Disrupted Attachments

How torture threatens the fabric of family life

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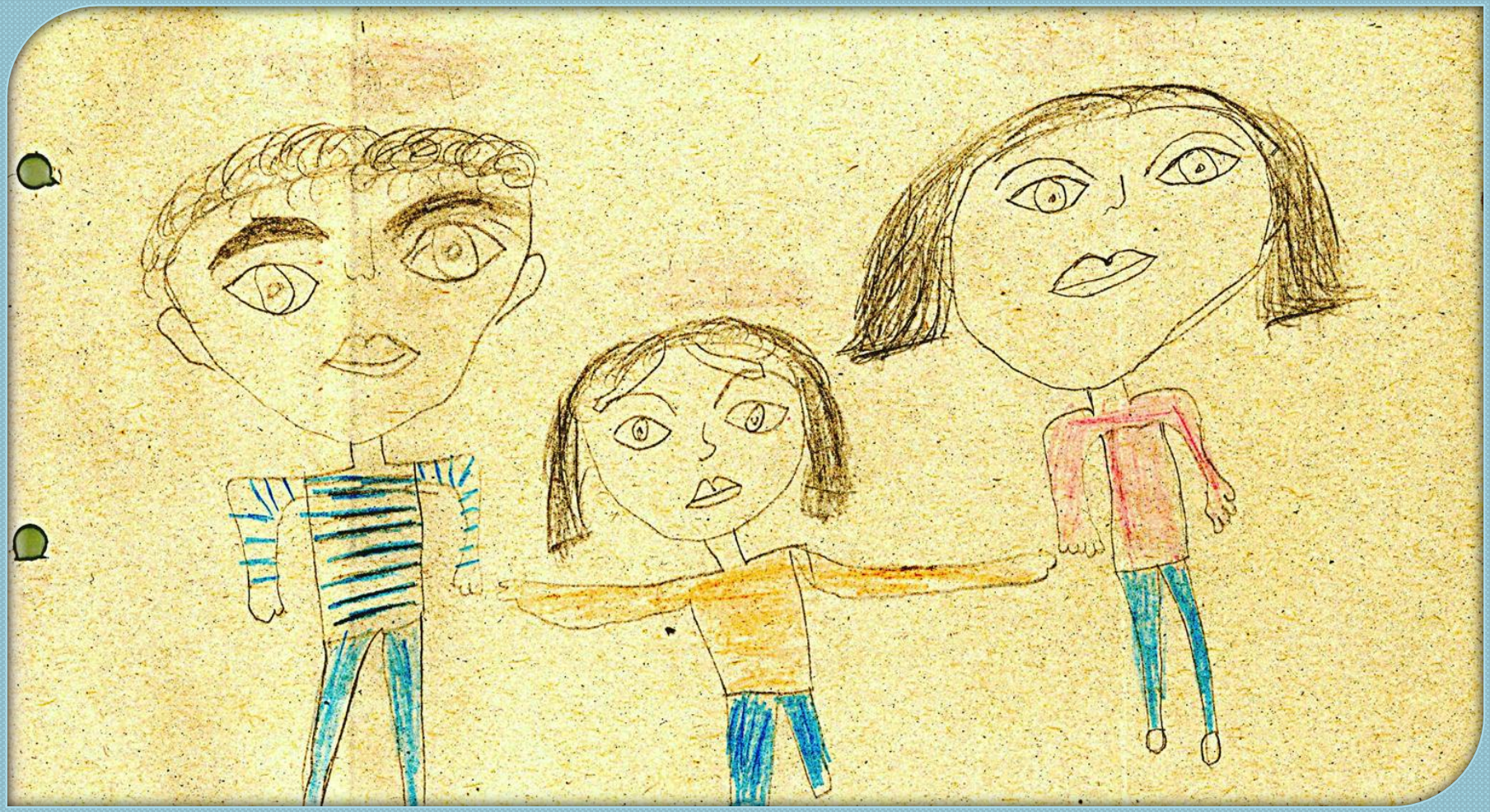
Torture and The Family

- ““No part of the survivor’s life is untouched”

  ~Sister Dianna Ortiz

Traumatic Separations

- Abduction and torture
- Flight
- Abandonment
- Protracted separation for asylum seekers
- Multiple separations and loss



“He couldn’t keep himself safe.
How can he keep me safe?”

Child Secondary Survivor

Exposure to Violence

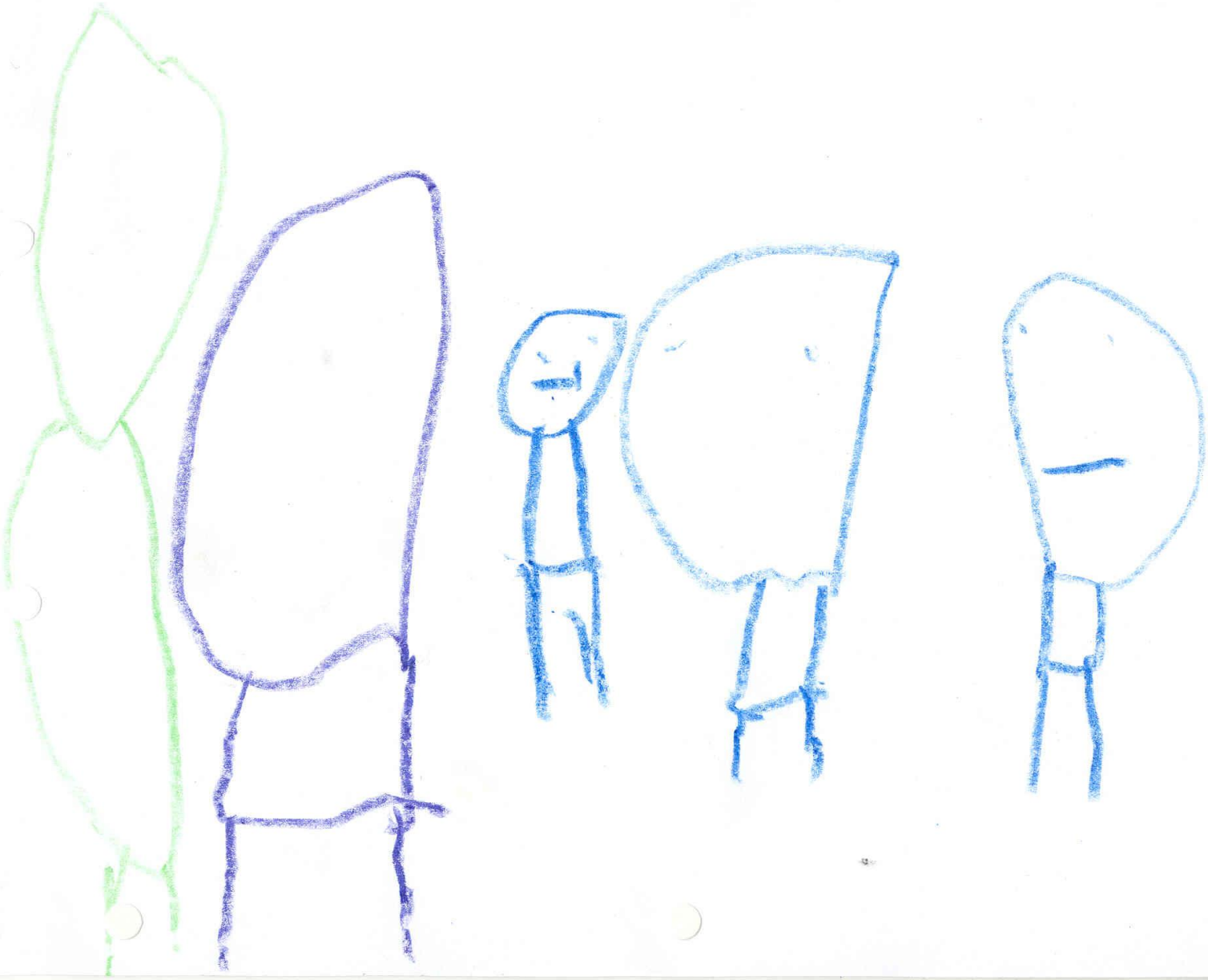
- Direct traumatic impact
- Multiple exposures
- Shared trauma
- Desecration and humiliation of family members and community

“It’s like a bomb went off in my family”

- These experiences can serve to fracture and fragment families
- Become triggers for one another
- Experience the torture differently

Consequences

- Disruptions in family structure and scaffolding of childhood
  - Parentification of children
  - Loss of faith in community
- Loss of felt security
- Isolation



Attachment Theory

The necessity of relationships

Secure Attachment

- Parent as a safe base
- Confidence in parental availability, responsiveness, sensitivity
- Relational dance where children and families negotiate exploration/safety, individuation/connection

- Attachment allows us to separate and come back together
- The child's refuge in a hostile world
- The place where needs for survival and closeness are met

Secure Attachment

- About LOVE & SAFETY
- Associated with academic success, psychological well-being, health, peer competence
- Protective
- Gives security and comfort

Communities and families vary in their inherent risk and danger

Thus, all attachment patterns are adaptive

Insecure Attachment

- Anxious-resistant
- Avoidant
- Disorganized (traumatic)

- Insecure attachments may result from
  - Inconsistent availability
  - Intrusion or neglect
  - Insensitivity
  - Contempt
  - Fearful helpless parenting
  - Frightening hostile parenting
  - Violence

  - Children learn they cannot necessarily expect parents or adults to meet their needs and provide safety

"Suffering Deserves a Voice"

-Crittenden & Claussen, 2000

"To understand anxious attachment, I think we must both understand a child's situation and feel for him or her. When assigned with informed compassion, an anxious pattern of attachment **does not describe inadequacies, but rather acknowledges a child's attempts to cope with the challenges of his world**…

Recognizing the accomplishment and adaptation implied by the non-B patterns and placing them in the context of family, culture, and history can help us understand human relationships."

Thus, family relationships become the target of therapy

Rebuilding attachment

What are we seeing?

Cultural competence and “accidental referrals”

Knowing our lens

- Parenting is culturally dependent
  - Contact
  - Soothing
  - Holding
  - Direction/teaching
  - Ambient arousal
- Study of infants is inseparable from the study of culture
  (Bronfenbrenner, 1977)

- Interpersonal world shapes the intrapsychic world
  - Self-regulation
  - Attachment models
  - Self models
  - Emotion regulation
  - Baseline arousal
  - Apperception

Parenting

- Multiple tasks of parenthood
  - Attachment figure
  - Teacher
  - Social Interactant
  - Socializing agent
  - Caregiver
- What predicts and
- supports one doesn't necessarily predict another

Attachment across Cultures

- Culturally consistent parenting is related to optimal self-regulation and development

- Feldman et al. (2006)
  - Israelis and Palestinians
  - Israel (social gaze, active touch, indirect assistance)
  - Palestine (continuous contact, concrete direct assistance)

With our clients, what is trauma? what is culture? which culture?

Treating Children and Families

Developmental Trauma

Developmental Trauma

(National Child Traumatic Stress Network, 2009)

A. Exposure

1. Direct exposure to interpersonal violence

2. Disruptions in protective caregiving

A. Affective and Physiological dysregulation
   1. Inability to tolerate, modulate, or recover from extreme affective states
   2. Disturbance in bodily functions (sleep, eating, transitions, hypo- or hyper-responsive to sensory stimuli)
   3. Diminished awareness of emotions, body states
   4. Impaired capacity to describe emotions, body states

C. Attentional and Behavioral Dysregulation
   1. Preoccupation with threat
   2. Impaired capacity for self-protection
   3. Maladaptive self-soothing
   4. Habitual or reactive self-harm
   5. Struggles to sustain goal directed behavior

D. Self and relational dysregulation
   1. Intense preoccupation with safety of loved ones
   2. Persistent negative sense of self
   3. Extreme distrust, defiance, or lack of reciprocity
   4. Reactive aggression
   5. Inappropriate attempts for intimate contact
   6. Impaired capacity to regulate empathy

van der Kolk et al. (2009)

E. Post-traumatic spectrum symptoms (2+)
F. Functional Impairment

- Why DTD?
  - PTSD does not adequately cover the wide range of symptoms of affected children
  - Of those children with multiple and prolonged interpersonal trauma, only 25% met PTSD criteria

Consequences of misdiagnosis

- Poor pharmacological management
- Trauma focused treatments (i.e. TF-CBT) may be effective in reducing PTSD symptoms and falsely lead children and clinicians to believe that remaining symptoms are unrelated to trauma.

Treatment

Child-Parent Psychotherapy

Hearing the Story

- Fraiberg, Lieberman, Zeanah, and so many others understood the importance of knowing the family's story…
- Listening before problem solving
  - Allows the family to help define and explain the problem
  - Allows the family to creatively generate solutions

Parent-Child Psychotherapy

- Also allows us to understand intergenerational trauma, common among immigrants, asylum seekers, migrants, and especially refugees
- With refugees, families may be facing both contemporary and historical ghosts

General Treatment Recommendations with Refugees

- Phase oriented, multimodal,
- skill based
- (Courtois, 2004; Reddemann, 2004)

- Meaning Making

Trauma Focused Psychotherapy

(Kruse, Joksimovic, Cavka, Wöller, Schmitz, 2009)

- First Stage: Stabilization
  - Treatment alliance, affect regulation, education, safety, skill building, coping w/flashbacks
- Second Stage: Traumatic Memories

  (Briere & Scott, 2006)
- Third Stage: Life Consolidation & Restructuring

Child-Parent Psychotherapy

Attachment through play and interaction

Basic Premises

- Treat the dyad
- Technically eclectic
- The struggles and strengths of both participants are in the room and addressed
- The family and the P-C relationship are deserving of dignity, respect, & support

"Complexities and Paradoxes in the Ghost Story"

- Treatment of the dyad
  - *"When this mother's own cries are heard, she will hear her child's cries"*
- Disease control
  - *"Pathology which had spread to embrace the baby was now largely withdrawn from the child"*
- Repression v. re-experiencing
  - Through remembering, "saved from blind repetition of morbid past", identify with the child as opposed to an alliance with the "fearsome figures".

Patience, patience, patience

ببطء, ببطء, ببطء

The art of humility

How Fraiberg & colleagues changed the therapeutic use of play

- "Simply Playing" (Lieberman)
  - De-emphasizes interpretation
  - Collaborative endeavor to build psychological structures
  - Make meaning through narrative coherence
  - Affect regulation, self-reflection
- Purposes of Play in PIP
  - Uses shared play to build relationship between parent and child
  - Addresses "derailed" attachment processes among young children and parents
  - Translating child for mother and mother for child
  - Parental empathic attunement

Case of Amir

5 year old primary survivor of torture
CPP with father and son

Concluding thoughts

Clients and Therapists~
Together

- We are faced with the daunting task of making sense of what we feel and see.
- We are faced with the daunting task of speaking the unspeakable

Conclusions

- Patterns of attachment initially may be difficult to assess
  - Challenges in observing cross-culturally
  - Under reported by clients and professionals
  - Silence around separation, loss, relationship
  - Restricted images of self and other
- Need to “move forward” may make it difficult to address past adversity and current challenges

- Multiple familial needs, multiple services can exacerbate internal and familial fragmentation
- Rebuilding emotional connections may positively affect families capacities to access social capital and better acculturate

- Very young children are under-identified for services and there may be limited cross cultural understanding of infant mental health

- Lags in early development are often attributed to ESL, not trauma
- Parental distrust of American education or mental health systems may be misattributed to lack of knowledge
  - Need to explicitly address fears of persecution and stigma, history of discrimination

The therapeutic relationship

Challenges in PCP with Refugee Families

Transference

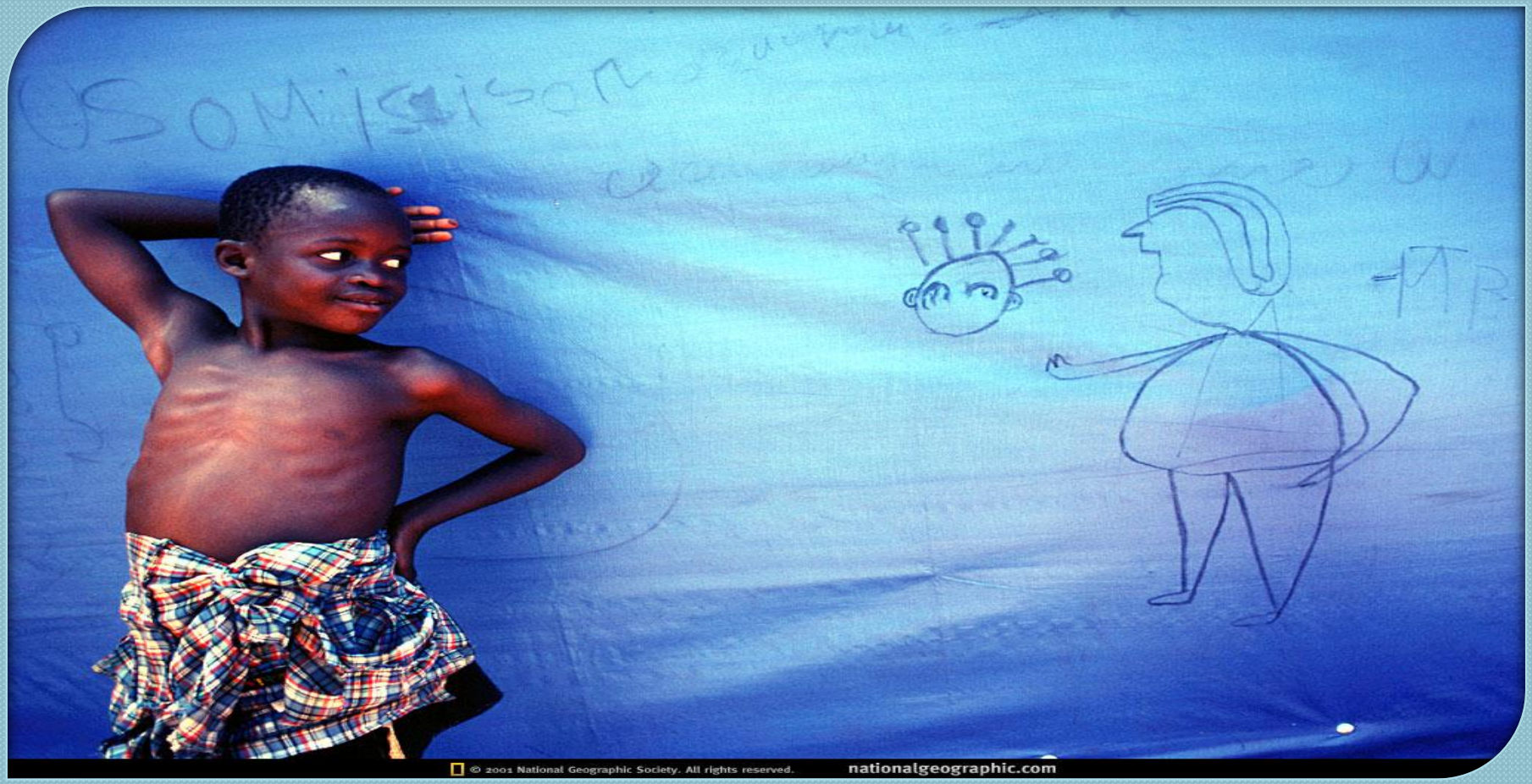
- Traumatic transference (Herman, 1992; Kernberg, 1984)
  - An intense life or death quality
  - Desire for therapist and/or child to know or not know
  - Lister (1982) suggests the “therapeutic triad” . “….the terror is as though the patient and therapist convene in the presence of another”

Counter-Transference

- “Trauma is contagious” (Herman, 1992)
- “Impersonal uniformity” (Danieli, 1984)
- Therapist as unskilled, frozen, impotent
- Desperation, protection, rescue
- “Unflinching empathy” (Marotta, 2003)
  - Jay (1991) guard against the tendency to defend from terrible knowledge
  - Avoid conspiracy of silence (Danieli; Symonds)

"Sorrow is so easy to express and yet so hard to tell."

-Joni Mitchell



So is resilience...

Thank you.