

**HOPE AND HEALING  
FOR THE  
HIGH RISK FAMILY**

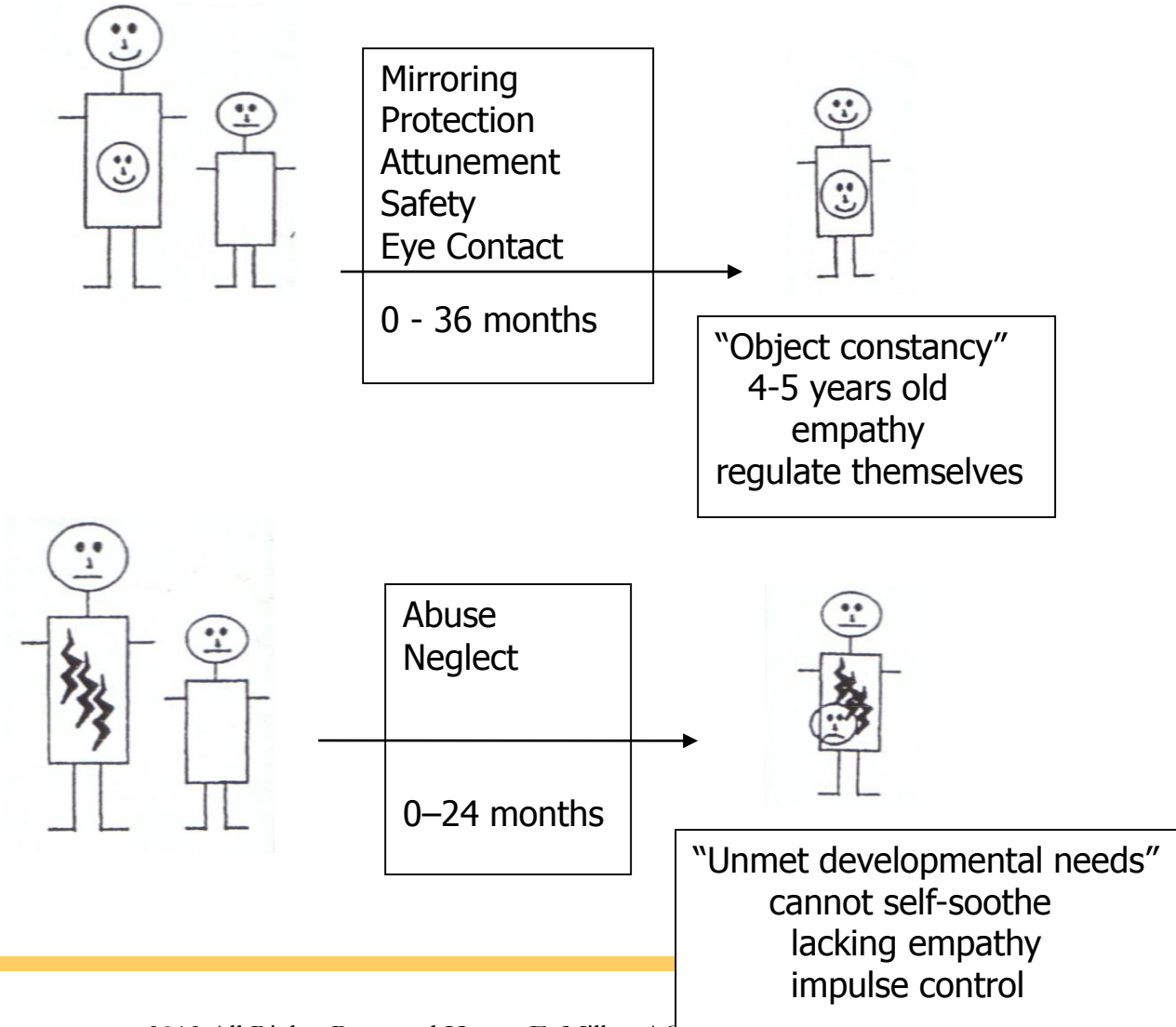
**22<sup>ND</sup> Arizona Child Abuse Prevention Conference  
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# OBJECT RELATIONS THEORY

“What starts outside, goes inside”



# Importance of Understanding Both Children and Adults on a Developmental Continuum of Attachment

Direct intrusion of early affect, confusion of child with early caregivers

Some leakage of affect, situational, relationship specific

Child is separate, cues, signals are received as self

Poor boundary, to none

Boundary is permeable under stress

Parent has firm and clear boundary

## Stanley Greenspan:

BEHAVIORAL

FUNCTIONAL

REPRESENTATIONAL

## Mary Main:

UNRESOLVED

DISMISSIVE

PREOCCUPIED

SECURE

# Stanley Greenspan's Model of Adult Development

- The stages will characterize representational levels of development.
- The stages move from less to more, from primitive to mature and complete, secure attachment.

## Behavioral Perspective:

- The language of these parents will describe what people and their child do.
- No recognition of value.
- Describe behaviors only, completely concrete, do not abstract thought or reflect.
- Complete absence of affect, of emotion.

## Functional Perspective:

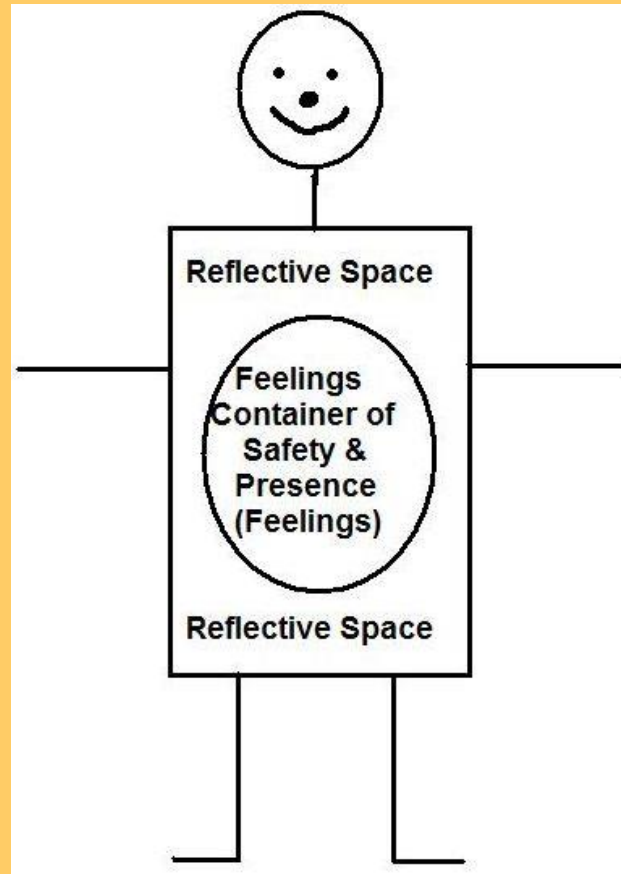
- Will describe abstract qualities.
- Will describe behavior and assign emotional value.
- Cannot reflect on self or child, cannot consider abstract possibilities.

## Representational Perspective:

- Connect awareness of feelings and needs of self.
- Connect awareness of feelings and needs of child.
- No compartmentalization and rigidity.
- Reflect on ideas, abstract possibilities.
- Work with emotions and consider them.

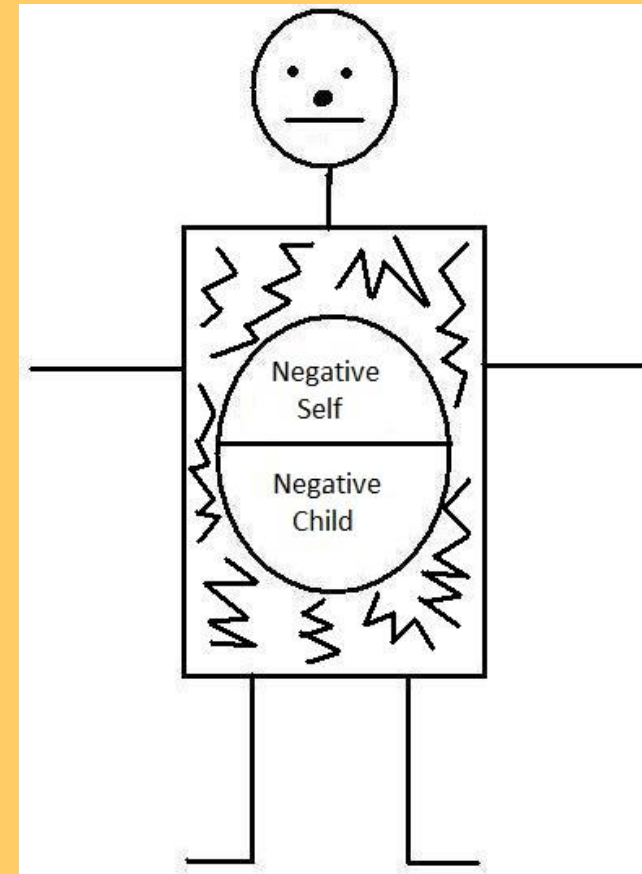
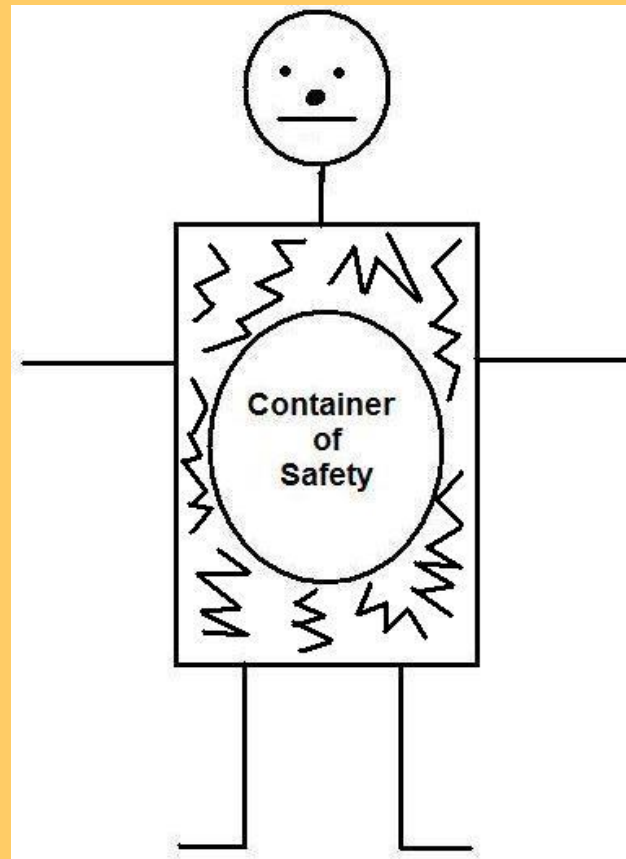
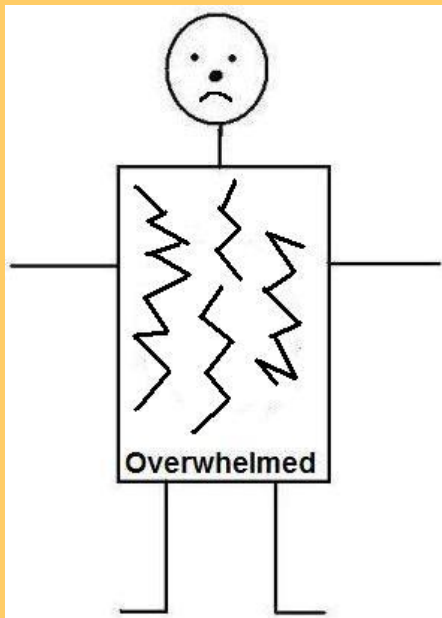
# Strong Reflective Function: “Feel and Deal”

Caregiver Can Hold the Child’s Perspective in Mind  
Caregiver Holds Connection of Value to Self/Child



# Loss of Reflective Space/Reflective Function

Intervention: Caregiver to Neutralize Adrenalin, Calm Self  
Cannot hold connection to value and worth for self and child



# Adult Developmental Continuum: Case Examples

## ■ Severely Disrupted Attachment History

Characterized by poor to no boundaries between parent and child and the direct intrusion of early affects, poor reality testing, confusion of child with early attachment figures. Cannot reflect, only discharge!

This could be the parent who is referred for the abuse of their child, with CPS and police involvement. Often have chaotic and violent environments.

Greenspan: Behavioral Level

Main: Unresolved/Dismissive Level

## ■ Moderate Attachment Disturbance

Characterized by situational and relationship specific loss of boundaries with self and child. Boundary is permeable in certain situations. Under stress will recreate the attachment disturbance or trauma of their history.

This could be the parent who is in a domestically violent relationship, when away from the perpetrator this parent will show good connection and awareness of child as separate, an ability to meet their needs.

Greenspan: Functional Level

Main: Dismissive/Preoccupied Level

## ■ Secure Attachment

Characterized by referral for services due to extreme environmental stressors such as poverty, divorce, multiple losses in attachment figures for parent. Parent has firm boundary between self and child. Parent can reflect and generate solutions to stresses.

This could be the parent who is struggling to meet survival needs of their family due to economic stressors. The parent who is undocumented, fearful to make connections in the community, but who shows good attachment and healthy responses to their child.

Greenspan: Representational Level

Main: Secure Attachment Level

# ABUSE

**TRAUMATIC EVENT (physical, sexual abuse, Domestic Violence)**

Release of stress-based hormones

**PROLONGED ALARM REACTION**

Normal stress response is reversible

Two distinct neuronal response patterns  
"adaptive style"

**AROUSAL CONTINUUM**

**DISSOCIATIVE CONTINUUM**

**ALTERED BRAIN DEVELOPMENT**

"STATES BECOME TRAITS"

sensitized to external cues



# DISSOCIATIVE – AROUSAL BALANCE

TWO VERY DIFFERENT WAYS THAT HUMANS HAVE  
EVOLVED TO SURVIVE THREAT

## Hyperarousal Continuum

- ◆ Traditional flight or fight response
- ◆ Blood pressure, pulse rate increase
- ◆ Hyper-vigilance to external, non-verbal cues

## Dissociative Continuum

- ◆ Freeze, compliance, surrender response
- ◆ Blood pressure, pulse rate decreases
- ◆ Withdrawal of awareness from external cues
- ◆ Opioids distort reality, time sense, pleasure

# DISSOCIATIVE – AROUSAL BALANCE

## TWO VERY DIFFERENT WAYS THAT HUMANS HAVE EVOLVED TO SURVIVE THREAT

Dissociation		Arousal	
Females	—	Males	
Young Children	—	Older Children	
Torture/Pain	—	Observation	
Inescapable Helplessness	—	Action Active Role	

# THE THREATENED CHILD

<i>Adaptive Response</i>	REST: Adult Male	VIGILANCE	FREEZE	FLIGHT	FIGHT
<i>Hyper-arousal Continuum</i>	REST: Male child	VIGILANCE (Crying)	RESIST- ANCE	DEFIANCE	AGGRES- SION
<i>Dissociative Continuum</i>	REST: Female child	AVOID- ANCE (Crying)	COMPLI- ANCE	DISSOCIA- TION	FAINTING
<i>Regulating Brain Region</i>	NEO- CORTEX Sub cortex	SUB- CORTEX Limbic	LIMBIC Midbrain	MIDBRAIN Brainstem	BRAIN- STEM Autonomic
<i>Cognition</i>	ABSTRACT	CONCRETE	EMOTION- AL	REACTIVE	REFLEXIVE
<i>Mental State</i>	CALM	AROUSAL	ALARM	FEAR	TERROR

Table Author: Bruce Perry, CIVITAS

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# THE THREATENED CHILD

From Traumatic Experiences and Children: CIVITAS Child Trauma Programs, Bruce Perry

When we are under threat, our minds and bodies will respond in an adaptive fashion, making changes in our state of arousal (mental state), our style of thinking (cognition) and in our body's physiology (e.g., increased heart rate, muscle tone, rate of respiration). To understand how we respond to threat, it is important to appreciate that as we move along the arousal continuum – from calm to arousal to alarm, fear and terror – different areas of our brain control and orchestrate our mental and physical functioning. The more threatened we become, the more 'primitive' (or regressed) our style of thinking and behaving becomes. When a traumatized child is in a state of alarm (because they are thinking about the trauma, for example) they will be less capable of concentrating, they will be more anxious and they will pay more attention to 'non-verbal' cues such as tone of voice, body posture and facial expressions. This has important implications for understanding the way the child is processing, learning and reacting in a given situation.

The key to understanding traumatized children is to remember that they will often, at baseline, be in a state of low-level fear – responding by using either a hyperarousal or dissociative adaptation – and that their emotional, behavioral and cognitive functioning will reflect their (often regressed) state.

# HOW COMES ATTACHMENT?

**"ATTACHMENT IS THAT PROCESS BY WHICH WE COME TO LIVE IN THE MIND AND HEART OF ANOTHER"**

**"ATTACHMENT IS FORMED FROM THE MOMENT TO MOMENT DYADIC REGULATION OF AFFECT THROUGH PSYCHOBIOLOGICAL STATE ATTUNEMENT"**

**(Quite a scientific mouthful!)**

**Mirroring, Attunement, Shared Affect and Contingent Communication**

- ◇ **Mirroring** is the reflecting back of the emotional signals and cues received through the body posture, gesture, tone and words.
- ◇ **Attunement** is the bracketing of emotional experience and awareness of the caregiver themselves, to create a space to receive the child's signals and experience. Allows the self of caregiver to vibrate at the same wavelength of the child: to attune.
- ◇ **Shared Affect** is what happens when what lives inside of me, also lives inside another, my subjective experience is shared, we vibrate at the same emotional level. For the child, this allows them to be validated for the truth of their feeling, to own instead of split it off.
- ◇ **Contingent Communication** is the response of the caregiver to the child's signal which matches that signal in quality, intensity and timing. Creates a coherence of self in child between what was felt before the signal and what they feel afterwards. Also coherence with the person the signal was sent to.

**In this way children come to "feel felt", they come to feel as if they exist in the mind of their parent. Self knowledge in part becomes a co-constructive and collaborative process.**

**"It takes two to know one" - D. W. Winnicott**







# SHOW VIDEO

## Tronick - Split Screen Mom and Baby



# **GOOD NEWS from Attachment Research (Fosha, 2006) and Affective Neuroscience (Shore, 2007; Seigel, 1999):**

**Despite the fact that Bowlby's "Internal Working Model" is in fact so deeply ingrained/installed in us Attachment research shows that the quality of connection is specific to the relationship, each relationship organizes the child's world in a different way. With one parent secure, the other insecure.**

**The presence of "mirror neurons" hardwired in, and the research that just one relationship that gets the attunement right-offers an anchor of safety.**

# **GOOD NEWS!!**

## **(continued...)**

**Diana Fosha - The Healing Power of Affect, 2006**

### **"True Self - True Other" Construct**

**When the bodily-based state of "feeling felt" is experienced, the energy released is of: "true self" and this is the developmental energy and force of the child's drive to growth, and the adult drive to wholeness. She calls it "transformance".**

# RESOLVING ATTACHMENT TRAUMA

## The Power of “Being With”

- ❖ It is not the fact that bad and overwhelming things happen to children that cause them to become stuck, developmentally derailed and to leave a vital part of themselves behind. It is being left alone with overwhelming experience that causes the damage to the emerging self.
- ❖ When children can be rescued, witnessed, validated, supported and allowed to have all of the feelings that the overwhelming experience evokes, they can then connect to themselves and integrate, not split off the experience from their life and memory.

# RESOLVING ATTACHMENT TRAUMA

## The Power of “Being With”

“At the heart of developing a secure attachment is the knowledge that your caregiver is emotionally available to ‘be with’ you during times of need.”

“Having someone here ‘with me’ in this bad feeling allows me a way out of feeling bad.”

“Please let me know that you get what I’m feeling, and that you will wait here ‘with me’ until things change.”

“I feel all alone without anyone here to help me with these feelings that are too big for me on my own.”

from the [circleofsecurity.org](http://circleofsecurity.org)

## RELATIONSHIP-BASED SUPPORT

SUPERVISION

HOME  
VISITOR

PARENT

CHILD

"BEING WITH"  
(Holding Environment)

- Attunement
- Mirroring
- Validation
- Support

A universal understanding of how we grow as human beings

- ❖ We offer the parent the same experience we want them to offer the child
- ❖ Provides support, sort out and organize the emotional world
- ❖ Rescue from overwhelming, stuck and powerless place
- ❖ Together create a plan, problem-solve, find a way out
- ❖ We need the same exact experience for our own growth as providers!  
(Without effective supervision we burn out!)

# The Power for Change in the Place You Hold

## Sigmund Freud-Discovered "Transference"

- ❑ We store our experience in bodily-based memory
- ❑ We do not (unless we work at it!) experience relationships as fresh and open but rather through the lens of previous experience
- ❑ As the experience of the child was to the parent so the parent now as adult shapes expectations of how power will be wielded by those in "authority" in their life, ie. teachers, doctors, helpers
- ❑ Your presence in the parents life activates those neural networks, for better and for worse-uniquely powerful for repair/release of growth

# DEEPENING THE PROFESSIONAL USE OF SELF

## 1<sup>ST</sup> Level

The willingness to consider concrete needs. To help arrange transportation, trips, appointments, food boxes, etc. This provides an experience where the relationship can be on their terms and genuinely about their needs. Often limited or no experience of this by history. Establishes your relevance in a very basic and practical/concrete way to their life, which is where they live.

Unspoken and non-verbal message is: You are worth taking care of! I extend myself to meet your needs (1<sup>st</sup> year of life)

## 2<sup>nd</sup> Level

Worker provides experience of support and joining, a psychological “holding environment”, the mirroring of emotional themes without the need to “fix it” or judge. (1<sup>st</sup> year of life)

Worker provides experience of “interactive repair”, which is very simply this: worker will negotiate their own needs in the relationship as well as respect the feelings and needs of parent. (2<sup>nd</sup> year of life)

## 3<sup>rd</sup> Level

As the constancy of this relationship is maintained over time, then the development of the parent is released, internalizing of the skills offered and modeled by the worker occurs, and the parent “spontaneously” begins to function with more maturity, availability and responsiveness to their child.

# 1<sup>st</sup> Year of Life – Our Needs

## To Get Connected and Close – Support and Joining “Mirroring and Attunement”

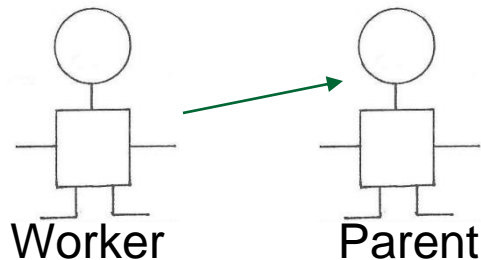
**“I had tried to be non-judgmental, respectful, interested, concerned, attentive, patient, practical and painstaking in building and articulating what this relationship is.” – Jeree Paul, Ph.D.**

- We now use our “cortex” development to accomplish mirroring, joining and attunement to each other: we do it with words, which are abstract and symbolic and representational, often structures which the at-risk parent has not internalized. “Tell me about your day, honey”.
- The at-risk parent is likely to be less content and word-based and more prone to pick up non-verbal communications such as tone of voice and body posture.
- Initially important to suspend your focus on “task” work and just engage in human conversation. Listen for and mirror back to them the emotional themes which you hear. This accomplishes the mirroring and attunement needs, causes defenses to relax and releases energy for “cortex” availability.
- The importance of “pleasure instead of praise” as a means of raising self-esteem. Simple human enjoyment of their skills and accomplishments is more available to them than praise, which their self-esteem tends to distort and reject on principle. (see following diagram)



# ACCOMPLISHING SUPPORT

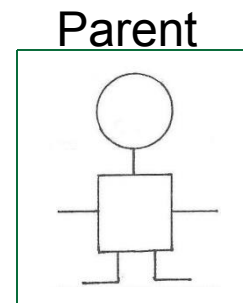
- Common sense, first-line approach uses praise, approval & coaching
- Less effective because they are about qualities of the person
- More easily rejected because of low self-esteem
- Also create: “if you really knew me”



Praise, coaching, approval want to land a quality on parent; forced to reject this.

“You can do this”

Our coaching message does not fit with their experience, distances worker from parent



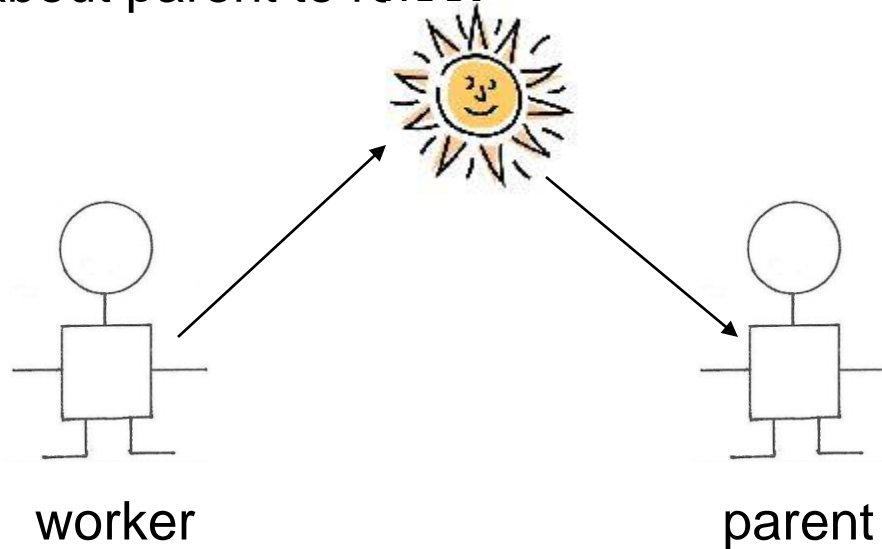
I’m in a box of their belief (and it does not fit!)

# PLEASURE!

The use of pleasure in vs. praise of

- Pleasure felt, expressed shown by worker toward parent
- Much deeper attachment message
- No quality about parent to reiect

“I feel happy  
when...”  
“I enjoy it  
when...”



parent is free  
to take; there  
is no pressure;  
nothing is  
imposed.

Attachment message: “mutual pleasure”; “I am pleasing to someone”  
**FIRST YEAR OF LIFE - VERY HEALING!**

## 2<sup>nd</sup> Year of Life

### Our Needs For Limits, Structure and Accountability

#### “Can I Be Separate From You and Stay Safe and Connected”

**Shame and the 2<sup>nd</sup> year of life: an inevitable break in the relationship with caregiver; I am separate from you; our needs are now different; experience the loss of relationship and shame about that.**

**Normal child development with available and responsive caregivers provides the child with an experience of “interactive repair”, where this break is able to be re-established through the efforts of the parent.**

**3 steps for healing the missed experience of “interactive repair” for the at-risk parent:**

- 1. I can express and receive anger in a non-abusive way.**
- 2. I can maintain being held in positive regard despite a breaking of the rules.**
- 3. I can experience the respect for my feelings about how I am treated, as well as in fact how I am treated, that what happens to me is important to someone else.**

**When worker-parent interactions provide opportunities for these inevitable breaks and differences to exist and be resolved without rejection and abuse then 2<sup>nd</sup> year needs are met.**

# ACCOMPLISHING LIMITS AND ACCOUNTABILITY

## 2<sup>nd</sup> Year of Life Needs

- **Without accountability they will “use you up”**
  - They need to experience your limits, your healthy care-taking of yourself.
  - Self-care models high self-esteem, which they can internalize and is the natural and honest limit we can provide for both children and at-risk parents.
- **Limits set by the worker for themselves:**
  - Initially more unconditional interactions, important to demonstrate the willingness to meet the client where they are at, to show your availability and extension of yourself.
  - Over time it's OK to negotiate for the parent's increased participation in the relationship, a partnership develops: “I'll do this if you could do that.”
  - “I will not continue to work forever harder on your life than you do” is a healthy boundary set by worker. Worker models it's OK to take care of yourself.
- **Limits set by the worker toward the parent:**
  - Roots of these limits are worker feelings of discomfort. If something is making you uncomfortable you must find a way to bring it into the relationship.
  - Content of words contains the limit and the tone of voice contains the support they need: “I'm concerned for your baby when I see those marks”, “I'm concerned for you when I see bruises”, “I'm going to have to report this bruise but I will be with you through the whole thing” ( a rule can be broken and the connection of relationship is not lost)
  - Your discomfort is a vital, necessary and ultimately healing reality check for the parent if you can find a way to express it. They need it from you because they don't have it yet inside themselves. (object relations model)

# Principles of Work with At-Risk Parents and Families

- You cannot separate out the success of your role/task from the success of your relationship-building with parents; the two are intertwined completely.
- For the at-risk parent the unmet relationship needs from the 1<sup>st</sup> year of life (safety, trust, connectedness) and those from the 2<sup>nd</sup> year of life (limits set lovingly and firmly, “interactive repair”) prevent their access of higher developmental pieces, the cognitive/task energy that we are so focused on.
- When these relationship needs can be consciously integrated into the work, can be attended to by the worker over time, then development and higher functioning happen spontaneously. We cannot teach this material from the outside, we can grow it from the inside through relationship.
- This development will become expressed in increased availability and responsiveness toward their child.

# **SUMMARY – UNDERSTANDING THE HIGH-RISK FAMILY**

**The disrupted attachment and trauma histories of at-risk families result in the following:**

- **The inability to be responsive and available to their children at different times, ages, stages of development.**
- **The distortion of the emotional content in their relationships with others, including: partners, caregivers, those in “authority” in their lives.**
- **A restricted ability to utilize cognitive, teaching, content-based material until relationship-based needs for safety, trust, and non-abusive limits are met.**
- **A lack of “permanence” and “constancy” which results in appointments being missed, follow through not happening, not necessarily about being “resistant” or “manipulative”.**

**Unlike the parents who are developmentally intact who will:**

- **Readily form a trusting relationship with the worker.**
- **Immediately embrace the resources offered and run with them.**

# THE PROFESSIONAL USE OF SELF: GROWTH OF SELF-AWARENESS IN PROVIDER

- ❖ Those places where the provider feels a pressure to “do something” and move off of a feeling, tension, conflict that exists - difficult to tolerate strong affect.
- ❖ Known as “presses”, “hotspots” or “triggers”, they are the ways we cannot help ourselves but find ourselves behaving in over-determined ways
- ❖ Coming out of the “ocean” of implicit memory, the “conditioned self”, by definition we are not aware
- ❖ When acted upon these parts of ourselves leave family/parent NOT feeling seen, heard, felt.

# REFLECTIVE SUPERVISION

Understanding the concept of “parallel process”:

- The same model for growth and development that starts with the infant, applies also to the child's parent and applies also to the provider of services!
- Universal human needs for:
  - Support and emotional validation
  - Competence and mastery
  - Connectedness to others
- Reflective supervision is the “holding environment” for workers which provides a “secure base” in which to explore feelings about families and self. Uncover and discover the meaning of feelings and experiences for families and workers in a mutual way with supervisor.
- Conscious as well as unconscious parts of parent and worker.



# STRATEGIES FOR PERSONAL GROWTH

- Regular physical exercise -calming, stress reduction
- Personal psychotherapy - for direct exploration of family-of-origin, "false self"
- A regular way to open up the "conditioned self" to a larger experience of self, ie. the Enneagram, groups for personal growth
- Great art and healthy spirituality/religion are by design transformative.
- Transformative tools: IFS therapy; AEDP therapy; Spiritual traditions; enneagram