TRAUMA MATTERS

How Parent/Child Attachment Shapes Development

Over the past 20 years, a burgeoning literature has linked experiences of early childhood neglect and trauma with later negative physical and mental health outcomes. These conclusions come from both broad social research—the Adverse Childhood Experiences (ACES) literature (Anda et al., 2006)—and research focused on moment-to-moment interactions between parent and infant (Beebe 1982; Lyons-Ruth, 2003). The literature makes clear that the parent–child attachment relationship plays a crucial role in mediating the impact of stress on the child. Research based in attachment theory evidences that the way the caretaker manages infant distress is the critical issue that leads to either long-term infant security or negative developmental outcomes.

John Bowlby (1988), whose work laid the basis for attachment theory, proposed that the most essential drive for the infant is to be attached to a caretaker as this attachment is central to survival. This observation implied that infants must adapt to the environment their attachment figures create since they have no other options. This means that however the caregiver offers the attachment relationship, the infant molds himself or herself to adapt to its demands (whether the attachment environment is optimal, overwhelming, neglectful, or chaotic). As attachment is essential to survival, when children feel threatened, they will focus on their attachment figure to keep safe (hence the universal cry, "Mommmmy!"). This is true even when the attachment figure is also the source of threat.

Overall, research suggests that stressful experiences do not necessarily lead to negative outcomes if the attachment environment provides adequate emotional safety and security for the infant. Stressful experiences, however, may have significant impact on the infant if the parent's response to the child's distress does not provide sufficient recognition and soothing. The greatest negative impact on the infant/young child's development comes as stressors the child's caretakers inflict on the child through neglect, physical or sexual abuse, or an atmosphere of chronic family conflict. Environmental factors such as community violence, poverty, and racism provoke further stressors on parents who then face greater challenges to providing children with emotional security.

Research about parent–child attachment has produced descriptions of distinctive parent and infant attachment styles. Attachment styles develop between specific infant–caretaker pairs. The attachment style the caretaker

offers usually reflects the attachment style that the parent developed through his or her own attachment experiences. Four types of child–parent attachment styles have been described (Ainsworth, Blehar, Waters, & Wall, 1978; Main & Solomon, 1990). When attachment is *secure*, children feel safe to be curious to explore their environment, with the felt sense that their caretaker is observing and ensuring their safety. The parent who provides a secure attachment welcomes the child back for comfort and reassurance if the child becomes worried or fearful. The parents' openness to both exploration and comfort allows children to focus their attention on exploring and learning. Adults express their secure attachment by collaborating with their child, encouraging the development of their child's interests and mind, and ensuring the child's safety. The securely attached adult's interpersonal relationships are similarly balanced and collaborative, and when interpersonal ruptures occur, they can be repaired.

In contrast, when children feel insecure, anxious, and preoccupied about their parents' availability and reliability (the *insecure/resistant* style in attachment literature), they have difficulty taking comfort from their parents. The children are preoccupied with their attachment figure because of his or her unpredictability and unreliability. This anxious preoccupation may interfere with a child's ability to engage in exploration and play whether at home or in school. In adulthood, anxiously attached individuals have difficulty feeling secure in relationships, and others may experience them as too needy or demanding. Insecure/avoidant children appear to have little anxiety but also little need for proximity or closeness with parents. These children's parents are described as *dismissing* of attachment. They are people who think of themselves as independent, minimize their child's needs for comfort, and let the child fend for him- or herself. While the consistency of this attachment style provides predictability for the developing child, it also inhibits closeness. People with a dismissing attachment style may be vulnerable to developing attachments to substances or other behaviors that are reliably available but do not involve interpersonal relatedness.

Finally, the attachment literature describes the *disorganized/disoriented* attachment style of the infant whose mother is so preoccupied by her unresolved (usually significantly traumatic) past that her thinking may be characterized by lapses in reasoning and little capacity to recognize her child as separate from herself. She confuses past and present. The child has no clear patterns of relatedness to follow and may behave in unpredictable ways, without a clear strategy, alternating between apprehension, aggression, apathy, freezing, stillness, and confusion. As an outgrowth of theory and attachment research, Fonagy (1991) introduced the concept *mentalizing* to describe an adult's capacity to recognize that other people have separate experiences, intentions, and minds. The ability to mentalize develops within an environment of secure attachment. Securely attached parents are able to recognize and accept their child's mind, and help the child come to know his or her own mind. In contrast, insecurely attached parents may be unable to fully mentalize their child's mind. Because the parents are unable to recognize the separate needs of their child, they may expose him or her to unbearable states of arousal and/or neglect, even attributing malevolent intentions to the child.

These types of difficulties, referred to as *misattunements*, usually reflect the parent's own unresolved losses or post-traumatic states, which are stimulated in the process of parenting (Beebe, 2005). Such misattunements are recognizable during the first year. Thus, interventions that focus on repairing the infant–parent relationship to promote secure attachment should occur as early as possible. Treatments that focus on preventing or mitigating the impact of problematic attachments usually focus on enhancing the caretaker's recognition of the child's needs and also of ways their own needs inhibit noticing the needs of the child (in other words, mentalizing the child).

Submitted by Ellen Nasper, PhD

For a complete list of references for this article please visit: www.womensconsortium.org/references _Trauma_Matters.cfm

Parenting Interventions with Significant Influence in Connecticut

The parenting interventions most often used in Connecticut are; Positive Parenting Program (Triple P), Circle of Security Parenting Model (COS-P), and home visiting programs. Triple P is a re-parenting curriculum used primarily with parents who have school aged children. COS-P is a group parenting curriculum model for parents of young children, and home visiting programs are often used with children ages 0-5.

Backed by more than 30 years of ongoing research, Triple P is considered one of the most effective evidence based parenting programs available. "Triple P draws on social learning, cognitive behavioral and developmental theory as well as research into risk factors associated with the development of social and behavioral problems in children. It aims to equip parents with the skills and confidence they need to be self-sufficient and to be able to manage family issues without ongoing support. While Triple P is almost universally successful in improving behavioral problems, more than half of Triple P's 17 parenting strategies focus on developing positive relationships, attitudes and conduct. Triple P is delivered to parents of children up to 12 years, with Teen Triple P for parents of 12 to 16 year olds. There are also specialist programs – for parents of children with a disability (Stepping Stones), for parents going through separation or divorce (Family Transitions), for parents of children who are overweight (Lifestyle) and for parents of indigenous descent (Indigenous). Other specialist programs are under development." (http://www.triplep.net/glo-en/find-out-about-triple-p/triple-p-in-a-nutshell/).

The Circle of Security International™ Early Intervention Program for Parents and Children has developed a relationship-based early intervention program designed to enhance attachment security between parents and children. The COS-P model is a group intervention program designed to help parents better understand and respond to their children's emotional needs while helping them manage their emotions and behaviors. Through this program, parents are able to increase their understanding of the importance of secure attachment to enable healthy child growth and development.

The relatively new book *The Circle of Security Intervention: Enhancing Attachment in Early Parent-Child Relationships* by Powell, Cooper, Hoffman, and Marvin is a great resource. This guide can be used to prepare for the training, as a manual, or to learn more about the theoretical foundation and strategies for helping caregivers become more attuned and responsive to young children's emotional needs.

In addition to these two evidence-based models are the home visiting models that target families with pregnant women and children from birth to kindergarten. The Health Resources and Services Administration - Maternal and Child Health includes an extensive list of home visiting models on their website, http://mchb.hrsa.gov/programs/homevisiting/models.html. Additionally, the Department of Health and Human Services uses Home Visiting Evidence of Effectiveness, HomVEE, to conduct a thorough and transparent review of the home visiting research literature. (http://homvee.acf.hhs.gov/).

To find out where in Connecticut COS-P is being offered to parents and for additional resources on COS-P and a current 2016 list of COS-P Parenting Educators in Connecticut visit: www.womensconsortium.org/references_Trauma_Matters.cfm

Submitted by Colette Anderson, LCSW
Executive Director
The Connecticut Women's Consortium

Ask the Experts: A Conversation with Peter Fonagy, PhD

By Cheryl Kenn, LCSW

Professor Peter Fonagy, PhD, FMedSci, FBA, OBE, is Freud Memorial Professor of Psychoanalysis and head of the Research Department of Clinical, Educational, and Health Psychology at the University College London and chief executive of the Anna Freud Centre, London. He is also director of UCL Partners Integrated Mental Health Programme and national clinical lead of Children and Young People's Improving Access to Psychological Therapies. Dr. Fonagy is a senior investigator for the National Institute of Health Research and a visiting professor at Harvard.

Q: *Why did you enter the trauma treatment field?*

A: In mental health, you cannot avoid trauma if your clinical orientation is to help clients face up to aspects of their present and past lives that they least wish to contemplate. You will inevitably encounter traumatic experiences. What you find there is not necessarily the cause of an individual's problems, but it is inevitably a crystallization of an individual's struggles with his or her circumstances, identity, relationships, and life. I think I entered the trauma field when I became interested in mental health disorders.

Q: *Can you tell us what you consider to be the most helpful stabilization skill or tool one can teach to a trauma survivor?*

A: Trauma is coterminous with isolation. When an experience is intolerable, being isolated makes it traumatic. The reason for this is simple: people's psychological reality and experience of subjectivity is inherently social. Consciousness is better thought about as co-consciousness. Individuals consciously experience those and only those aspects of their subjectivity that are in some way reflected back by those who accompany the individuals on life's journey. This serves to moderate experience and creates a buffer. When that buffer is not there, when people experience pain without the possibility of sharing it and creating a second order representation of the experience through that social process, they are exposed to experience in the raw. In treating trauma, using any technique that enables the traumatized individuals to generate a second order representation of their experience will help them.

Q: *Can you tell us one thing or something you think all trauma-focused clinicians should know?*

A: Remembering trauma is not therapeutic in and of itself. Reconstruction can be unhelpful rather than helpful for an individual. A person bringing traumatic experience requires help to manage that experience by creating a symbolic representation of it, but this does not necessarily involve making trauma the centerpiece of therapeutic discourse. What is important is to help the individuals cope better with an experience of themselves that is perpetually generating discomfort and anxiety. Attributing the lion's share of the challenges an individual faces to that experience may create an illusion of a resolution. Do not make trauma more than it is.

A New Hope:
Changing Parent-Child Relationships with Circle of Security Parenting©

How do you change children's behavior?

Many parenting programs focus on teaching techniques to parents to help them manage their children's behavior. Success is having the child change his or her behavior so the parent is no longer irritated, angered, etc. Additionally, many parenting programs provide information to parents about behaviors that will support and enhance their child's social, emotional, physical, cognitive, and language development. Unfortunately, use of skills, strategies, and techniques to manage behavior often does not build basic relationship capabilities and does not address the powerful underlying force of the quality of caregiving parents received in their own childhoods.

Circle of Security Parenting© (COS-P) takes a different approach.[1] Basically, COS-P states if the quality of the parent–child relationship improves, the child's behavior will improve.

COS-P focuses on building basic relationship capabilities, helps parents understand where they struggle in maintaining a relationship, and helps parents repair the ruptures in their relationships with their children. For a quick introduction to COS-P, go to www.circleofsecurity.net and play the video.

Attachment research explains that the quality of the parent–child relationship can be broken into two major groups: children with a secure attachment and children with an insecure attachment. Decades of research have shown that secure attachment "continues to be a powerful predictor of life success."[2] Children fortunate enough to have a secure attachment are more likely to have successful close relationships, develop desirable personality traits, and have better social problem-solving skills.[3] At its heart, secure attachment is about the quality of the parent–child relationship. That quality builds and supports a child's foundation for future development. A child with a secure attachment has a strong foundation. A 1999 comprehensive analysis of attachment studies indicated approximately 60% of children in low-risk communities (middle class, nonclinical groups).[4]

Approximately 40% of children in a low-risk community will not receive the type of parent–child relationship that builds secure attachment. Instead, they have an insecure attachment due to some powerful but developmentally unhealthy patterns of interaction used by the parent. Some children with an insecure attachment will have a weakened foundation that causes limitations to their future development. However, anywhere from 14% (middle class, nonclinical group) to 24% (low-socioeconomic status) of children have a more severe insecure attachment, a *disorganized attachment*.[5] Cicchetti found a 90% rate of disorganized attachment in a sample of 137 maltreated 13-month-old children.[6] Cyr found the risk for disorganized attachment to be nearly the same for children with five socioeconomic risk factors as that of maltreated children.[7] Children with a disorganized attachment have a quite damaged foundation that causes severe limitations to their future development.

This is not to judge a parent or to write off a child since there are good and powerful reasons for a child having a secure attachment or an insecure attachment. The key point is the quality of the parent–child relationship plays a profound role in whether or not a child thrives in life. COS-P provides a tool that can strengthen and even repair the quality of the parent–child relationship so more children in a community have a secure attachment and fewer children have an insecure attachment. A wide variety of clinicians, educators, and even paraprofessionals can easily learn to use COS-P with parents and other caregivers. Even better, we are finding in Connecticut that many parents respond quite positively to COS-P.

A foundational and essential component of the parent–child relationship is the child feeling safe and secure, which allows the child's innate desire to explore to kick in. As a result of feeling safe and secure, the child will explore his or her world. Inevitably, the child will encounter distress, such as fear, surprise, etc. The child then needs to return to the parent for comfort, soothing, and protection.

This, in turn, helps the child regain a sense of safety and security. When both components of going out to explore and then being welcomed in after hitting distress are present, secure attachment builds. This is not a small gift; it is a profound, powerful, and lifelong gift.

COS-P uses a drawing, the circle (see below), to visually show this pattern of exploring from a secure base and returning to a safe haven when distressed. This pattern starts at birth, continues into childhood, and even continues through adolescence and into adulthood.

Children cannot develop this strong foundation on their own. The primary contributor to a child's foundation is the quality of the parent–child relationship, particularly in infancy and the remaining early childhood years. This relationship establishes a foundation that directly impacts children's joy of learning, self-control, sense of deep emotional connection, and other attributes described by the economist James Heckman as "soft skills." In turn, these soft skills have a strong impact on academic and life success. A child's foundation can be strong and supportive of later learning, development, and school and life success. However, too many children have a limited, weak, or damaged foundation. That has lifelong consequences. We think COS-P can help many more parents and caregivers develop the relationship capabilities needed to build, maintain, and strengthen a strong foundation in young children. As a result, children win, parents win, and communities win.

Thus, COS-P offers strong and concrete hope by helping parents gain basic relationship capabilities, relationship tools, and understanding that, in turn, help many of them develop the relationship capacities that build secure attachment.[8]
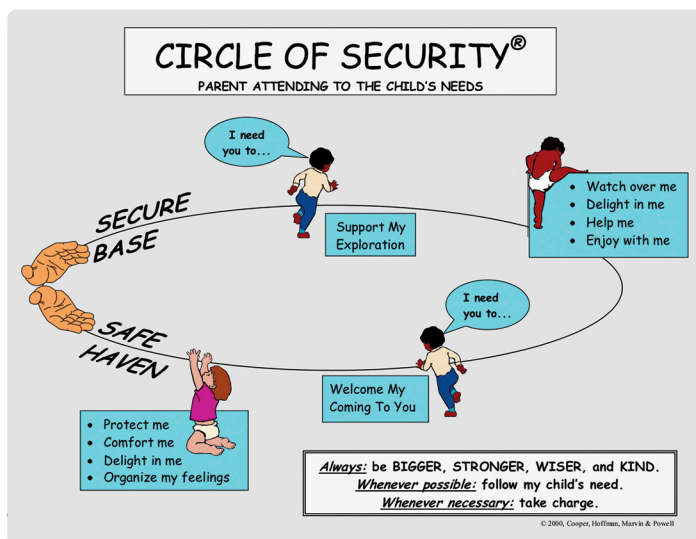
To find out where in Connecticut COS-P is being offered to parents and for additional resources on COS-P and a current 2016 list of COS-P Parenting Educators in Connecticut visit: www.womensconsortium.org/references_Trauma_ Matters.cfm

Submitted by Charlie Slaughter, MPH, RD

1 Hoffman K.T., Marvin R.S., Cooper G., Powell B. (2006). Changing Toddlers' and Preschoolers' Attachment Classifications: The Circle of Security Intervention. J Consult Clin Psychol. Dec; 74(6):1017-26.
2 Lewis T., Amini, A., Lannon, R. (2000). A General Theory of Love. Vintage Press: New York, NY. Page 74.
3 Cassidy, J. and Shaver, P. (2008). Handbook of Attachment: Theory, Research, and Clinical Applications. Guilford Press: New York, NY. P. 361.
4 van IJzendoorn, 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.
5 Cassidy, J. and Shaver, P. (2008). Handbook of Attachment: Theory, Research, and Clinical Applications. Guilford Press: New York, NY. P. 668.
6 Cicchetti, D., Rogosch, F. A., & Toth, S. L. (2006). Fostering secure attachment in infants in maltreating families through prevention interventions. Development and Psychopathology, 18, 623–649.
7 Cyr, C., Euser, E., Bakerman-Kranenburg, MJ, and Van IJzebdoorn, MH. (2010). Attachment security and disorganization in maltreating and high-risk families: a series of meta-analyses. Development and Psychopathology, 22, 87-108.
8 Cooper G., Hoffman, K., Powell, B., Marvin, M. (2005). The Circle of Security Intervention: Differential diagnosis and differential treatment. In Berlin L.J., ZivY., Amaya-Jackson L., Greenberg M.T. Enhancing Early Attachments: Theory, Research, Intervention, and Policy. *Duke Series in Child Development and Public Policy*. Guilford Press: New York, NY.

CIRCLE OF SECURITY®
PARENT ATTENDING TO THE CHILD'S NEEDS

SECURE BASE
Support My Exploration
I need you to...
Watch over me
Delight in me
Help me
Enjoy with me

SAFE HAVEN
Welcome My Coming To You
I need you to...
Protect me
Comfort me
Delight in me
Organize my feelings

Always: be BIGGER, STRONGER, WISER, and KIND.
Whenever possible: follow my child's need.
Whenever necessary: take charge.

© 2000, Cooper, Hoffman, Marvin & Powell

Featured Resource: *Four Ways to Click*
by Dr. Amy Banks

The Boy Who Was Raised as a Dog
by Dr. Bruce Perry and Maia Szalavitz

It is unlikely that the latest additions to my book shelf were intended by the authors to be read together, however that is how I am recommending *Fours Ways to Click* and *The Boy Who Was Raised as a Dog*. Both of these books, when read in sequence will increase and deepen your knowledge of the impact of trauma on the body, brain and spirit of human beings. In the first book, *Four Ways to Click*, Banks does an excellent job of explaining the role of the brain in the development of relationships, defined as relational neuroscience. Step by step, in plain language, the reader will be able to understand how relational templates are created in the brain and affected by love, consistency, trauma and inconsistency. Banks offers the C.A.R.E plan as a way to strengthen neural pathways related to nurturing relationships. C stands for "calm" and describes ways to restore the ability of the smart vagus for stress modulation. A stands for "accepted" and the exercises in this area increase a sense of belonging. R stands for "resonant" and offers ways to boost mirroring pathways. E stands for "energetic" and the well-being that comes from healthy dopamine release. As important as the C.A.R.E plan may be in clinical practice, equally important is the opportunity for the reader to complete different self-assessments to discover his/her own ways of relating to others. (For this reason, don't make the mistake I made and purchase this book for an e-reader, it meant I could not print out these pages). In the second book, *The Boy Who Was Raised as a Dog*, Dr. Perry shares stories from his work in child psychiatry. As heartbreaking (and hope filled) many of these stories are, he outlines his discovery of what works in the treatment of trauma and what should be discarded. Dr. Perry does not have a specific treatment plan that works in all situations and for all children. Instead, by thinking outside of a defined clinical box, he describes with each story, the role of healthy touch, kindness, patience and love. The closing chapter "Healing Communities" offers suggestions for systemic change in our families, schools, community and country. *The Boy Who was Raised as a Dog* is sometimes difficult to read due to the necessary detail needed to understand the depth of the trauma each child has experienced, however, it is gripping, compelling and well worth reading. These books, when read together, build on each other and on the known neuroscience of how trauma impacts the brain, body and spirit and ultimately the healing power of relationships.

Submitted by Eileen M. Russo, MA, LADC

The Connecticut Women's Consortium
2321 Whitney Avenue, Suite 401
Hamden, CT, 06518

www.womensconsortium.org