

Trauma and Attachment Disorders: Diagnostics, Attachment-Based Therapy, and Prevention



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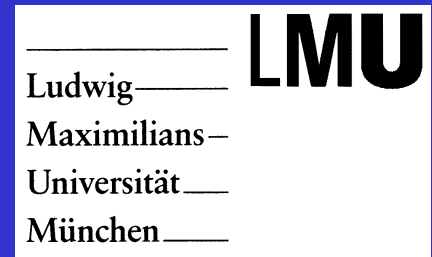
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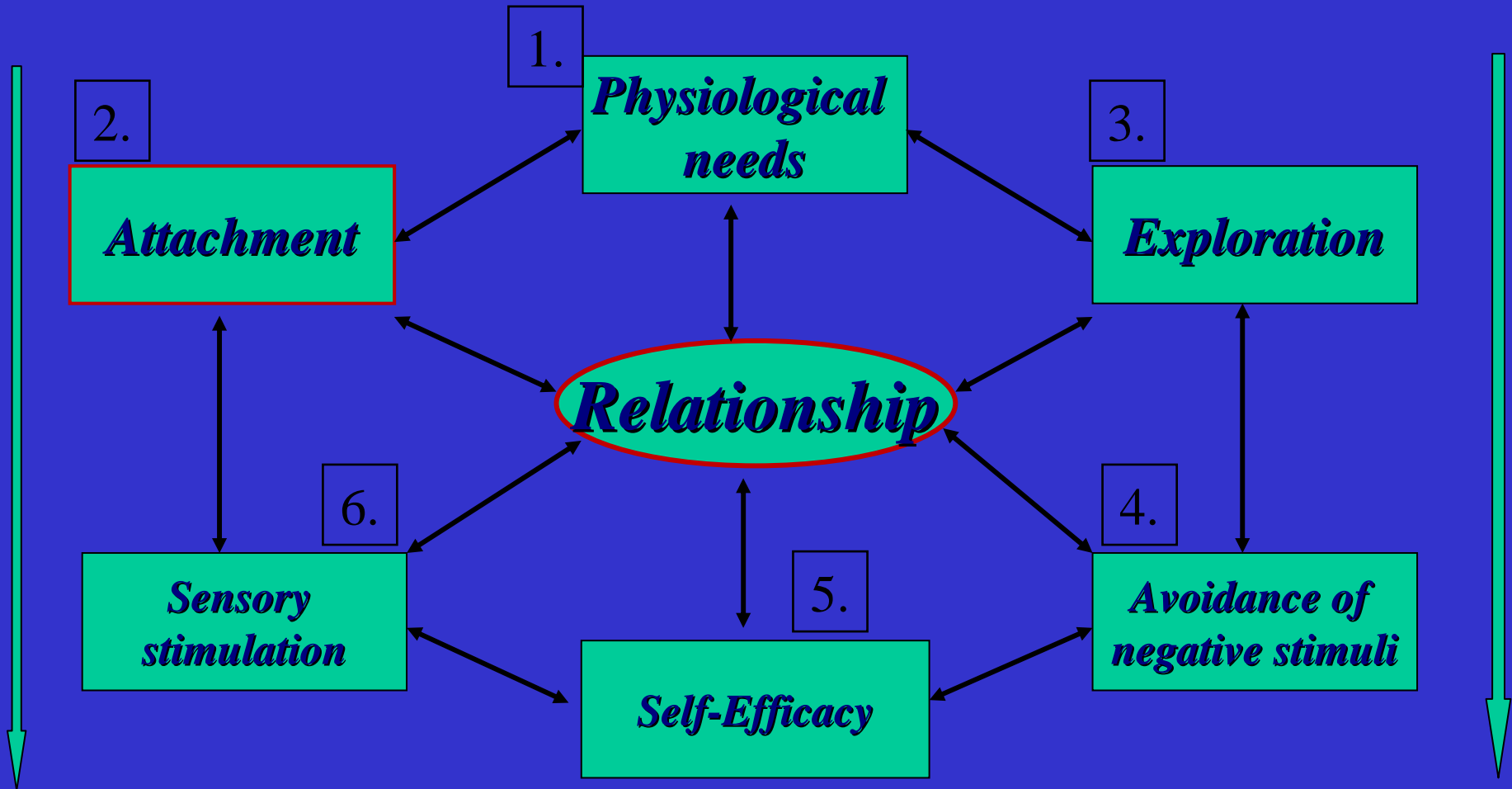
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Outline

- Attachment qualities
- Attachment psychopathology
- Diagnosis
- Attachment-based psychotherapy
- Prevention

Motivational Survival Systems

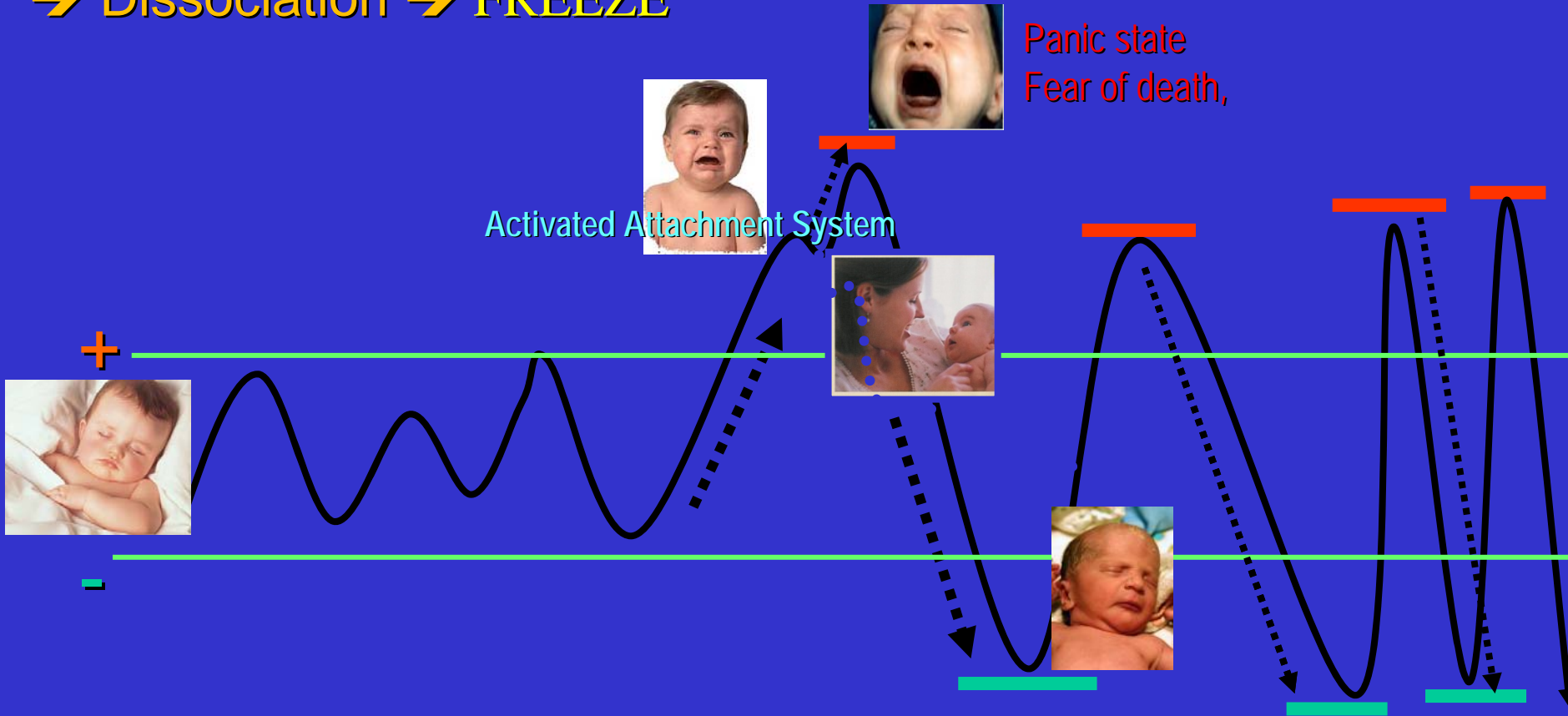


Promoting secure attachment

- Parental sensitivity
- Vocal rhythm matching
- Gaze
- Touch
- Emotional availability

Window of Tolerance of Stress-Regulation

Hyper-Arousal → Sympathetic Nervous System
→ Dissociation → FREEZE



Hyper-Arousal → Parasympathetic Nervous System
→ Dissociation → COLLAPSE

Sensitivity

- The caregiver with the highest sensitivity during interaction will become the infant's major attachment person.
- A high parental sensitivity will enhance the development of a secure attachment of the infant.

Attachment quality with organized working model

Organized Attachment

- Secure (approx. 60-65%)
- insecure
 - avoidant (approx. 20-25%)
 - ambivalent (approx. 5-10%)

Consequences of the development of attachment (1)

- *Secure* attachment
 - protective factor under stress
 - greater coping ability
 - ability to seek out help
 - more attuned social behavior
 - larger numbers of relationships
 - greater creativity
 - greater flexibility and persistence
 - better memory and learning
 - empathy for the emotions of others

Consequences of the development of attachment (2)

- *Insecure attachment*
 - risk factor under stress
 - less coping ability
 - tendency toward solitary solutions to problems
 - withdrawal from social activities
 - fewer relationships
 - less flexibility in thinking and acting
 - tendency to more aggressive behavior in conflicts
 - poorer memory and learning
 - less empathy for the emotions of others

Attachment quality with non-organized working model

Disorganized attachment

Beginning of psychopathology

- Normal population (approx. 10-15%)
- Traumatized parents (approx. 75-80%!!!)

Attachment disorders

Severe psychopathology

- Normal population (approx. 5%)
- In high risk families with violence (approx. 90%!!!)

Physiology and attachment qualities

- Physiology of the infant
 - stress reaction with all attachment patterns by separation from the attachment person
 - increase of heart rate
 - reduction of skin resistance
 - increase of salivary cortisol
 - maximum values, retarded decrease after reunion with attachment figure in case of
 - insecure-avoidant attachment
 - disorganized attachment
 - attachment disorders

Continuum of attachment

- Secure – protective factor
- Insecure – risk factor
- Disorganized – beginning of psychopathology
- Attachment disorder (developmental trauma disorder) – severe early psychopathology

Disorganized attachment

- Trance-like states („From trance to freezing“)
- Attention deficit
- Hyperactivity
- Stereotype motor movements
- Incoherent and contradictory behavior in attachment relevant situations

Unresolved trauma of mother / father

- Disturbance in interaction and insensitive communication with infant
 - Prenatal and postnatal bonding disturbance
- Frightened/anxious behavior of mother/father
- Frightening behavior of mother/father
- Helpless caregiving of mother/father

Consequences

- No development of organized secure inner working model of attachment in infancy
- Disorganized attachment behavior
- Disorganized narrative style
- High rate of emotional and physiological stress
- Hyperarousal in an attachment relevant situation

Intergenerational transmission of attachment

- Correspondence between attachment of parents and child
 - securely attached attachment figure with securely attached children
 - mother-child approx. 65%
 - father-child approx. 55%
 - insecurely attached attachment figure with insecurely attached children
 - attachment figure with unresolved trauma with disorganized children
 - traumatizing attachment figure with attachment disordered children

Origins of attachment disorders

- Early multiple trauma within attachment context and by attachment figures
 - Severe emotional and physical deprivation
 - Multiple abrupt braking offs from attachment figures
 - Multiple experiences of loss of an attachment figure
 - Physical, sexual, emotional, verbal violence
 - Unresolved trauma of parents – re-enactment with child
 - Child is witness to violence of attachment figures
- Effect: fragmented, multiple or no inner working model of attachment
- Rarely any mentalizing and self reflective capacity

Diagnosis of Attachment Disorders

- ICD-10 and DSM-IV
 - Reactive attachment disorder (F 94.1/2; 313.89)
 - Promiscuity/indifferent type
 - Inhibition
 - Cause of disorder
 - severe maltreatment and deprivation

Types of Attachment Disorders

- Promiscuous attachment behavior (ICD)
- Inhibited attachment behavior (ICD)
- No signs of attachment behavior
- Hyper-vigilant attachment behavior
- Aggressive attachment behavior
- Role reversal attachment behavior
- Addiction-like attachment behavior
- Psychosomatic symptoms

Triggers for re-traumatization

Trigger in the behavior of the infant, child or adolescent

- Attachment behavior
 - search for closeness, clinging, crying, pain, neediness
- Separation / exploration behavior
 - Distancing, autonomy,
- Trigger by affective arousal of the child
- Unconscious process!!!

Re-enactment of trauma

- In the interaction with the infant/child
 - Avoidance of contact and proximity with child
 - Abrupt/intermittend breaks in activity and relationship
 - Understimulation vs. overstimulation (sexual-sensory)
 - Aggressive behavior/violence
- In the affective communication
 - Transference of traumatic affects onto the child
 - Panic, rage, shame, hyperarousal, feelings of guilt

Diagnostic Tools for Children I

- Observation of parent-child interaction
- Search for situations during interaction with child that trigger
 - Flashbacks
 - Intrusions
 - Restriction in parental behavior

Diagnostic Tools for Children II

- Observation of parent-child interaction in relaxed and in stressful situation
- Strange Situation (Ainsworth) – approx. 12 – 19 (24) mths
- Preschool Strange Situation (Marvin) - approx. . 2 – 6 yrs
- The MacArthur Story Stem Battery (MSSB) (Bretherton et al.) – approx. 6-10 yrs
- Child Attachment Interview (CAI - Target) – approx. 10-16 yrs

Diagnostic Tools for Attachment Figures

- Adult Attachment Interview (AAI – Main & George)
- Adult Attachment Projective Test (AAP - George)
- Trauma history of mother/father –
Questionnaires (e.g. Traumatic Antecedents
Questionnaire TAQ – van der Kolk)

Therapy

Establishing of

a „secure therapeutic bonding“

as base of the therapeutic relationship
(secure base of attachment)

– Be aware:

- distorted attachment behavior
- attachment disorder

Therapy

- Attachment Therapy
 - Secure therapeutic bonding
 - New attachment experience of safety in therapy
 - Focus on exploration of
 - Traumatic experiences of loss, separation, violence
 - Integration of segregated affects into inner working model
 - Mourning
 - New experiences in relationships
 - Separation from therapist
 - Interval-Therapy

Therapy

- Psycho-Traumatherapy
 - Integration of trauma by processing of traumatic affect
 - Different types of therapeutic approach
 - Neuro-Processing/EMDR
 - Mourning

Prevention of Attachment Disorders



„ Safe Attachment Formation for Educators“

www.safe-programm.de

- Group-Education in parenting
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 - Information about re-enactment
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- DVD "BASE – Babywatching Kindergarten ,, (Engl.)
- DVD BASE – Babywatching Schule (dt)
- DVD SAFE – Info for Colleagues (dt)
- DVD SAFE – Info for parents (dt)
- Send Order to
Karl-Heinz.Brisch@med.uni-muenchen.de

www.safe-programm.de

www.base-babywatching.de

Reference

Brisch, Karl Heinz (2002)

Treating Attachment Disorders.

From Theory to Therapy.

Guilford Press, New York, London

International Conference
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Information and Programme

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