Child Abuse, Neglect and Trauma: attachment, development and interventions

Action for Children
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Genes are designed to work in an environment through the interaction of genes (G), environment (E), and nurture (X) solving the equation G X E. Nature via nurture.
As a helpful assistant, I can provide the natural text representation of this diagram:

- **Neocortex**: Abstract thought, Concrete Thought, Affiliation, "Attachment"
- **Limbic**: Sexual Behavior, Emotional Reactivity, Motor Regulation, "Arousal"
- **Diencephalon**: Appetite/Satiety, Sleep
- **Brainstem**: Blood Pressure, Heart Rate, Body Temperature

This diagram illustrates the hierarchy of brain functions, starting with the most abstract and moving towards more basic physiological responses.
Neurosequential development: From the bottom up, and the inside out.

The foundational principle of brain development is that neural systems organize and become functional in a sequential manner.

(Perry 2006)
Neurosequential development:

Children who are regulated gradually learn to regulate themselves physiologically, emotionally, cognitively. They can think about and reflect on feeling. They become less reactive, less impulsive, more reflective, more thoughtful.
Neurosequential development:

The development of each system to some extent depends on the coherent and satisfactory development of earlier systems.

If earlier experiences compromise a system's neurological development, even if later experiences are appropriate, the more mature system can’t necessarily take advantage of it. “The key to healthy development is getting the right experience at the right time” (Perry 2006)
Neurosequential development:

Neglect = lack of sensory experience during sensitive periods of brain development; the absence of critical organising experiences at key times during development. Although critical, neglect is hard to ‘see’.

Abuse = extreme sensory experiences during sensitive periods of brain development (eg hyperarousal, trauma)

(Perry 2002)
The brain is a self-organising developmental system. Brains feed on experience... particularly social and emotional experience (nb deprived versus enriched environments). An individual’s brain develops capabilities suited for the environment in which he or she is raised. The self-organisation of the developing brain takes place in the context of a relationship with other selves.
John Bowlby 1907 - 1990
SURVIVAL

Attachment system

DEVELOPMENT OF MIND AND PSYCHOLOGICAL SELF

Intersubjectivity
Mary Ainsworth 1913-1999
How attachment influences adaptation

First, the attachment system serves a major protective and coping function when the individual is faced with danger ("safe haven" function of the attachment relationship).

Second, confidence in the caregiver’s availability is thought to enhance the child’s ability to explore in novel and challenging situations ("secure base" function).
Affect regulation

How young minds form in the context of close relationships
(Allan Schore)
None of us in born with the capacity to regulate our own emotions.

The caregiver-child regulatory system evolves where the infant’s signals of changes in state are understood and responded to by the caregiver, thereby becoming more regulated.
Psychological availability
mind-mindedness
'Mentalisation'
attunement
sensitivity
Sensitivity and mentalisation

The parents’ capacity to observe the child’s mind seems to facilitate the child’s general understanding of minds, and hence his/her self-organisation through the medium of a secure attachment.

The child has the opportunity to ‘find himself/herself in the other’ as someone with thoughts and feelings - with a mind. The child recognises themselves as an intentional being.
Social cognition
Social understanding
Birth of the Psychological Self

Attachment figure “discovers” infant’s mind (subjectivity)

Infant internalizes caregiver’s representation to form psychological self

Bateman and Fonagy 2004
Optimal development

- Secure
- Resilient (mentalisation, high self esteem, self efficacy)
- Emotionally intelligent (high social cognition, social understanding, empathy)
- Complex, integrated brain
- Coherent and organised states of mind
Patterns of attachment

SECURE ~60%

回避型：20%
不安全非组织型：12%

不安全组织型：20%

回避型：不同安全非组织型：60%

回避型：组织型：非安全非组织型：不同安全组织型：60%

不安全组织型：组织型：非安全非组织型：回避型：60%

组织型：非安全非组织型：回避型：不安全组织型：60%

组织型：非安全非组织型：回避型：不安全组织型：60%

不安全非组织型：回避型：组织型：非安全非组织型：60%

不安全非组织型：回避型：组织型：非安全非组织型：60%

不安全非组织型：回避型：组织型：非安全非组织型：60%
Helpless/hostile caregiving

The helpless stance involves failing to provide reassurance and protection to the child.

*Helpless states of mind* - without strategies - a state in which the parent abdicates care and protection for the child, failing to terminate the child’s attachment system.
Feelings of fear, helplessness and hostility which result in frightening/frightened behaviour might be the result of parents being unable to control frightening memories or emotions associated with their own childhood loss/traumas.
Helpless/hostile caregiving

- **Helpless states of mind** - infant’s pain and fear evokes carer’s own past unresolved losses and fears + helplessness to know how to find comfort and safety.

- Carers find it difficult to hear, respond to and help modulate fear and distress in their child.

- **Carers therefore both evoke fear in their children AND fail to recognise it.**
Helpless/hostile caregiving

- If the parent must restrict her conscious attention to the infant’s fear-related cues in order not to evoke her own unresolved fearful experiences, the parent’s fluid responsiveness to the infant’s attachment-related communications become restricted.

- The more pervasive these restrictions on the parent’s conscious attention and responsiveness, the more the parent’s need to regulate her own negative arousal will take precedence over the infant’s concomitant need for a soothing response to his/her attachment-related communications.
Disorganised/disorientated attachments: infancy

Disorganised attachments arise when the attached infant has been alarmed *by the parent* rather than the external situation.

The parent is experienced as:

**Frightening** physically alarming/*hostile* dangerous parental behaviour

**Frightened** psychologically alarming parental behaviour/*helpless*
Simultaneous activation of two incompatible behavioural responses:

FEAR (avoidance) and ATTACHMENT (approach)
Fear and disorganisation

Normally, the attachment figure is the developing child’s primary solution to fear.

However, when the carer is the source of fear, attachment behaviour (approach) and fear (escape/avoidance) are incompatible, leading to conflict.

→ fear without escape; fright without solution.

Child remains fearfully aroused, overwhelmed and behaviourally disorganised → lack of mental integration; unintegrated state of mind.

Hesse and Main
Relational trauma
Caregiving and disorganised attachments

- Physical, emotional and/or sexual abuse, including rejection
- Severe neglect and deprivation
- Misuse/abuse of alcohol/drugs
- Serious affective disorder eg depression
- *Unresolved losses/childhood traumas*
- Domestic violence
- Multiple placements
Abuse, neglect, trauma

The caregiver fails to “discover” the child’s intentionality

Absence of a representation of the infant’s mental state

Failed projection

Self representational structure

Absent other internalised as part of the self

Internalisation

Attachment figure in state of temporary dissociation

The child, unable to “find” himself as an intentional being internalises a representation of the other into the self

P. Fonagy and A. Bateman 2004
Stress-response system

Small to moderate amounts of stress experienced in predictable or patterned situations, help children develop brains that can regulate arousal, and minds that can develop coping strategies and resilience.

However, if the stress is great, sudden, unpredictable, and threatening, it will be experienced as trauma with which young brains and minds cannot cope.
In the event of a traumatic event, responses to sights, sounds, smells, touch and kinetic stimuli join with a rapid accelerating cascade of feelings from within to overwhelm the traumatised person.

(Lieberman and van Horn 2008)
Early life trauma produces oversensitive stress-response systems. The brain loses its ability to regulate other functions including sleeping, eating, emotions, social relationships, and cognition.
Many abused and neglected children find *mentalisation* hard, particularly in interpersonal and intimate relationships because mentalising interactively is one of the most complex tasks.

It is at these times that we are all vulnerable to hyperarousal and we need a buffer to protect us against overwhelming affect – it is mentalisation that acts as a cushion.

Bateman and Fonagy 2004
Feelings of helplessness and powerlessness increase the risk of trauma. Responses include hyperarousal, and under extreme trauma even dissociation.

fight – flight – freeze

The need to feel in *control* is high in situations of helplessness, powerlessness, vulnerability and trauma.
For maltreated children, hyperarousal throws mentalisation ‘off-line’ – the result is panic, impulsive behaviour, fight-flight response: makes children aggressive, impulsive, needy, frightened.

Under extreme trauma, a freeze-dissociative response is more likely.
Secure/optimal development

Sub-optimal/Insecure/trauma etc

Interventions eg adoption, relationship support, therapy

Birth

Age
Secure/optimal development

Sub-optimal/
Insecure/trauma
e tc

Age
Abstract thought
Concrete Thought
Affiliation
"Attachment"
Sexual Behavior
Emotional Reactivity
Motor Regulation
"Arousal"
Appetite/Satiety
Sleep
Blood Pressure
Heart Rate
Body Temperature
behavioural and cognitive development
social support and relationships
peer relationships
social cognition, understanding, empathy
mentalisation, play, attunement, affect regulation
predictability, repetition, routines, structure
safe and in control
music, movement and dance
sensory integration treatments
rocking, touch, massage
When intervening with children, it is important to assess their developmental age rather than their chronological age.
Age

Secure/optimal development

Sub-optimal/Insecure/trauma etc

Intervention
Age

Secure/optimal development

Sub-optimal/Insecure/trauma etc

Intervention eg foster/residential care.

Emotionally intelligent best friend

Attuned, psychologically minded teacher, drama/music therapy
It is difficult for children to change without their environment also changing.
Practitioners need to be a bridge between the parent’s dangerous reality and our safer one.

Once the parent sees or feels that the practitioner understands, the worker can act as a transitional attachment figure in the parent’s zone of proximal development.

Treatment needs to involve psychological and behavioural reorganisation, as opposed to symptom reduction.
Adopt a mentalizing stance.

*Hold parent in mind + Hold the child in mind for the parent as a mentalizing being.* Help the parent see that the child’s feelings and behaviours are inextricably intertwined with theirs as a parent.

Most importantly, I see the child’s behaviour as *meaningful*.

A. Slade (2008)
David Howe

*Child Abuse and Neglect: Attachment, Development and Intervention*

Palgrave/Macmillan
2005
David Howe

The Emotionally Intelligent Social Worker

Palgrave Macmillan
2008