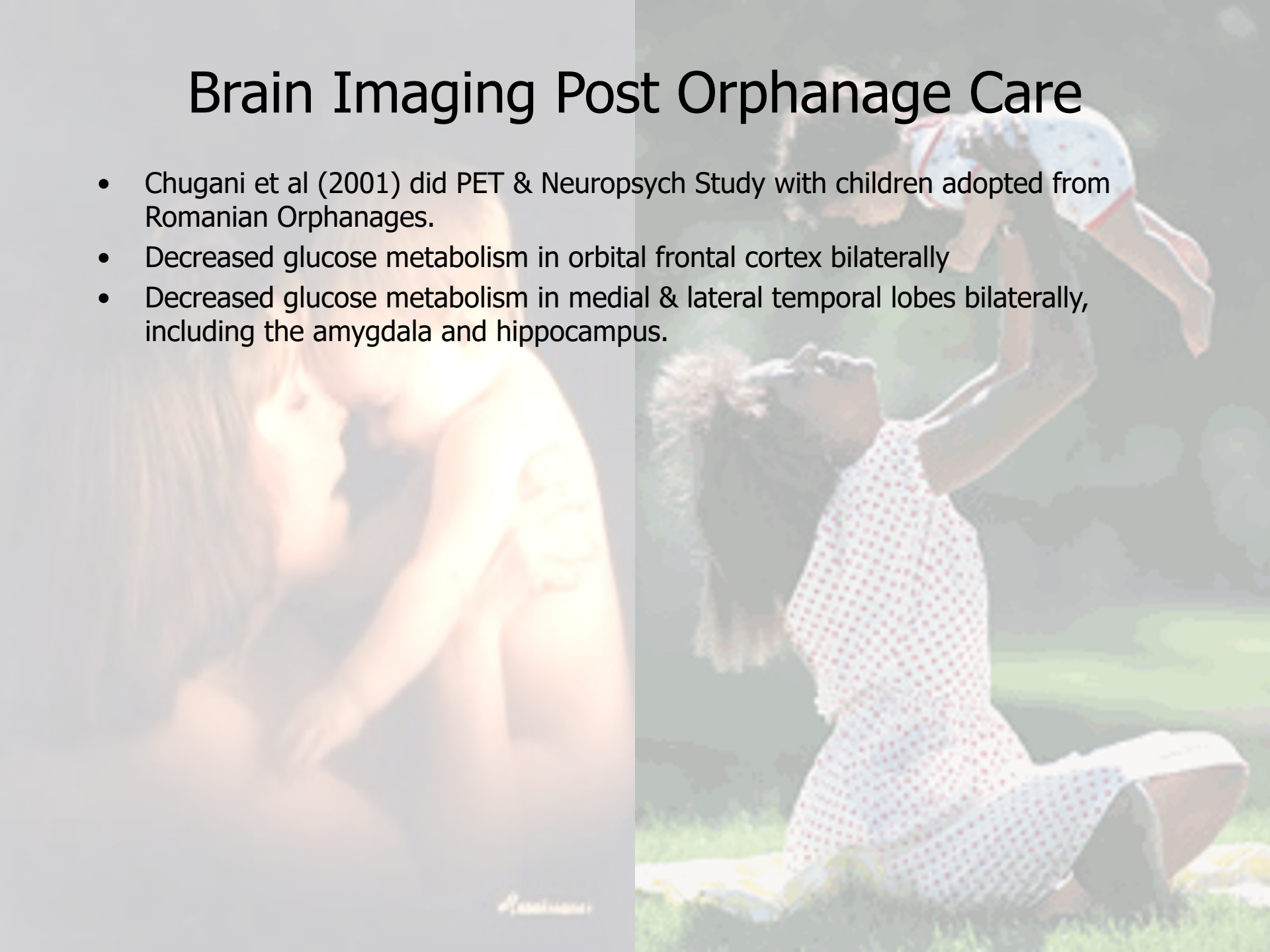


- Amygdala receives connections from many brain areas and integrates them.
- It guides emotional responses by signaling the rest of the brain if a situation is to be feared or not.
- It can give signals to “freeze”, suppress pain, run...



Brain Imaging Post Orphanage Care

- Chugani et al (2001) did PET & Neuropsych Study with children adopted from Romanian Orphanages.
- Decreased glucose metabolism in orbital frontal cortex bilaterally
- Decreased glucose metabolism in medial & lateral temporal lobes bilaterally, including the amygdala and hippocampus.



Damage to limbic system-frontal system: Behavioral Implications

- Trauma = increased amygdala activation = increased behavioral reactivity (tantrums, anger, fear)
- Early Deprivation = reduced frontal lobe function = less ability to manage or dampen emotional reactions
- The Result: explosive behavior with poor self-control

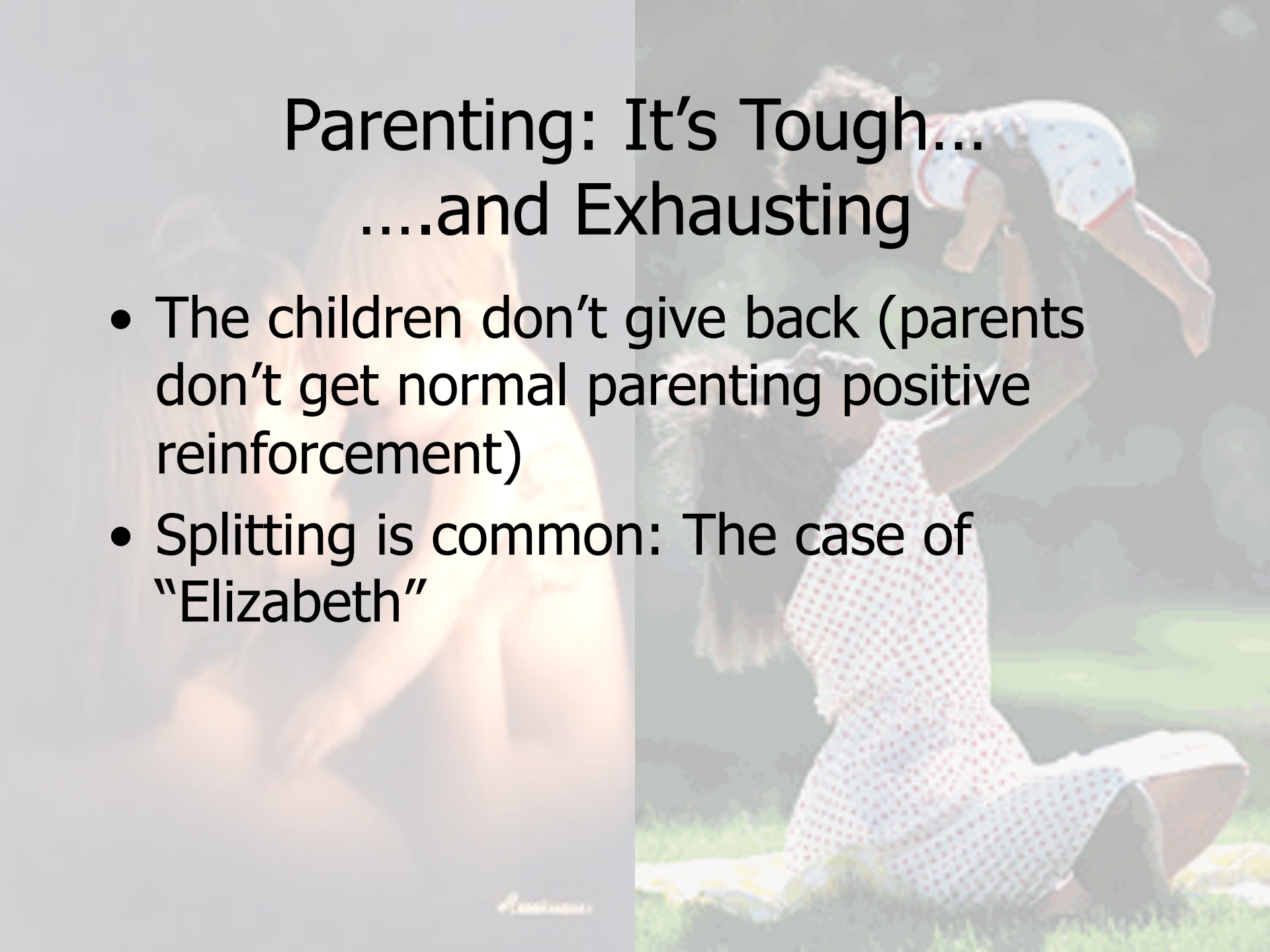
Neuroendocrine Stress

- Surge of Stress Hormones
- Chronic Release of Cortisol =
 - Hypersensitivity
 - Autonomic nervous system changes



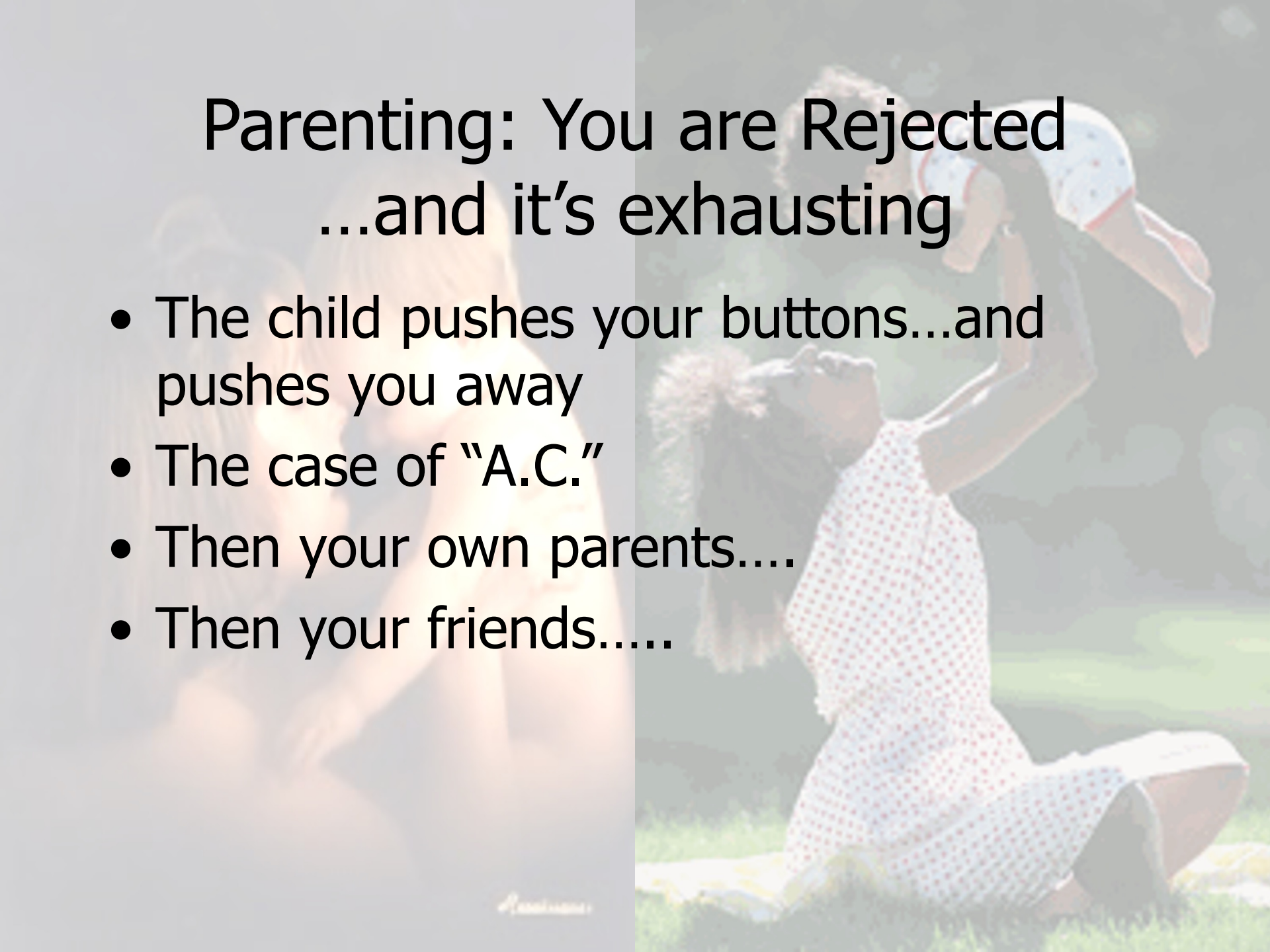
Parenting: It's Tough...and Exhausting

- The children don't give back (parents don't get normal parenting positive reinforcement)
- Splitting is common: The case of "Elizabeth"



Parenting: You are Rejected ...and it's exhausting

- The child pushes your buttons...and pushes you away
- The case of "A.C."
- Then your own parents....
- Then your friends.....



Parenting: Face it...You are harsh, cruel, and incompetent

- Attribution Theory—in the face of adversity good people take responsibility
- Parent self-attributions tend to be negative
- Time to Break the Cycle....

Just a Parent and the Will To Survive....

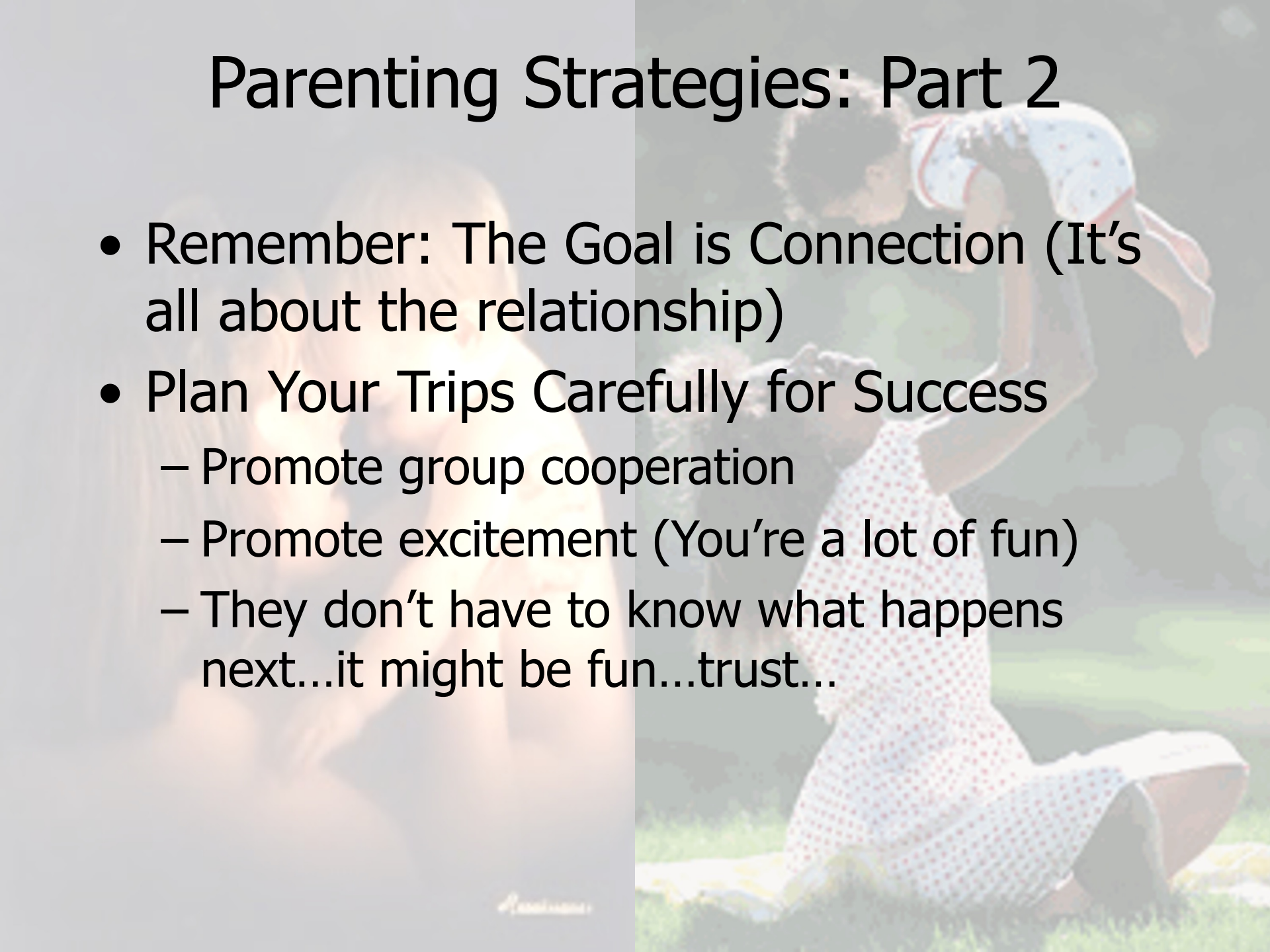
- Take care of yourself
- Take Time off
- Reframe success
 - “I made it through 1 hour of being a therapeutic person”
 - “Does my child still have all his/her limbs? Good!”
- When Treatment starts it could get worse, but it does get better. Life won't always be this way

Parenting Strategies: Part 1

- Find an image of your child that makes you smile—keep it close (actual picture/in your brain)
- Safety alarms on doors for parent and child peace of mind
- Planned fun times for silliness
- Moments of nurture throughout the day (micro-nurture)
- Delay consequences and make behavior tracking a parent game. Parents compete and have fun.
- Parent surprises for Pizzazz: Leprechaun Attack
- Candy in the shoe,
- For enuresis: pee (pea) soup. Make it fun.
- JUST GO HOME...It sends a message.
- Natural consequences

Parenting Strategies: Part 2

- Remember: The Goal is Connection (It's all about the relationship)
- Plan Your Trips Carefully for Success
 - Promote group cooperation
 - Promote excitement (You're a lot of fun)
 - They don't have to know what happens next...it might be fun...trust...



Parenting Strategies: Part 3

- Some activities inherently promote trust and connection:
 - Tandem biking
 - Tandem kayaking
 - Rock climbing with parent belayer
- Use Specific Praise...with pizzazz
- Interrupt a negative cycle early in the chain of events—use exercise, such as jumping jacks or running or trampolining.

Parenting Training & Support Works: Parent Camp Research

- Cortisol changes
- Anxiety and Stress levels



Parenting Training: Lessons from Our Experience

- Changing your parenting style is hard, therefore...
- Choose one thing at a time to work on
- Example of Positive practice in the car and meditative sitting.
- Nurture is Powerful: Experiential exercise.



Treatment of Attachment Disorder: Guiding Principles

- Security to reduce fear
- Nurture to promote bonding
- Fun to promote emotional engagement
- Parents are co-therapists
 - They participate in sessions
 - They have specific parenting strategies
 - They have logistical and emotional support

Attachment Needs to address Trauma
Therapy is experiential



Theraplay ®: A Useful Play Therapy

- Family based—parents integral to therapy
- Directive
- Experiential
- Developmentally appropriate
- Attachment focused



Theraplay Guiding Principles

- Structure
 - Engagement
 - Nurture
 - Challenge
-
- The goal is altering the experience of the parent-child relationship

Theraplay: Who Benefits

- Can be used with Autistic and nonverbal and severely delayed children
- Can be done in Intensive fashion or regular weekly sessions
- Useful cross culturally



Dyadic Developmental Psychotherapy

(Hughes, 2007)

- Family Based
- Developmentally oriented
- Attachment centered
- Affective connection emphasis
- Experiential and some talk processing



DDP: Key Principles

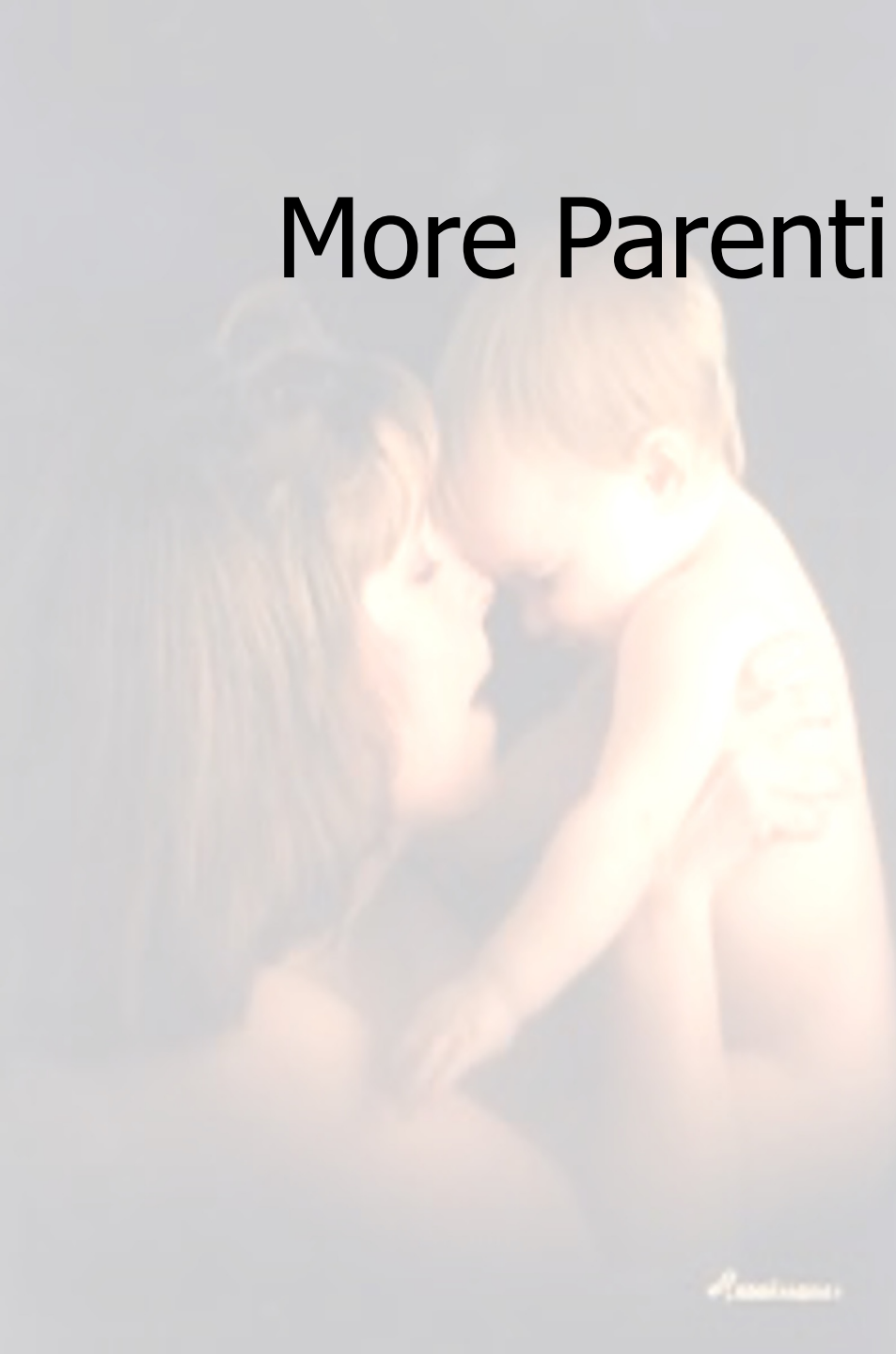
- Playfulness
 - Acceptance
 - Curiosity
 - Empathy
-
- Helpful in addressing sense of shame and dialogue on early trauma experiences

Other Therapy Techniques

- Family music therapy activities
- EMDR
- Narrative therapy
- Art therapy
- Biofeedback
- Paradoxical techniques

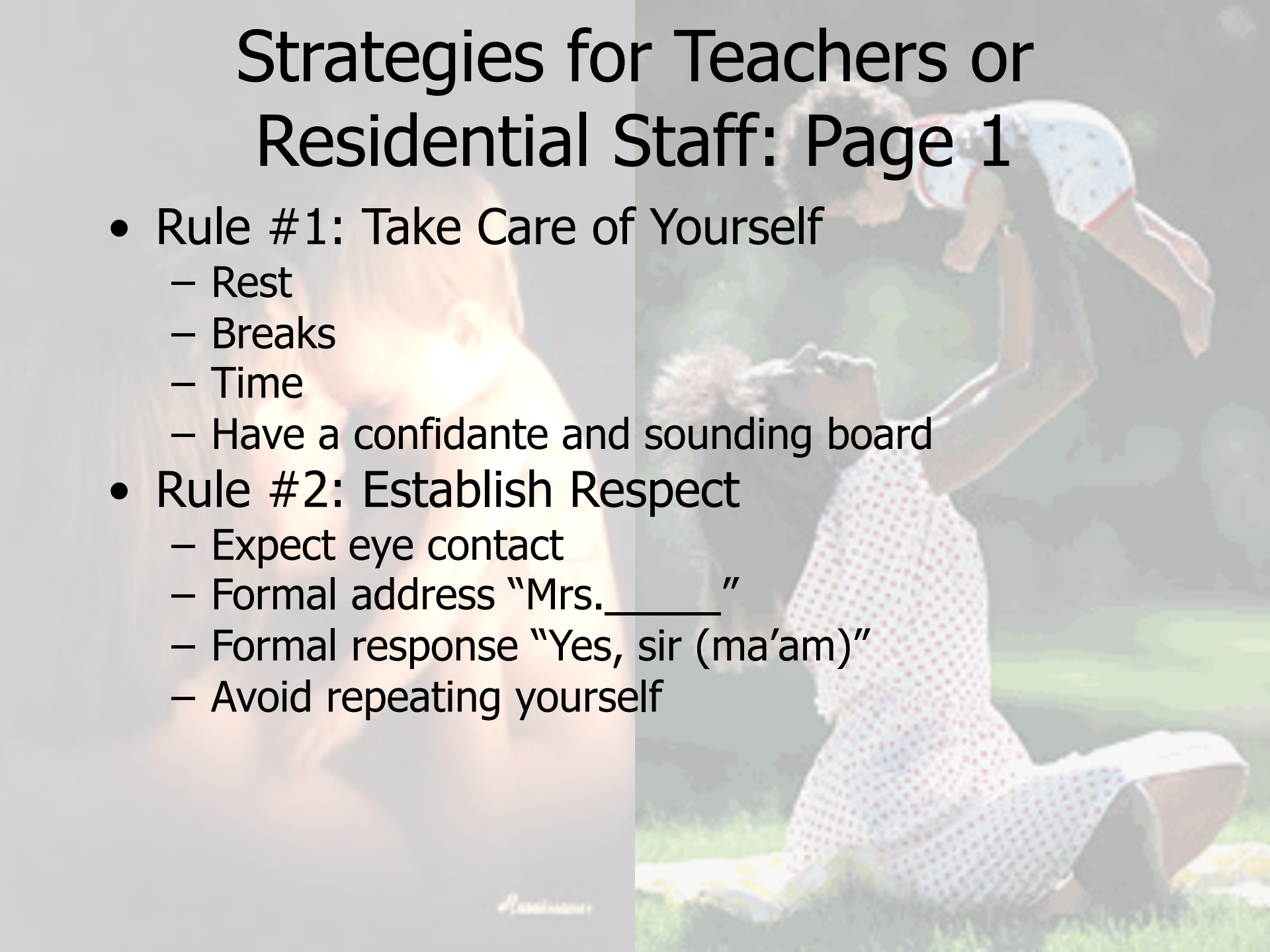


More Parenting Strategies



Strategies for Teachers or Residential Staff: Page 1

- Rule #1: Take Care of Yourself
 - Rest
 - Breaks
 - Time
 - Have a confidante and sounding board
- Rule #2: Establish Respect
 - Expect eye contact
 - Formal address “Mrs. _____”
 - Formal response “Yes, sir (ma’am)”
 - Avoid repeating yourself



Strategies for Teachers or Residential Staff: Page 2

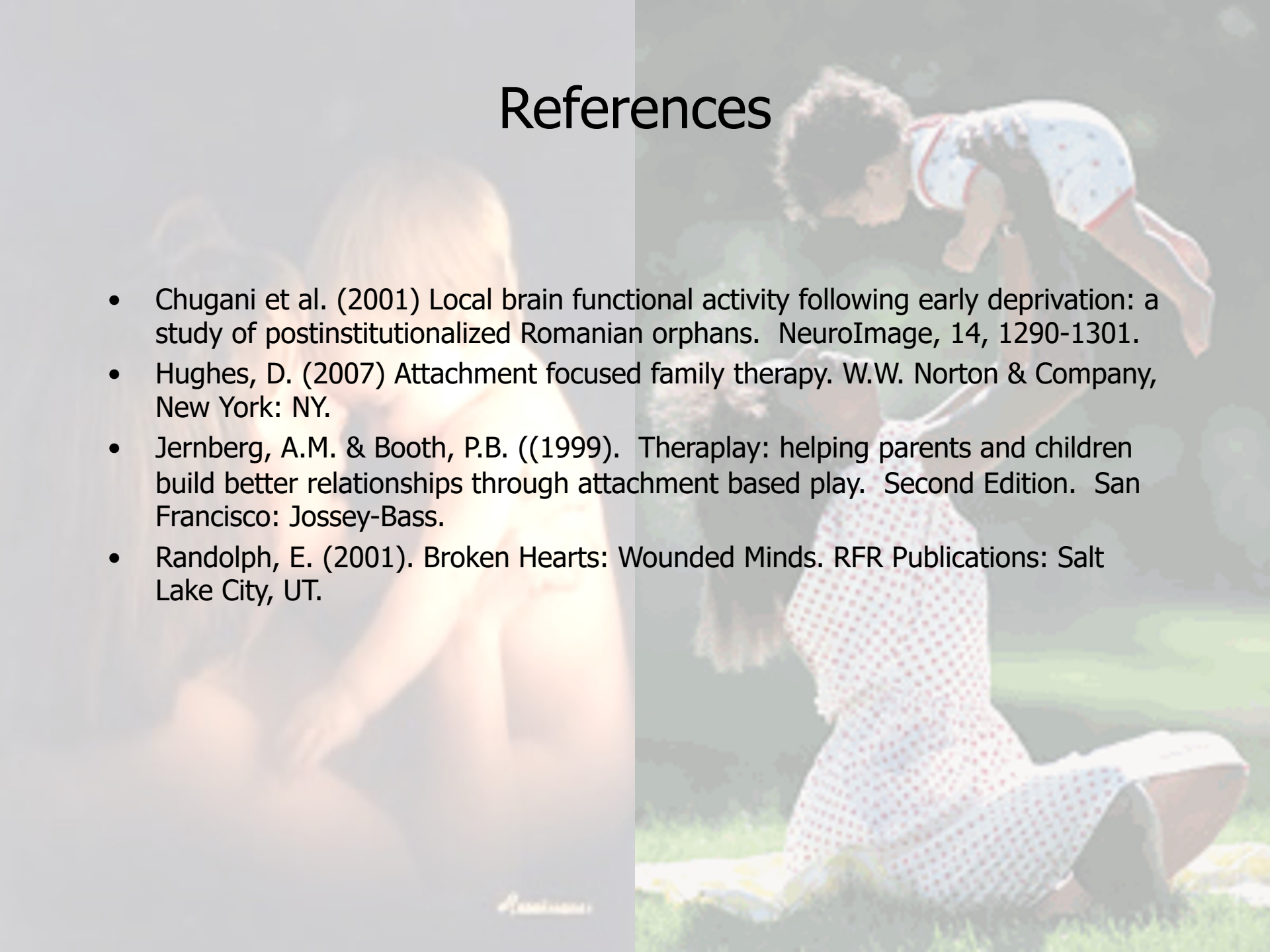
- Principle #1: Maintain high levels of communication with the parents
 - Discuss techniques used at home
 - Verify what the child says
 - Don't get TRIANGULATED
- Principle #2: Your job as teacher is to offer educational opportunities, not to force the child to learn.

Teacher Techniques

- Classroom set-up (structured, calm environment)
- Keep others safe from aggressive child
- Do not for others to play with the child
- No arguing with the teacher (don't dignify "why?" questions with a response if they challenge your authority)
- Compassion combined with strong, assertive presence
- Clear consequences
- Avoid being a source of hugs, affection, or clinginess, the child may be using you to avoid connection with parents
- If false allegations are a concern, have a predetermined system worked out with parents and a social worker on the case.
- Have a "Think within" spot in the classroom

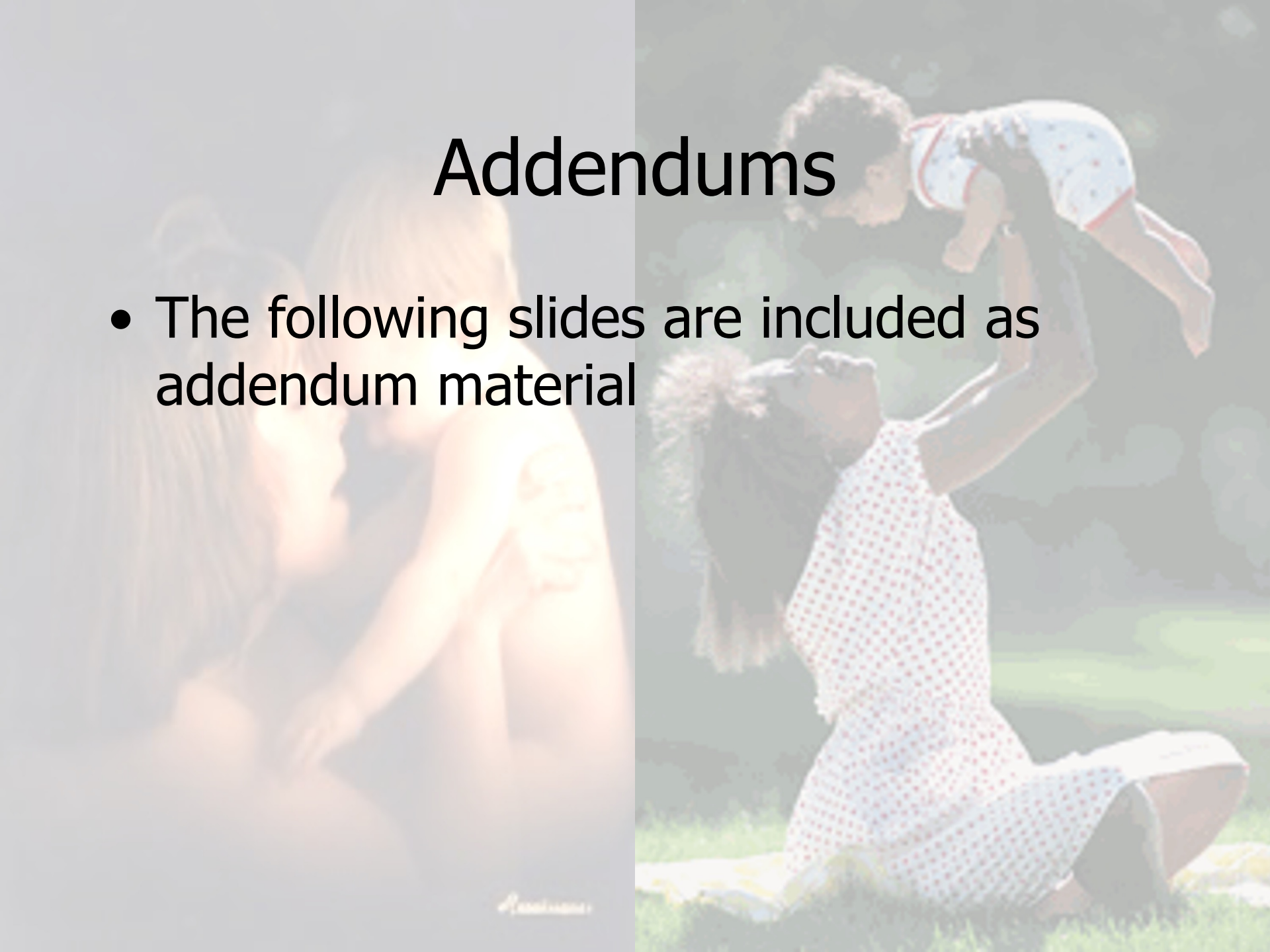
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Addendums

- The following slides are included as addendum material



Abandonment & loss of Parent: The Post-Institutionalized Child

- Role of Brain-Behavior Relationships Work by Ronald Federici, Ph.D., Developmental Neuropsychologist
 - Research with Romanian Orphans



**Poor maternal care,
fetal alcohol exposure,
smoking, neurotoxins,
infections, prematurity,
low birth weight, & others**

**Results surface in the
school aged child**



Federici's Findings



- Impaired social-interaction
- Emotional dysregulation
- Cognitive deficits
- Johnson, Federici, Tartaglia, Gaillard, Lavenstein, McClintock, Conry & Weinstein, 1999

Improving Attachment: The Nurture Component

Key Elements

- Touch
- Sugar
- Rocking
- Eye contact
- Holding



Finnish Study SOS Villages

- Makela, Jukka & Vierikko, Ilona, 2004
- Villages are foster care communities,
- Nonprofit and nongovernmental,
- Guiding principle is that a child should be cared for by a family, supported by a community.
- Hermann Gmeiner, founder: mother, siblings, house, village.



SOS Study: CBCL Figure

