

Attachment Disorder 101 **And Understanding Adult Compassion**

with
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8:30am-5:30pm

PRESENTATION TITLE: Attachment Disorder 101: Understanding children and adults who struggle with attachment, bonding, and maintaining healthy relationships.

This training relates to the field of substance abuse in that attachment problems, oppositional defiant disorder, and complex developmental trauma have been associated with and can be the result of unavailable parenting due to alcohol or drug use during gestation and/or the first three years of a child's life.

MAIN POINTS:

Attachment difficulties require powerful tools for intervening in the therapy office and in the home. Neither can be neglected, nor can either one function in a vacuum without the other. Attachment and bonding are critical junctures in relationship building, and without these, a child is at risk for mental health problems, social, educational and relationship difficulties throughout his or her life. Because the earliest attachment experiences set the brain structure that sets the tone for all future relationships, this relational material is essential to process and resolve. These early experiences also set the foundation for affect regulation or dysregulation. Daniel Seigel states: “We carry the synaptic shadows of these early experiences forward”. Behavioral, cognitive, affective, sensory based and play/art based interventions through the lens of a primary relationship can impact the child’s ability to regulate the self.

This day-long workshop will address attachment disorder from the inside out; beginning with an understanding of how trauma affects the developing brain, affect, cognition, self regulatory abilities, and relationships. We will look at early childhood relationships and how they affect brain chemistry, behavior and emotions using the newest information from The Circle of Security Project, Daniel Seigel, Dan Hughes, Karen Purdue and Bruce Perry, all pioneers in the field.

Effective parenting principals are the absolute fundamental structure of treating the child with an attachment disorder. Both parents and professionals must familiarize themselves with the specialized techniques and skills that are necessary to parenting this population. This workshop will provide participants with specific hands-on principles and techniques that are necessary to help a child with trauma, attachment and oppositional behavioral disorders develop a healthier and more secure attachment to parents/caregivers.

Attachment disorders are different from other types of mental health issues. They also require specialized treatment that is quite different from contemporary talk-therapy. It is important to understand the differences, and why these differences are imperative to the client who is suffering from trauma-induced attachment difficulties.

Finally, we will address the concern of dissociation and how it is linked to disorganized and anxious attachment styles. Dissociation in both children and adults is a known and diagnosable factor in many mental health disorders, and yet it is rarely treated effectively due to a lack of understanding and training in clinical settings. If a child or adult is suffering from dissociation and it is not treated, it can become a debilitating lifelong problem. But early detection and treatment is very successful when the right tools are employed.

LEARNING OBJECTIVES:

Outcomes for participants will be to 1) gain an improved understanding of how to connect with difficult-to-connect-with children 2) learn specific skills in facilitation

of attachment-focused parenting and therapeutic strategies with children who suffer from attachment and relational trauma 3) increase self-confidence in carrying out those strategies necessary to improve the connection between parent/caregiver and the child with one of these disorders 4) understand the differences between traditional talk therapy and therapy for the child who experiences an attachment, oppositional, or trauma disorder and why these are so important 5) be able to identify specific interventions that are appropriate to this population 6) practice the use of a variety of specific interventions.

PRESENTATION FORMAT:

PowerPoint presentation, lecture, short videos, small group work, interactive experiential exercises

RELEVANCE TO ATTENDEES:

The Alaska Early Childhood Comprehensive Systems Report (2006) states that “There is increasing anecdotal evidence that...clinicians lack the training necessary to meet the needed to identify mental health problems and to serve children with these issues in their natural environments. Skills are also required to support their families and make appropriate referrals”.

Therapy for the child with an attachment disorder therapy is sometimes intense, but should always be respectful of the child and family. The therapy is family focused, with an emphasis on the parent or caregiver, *not the therapist's*, attachment to the child. Parents much understand the inner workings of their particular child, learn the child's history, understand their own attachment history, and learn specific intervention skills. It is the therapist's job to help facilitate all of these as well as intense, therapeutic, diagnosis-specific emotional work with the affected child. The therapist who undertakes this work must be self-reliant, but with the ability to work well within a team; posses the ability to connect, but remain within therapeutic boundaries; care deeply for the child and family, but maintain a therapeutic distance. In order to do this, the professional must understand his/herself, the presentation and appropriate interventions for children with attachment disorders, and possess the ability to provide a holding environment for the entire family. Assessment tools can aid the parent and clinician in determining the right course of action, but specific interventions are key to the change and progress of both individual functioning and relational health.

TARGET AUDIENCE:

The primary target audience for this presentation is foster/adopt parents and other caregivers of children who experience attachment disorder; therapists, case managers, and other counselors or professionals who work with children and youth who experience attachment difficulties.

Length of time:

7.5 contact hours

EQUIPMENT NEEDED;

Flip chart and screen, laptop and projector

Counselor Competencies:

FOUNDATIONS: Individuals will:

- a) increase knowledge of attachment issues, attachment styles, reactive attachment disorder
- b) improve understanding of what attachment styles are and what types of interventions help with each attachment style
- c) understand the difference between limbic system reactions and prefrontal cortex thinking, how and why they are affected by trauma, and how to intervene and change the structure and functioning of these systems
- d) understand adult attachment as it impacts the developing attachment styles of children, and intimate adult relationships
- f) learn practical intervention skills

PRACTICE DIMENSIONS: Individuals will:

- a) learn at least ten parenting interventions specific to children with RAD
- b) identify specific limbic system reactions that children who have experienced trauma will frequently engage in
- c) be able to utilize at least three specific interventions that address limbic system reactions and another three that address prefrontal cortex systems
- d) be able to name at least three ways that a parent/caregiver can increase the child's attachment experience through the use of sensory-based interventions
- e) will feel more confident in interacting with children who experience RAD
- f) increase hopefulness that children with RAD can live a more complete and more normal life than previously imagined
- g) improve one's understanding of their own attachment style and how that can positively and negatively impact their own relationships and what to do about this.

Signs and Symptoms of Attachment Disorder

People learn how to think based on three foundational factors: 1) genetics, 2) 9 months in utero, and 3) the first 2-3 year, with the first year being most important. Interpersonal relationships can affect these areas either negatively or positively, or both.

Understanding that children behave the way they behave because they think the way they think will help to set the stage for participants to understand the inner workings of the child who experiences attachment difficulties, and prepare them to understand the next component of the training; assessment and treatment.

We will look at the difference between attachment and bonding, how these are fundamental to establishing trust, self esteem, love, and positive relationships throughout

the lifespan. We will establish an understanding of the brain, and how attachment is fundamental to the development of healthy brain functioning.

Learning Objectives

- 1.) Define attachment, bonding, and attachment disorder
- 2). Learn how early relationships with caregivers affect subsequent attachment, intersubjectivity and affect regulation from a brain-based perspective.
- 3) Understand the signs and symptoms of attachment disorder
- 4) Be able to list environmental, individual, and family risk factors as well as resiliencies that can impact attachment

Assessment and Treatment

All the insight in the world cannot, by itself, change behaviors. And we know that just “loving” a child with a complex trauma history is not going to change the complex pattern of self-protective behaviors that they engage in. So what does work? Attachment is a complex issue. One is not simply “attached” or “dis-attached”. Different interventions will work differently for different individuals, and this will be based on a number of different factors including attachment style, internal resilience, family and environmental factors, and trauma history. The therapist and parent must work together, be creative and flexible, and understand a variety of theory and techniques from which they can draw in order to heal the child.

Learning Objectives

- 1). Learn how to use theraplay, art, EMDR, and other attachment focused therapy interventions to improve child functioning, increase parent-child bonding, and demonstrate real-life growth
- 2). Describe 5-10 disarming techniques that allow the therapist (or parent) to form an alliance with the child client, increase parental efficacy, and help the child to safely let down defenses.
- 3.) Practice “radical empathy” and “radical curiosity”

Adult Attachment Difficulties

None of us have escaped childhood without some sort of trauma. Our experiences of growing up and how we bonded with our own parents, our personal trauma history, and our self narrative impact the way we parent and interact with children. Children who have attachment difficulties are innately sensitive to the “buttons” that can be pushed in adults, especially their parents, and use these to their advantage. Parents, therapists, and others who work with children who experience attachment difficulties need to understand and work through their own attachment

histories so that they do not continue to play out in their adult relationships and in their parenting and caring for the RAD child.

Learning Objectives

- 1). Learn about adult attachment styles, and take a fun and easy self-assessment in order to personalize the learning
- 2). Understand how the attachment history and style of the adult living/working with children can impact the child's developing brain, emotional stability, and lifelong relationships
- 3.) Learn about the Adult Attachment Inventory (AAI)

OUTLINE OF THE DAY

7.5 CEU's

Registration/Breakfast	08:30 am - 08:45 am
Wecome & Housekeeping	08:45 am - 09:00 am
Presentation	09:00 am - 11:00 am
BREAK	11:00 am - 11:15 am
Presentation/Evaluations/tests	11:15 am - 1:30 pm
LUNCH	1:30 pm - 2:00 pm
Presentation	2:00 pm - 3:45 pm
BREAK	3:45 pm - 4:00 pm
Presentation/Evaluations/tests	4:00 pm - 5:30 pm