

CommunityCare live21

BDC, London | 12-13 October

Learning sponsor



Hampshire
County Council

Attachment-based trauma and parenting

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Attachment Trauma and Parenting

Dr Alice Loving



What is attachment based trauma?

Trauma

- Relational based trauma.
- Childhood incidences of severe abuse and neglect.
- Physical and/or psychological threats or assault to a child's physical integrity, sense of self, safety or survival (Moroz 2005).
- Fear of disintegration, threat to psychic survival, far beyond the moment of threat (Benamer & White 2008).

What do we mean by unresolved trauma?

(Walker 2007)

Unable to process what has happened.

Unable to 'come to terms with it'.

Unable to make sense of it.

Experiences remain unresolved.

What does Resolution look like?

- Memories are integrated into their original context.
- Brain has filed and processed them 'effectively'.
- When unresolved, intrusive memories flood a person's conscious thoughts.
- Uncontrollable flashbacks (sights, sounds and smells)

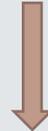


'Live Wire'

How might this impact on Parenting Capacity?

Frightened or Frightening (Main and Hesse 1998).

Child attachment system



Parent caregiving system

Vulnerability triggers old unresolved feelings of **fear, anger, distress or abandonment.**

PSYCHALIVE

Features

Dr. Dan Siegel

Disorganized Attachment In The Making

Attachment Trauma-The Impact

Emotion Regulation

Mentalization

Adult attachment Styles

Emotion Regulation

'Attachment is the dyadic
regulation of emotion'
(Sroufe 1996)



Emotion Dysregulation

- Abusive/neglectful caregiver does not offer the experience of regulating babies emotions.
- Minimal/unpredictable arousal regulating behaving.
- Extreme levels of stimulation and arousal.
- Developmental impact.
- Infancy-self soothing.
- Potential for misdiagnosis- ASD/ADD/ADHD/ODD





1. More extreme behaviour during tantrums.
2. Difficulty in understanding and expressing emotional states.
3. Difficulty in awareness of others emotional states.
4. Rigid behaviour patterns.
5. Difficulty with change in routine.
6. Over or under reactivity to touch and sounds.

(Cook *et al.* 2003)

In Adolescence and adulthood- unable to soothe themselves in ways that are not destructive.

- Drugs/Alcohol
- Self Harm
- Abusive relationships



How might difficulties with self regulation impact on parenting behaviour?

(Loving 2021)

- The ability to remain calm when faced with emotional displays from your child is dependent on your ability not to become dysregulated yourself.
- Some parents may have struggled to develop the necessary self-regulatory abilities and therefore may frequently become dysregulated by their child's behaviour, resulting in anger/aggression, anxiety, or withdrawal, whenever their child is distressed.
- Any parent might struggle with managing their own emotions from time to time, particularly when experiencing states of tiredness and stress, but it is the frequency and severity of these less attuned responses that can have a more significant impact on the parent-child relationship

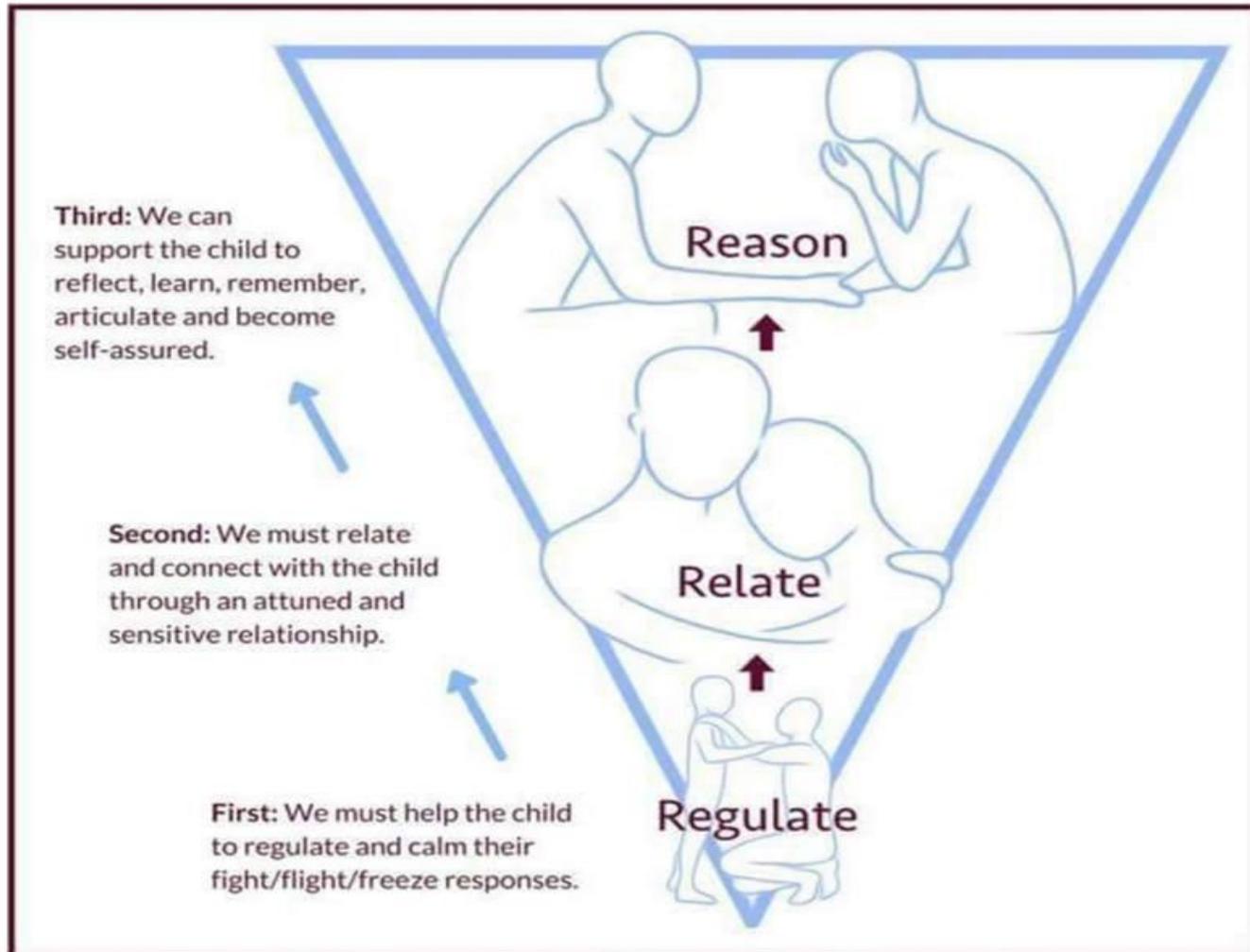
How might this impact on relationships within the professional network?

(Loving 2021)

-
- Being requested to engage with social services is likely to be a stressful and dysregulating experience.
 - Professionals being perceived as an 'authority' figure may be triggering and bring up unresolved feelings of 'Fear Without Solution'.
 - An absence of healthy support system and self soothing capacity may add further to the difficulties.

The Three R's: Reaching The Learning Brain

Dr Bruce Perry, a pioneering neuroscientist in the field of trauma, has shown us that to help a vulnerable child to learn, think and reflect, we need to intervene in a simple sequence.



Heading straight for the 'reasoning' part of the brain with an expectation of learning, will not work so well if the child is dysregulated and disconnected from others.

**Perry's
(2019) 3RS**

Mentalization

Mentalization- (*Mind-mindedness, Reflective Function*)

The ability to understand behaviour in light of underlying mental states and intentions (Slade 2005).

Mentalization in the context of the **attachment relationship**;

Parents capacity to recognise what their child is capable of **thinking** and **feeling** and that their child may be **experiencing** things differently from them.

How might the capacity to mentalize influence parenting behaviour?

Example 1:

A child is left for hours in a dirty nappy that is visibly heavy and in need of changing.

Parent may be aware that it needs changing but is incapable of placing themselves in their child's shoes and considering how uncomfortable that might feel for the child.



Example 2:

A parent lives in a cold flat and often walks around in a thick jumper but s/he lets her toddler walk around in just a nappy.

The parent is not cold.. so s/he fails to recognise that the baby might be.

Example 3:

Parent does not feed their child as regularly as they need to simply because the parent themselves is not hungry.

How do we start to explore this capacity?

Key Areas to consider

What's in the caregivers mind about their child?

What do they think is in their child's mind about them?

What is in their child's mind about them? (direct obs, direct work)



Mentalization Based Questions

- If your child could speak, what do you think she'd be saying/have said?
- What are your child's likes and dislikes?
- Could you give me five words to describe them?
- What do you enjoy doing together?
- Is there anything that your child is scared/frightened of?
- What do you do to show them that you love them?
- What do they do to show you that they love you?
- Tell me what it's like being a mum/dad?
- How would they describe their experience of being cared for by you?

How might this impact on relationships with the professional network? (Loving 2021)

- It may make it more challenging for a parent to comprehend the concerns being raised about their child if they are struggling to see things from their child's perspective.
- They may also struggle to connect with the perspective of the professionals involved, as the ability to do so may be impeded by strong emotions such as fear, dislike, or even hatred.
- This may also then be further compounded by the perceived 'negative intentionality' that the social workers main desire is to remove their child.

Attachment Styles





How might this impact on relationships with the professional network?

'The avoidant person is all container and no feelings; the ambivalent person is overwhelmed with feelings but with nowhere to contain them'.

(Holmes 2001 p.40)

Extreme Avoidance (Dismissive)

ANGER

GUILT

CONFUSION

HURT

PAIN

SADNESS

FEAR

JEALOUSY

ENVY

Extreme Ambivalence (Pre-Occupied)

ANGER

GUILT

CONFUSION

HURT

PAIN

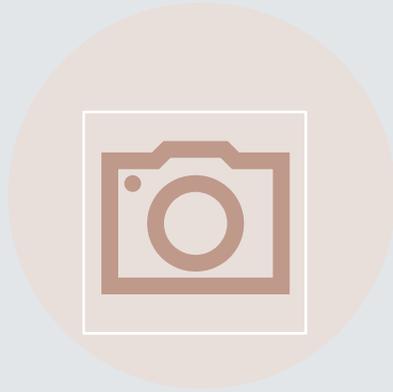
FEAR

SADNESS

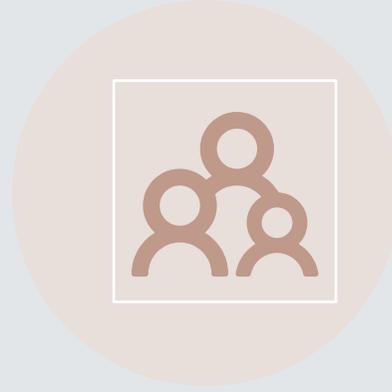
JEALOUSY

ENVY

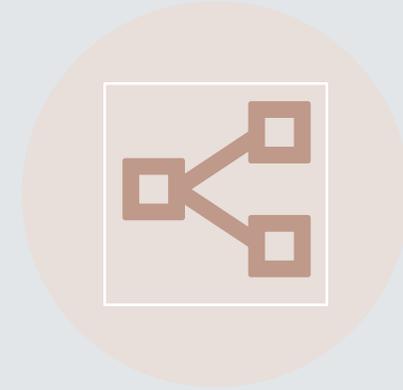
Key Takeaways



THE IMPORTANCE OF
VIEWING BEHAVIOUR
THROUGH A 'TRAUMA LENS'.

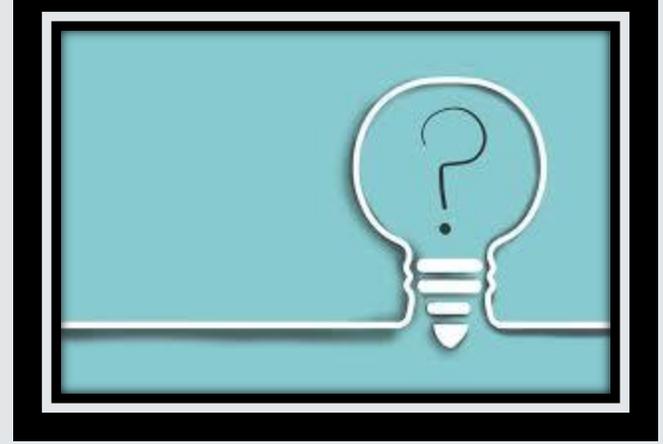


THE ROLE OF MENTALIZATION
IN CONTRIBUTING TO
DIFFICULTIES WITHIN THE
PARENT-CHILD RELATIONSHIP



USING KNOWLEDGE OF
ATTACHMENT-BASED
TRAUMA AND
MENTALIZATION TO
IMPROVE RELATIONSHIP-
BASED PRACTICE AND
INTERVENTION.

Questions...



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MA In Advanced Child Protection



- An overview of the programme, including modules, the academic team, and structure is available via the University of Kent website: [MA in Advanced Child Protection](#)
- Please contact Isobel Drew (Admissions Lead) for tailored and specific enquiries: i.l.drew@kent.ac.uk

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