




Treatment for Two:

Promoting Bonding, Attachment and Early Parent Child Relationships in the Treatment Setting

Kentucky School of Alcohol & Other Drug Studies
July 27, 2017
Presented by
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Learning Objectives

- Describe the key elements of Attachment Theory including patterns of attachment, functions of attachment and impact upon the social/emotional developmental trajectory
- Explore and discuss the neurobiological overlap impacting early recovery and early parenting including behavioral presentations
- Identify key intervention strategies designed to strengthen parent child relationships and their application in both residential and out patient treatment settings



Key Areas for Today

- Brain development 1st three years
- Impact of early adversity, risk/protective factors & ACEs
- Early relationships, bonding & attachment
- Parenting addiction and the brain
- Strategies for promoting strong parent child relationships
- 12 Step principles & parenting

Caution – Questioning Ahead

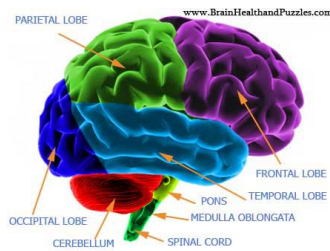


Overarching Concepts

- Organized vs. Disorganized
- Regulated vs. Dysregulated
- Developmental perspective



Infant Brain Development

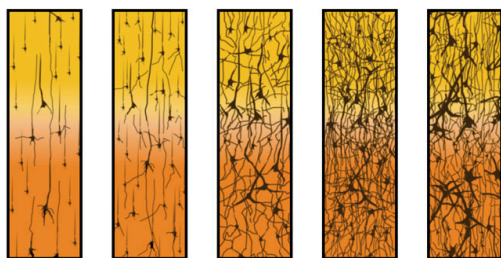


The 1st 3 Years

- Equal 1095 days
- Are the time for most rapid brain development
- Sets the stage for learning, relationships, capacity for self-control and sense of self
- Directly influence the rest of our lives

Core Concepts

- Brains are built over time
- Neural circuits are wired in a bottom-up sequence
- The capacity for change decreases over time
- The interaction of genes and experience shapes the architecture of the developing brain



Newborn 1 Month 9 Months 2 Years Adult

The 2 year old's brain has more brain cells than yours!

Three Core Concepts in Early Development

1 Experiences Build Brain Architecture

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And the active agent is the “serve and return” nature of children’s relationships with the important adults in their lives

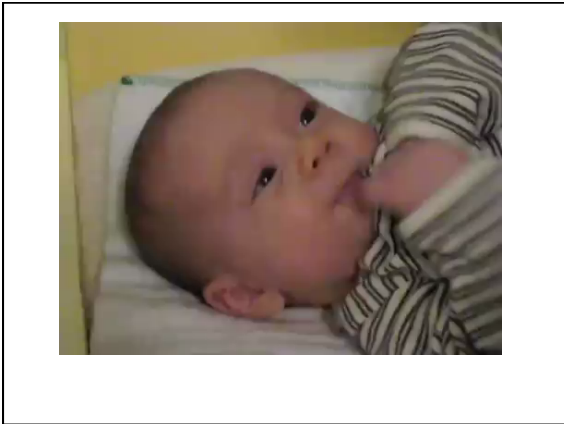
Center for the Developing Child - Harvard

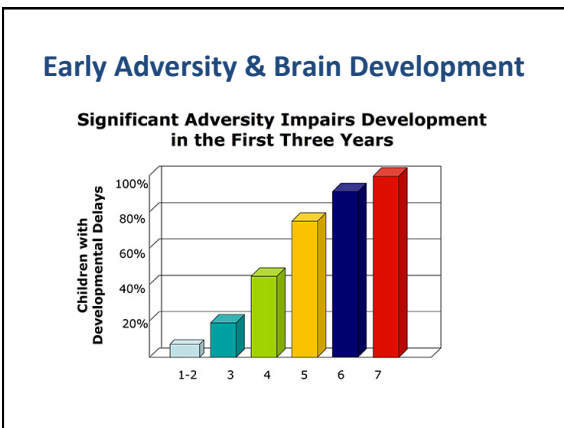


Three Core Concepts in Early Development

2 Serve & Return Interaction Shapes Brain Circuitry

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Three Core Concepts in Early Development

3 Toxic Stress Derails Healthy Development

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Three Types of Stress

Positive

Brief increases in heart rate, mild elevations in stress hormone levels.

Tolerable


Serious, temporary stress responses, buffered by supportive relationships.

Toxic

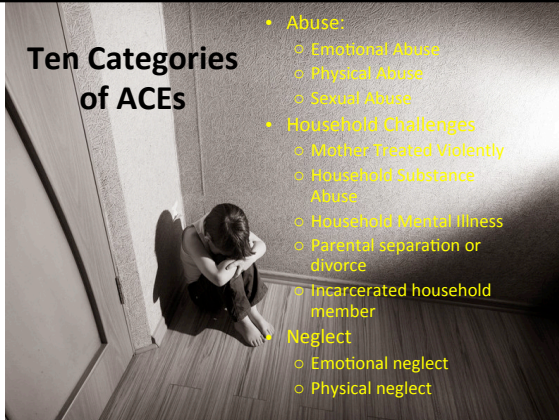
Prolonged activation of stress response systems in the absence of protective relationships.

Center on the Developing Child HARVARD UNIVERSITY www.developingchild.harvard.edu

ACE Study
(Adverse Childhood Experiences)

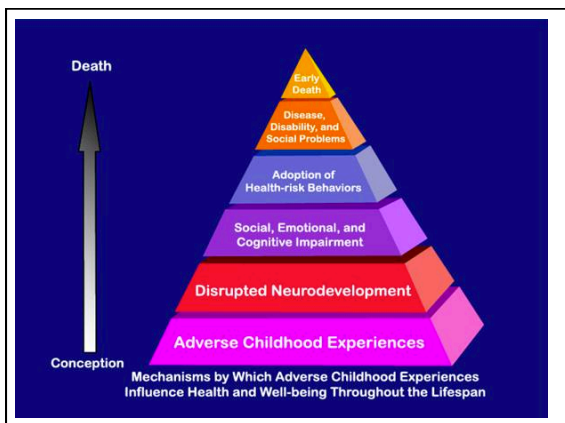


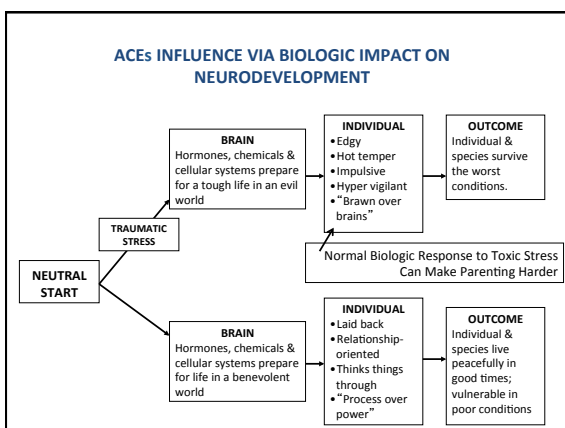
- More than 17,000 Health Maintenance Organization (HMO) members
- Purpose to assess associations between childhood maltreatment and later-life health and well-being.



Ten Categories of ACEs

- Abuse:
 - Emotional Abuse
 - Physical Abuse
 - Sexual Abuse
- Household Challenges
 - Mother Treated Violently
 - Household Substance Abuse
 - Household Mental Illness
 - Parental separation or divorce
 - Incarcerated household member
- Neglect
 - Emotional neglect
 - Physical neglect





Findings

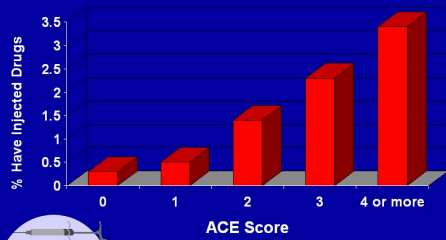
- Adverse Childhood Experiences (ACEs) are very common
- Among women approximately 2/3 had 1 or more ACE
- Among women 15% had four or more ACEs
- ACEs are strong predictors of adult health risks and disease
- ACEs are implicated in *the 10 leading causes of death in the U.S.!* = Broad Public Health Impact

Findings for Women by ACE Category

Emotional Abuse	13%
Physical Abuse	27%
Sexual Abuse	25%
Mother Treated Violently	14%
Household Substance Abuse	30%
Household Mental Illness	23%
Parental separation or divorce	25%
Incarcerated household member	5%
Emotional neglect	17%
Physical neglect	9%

Source: CDC <http://www.cdc.gov/violenceprevention/acestudy/about.html>

ACE Score and Intravenous Drug Use



N = 8,022 p<0.001

Childhood Experiences vs. Adult Alcoholism



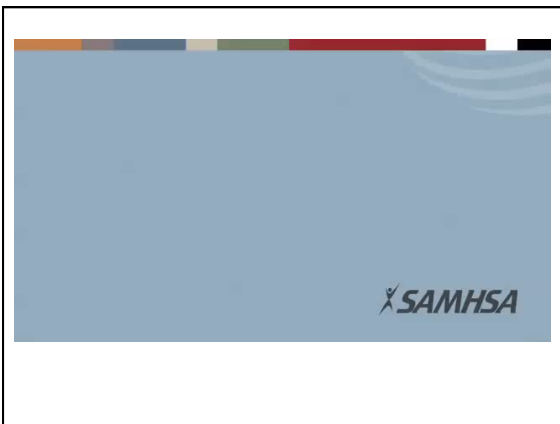
ACEs & Addiction

- 78% of drug injection by women can be attributed to ACEs
- A male with an ACE score of 6 has a 46-fold increase in the likelihood of becoming an IV drug user

VJ Felitti - 2004

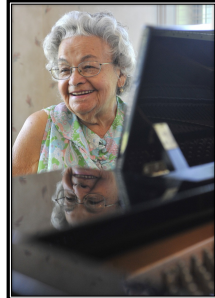
“Our findings indicate that the major factor underlying addiction is adverse childhood experiences that have not healed with time and that are overwhelmingly concealed from awareness by shame, secrecy and social taboo”

Vincent Felitti, MD
Principal Researcher ACE Study



Key Concept

Stressful or traumatic childhood experiences are a common pathway to social, emotional, and cognitive impairments and leads to increased risk of unhealthy behaviors, risk of violence or re-victimization, disease, disability and premature mortality



Risk and Protective Factors

Poor outcomes and resilience should be seen as a continuum of possibilities based on the balance of risk and protective factors across development and on the timing of new stressors or opportunities in the course of a child's life.

Davies, 2004

Resilience

- Ability to function competently under threat or to recover from extreme stress or trauma quickly
- Capacity to meet challenge and use it for psychological growth
- Good developmental outcomes and adaptive abilities in spite of growing up in high risk situations



At-risk children who experience protective processes over time are more likely to develop resilient traits and adaptive coping strategies

Risk & Protective Factors

Risk Factors	Protective Factors
<ul style="list-style-type: none">• Child<ul style="list-style-type: none">○ Prematurity, serious illness○ Exposure to toxins in utero○ Temperament• Parent<ul style="list-style-type: none">○ Single parenthood with lack of support○ Domestic violence○ Separation/divorce – especially if high- conflict○ Illness – physical or mental○ Substance use disorder○ Death of parent or sibling○ History of childhood trauma/foster care placement○ Insecure attachment	<ul style="list-style-type: none">• Child<ul style="list-style-type: none">○ Good health○ Easy temperament○ Clear cues• Parent<ul style="list-style-type: none">○ Positive relationship experiences (secure attachment)○ Family or other support○ Stable relationship between parents

Social/Environmental/Community Risk & Protective Factors

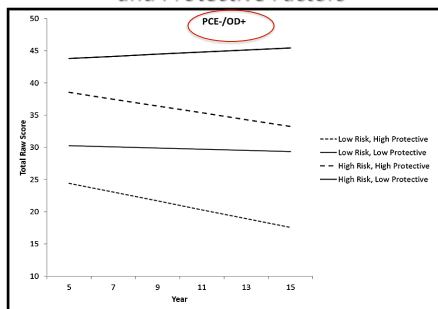
<ul style="list-style-type: none">• Poverty• Poor access services• Inadequate/poor quality child care• Exposure to racism, discrimination• Poor schools• Dangerous neighborhood/ community violence	<ul style="list-style-type: none">• Exposure to media violence• Accessible health care and social services• Adequate employment & housing• Good schools• Sense of safety
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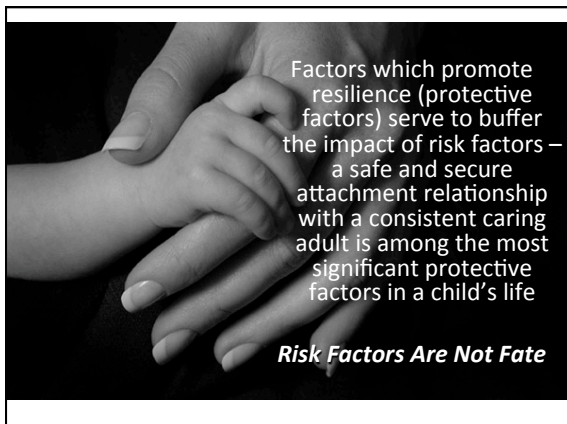
Impact of Protective Factors

- A high protective index in the presence of a high-risk index mitigated the predicted associated increased behavior scores from drug exposure
- Protective factors can support the ability of an individual to adapt to adverse conditions
- Protective factors can occur at individual, family and societal levels

Bada, Henrietta S., et al. "Protective factors can mitigate behavior problems after prenatal cocaine and other drug exposures." *Pediatrics* (2012): peds-2011.

Total Behavior Problems: Balance of Risk and Protective Factors







**Bonding, Attachment
& The Lifelong
Impact of Early
Relationships**

Early Relationships

- Are the building blocks of healthy development
- Are necessary for the development of the capacity for self regulation
- Are the blueprint we carry forward which influence our expectations and patterns throughout the lifespan

**High Quality, Close, Nurturing
Relationships:**

- Have a tangible and long-term influence on healthy development
- Shape a child's self-image
- Provide the child with the resilience to face new challenges
- Support development of curiosity, self-direction, persistence, empathy, compassion, and a conscience

Essential Components for Healthy Development & Secure Attachment

- Attunement
- Regulation/Co-Regulation
- Maternal Reflective Functioning
- Attachment



But What About Bonding?

- Attachment and bonding have distinct meanings
- Bonding is from parent to infant
- Bonding is typically a quicker process
- Attachment is built over time – emerging during the second half of the first year
- Secure attachment is not dependent upon parental bonding during the first weeks of life

The Concept of Attunement



- Being aware of and responsive to another
- Influences the development of our abilities in terms of non-verbal communication
- Closely related to maternal sensitivity or mother's ability to perceive and accurately interpret infant's signals and then respond appropriately

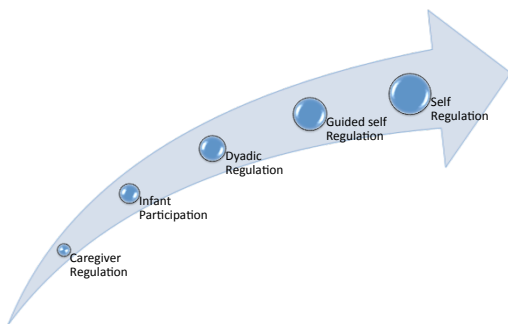
Brain Development, Regulation and Attachment

- Development and learning don't occur in an anxious state
- Parents as regulatory partner – help infant maintain and/or return to calm state
- By experiencing this co-regulation, infants gain increasing capacity for self-regulation
- Emotional regulation is **critical** for continued optimal development of the brain

Role of Regulation

- Transition from caregiver to self-regulation primary task of early years
- Capacity for self-regulation at school age (and beyond) is highly influenced by the relationship with the primary caregiver
- Many behavior challenges faced by children and the adults in their lives are rooted in a diminished capacity for self-regulation
- Infants require sensitive, responsive caregivers to be well-regulated

The Road to Self Regulation





Maternal Reflective Functioning

- Psychological process behind our ability to understand ourselves and others in terms of affective states
- Ability to understand the “why” behind behavior in relationship to feelings, beliefs, intentions and desires
- Parents with high RF capacity can think about the “why” behind their child’s behavior – from the child’s emotional perspective



- Our capacity for RF lie within our early parent child dyadic experiences and stem from mother’s capacity for contingency

Attachment

- Fundamental need that has a biological basis – universal phenomenon in humans
- Goal of infant’s attachment behavior is to maintain proximity to a preferred person, to maintain a sense of security
- Protective – babies need the care of adults to survive
- Quality of these relationships form the foundation for future growth and development across all domains

Attachment

- John Bowlby
 - Fundamental need that has a **biological basis** – universal phenomenon in humans
 - Goal of infant’s attachment behavior is to **maintain proximity** to a preferred person, to maintain a sense of security
 - **Protective** – babies need the care of adults to **survive**
 - Quality of these relationships form the **foundation** for future growth and development

Attachment

- Babies have built in behaviors that attract adults to them.
 - Strong eye contact
 - Cooing and vocalizing
 - Smiling



The Attachment Relationship

- Stability of relationships is necessary
- Multiple placements during the first year of life put children at risk
- Repeated or unresolved losses of early caregiving relationships “puts children at serious risk for developmental problems”
- It is more difficult to change an insecure relationship or attachment approach than to build a secure one in the first place



L. Alan Sroufe, Early Report, University of Minnesota, CEED, 1991 Retrieved March 13, 2017 <http://www.ceed.umn.edu/ceed/publications/earlyreport/earlyreportwinter1991.html>

Functions of Attachment



- Sense of **security**
- **Regulation** of affect and arousal
- **Expression** of feelings and communication
- A secure base for **exploration**
- A **survival based** strategy

Strange Situation

- Designed by Mary Ainsworth to “test” attachment
- Conducted between 9 – 15 months
- Designed for use in research settings
- Key factor to observe is infant’s response upon parent’s return

<http://www.youtube.com/watch?v=QTsewNrcHUU&feature=related>



Patterns of Attachment



- Secure
- Insecure – Avoidant
- Insecure – Ambivalent/ Resistant
- Insecure - Disorganized

Secure Attachment

Functions:

- Sense of **security**
- **Regulation** of affect and arousal
- **Expression** of feelings and communication
- A base for **exploration**

Looks like:

- Responsive, emotionally available mothers
- Mothers accept full range of feelings and help with difficult feelings
- Infants express feelings openly
- Flexibility of emotions, responses, expression
- Infants explore actively

In Secure Attachment

- Children with secure attachment:
 - Seek less frequent physical contact or reassurance from teachers in everyday situations
 - Respond more often with positive emotion to peers
 - Carry forward these patterns into middle childhood and adolescence
 - Have fewer emotional problems

Source: The development of the person: the Minnesota study of risk and adaptation from birth to adulthood by L Alan Sroufe et al

Insecure: Avoidant Attachment

Functions:

- Sense of security
- Regulation of affect and arousal
- Expression of feelings and communication
- A base for exploration

Looks Like:

- Mothers often ignore or reject infant's needs
- Did not appear distressed when mother left, ignored her when she returned
- Did not display strong emotions
- Are self-reliant and rigid in their exploration
- In preschool less likely to ask for help from teacher, more aggressive, poorer peer relationships

In Avoidant Attachment

- **Parent –**
 - Rejecting of or unresponsive to child's emotional needs
- **Child's Adaptation –**
 - Internally minimizes emotional needs and distress to remain closer to parent
 - Appears to not "need" parent
 - Becomes self reliant – I don't need anybody – I can only count on me, I am not worthy of care

Source: The development of the person: the Minnesota study of risk and adaptation from birth to adulthood by L Alan Sroufe et al

Avoidant Attachment

- Children with avoidant attachment patterns:
 - Are disconnected from other children
 - Emotionally over-controlled and/or aggressive
 - Do not tend to seek out teachers when disappointed or distressed
 - Are at greater risk for conduct disturbances

Source: The development of the person: the Minnesota study of risk and adaptation from birth to adulthood by L Alan Sroufe et al

**Insecure:
Ambivalent/Resistant Attachment**

Functions:

- Sense of **security** and arousal
- **Regulation** of affect and arousal
- **Expression** of feelings and communication
- A base for **exploration**

Looks Like:

- Mothers tended to be inconsistently responsive
- Strong need, but not confident in availability
- Anxious pre-separation
- Distressed and angry, but resist soothing from mother
- Preoccupied with proximity at expense of exploration
- At school-age are socially withdrawn and have poor peer interaction skills

In Ambivalent/Resistant Attachment

- **Parent –**
 - Care is inconsistent & unpredictable
- **Child's Adaptation –**
 - Tries to regulate by being hyper vigilant regarding parent's proximity, exaggerated emotional expression – child goes to great lengths to keep parent close
 - Does not feel effective in relationships, does not have experience regulating distress

Source: The development of the person: the Minnesota study of risk and adaptation from birth to adulthood by L Alan Sroufe et al

Ambivalent/Resistant Attachment

- Children with ambivalent/resistant attachment patterns:
 - Persistently hover near teachers
 - Are easily frustrated
 - Fall apart in the face of stress
 - Have difficulty maintaining peer relationships
 - Are at an increased risk for anxiety and behavioral disorders

In Disorganized Attachment

- **Caregiver –**
 - Source of both comfort and fear
- **Child –**
 - Unable to develop any effective strategy to maintain proximity and emotional regulation
 - Fright without solution – wants to be close to and run from parent at the same time
 - Experience relationships as threatening

Source: The development of the person: the Minnesota study of risk and adaptation from birth to adulthood by L Alan Sroufe et al

Disorganized Attachment

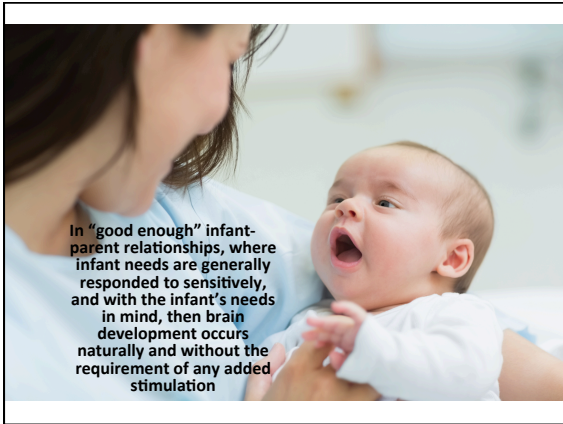
- Possible outcomes include:
- Problems with affect regulation
- Dissociation
- Lack of impulse control
- Controlling stance in peer and caregiving relationships
- Higher risk for psychopathology particularly oppositional defiant disorder, aggression, personality disorder

PSYCHALIVE

Features

Dr. Dan Siegel

Disorganized Attachment and Violence



The Quality of the Early Parent Child Relationship

- Provides expectations of how relationships work
- Provides expectations of what we can expect from others in terms of responsiveness and care
- Fosters belief in own effectiveness in maintaining emotions and own self worth
- Promotes positive expectations toward others and a sense of connectedness

And we tend to retain these expectations & beliefs throughout our lives

Parenting, Addiction & the Brain



The Reward System

- In chronic active addiction the brain's reward circuits drive drug-seeking behavior
- Key regions of the brain's reward system do not engage among addicted individuals to the same extent as non addicts when it comes to non-drug rewards
- Research has shown activation of reward circuits in mothers' brains when viewing their infant's smiling face vs. an unfamiliar infant
- Studies indicate that these reward processing areas of the brain overlap with the areas of the brain involved in processing infant cues in mothers

The Neurobiology of Addiction and Attachment H.Rutherford, M. Potenza and L. Mayes

The Stress Response System

- Considerable research has shown that stress increases craving in addicted individuals
- These factors could explain increased incidence of relapse during the postpartum period
- Stress may influence the brain to drive drug seeking behaviors that are connected to relief of negative feelings
- Stress-induced cravings have been found to significantly predict relapse in abstinent individuals

Source: The Neurobiology of Addiction and Attachment H.Rutherford, M. Potenza and L. Mayes

More on Stress

- Individuals who are more vulnerable to stress may also be impacted more significantly by stressors that are part of parenting
- Stress related to lack of resources also contributes
- Oxytocin an important facilitator of maternal caregiving behavior (and lactation) and may also help reduce the impact of the stress response
- Mothers taking cocaine during pregnancy have lower levels of Oxytocin which were actually decreased by stress – non-using mothers did not show such a decrease

Source: The Neurobiology of Addiction and Attachment H.Rutherford, M. Potenza and L. Mayes

Brain Pathways Overlap

- The brain pathways involved in parenting are also the pathways negatively impacted by addiction
- Reward and stress pathways are of significant importance in both parenting and addiction
- Pathways driving parenting and attachment behaviors seem to be the same pathways negatively impacted or dysregulated by addiction

To Sum it Up

When it comes to the brain, addiction reduces the reward typically experienced when a mother cares for her baby and - at the same time - the brain is quite vulnerable to the stress of early parenting

Early Recovery & Early Parenting

- Mama & baby are difficult regulatory partners for each other
- Substance-exposed baby has hard time regulating sleep/wake cycles, not always a clear signaler, needs more parental help to regulate
- Mothers have a difficult time reading baby's signals -and a reduced tolerance for coping with a distressed baby - very vulnerable combination

Babies of Mothers with SUD's

- Show less positive emotion during interaction
- More distress from new situations (novelty)
- Slower recovery from interruptions
- Have a harder time maintaining alert attentive state
- Interaction between moms and babies has less enthusiasm and mutual enjoyment, more conflict and less mutual excitement

Infants With NAS Struggle With Regulation

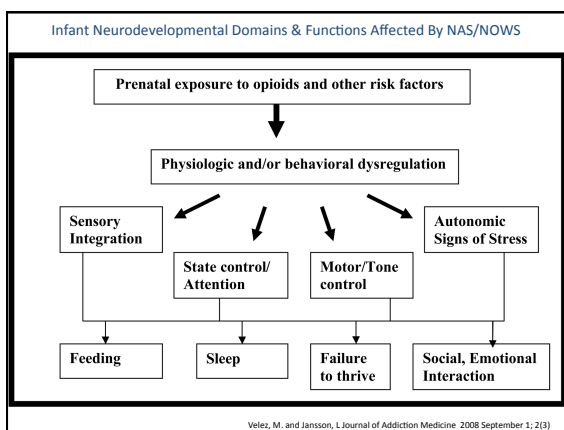
- Behaviors regulate internal states & interactions with environment
- NAS behaviors indicate dysregulation of behavioral repertoire and functioning
- Conceptualize newborn behavior in terms of ability to regulate responses
- Regulation vs. dysregulation

Infant Neurobehavioral Domains

- Reactivity to sensory stimulation
- State regulation
- Motor & tone control
- Autonomic signs of stress

Dysregulation

- In one or more domains interferes with basic neonatal functions:
 - Feeding
 - Sleeping
 - Growth
 - Emotional regulation
 - Social interaction



What Can This Look Like?

- Responds to typical parental interactions (eye contact, light touch, vocalization) with:
 - Irritability
 - Exaggerated reflex responses
 - Spitting up
 - Loose stools
 - Hiccups

Studies of Mothers with Substance Use Disorders

- Less sensitive in interactions
- Less emotionally engaged
- Less attentive
- Less resourceful (due to stress??)
- Less flexible and contingent
- Experience less pleasure in interaction with baby

Early Recovery & Early Parenting

- Women are making several great changes at the same time in multiple areas of their life:
 - Make room for child in their mind
 - Take responsibility for child
 - Give up substances – including smoking
 - New social network
 - Life & Securing Services

Clinical Finding

The most problematic areas found in parenting among mothers with SUD'S includes inability to keep the baby in mind and stay emotionally connected and present to baby. Moms have difficulty differentiating the child's needs from their own.

Source: M. Pajulo, N. Suchman, M. Kalland and L. Mayes. Enhancing the Effectiveness of Residential Treatment For Substance Abusing Pregnant and Parenting Women: Focus on Maternal Reflective Functioning and Mother-Child Relationship; Infant Mental Health Journal, 2006 Sept 1; 27 (5): 448

Can Positively Impacting the Quality of the Parent Child Relationship Positively Impact Recovery?

- SUD's are the most significant risk factor for child neglect and out of home placement
- Current premise is that effective parenting depends PRIMARILY on parental recovery and parenting is secondary to this
- Is it possible that promoting the parent child dyad and recovery from active addiction can be equally relevant goals?
- Is it possible that that recovery can be positively impacted when we strengthen the parent child relationship?

Things Programs Can Do

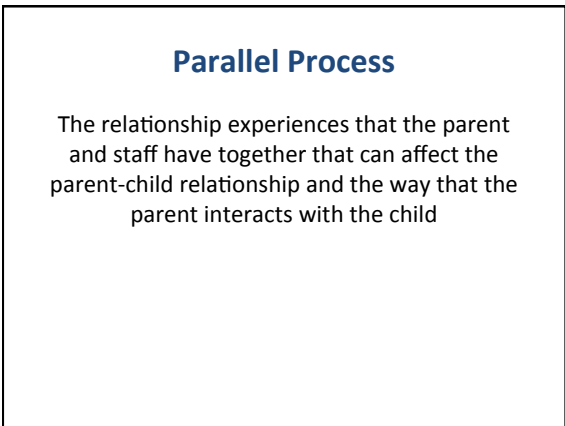
- Train all staff in IMH thereby giving staff the capacity to discuss and support mom in daily situations
- Weekly group meetings around a parenting theme
- Small concrete goals for each week – parenting related
- Daily situations between a mother and baby give the natural and rich working arena; when we keep moms and babies separate we lose all those opportunities
- Work on interaction experiences can help parent shift from a negative to a positive attitude toward their own parenting and their baby, we can change maternal representations
- Enroll participants in HANDS home visiting through your county public health department

Parenting Predicts Parenting

“The way parents treat their children is a complex product of their histories, and the resultant understandings they have about childrearing, as well as their current supports and stresses.”

Source: The development of the person: the Minnesota study of risk and adaptation from birth to adulthood/ by L Alan Sfour et al







Being a Regulatory Partner

- Children need adults to partner with them in order to build their capacity for self-regulation
- As human beings we are wired to regulate better when supported by another person
- Our capacity for problem solving and other executive thinking is significantly diminished in a state of emotional arousal



Supporting Parent Child Relationships

You best support healthy infant development when your focus is on strengthening the parent-child relationship



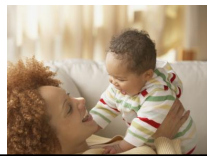
Promoting the Positive

- Step 1: Pay attention to what is going well
- Step 2: State it out loud & be specific
- Step 3: Note how child benefits

“Wow! Your baby is so much calmer when you hold her during group, she feels so safe and secure in your arms”

Building Capacity for Parental Empathy

- Think together about the baby’s emotional experience
- Support mothers to connect how their actions impact the baby’s emotional experience
- Build an environment where parents support each other to recognize and respond to infants
- Regularly ask parents about what infants are experiencing in real time



Feeling Words for Young Children

Babies Feel	Toddlers Also Feel
<ul style="list-style-type: none"> • Joy • Excitement • Frustration • Discomfort • Fear • Boredom • Contentment • Pain • Anger • Loneliness • Being Loved • Curious • Tired • Hungry 	<ul style="list-style-type: none"> • Fear • Happiness • Pride • Jealousy • Frustration • Exhaustion • Surprise • Love • Shame

Our Goal for Parents is to Feel:

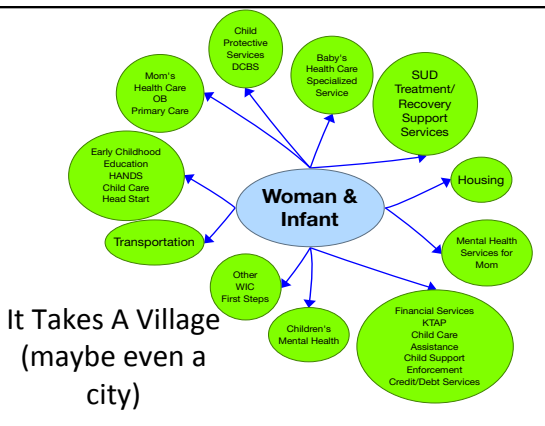
- Safe & Secure
- Loved & Valued
- Capable & Confident



So They Can Help Their Children Feel:

- Safe & Secure
- Loved & Valued
- Capable & Confident





12 Step Principles

1. Honesty
2. Hope
3. Faith
4. Courage
5. Integrity
6. Willingness
7. Humility
8. Compassion
9. Justice
10. Perseverance
11. Spiritual Awareness
12. Service



Resources

- **Addiction Technology Transfer Center of Excellence** Tools for Treatment – Family-Centered Behavioral Health Support for Pregnant and Postpartum Women – Multiple tools including training curricula, webinets, online courses: <http://atcpcptools.org/LearnASkill/Default.aspx>
- **SAMHSA** – *A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders* – we will be drawing from this guide to help us in our work: <http://store.samhsa.gov/shin/content/SMA16-4978/SMA16-4978.pdf>
- **NCSACW** – Webinars on MAT and NAS, Screening and Assessment, Trauma, Models of Collaboration and Evidence Based Practices. Multiple webinars covering community collaboration around pregnant and parenting women with substance use disorders: <https://ncsacw.samhsa.gov/resources/videos-and-webinars/webinars.aspx>

“...during the first eighteen months of life a child constructs a **lasting internal vision** of what human relationships are, how they work, what to expect from them, and what to offer in return...what gets set in early life is one’s deepest beliefs about relationships. These determine how a person goes about learning, profiting from experience, and parenting one’s own children.”

William Schafer

"There is no excuse for our society not putting this scientific knowledge into practical use. We must remember — the first five years of life are not a rehearsal. This is the real show."

Irving B. Harris
Philanthropist, Businessman, Visionary

"Every Child Needs One Person Who is Crazy About Her"

Uli Bräunlein



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