

**Repairing Relationships with
Traumatized Children:
Interventions in Early Childhood
Mental Health**

Julie A. Larrieu, Ph.D.

Tulane Infant Team
Early Trauma Treatment Network
Tulane University School of Medicine
New Orleans, Louisiana

The Infant Team

- Multidisciplinary team
 - Psychiatrists, psychologists, social workers, case aides
- Population served
 - Foster children < 60 months and their families; removed due to validated abuse and/or neglect
 - Comprehensive, multimodal, “one-stop shopping”

Goals

- Improve psychological and developmental care to infants and toddlers
- Improve the quality of information provided to Child Protective Services and Juvenile Courts regarding children, biological parents, relatives, & foster parents
- Assist biological parents in becoming “safe enough”
- Assist foster parents in management of young maltreated children

Larrieu & Zeanah, 1998

Our Framework

Attachment based

- Relationship context
- Assessment and treatment involves:
 - Biological parent and child
 - Foster parent and child
- Examine child's ability to build relationships

What is "Attachment?"

- "Attachment behaviors"- infant's signaling behaviors that are designed to promote physical closeness to the caregiver
 - Smiling, crying, vocalizing, crawling, walking
- Attachment also refers to affiliative feelings
- Bowlby, 1969/1982

Attachment: 7 to 12 Months

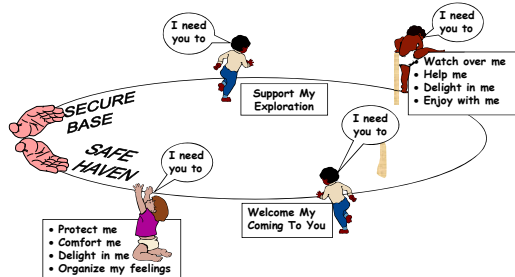
- Focused attachment demonstrated
- Stranger wariness apparent
- Separation protest begins
- Hierarchy of preferred caregivers apparent

Attachment: 12 to 20 Months

- Use of attachment figure as a secure base from which to venture out and explore
- Use of attachment figure as a safe haven to which to return if distressed or frightened
- Proximity to caregiver promotes an internal feeling of security in infant

Circle of Security

Parent Attending to the Child's Needs
(Cooper, Hoffman, Powell, & Marvin)



Top of the Circle: Facilitating Exploration

- Watch over me
- Help me
- Enjoy with me
- Delight in me

(Marvin, Cooper, Hoffman, & Powell, 2002)

Bottom of the Circle: Facilitating Contact/Proximity Seeking

- Protect me
- Comfort me
- Delight in me
- Organize my feelings

(Marvin, Cooper, Hoffman, & Powell, 2002)

Attachment Classifications

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

Ainsworth et al., 1978

Secure Attachment

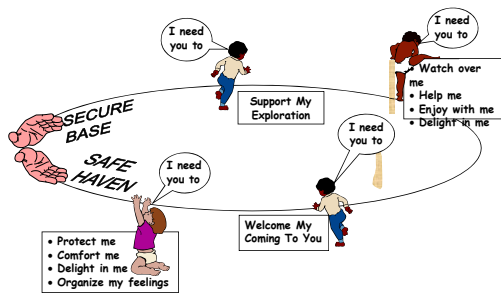
- Infant knows caregiver is available to provide comfort
- Infant uses caregiver as secure base from which to explore environment
- After separation, infant seeks contact with caregiver and can be comforted

Secure Attachment

- Caregiver is:
- Warm
- Sensitive and attuned
- Consistent
- Quick to respond to infant's cries

Circle of Security

Parent Attending to the Child's Needs
(Cooper, Hoffman, Powell, & Marvin)



Insecure Avoidant Attachment

- Infant tends to show little or no distress at separation in order to avoid rejection
- Is physiologically aroused but actively inhibits the impulse to seek comfort
- Avoids contact with caregiver upon reunion
- Angry at caregiver - even if not expressed directly - and not responsive to being held

Insecure Avoidant Attachment

- Caregiver:
- Often is emotionally unavailable or rejecting
- Dislikes "neediness"
- May applaud independence

Attachment: Points to Remember

- Relationship construct rather than a trait within the child
 - May be different with different caregivers
- Consistency and emotional availability from attachment figures are critical

Why Does Attachment Matter?

- Infant develops expectations about availability and dependability of others in intimate relationships
- Infant's quality of attachment to primary caregiver is one of the strongest predictors of psychological and social outcomes in middle childhood and adolescence

Links Between Early Attachment and Later Development/Psychopathology

- Secure attachment is a protective factor among high-risk infants
- Insecure/organized attachment is a risk factor, but primarily in high-risk samples
- Disorganized attachment is most predictive of subsequent psychopathology

Sequelae of Early Attachment

- Secure attachment predicts
 - positive parent-child relationships
 - better peer relationships
 - positive child-teacher relationships
 - higher self-esteem
 - greater resiliency

• Jacobsen et al., 1994

Sequelae of Early Attachment

- Insecure attachment predicts increased risk for
 - problematic parent-child relationships
 - poor peer relations
 - aggression
 - anxiety
 - conflicted relationships with teachers

• Lyons-Ruth et al., 1997

Sequelae of Early Attachment

- Disorganized attachment predicts increased risk for
 - role inappropriate parent-child relationships
 - serious aggression and externalizing disorders
 - dissociative phenomena in children
 - dissociative disorders in adolescence
 - internalizing disorders

Hesse & Main, 2000

What about Maltreatment?

- Documented cases of maltreatment that occurred prior to age 12 years were followed and assessed at ages 29 and 40 years
- Age of onset of maltreatment predicted long-term mental health outcomes

• Kaplow & Widom, 2007

Participants Studied

- Metropolitan area of the Midwest
- Documented maltreatment during years 1967-1971
- 1st follow-up between 1989-1995 (Average age = 29 years)
- 2nd follow-up between 2000-2002 (Average age = 40 years)

Age of Onset & Psychiatric Symptoms at Age 40

- Those with onset of maltreatment between birth – 60 months had more depressive and anxiety symptoms than when onset of maltreatment was at later ages
- Those ages 6 and up at onset of maltreatment were less likely to graduate from high school (48% of total sample did not graduate)

Possible Explanation of Results at Age 40

- Children who have been abused and neglected are more likely to have insecure or disorganized attachment relationships with their caregivers
 - These types of relationships interfere with mastery of the environment, acquisition of social skills, and effective emotional and behavioral self-regulation
- Crittenden, 1985; Carlson, 1998

Possible Explanations of Results at Age 40

- Children abused early in life are more likely to develop insecure and disorganized attachment
- This leads to more problems with emotion regulation and problem-solving
- Attachment quality may mediate the finding of increased symptoms of depression and anxiety at age 40

Age of Onset & Psychiatric Symptoms at Age 40

- The older the person was at time of onset of maltreatment, the higher the probability of developing Antisocial Personality Disorder or Alcohol Abuse/Dependence

Possible Explanations of Results at Age 40

- Children with maltreatment onset between 9 – 11 years are more likely to develop externalizing problems in adulthood
- These children may have rebelled following maltreatment; this may have masked their trauma and they may not have received intervention

What Can We DO?

- When working with maltreated children
 - Increase probability of child having a secure attachment relationship
 - Have warm, sensitive responsive caregiver
 - Prevent disruptions as much as possible

Attachment Disruption May Occur:

- When child is taken out of biological parents' home
- When child is moved from foster home to foster home
- When child is moved from foster home to relative's home
- When child is reunified with biological parents
- When child is moved from foster home to adoptive home

Attachment Disruption

- Children are always affected in some way by attachment disruption
 - They will show it in varying ways
 - They **will** talk about it and process it if there is an adult they trust to help them do this
 - They will not talk about it or process it if the adult in their life is not open to it, but they will show it in some way

Attachment Disruption

- Are children really affected by attachment disruption?
 - “His behavior is terrible”
 - He seems angry, mean, or aggravated
 - “He never mentions his previous caregiver”
 - Did the disruption really bother him?

Meaning of Attachment Disruption

- Where is the person I love most in the world?
 - She has fallen off the face of the earth
- A young abused child learned early that an adult will NOT be there for him
- Now, he has to learn
 - I have to get used to someone else’s rules
 - Rules change depending on where I am
- Life is confusing!

Foster Children May

- Confuse the foster parent
- Act as if they do not need the foster parent
 - From years of not being able to rely on anyone
- Miscue need for comfort and/or need to move out and explore
- Think that they have to take care of everything themselves because they cannot count on adults

We Want Foster Child To:

- Learn to trust the caregiver through repeated examples that the caregiver is trustworthy
- Participate in treatment, if available, to ameliorate damaged (or build) relationship with biological parents
- Begin to trust parent even though the history of relationships has provided repeated examples that the parent is not trustworthy

We Want to Prevent Failure to Form Attachments

- This may happen when a child is passed from caregiver to caregiver
 - No opportunity to develop a focused attachment or learn to trust
 - May be especially problematic after 6 months of age
 - Must think about moves very carefully

When Should a Child be Moved?

- Difficult decision that should be considered very carefully
- Move when the placement is psychologically and/or physically unsafe
- Remember that a secure attachment relationship is protective
- Repeated moves signal no one can be counted on; child may feel he is to "blame" for the move

Plan Changes Carefully

- Help the child to develop a narrative about the change, making sure the child knows he did nothing wrong to initiate the move
- Be systematic regarding transitions in placement (unless child is in danger)
 - Carefully planned, with child's best interest in mind
 - Involve new caregiver and previous caregiver to make the transition as smooth as possible

Reactive Attachment Disorder

- Markedly disturbed and developmentally inappropriate social relatedness in most contexts
- Must begin before 5 years of age
- Due to pathogenic care
- Not due solely to developmental delay or pervasive developmental disorder

Reactive Attachment Disorder

- Two patterns are apparent
 - Emotionally withdrawn/inhibited pattern: absence of expectable tendency to initiate or respond appropriately to social interactions, exhibiting instead excessively inhibited or withdrawn reactions

Boris et al., 2004

Reactive Attachment Disorder

- Two patterns are apparent
 - Indiscriminately social/disinhibited pattern: lack of selectivity in seeking comfort, support and nurturance; child seems overly friendly, superficially attached

Emotionally Withdrawn/Inhibited Pattern of RAD

- No preferred caregiver – infant lacks a discriminated attachment figure
- Must be at least 10 months developmental age
- Odd or bizarre behaviors in place of comfort-seeking behavior
- Impaired social engagement and reciprocity

Emotionally Withdrawn/Inhibited Pattern of RAD

- Emotion regulation difficulties
 - Low levels of positive affect
 - Outbursts of irritability
 - Fear
- *Course and sequelae are not yet clear*
- Can resolve after improvements in caregiving environment, but subsequent attachments more likely to be disturbed

Managing Withdrawn/Inhibited Behavior

- Relationship matters; likely not to see this behavior with a new/different caregiver
- Work with new caregiver to sensitively override any miscues
- Do not withdraw support even if the child acts as if she does not need it

How to Become a Secure Base

- Teach child by labeling feelings (anger, sadness, pain, happiness, excitement, anxiety); emphasize that it is okay to show feelings
- Respond appropriately to your best guess as to the child's feelings

Indiscriminate/Disinhibited Pattern of RAD

- No preferred caregiver, must be at least 10 months developmental age
- Lack of expectable reticence about engaging with unfamiliar adults
- Willingness to approach, interact with, and "go off" with a stranger
- Failure to check back with caregiver in unfamiliar settings

Indiscriminate/Disinhibited Pattern of RAD

- Persistent even after improvements in caregiving environment
- Predictive of later social relationship difficulties, but not necessarily disturbed attachments
- *Course and sequelae are not yet clear*

Disordered Attachment with Vigilance/Hypercompliance

- Absence of age-appropriate, spontaneous exploratory behavior in presence of attachment figure
- Emotional constriction, vigilance, and hypercompliance in the presence of attachment figure
- Absence of these behaviors with other caregivers

Disordered Attachment with Role-Reversal

- Child may be oversolicitous or bossy and controlling towards attachment figure
- To a developmentally inappropriate degree, the attachment figure's emotional well-being is the concern of the child

Intervention for Disturbances and Disorders of Attachment

- Does the child have an attachment figure?
- Foster care is an intervention
- Match between foster parent and child is important
- Maintain good placements to aid in development of secure attachment

Goals of Dozier's Intervention

- Diaries kept by foster parents indicated that foster children acted in ways to push parents away
- Help foster parents understand that children need them, even if they don't act like it
- Help parents look beyond behaviors to respond to child's hidden needs

(Dozier, Dozier, & Manni, 2002)

Goals of Dozier's Intervention

- Address foster parents' issues that interfere with providing nurturance to foster children
- Help children develop behavioral, emotional, and physiological regulation through a nurturant, sensitive, predictable interpersonal world in which child has some control and mastery

(Dozier, Dozier, & Manni, 2002)

Circle of Security

- Focus of the intervention is to help the caregiver re-evaluate the accuracy of how she sees herself and her child, especially when the child needs comforting and security
- These caregiver perceptions (representations) are the focus of intervention

(Marvin, Cooper, Hoffman, & Powell, 2002)

Goals of Circle of Security

- To increase the caregiver's ability to have empathy for her child even when the child's needs make the caregiver uncomfortable
- To help the caregiver develop a sense of herself as successful in responding to her child's needs

(Marvin, Cooper, Hoffman, & Powell, 2002)

Case Example

- Sierra – Foster Child
 - Validated neglect – taken into custody during drug sting
 - Entered foster care at 5 months of age
 - Intervention: Began at 8 months of age
 - Paternity initially uncertain

References

- Cicchetti, D. & Barnett, D. (1991). Attachment organization in maltreated preschoolers. *Development and Psychopathology*, 3, 397-411.

References

- Cooper, G., Powell, B., & Hoffman, K. (2008). Circle of security: Parent attending to the child's needs; *Personal communication*; New Orleans, LA.
- Crittenden, P. M. (1985). Maltreated infants: Vulnerability and resilience. *Journal of Child Psychology and Psychiatry*, 26, 85-96.

References

- Dozier, M., Dozier, D., & Manni, M. (2002). Attachment and biobehavioral catch-up: The ABC's of helping infants in foster care cope with early adversity. *Bulletin of Zero to Three: National Center for Infants, Toddlers, and Families*, 22(5), 7-13.

References

- Hesse, E., & Main, M. (2000). Disorganized infant, child, and adult attachment: Collapse in behavioral and attentional strategies. *Journal of the American Psychoanalytic Association*, 48(4), pp. 1097-1127.

References

- Jacobsen, T. Edelstein, W., & Hofmann, V. (1994). A longitudinal study of the relation between representations of attachment in childhood and cognitive functioning in childhood and adolescence. *Developmental Psychology, 30*, 112-124.

References

- Kaplow, J. B., & Widom, C. S. (2007). Age of onset of child maltreatment predicts long-term mental health outcomes. *Journal of Abnormal Psychology, 116*(1), 176-187.
- Larrieu, J., & Zeanah, C. (1998). Intensive intervention for maltreated infants and toddlers in foster care. *Child and Adolescent Psychiatric Clinics of North America, 7*(2), 357-371.

References

- Lyons-Ruth, K., Easterbrooks, A., & Cibelli, C. (1997). Infant attachment strategies, infant mental lag, and maternal depressive symptoms: Predictors of internalizing and externalizing problems at age 7. *Developmental Psychology, 33*, 681-692.

References

- Lyons-Ruth, K. Bronfman, E. & Parsons, E. (1999). Maternal frightened, frightening, or atypical behavior and disorganized infant attachment patterns. In J. Vondra & D. Barnett (Eds.), *Atypical attachment in infancy and early childhood among children at developmental risk. Monographs of the Society for Research in Child Development, 258, 64(3)*, pp. 67-96.

References

- Marvin, R., Cooper, G., Hoffman, K., & Powell, B. (2002). The circle of security project: Attachment-based intervention with caregiver-preschool child dyads. *Attachment and Human Development, 1(4)*, 107-124.

References

- Stafford, B. S. & Zeanah, C. H. (2006). Attachment disorders in preschool children. In J. Luby (Ed.), *Handbook of preschool mental health*, pp. 231-251, New York, Guilford Press.
