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

Kentucky School of Alcohol & Other Drug Studies  
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Presented by:  
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Learning Objectives

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

Key Areas for Today

- Brain development 1st three years
- Impact of early adversity & 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

The 2 Year Old’s Brain Has More Brain Cells Than Yours!
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
ADVERSE CHILDHOOD EXPERIENCES (ACE)

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

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CDC

No ACEs

- 33% of adults have experienced ACEs
- 1 in 16 smokes; 1 in 14 has heart disease
- 1 in 69 is alcoholic; 1 in 480 uses IV drugs
- 1 in 96 has attempted suicide

1-3 ACEs

- 51% of adults have experienced ACEs
- With 3 ACES, 1 in 9 smokes, 1 in 7 heart disease
- 1 in 9 is alcoholic, 1 in 43 uses IV drugs
- 1 in 10 has attempted suicide

4-10 ACEs

- 16% of adults have experienced ACEs
- With 7+ ACEs, 1 in 6 smokes, 1 in 6 has heart disease
- 1 in 6 is alcoholic, 1 in 30 uses IV drugs
- 1 in 5 has attempted suicide

Long Term Health Impact of ACEs

1 ACE
- 1 in 16 smokes; 1 in 14 has heart disease
- 1 in 69 is alcoholic; 1 in 480 uses IV drugs
- 1 in 96 has attempted suicide

3 ACEs
- With 3 ACES, 1 in 9 smokes, 1 in 7 heart disease
- 1 in 9 is alcoholic, 1 in 43 uses IV drugs
- 1 in 10 has attempted suicide

7+ ACEs
- With 7+ ACES, 1 in 6 smokes, 1 in 6 has heart disease
- 1 in 6 is alcoholic, 1 in 30 uses IV drugs
- 1 in 5 has attempted suicide
ACES CONTRIBUTION TO SUD’S

- Predict earlier age of drinking onset
- Higher risk of mental illnesses and SUD as older adult (50+ yrs.)
- Continued tobacco use in adulthood
- 47% - 54% increase in odds of prescription drug misuse for every additional ACE
- 2 to 4 fold increase in likelihood of early initiation into illicit drug use for each additional ACE

SAMHSA

ACES INFLUENCE VIA BIOLOGIC IMPACT ON NEURODEVELOPMENT

INDIVIDUAL
- Brawn
  - Hormones, chemicals & cellular systems prepare for a tough life in an evil world
  - NEUTRAL START
- BRAIN
  - Individual
  - Hormones, chemicals & cellular systems prepare for a tough life in an evil world
  - NEUTRAL START

INDIVIDUAL
- Edgy
  - Relationship-oriented
  - “Process over power”
- BRAIN
  - Hormones, chemicals & cellular systems prepare for a peaceful life in a benevolent world
  - NEUTRAL START

Findings for Women by ACE Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Emotional Abuse</td>
<td>13%</td>
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<tr>
<td>Physical Abuse</td>
<td>27%</td>
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<tr>
<td>Sexual Abuse</td>
<td>25%</td>
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<tr>
<td>Mother Treated Violently</td>
<td>14%</td>
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<tr>
<td>Household Substance Abuse</td>
<td>30%</td>
</tr>
<tr>
<td>Household Mental Illness</td>
<td>23%</td>
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<tr>
<td>Parental Alienation</td>
<td>25%</td>
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<tr>
<td>Parental Separation or divorce</td>
<td>5%</td>
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<tr>
<td>Incarcerated household member</td>
<td>9%</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>17%</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>9%</td>
</tr>
</tbody>
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Source: CDC [http://www.cdc.gov/violenceprevention/acestudy/about.html]
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

Connectedness Is The Key

YOUR HISTORY OF CONNECTEDNESS IS A BETTER PREDICTOR OF YOUR HEALTH THAN YOUR HISTORY OF ADVERSITY

be with each other (celebrate diversity) listen and learn from others share time, food, work

The “super-power of human kind is our capacity to connect; it is regulating and the major “route” by which we can teach, coach, parent, heal and learn.”
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
- Reflective Functioning
- Attachment
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

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

REGULATION

- 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

Reflective Functioning

- Enables an individual to understand another's behavior as meaningful and predictable
- Refers to the ability to hold, regulate and experience emotions
- Ability to make sense of and anticipate another's actions, intentions, feelings, thoughts, desires, and beliefs (mental states)
- Capacity to recognize their own mental states as separate from baby's mental states AND how their mental states affect another's behavior
- Can be enhanced by accurate intervention
- Essential for the development of secure attachment
- Strong relevance for mother-baby dyad
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

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

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

PATTERNS OF ATTACHMENT

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

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

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: An longitudinal study of child and adolescent functioning by L. Alan Sroufe et al

INSECURE: Avoidant Attachment

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 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

INSECURE: Ambivalent/Resistant Attachment

**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
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
In "good enough" infant-parent relationships, where infant needs are generally responded to sensitively, and with the infant's needs in mind, then brain development occurs naturally and without the requirement of any added stimulation.

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Social-Emotional Growth

- Safety/Trust/Security
- Exploration/Discovery
- Identity/Independence

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Why Does This Matter?

- A healthy parent-child relationship is essential to social-emotional health
- Security is a child's sense that he can seek and obtain safety and comfort from caregiver when needed
- Sense of security allows baby to explore the world freely and comfortably
- Without sense of safety, ability to grow emotionally, to develop healthy relationships, and feel confident is diminished
- Insecure parent-child relationships leave children less able to regulate stress and vulnerable to other adverse behavioral and emotional outcomes
- Problems and relationship difficulties increase with limited capacity to recognize and respond to infant's early emotional cues
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 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

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.

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
• Parents 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 Using Pregnant and Parenting Women: Focus on Maternal Reflective Functioning and Mother-Child Relationship; Infant Mental Health Journal., 2006 Sept 1; 27 (5): 448

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**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 recovery can be positively impacted when we strengthen the parent child relationship?

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**THINGS PROGRAMS CAN DO**

- Train all staff in IMH thereby giving staff the capacity to discuss and support mom in daily situations
- 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
- Weekly group meetings around a parenting theme
- Small concrete goals for each week – parenting related
- 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
"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."
~ Sroufe et al

Strategies for Promoting Strong Parent-Child Relationships

PARALLEL PROCESS
The relationship experiences that the parent and staff have together that can affect the parent-child relationship and the way that the parent interacts with the child
The Platinum Rule

Do unto others as you would have others do unto others

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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

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

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

<table>
<thead>
<tr>
<th>Babies Feel</th>
<th>Toddlers Also Feel</th>
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<tbody>
<tr>
<td>Joy</td>
<td>Happiness</td>
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<tr>
<td>Excitement</td>
<td>Pride</td>
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<tr>
<td>Frustration</td>
<td>Jealous</td>
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<tr>
<td>Discomfort</td>
<td>Frustration</td>
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<td>Fear</td>
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<td>Boredom</td>
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<td>Anger</td>
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<td>Lost forever</td>
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<td>Being Loved</td>
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<tr>
<td>Tired</td>
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<tr>
<td>Hungry</td>
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</table>

OUR GOAL IS FOR PARENTS TO FEEL:
- Safe & Secure
- Loved & Valued
- Capable & Confident

So They Can Help Their Children Feel:
- Safe & Secure
- Loved & Valued
- Capable & Confident
It Takes A Village (maybe even a city)

RESOURCES

• Addiction Technology Transfer Center of Excellence Tools for Treatment – A Family Centered Behavioral Health Support for Pregnant and Postpartum Women – Multiple tools including training curricula, webinets, online courses:

• 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, Training, Models of Collaboration and Evidence Based Practices. Multiple webinars covering community collaboration around pregnant and parenting women with substance use disorders:

“Every Child Needs One Person Who is Crazy About Her”
~ Uri Bronfenbrenner
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