

TTAC

NYC Early Childhood
Mental Health

Training and Technical Assistance Center



Clinical Implications of Attachment Disorganization

Presented by Dr. Judith Solomon

Who We Are

The New York City Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded by the NYC Department of Health and Mental Hygiene (DOHMH)

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute on Poverty Policy and Research

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and the Managed Care Technical Assistance Centers (CTAC/MCTAC), which offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers

TTAC is tasked with building the capacity and competencies of mental health and early childhood professionals through ongoing training and technical assistance

<http://www.TTACny.org>

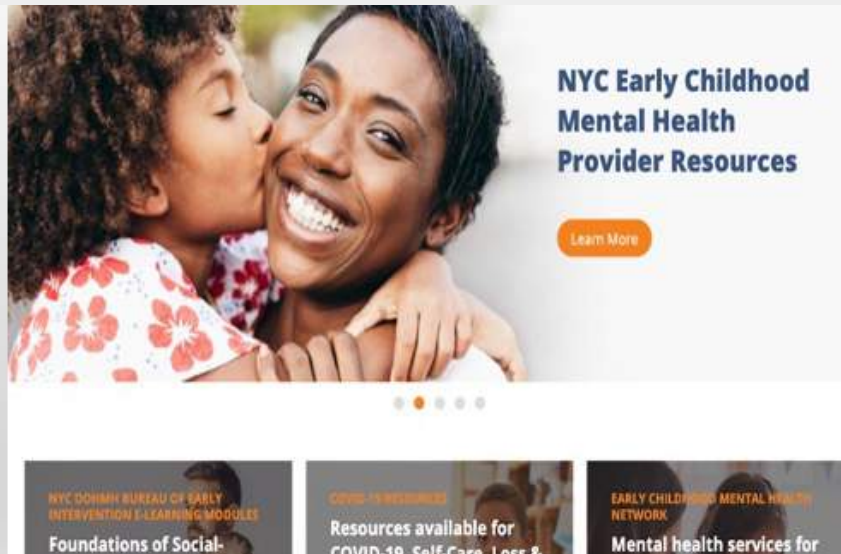


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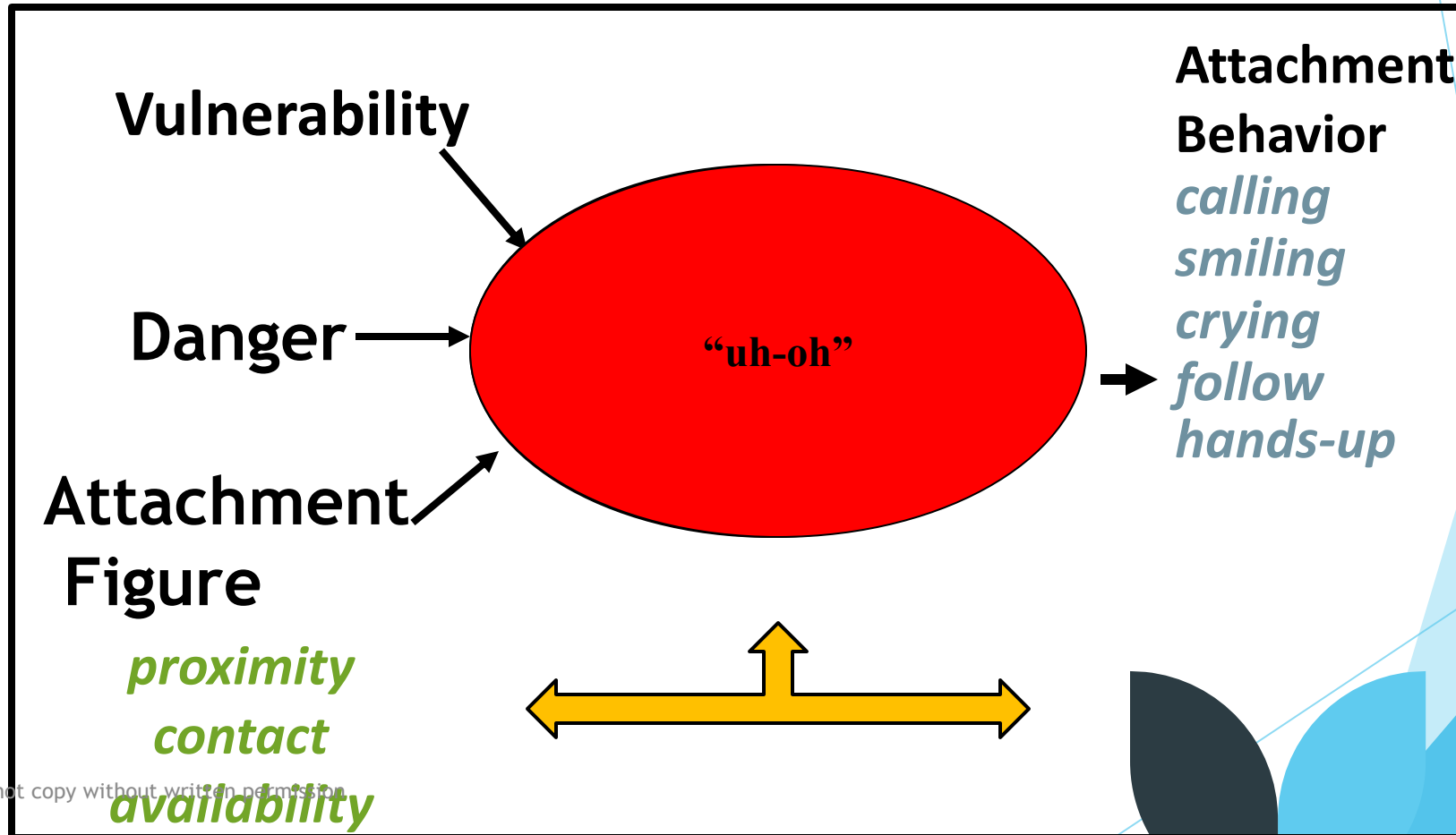
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Attachment defined

- ▶ Attachment relates to the cycle of fear and reassurance
 - ▶ Evolved for protection of young
 - ▶ Biologically based
- ▶ Child directs attachment behaviors to a particular individual.
- ▶ Attachment figure is a HAVEN OF SAFETY and SECURE BASE for exploration

Attachment Control System



The D classification: What is it?

- ▶ A classification for the Strange Situation used to identify behavior towards the caregiver that appears fearful, strongly conflicted, or disoriented
- ▶ Assigned to infant behavior (12-20 months) in the Strange Situation.
 - ▶ Main & Solomon demarcation of category first published in 1984, 1990
 - ▶ Based on “sufficient fit” with one or several categories of behavior, based on intensity
 - ▶ Seven categories and over 50 indices
 - ▶ Behavior examples are common in both low and high risk samples

Linked to Clinical Symptoms & Dissociation

“Externalizing”

Increased anger in play w mother , 22-23 mths
(Kochanska, 2001)

Predominant classification in conduct disorder preschool sample *(Speltz, et al., 1990)*

“Externalizing”, 5-12 yrs. (norm. & clinical samples)
(Goodman, 2001; Lyons-Ruth et al., 1993; 1995; Scheungal et al., 2002; Solomon et al., 1995; Moss et al., 1995, 1996, 2006; Fearon et al, 2010)

“Internalizing” & Dissociation

Self-reports of dissociative symptoms, 19 yrs. *(Carlson, 1999; Ogawa, 1999)*

“Borderline” Personality Disordered traits, 18-23 yrs. *(Lyons-Ruth, 2016 - disorganized controlling at 8 years of age but not 18 mths.)*

Internalizing: mixed results *(Madgan, 2006; Groh et al., 2012; Brumariu & Kerns, 2010)*

Most Prevalent in High-Risk and Mental Health Samples

Sample	Disorganized/ Controlling
Maltreatment	80%
Borderline Personality Disorder	80%
Alcoholic, depressed	40%--50%
Poverty	24%
Economic low risk	10%--15%

Levels of attachment risk in young children

(Boris and Zeanuh, 1999)

Secure attachment



Insecure attachment



Disorganized attachment



Clinical presentation & secure base distortions



RAD

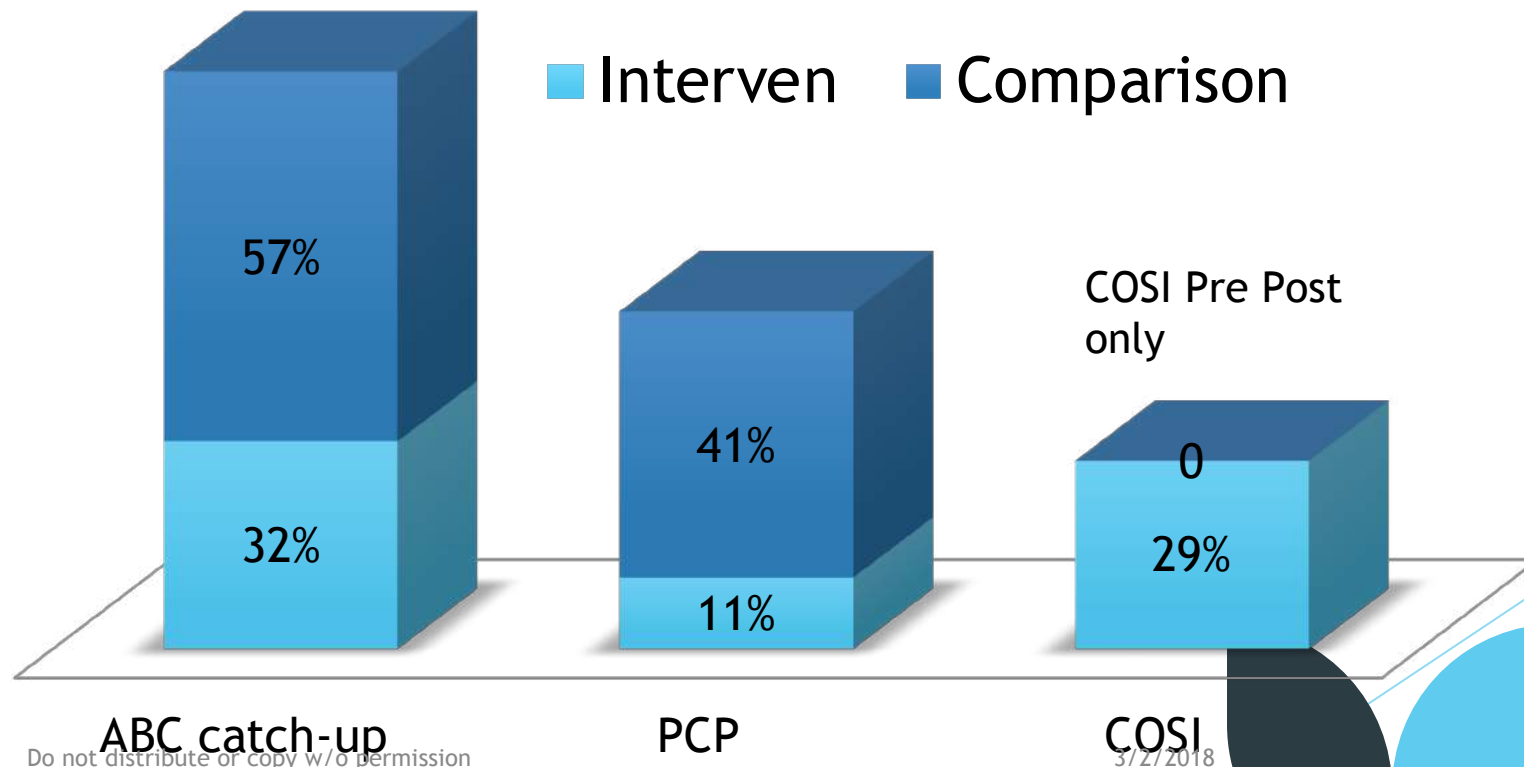


Common misunderstandings

Disorganized attachment:

- ▶ Reflects chaos, random attachment behavior, and/or a lack of attachment strategy
- ▶ Is a strong predictor of pathology
- ▶ Is a fixed or static “trait”
- ▶ Reliably indicates maltreatment in forensic & protection settings

Disorganized relationships highly likely to respond to intervention



Why was the disorganized label used?

- ▶ Ainsworth: *Organization*
- ✓ The way the infant's attention and behaviors are brought together in a coordinated way to maintain the availability of the caregiver in the Strange Situation.

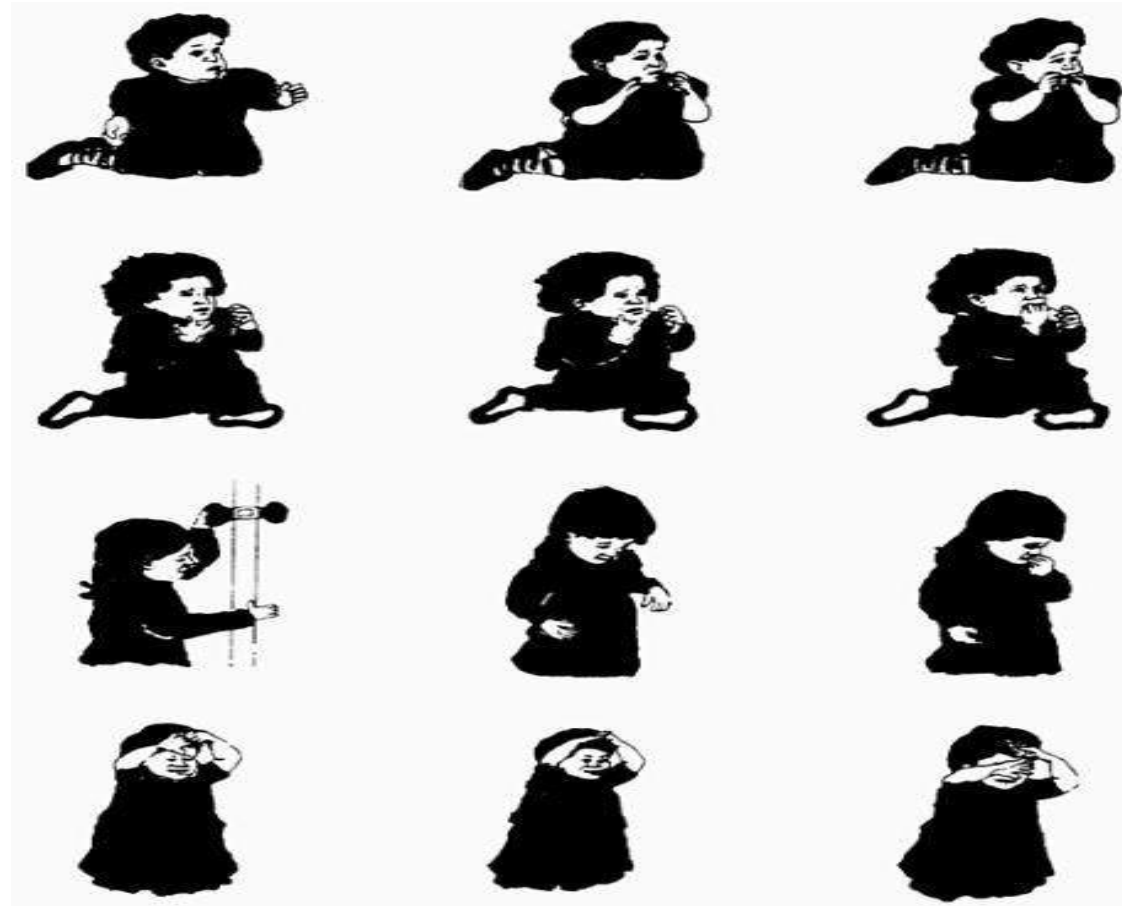
Ainsworth A, B, C categories & *Patterns of Maternal Sensitivity*

- ▶ Secure (B) (50%-70% child, 50% adult) *Theoretically expected pattern*
 - ▶ *Mother: Prompt and appropriate response to signals, non-intrusive*
- ▶ Avoidant (A) (15%-20% child and adult) *Exploration when attachment expected; gaze aversion, move away*
 - ▶ *Mother: Rejection of physical contact; intrusiveness*
- ▶ Ambivalent (C) (10% child, 17% adult) *Attachment behavior when exploration is expected; mild anger (resistance)*
 - ▶ *Mother: Inconsistent, delayed responsiveness*

Major Indices of Disorganization and Disorientation

- ▶ Contradictory displays (approach/avoid)
- ▶ Disrupted:
 - ▶ odd, misdirected, undirected, asymmetrical displays; explosive; anomalous; stereotypies
- ▶ Frightened; confused; disoriented
- ▶ Behavior comes to a standstill
 - ▶ freezing, stilling, lethargic, depressed, “dissociative” behavior
- ▶ **Often very brief!!**

Frightened behavior



Pathways to disorganized attachment

Bowlby: Conflict behavior and paradox

- ▶ The paradox of a frightening/ frightened caregiver- haven of safety is a source of alarm

Main & Hesse: Unresolved loss and trauma linked to disorganized attachment

- ▶ Dissociated fears related to earlier trauma lead to frightening or frightened maternal behavior → infant irresolvable conflict & disorganization
- ▶ The paradox of an alarming (frightening/ frightened) caregiver (haven of safety) is a source of alarm

Other Pathways

- ▶ Disorganized infant behavior following major separation and short-term stress

(Heinicke & Westheimer, 1965; Robertson & Robertson)

- ▶ Avoidant infants brought back to the SS within 2-4 weeks also show disorganized approach-avoidance

(Ainsworth, 1978; Grandqvist et al. 2016)

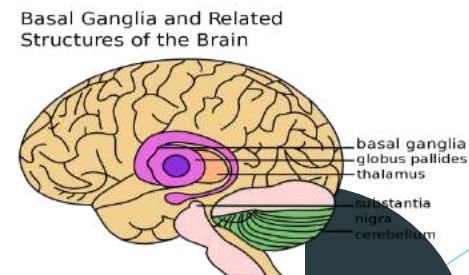
- ▶ Lyons-Ruth: maternal withdrawal

Mothers' Caregiving Behavior is also Disorganized

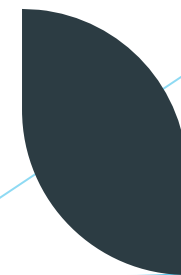
- ▶ Frightened, frightening (*Main & Hesse, 1990; 2006*)
- ▶ Disrupted communication (*Lyons-Ruth, 1999*)
- ▶ Role reversal, failure to take executive role
(*Britner et al., 2005; Easterbrooks et al., 2000; Humber & Moss, 2005; Moss et al., 2004*)
- ▶ Breakdown in interactive coordination & communication
(*Humber & Moss, 2005; Moss et al., 1998; Moss et al., 2004*)

Genetic &/or epigenetic causes?

- ▶ Disorganized infants without fear indices had poorer emotion regulation at birth on NBAS (Padron, Carlson, & Sroufe, 2014)
- ▶ Infants at 6 weeks with smaller basal ganglia and thalamic regions were D at 12 months (Tharner, et al., 2011)

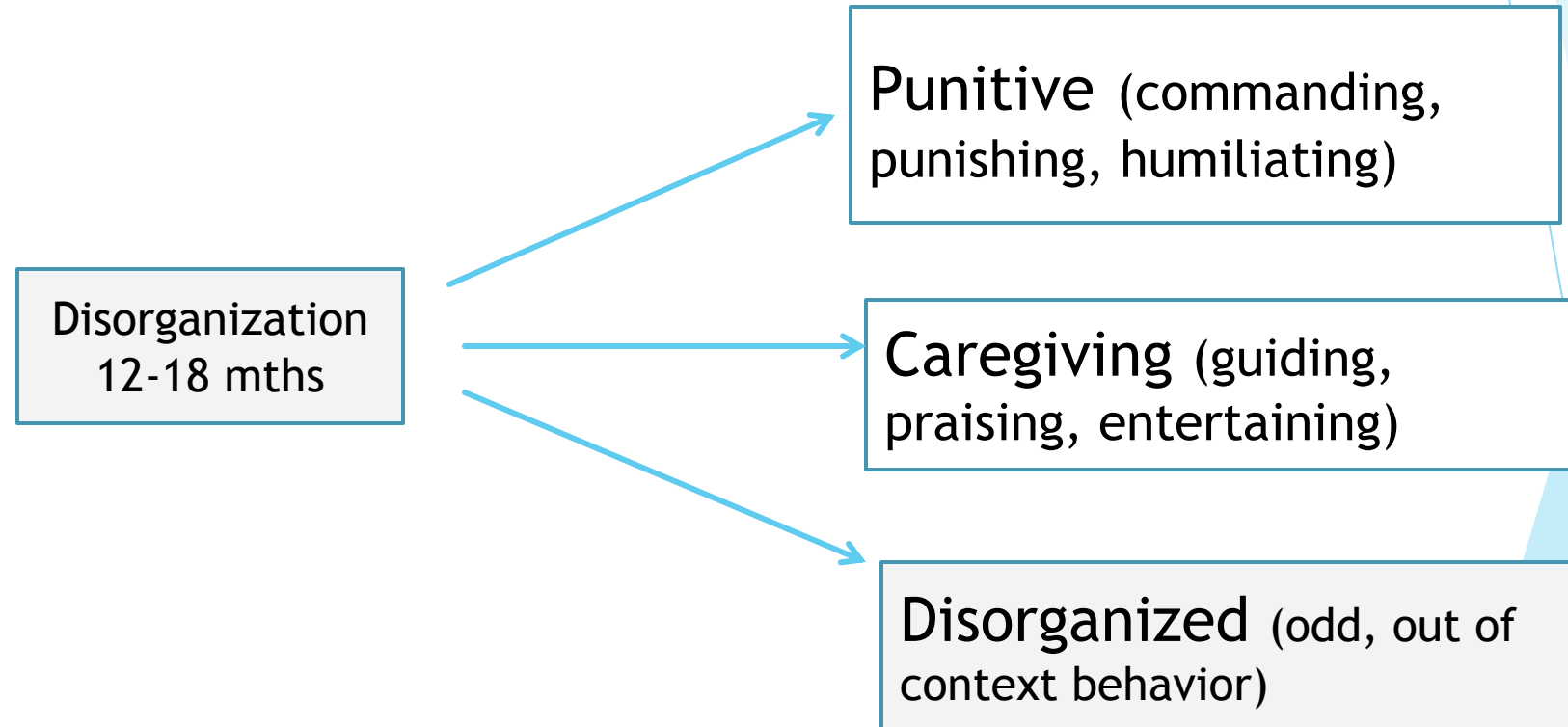


Disorganization and development



Infancy to Preschool

(Main & Cassidy, 1988)



Disorganization at the representational level

- ▶ How representations of children with disorganized(controlling) attachment assessed in the preschool level and later

Attachment Doll Play Stories

(adapted from Bretherton, Ridgeway & Cassidy)

Hurt Knee: Child falls on rock in backyard. Child lies on ground crying, “Ow, I hurt my knee.”

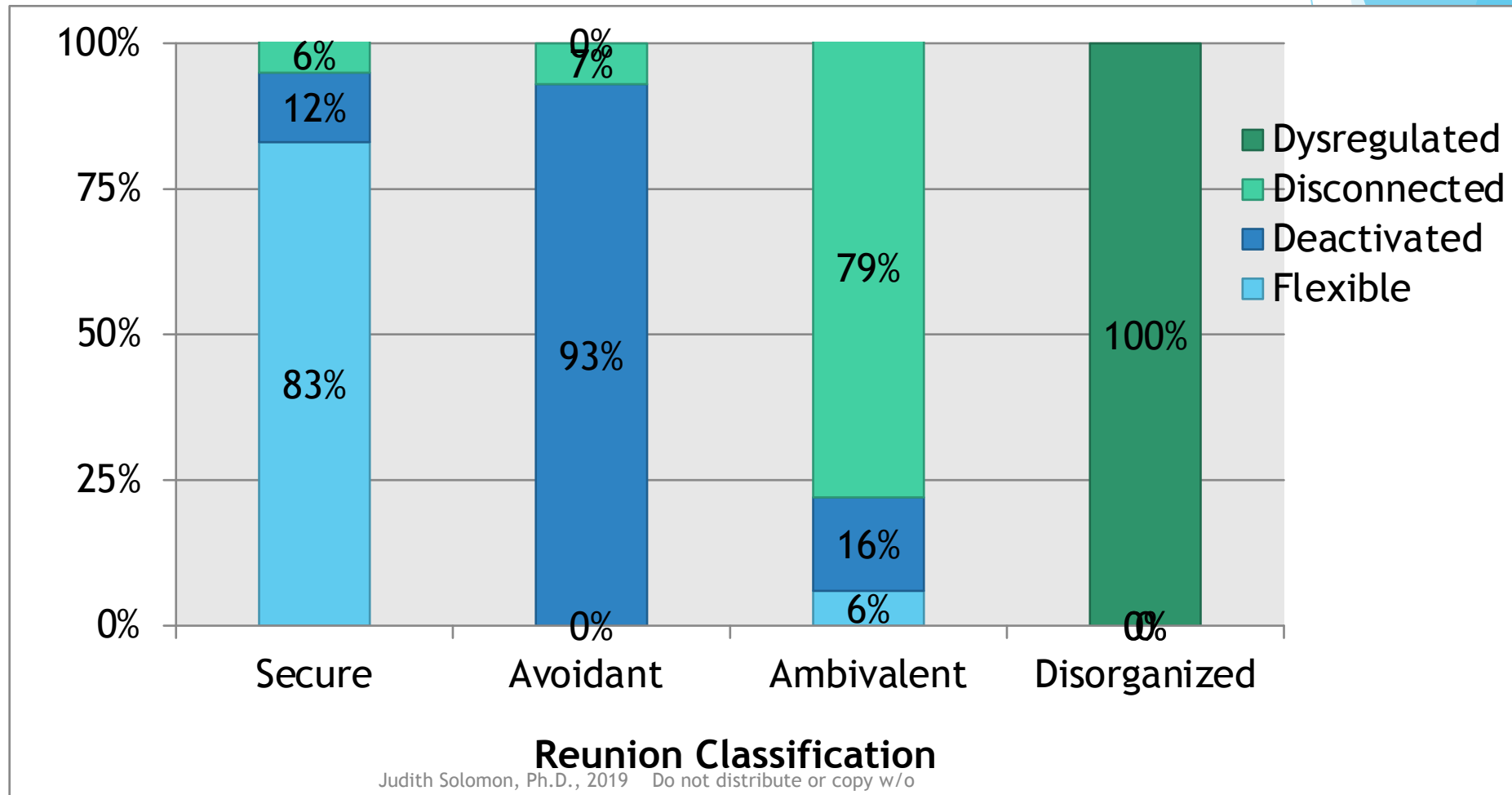
Monster in My Bedroom: Child is sent to bed. Calls out to parents, “Mommy, Daddy, there’s monster in my bedroom.”

Separation-Reunion: Child left overnight with babysitter. *(after 5 minutes of play)* “I see your Mommy and Daddy are coming back.”

Strategies Related to Disorganization = Dysregulated

Type of Dysregulation	Example (Hurt Knee)
Flooded	Father jumps up on rock, falls down and <i>dies</i> ; repeated by all family members, <i>all die</i>
Constricted	"I don't know" "I can't show you"

Separation/Reunion Story: Concordance between Doll Play and Reunion Classifications

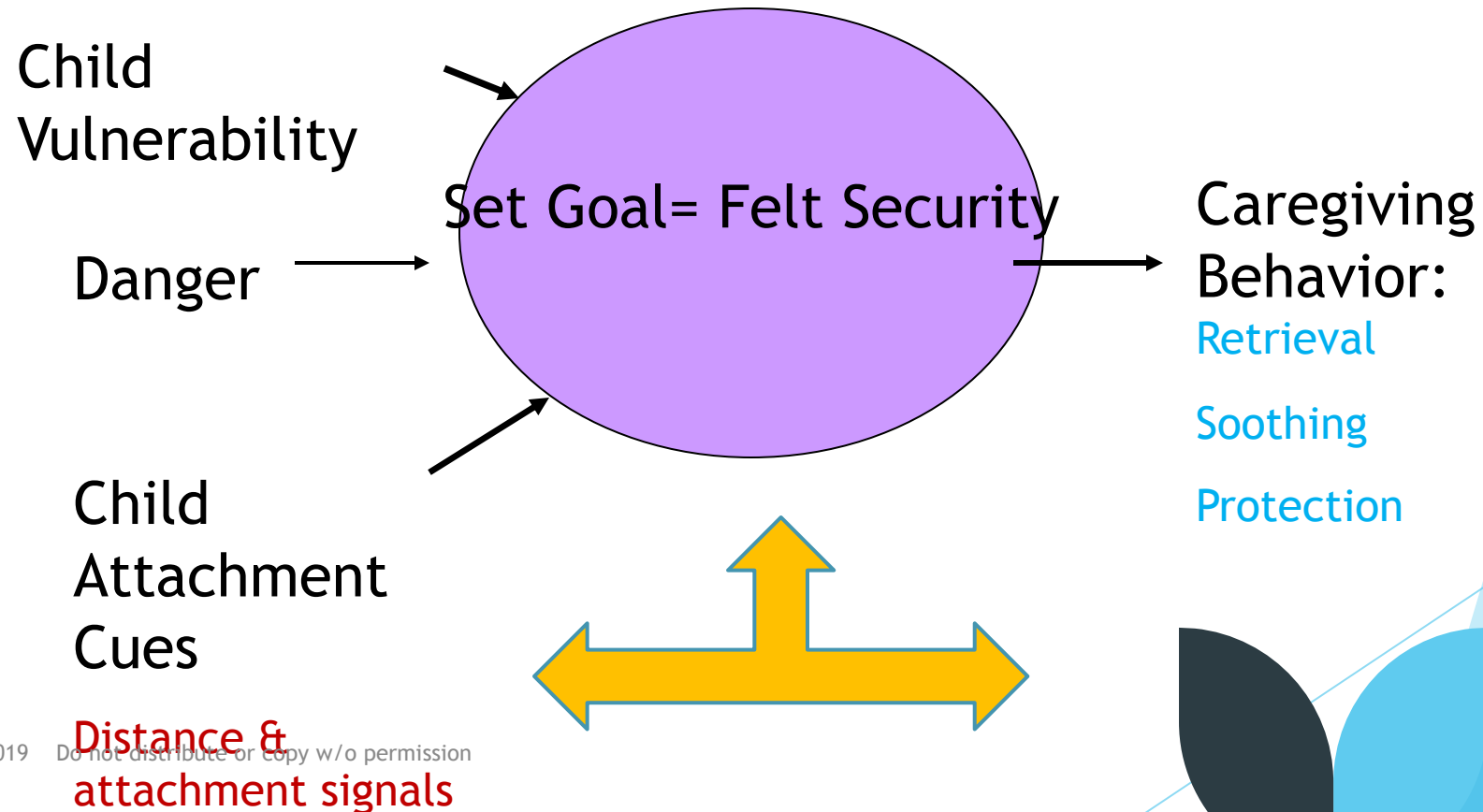


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Caregiver's Representational processes

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The Caregiving Control System



Sample Caregiving Interview (PDI) Questions

▶ Affective experience of parenting

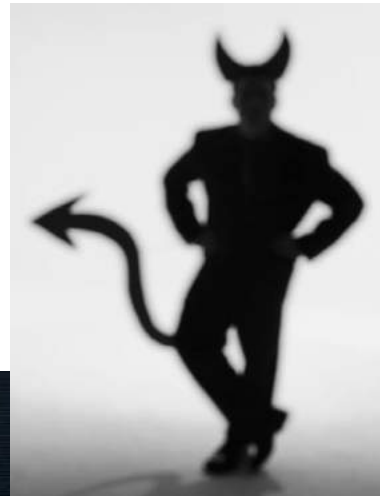
- What gives you the most _____ as (child's name) mother?
- Joy
- Anger
- Guilt
- Worry
- Tell me about a time when.... (episodic memory)

Mothers' Helpless State of Mind

Strongest predictor of attachment disorganization
in childhood ($r=.77$, $n=50$)

(Solomon, George, & Melamed, SRCD 2007; 2011)

Vilification
Out-of- Control
Enraged
Confrontational



Glorification
Child as caregiver
Merged with
Child/Bizarre/Dissociativ

Helpless-Constricted Representation of Caregiving

- ▶ Exceptional bond, Mother could not live without her child

*“ I never thought I could love anybody this much. If anything you know... just this ... **overpowering panic when.. I would see her in a dangerous situation as a toddler or that kind of thing. She got lost in a department store one time... and I just thought, ‘Oh my God, this is it!’** And then the good parts of love have just how good it feels to hold her close and be around her.”*

Confrontational

And, do you ever feel angry as C.'s parent?

...And we took her to the mall.... and she's just insistent upon walking around and picking up every piece of garbage she could find and putting it into her mouth. .., she was **uncontrollable** and uh, **so strong willed**. This is like the first time I think I ever had a, **head on collision of wills** with her...

and finally I just had to pick her up and it was screaming and crying and carrying her like a sack of potatoes out of the mall. But I remember thinking, "Holy Cow! What am I gonna do when she gets to be a teenager?" This girl has a ferocious will... "This girl is wild!" and since that time if I go to a mall or a store I make sure that I don't have anything to do because she's just you know, **hopeless** in terms of wanting to pursue her own thing. **I just strap her in the stroller and not let her out however hard she cries.**

Intergenerational Theory of the Origins of Caregiving Helplessness

Intergenerational Transmission?

Do Adult Classifications (AAI) and Lack of resolution predict child classification or do mothers' representation of childhood *helplessness and protection* parallel their representations of current relationship with child?

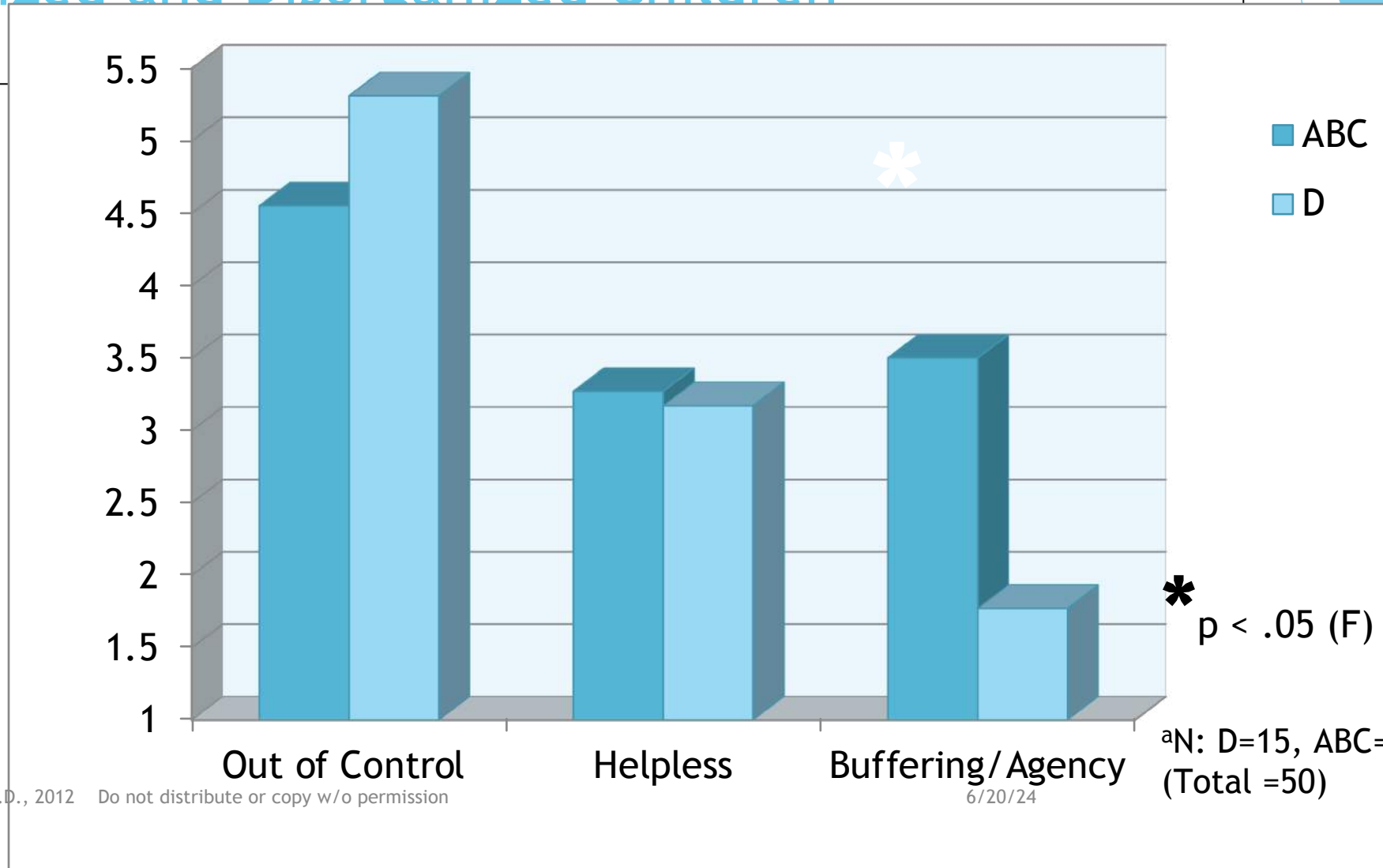
- ▶ AAI is associated with A, B, C but Lack of resolution does not predict disorganized classification as well

Mother D₁ -Parents out of control and/ or failed protection

“He would just pick you up by the neck, you know, by the cuff of your shirt, put you up against, just shove you up against the wall. He would throw knives. And he actually threw a knife at me, at my body, and I moved, and I have scar where he jabbed me with a pencil.”

- Her mother abandoned her to her step-father
“I feel as though she sold me. She sold me. She wanted this relationship and it, it was at the cost of me.”

“Rage” Sample ^a: Differences Between Mothers of Organized and Disorganized Children



Complicated Bereavement and Controlling Attachment

Punitive (D1)	Caregiving (D2)
2/8 (25%)	6/7 (86%)
---	F, age 5
---	Cousin, heart failure, age 16
Late miscarriage	M died, H left (C age 2)
---	F murdered, age 19
F died when C born	F died, H died (C age 1)
---	Sister, SIDs, age 8
---	---

Clinical Implications



Summary of Disorganized Attachment and Caregiving

- ▶ **Following trauma, mother &/ or child** can be *frightened or frightening*
- ▶ **Doll-play** chaotic/flooded or constricted; frightening and threatening themes
- ▶ **Mother's describe** themselves and/or the child as *frightening and chaotic or constricted (frightened)*.
- ▶ **Mothers attachment** interviews reveal unpredictable, frightening events, their own *helplessness, and lack of protection or agency*.

Clinical and Policy Implications

In terms of measurement and assessment:

- ▶ As long as one does not consider them definitive “tests”
 - ▶ Strange situations or semi-standardized doll play or parent interviews can highlight potential vulnerabilities, serve as a basis of exploration with parent
 - ▶ Themes and hypotheses such as safety, fear, reassurance, repair can enrich the clinical dialogue with parents and children

Clinical implications

- ▶ Disorganized attachment relationships indicate dysregulation of attachment and caregiving
 - ▶ Many mothers have experienced intense fear that was not buffered or repaired and therefore can be triggered by anger, aggression, distress etc. on the part of their babies
- ▶ These failures of co-regulation may be open to therapeutic intervention
- ▶ Clinical goal (simplified)
 - ▶ To provide a sense of safety to mother and child
 - ▶ To help the mother differentiate between baby's affect and behavior and the mother's past/inner experience
 - ▶ To establish alternate ways of managing baby's affect and their own

Clinical Case Example

- ▶ Child: Giovanni (age 3 years, 3 months)
- ▶ Mother: Jenna (age 23 years)

/////

Presenting symptoms

- ▶ Hyperactivity
- ▶ Aggression: Child threatened cousin with a knife; choked children in preschool; scratches mother; bangs head on wall
- ▶ Sleep difficulties: will not sleep alone
- ▶ Anxiety: clings to and follows mother

Key Features of Caregiving Representation

- ▶ Child out of control
- ▶ Abdication: child reckless & unprotected; mother inattentive, dissociative (?)
- ▶ Role-reversal: child as mother's protector
- ▶ Maternal constriction of anger
- ▶ Merging: child is merged with deceased mother

Giovanni is out of control

- ▶ **Pain or difficulty?** *“The most pain that I be afraid of...lots of things. Hitting his head Or, um, ...like grabbing a knife or he might hurt someone.”*
[Example: Visiting neighbor] “...her ten year old knows that he got a knife and he screams, “Giovanni got a knife!” And I said, “Stop! Put down the knife, Giovanni!” “He-he-he-” go, changes to a sort of expression on Giovanni’s face—where he’s out to get [16 year old neighbor]...I took the knife away. I don’t remember how we got the knife away.”

Mother constricts anger

- ▶ **Do you ever get angry?**

“I get upset with Giovanni, I’m not gonna say angry. When I get to the point where I just cannot take it, I call his father. “Can you please come and get Giovanni?” And when he says no...I grab Giovanni, when I get mad, and I just give him hugs, and I give him kisses...I’m turning my upsetness into loving him more.”

Mother encourages Giovanni to take of care of her

- ▶ [5 words to describe him?]
- ▶ *“Brave.”A man comes inside the [train] door...he sits there [near Giovanni]. “GET AWAY! Don’t sit by my Mommy. “...and I’ll say, “Giovanni, it’s OK, it’s OK.” He’s brave. He’s gonna protect his Mommy. That’s my boy. Even though he’s three, I feel safe around him.”*

Giovanni's strange situation

- ▶ Giovanni is caregiving toward mother (offers her food).
- ▶ *Anxiously turns from door as mother enters. When she enters, Giovanni says, "Eat. Eat, eat."*
- ▶ Caregiving does not contain his anxieties. He is preoccupied with knives and death. *He cuts the doll with a toy knife. Later he tries to put the doll in a "box".*
- ▶ Mother tries to contain his aggression and defiance by emphasizing caregiving themes.
- ▶ His behavior serves the attachment system by getting mother more emotionally involved with him.

Dyadic treatment goals

- ▶ Representation:
 - ▶ Mother understands child's need for her protection; (*& her unfulfilled wish for protection*)
 - ▶ Child understands that mother is "stronger and wiser" (*& and that he's not "big and bad"*)
- ▶ Behavior:
 - ▶ Mother able to read child's anxiety and recklessness as cues for reassurance & protection
 - ▶ Mother able to anticipate and prevent aggression; set firm limits without withdrawing

Clinical and Policy Implications

- ▶ Assessments tools based on attachment behavior and representation are rich sources of clinical information
- ▶ Disorganized attachment may be an important source of challenging child behavior in the preschool period
 - ▶ A part of the development of early-appearing “child” disorders, e.g. conduct disorder, ODD, bipolar disorders [‘temper dysregulation disorder with dysphoria]?
 - ▶ Treatment requires focus on representation as well as behavior

II. Clinical and Policy Implications

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 - ▶ Themes and hypotheses such as safety, fear, reassurance, repair can enrich the clinical dialogue with parents and children