



TRAUMA, ACE & ATTACHMENT

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- No disclosures

Objectives

- Define Trauma
- Understand what an ACE is and why this is significant in a general sense and to the population we treat
- Understand Attachment and its impact on how we function
- Understand the connection between early childhood trauma and attachment styles
- Understand the intergenerational transmission of attachment styles
- Understand the impact of opioids on attachment
- Understand how attachment-based therapies may be helpful in treating our population



What is Trauma?

- DSM IV and V examples- disasters, accidents, war exposure, combat, terrorist attacks, torture, sexual violence, life threatening illnesses, experiencing or witnessing assault, and the death of, or threat of injury to, a close individual due to disasters, accidents or violence
- 89.7% of individuals in the US have experienced a traumatic event at some point in their lives (using DSM-5)
- Not all trauma is PTSD
- Revictimization- those who have experienced childhood abuse are considerably more likely to be victimized again as adults



Table 1 Prevalence of Childhood Exposure to Abuse and Household Dysfunction

Category of childhood exposure ^a	Prevalence (%)	Prevalence(%)
Abuse by category		
Psychological		11.1
(Did a parent or other adult in the household ...)		
Often or very often swear at, insult, or put you down?	10.0	
Often or very often act in a way that made you afraid that you would be physically hurt?	4.8	
Physical		10.8
(Did a parent or other adult in the household ...)		
Often or very often push, grab, shove, or slap you?	4.9	
Often or very often hit you so hard that you had marks or were injured?	9.6	
Sexual		22.0
(Did an adult or person at least 5 years older ever ...)		
Touch or fondle you in a sexual way?	19.3	
Have you touch their body in a sexual way?	8.7	
Attempt oral, anal, or vaginal intercourse with you?	8.9	
Actually have oral, anal, or vaginal intercourse with you?	6.9	
Household dysfunction by category		
Substance abuse		25.6
Live with anyone who was a problem drinker or alcoholic?	23.5	
Live with anyone who used street drugs?	4.9	
Mental illness		18.8
Was a household member depressed or mentally ill?	17.5	
Did a household member attempt suicide?	4.0	
Mother treated violently		12.5
Was your mother (or stepmother)		
Sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her?	11.9	
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?	6.3	
Ever repeatedly hit over at least a few minutes?	6.6	
Ever threatened with, or hurt by, a knife or gun?	3.0	
Criminal behavior in household		
Did a household member go to prison?	3.4	3.4
Any category reported		52.1%

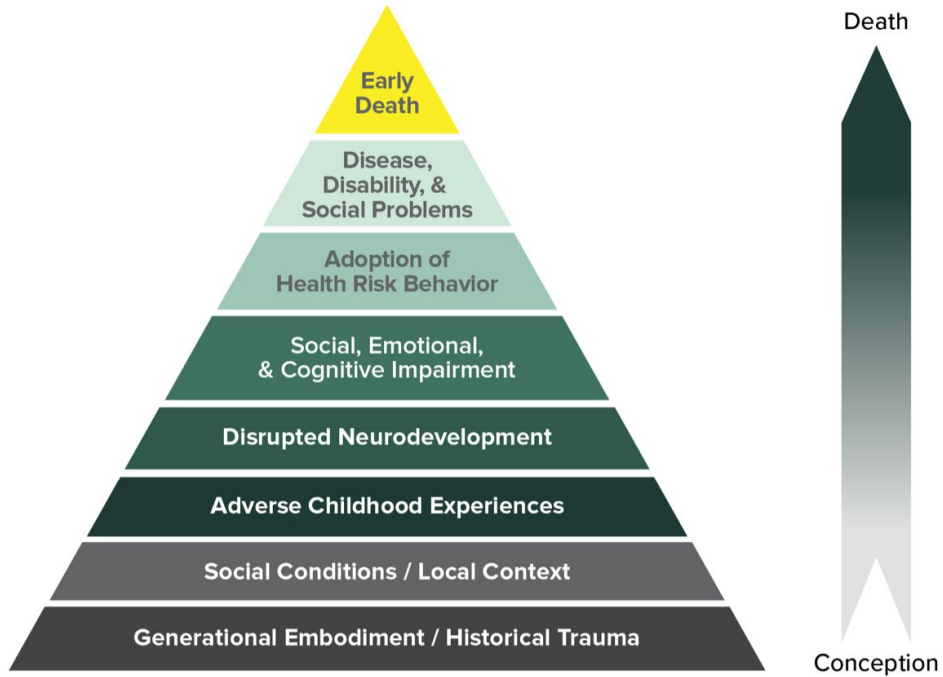
What are ACE scales?

- A way to conceptualize early trauma (before the age of 18) in the realm of childhood abuse, neglect and household dysfunction
- The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors
- Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACEs
- Some populations are more vulnerable to experiencing ACEs because of the social and economic conditions in which they live, learn, work and play

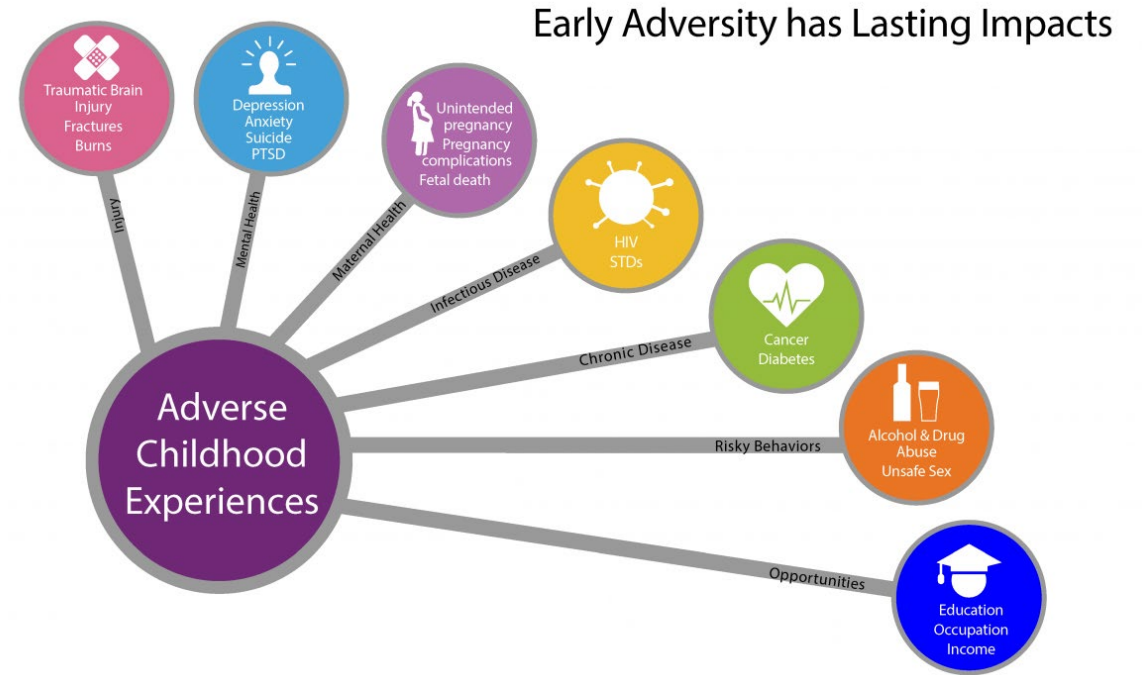
Adverse Childhood Experience Scale

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

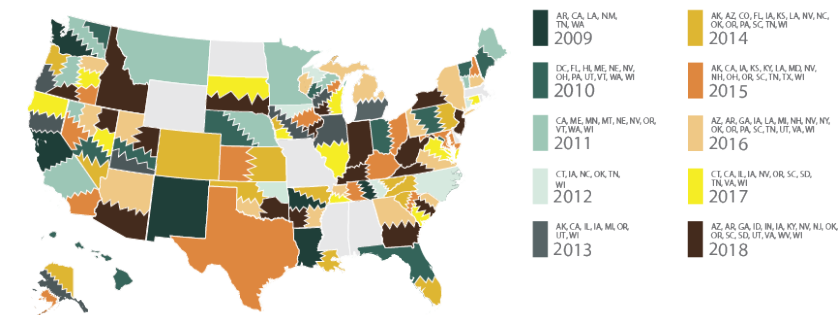


WHY ARE ACES SIGNIFICANT?

Behavioral Risk Factor Surveillance System ACE Data (BRFSS)

- Many states are collecting information about Adverse Childhood Experiences (ACEs) through the [Behavioral Risk Factor Surveillance System \(BRFSS\)](#). The BRFSS is an annual, state-based, random-digit-dial telephone survey that collects data from non-institutionalized U.S. adults regarding health conditions and risk factors. Since 2009, 48 states plus the District of Columbia have included ACE questions for at least one year on their survey.

Collecting BRFSS ACE Data by Year, 2009-2018



Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey ACE Data, 2009-2018. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2019.

Why are we talking about ACEs in this ECHO?

Original Paper | Published: 16 June 2020

Prevalence of Adverse Childhood Experiences of Parenting Women in Drug Treatment for Opioid Use Disorder

[M. Gannon](#) , [V. Short](#), [M. LaNoue](#) & [D. Abatemarco](#)

[Community Mental Health Journal](#) (2020) | [Cite this article](#)

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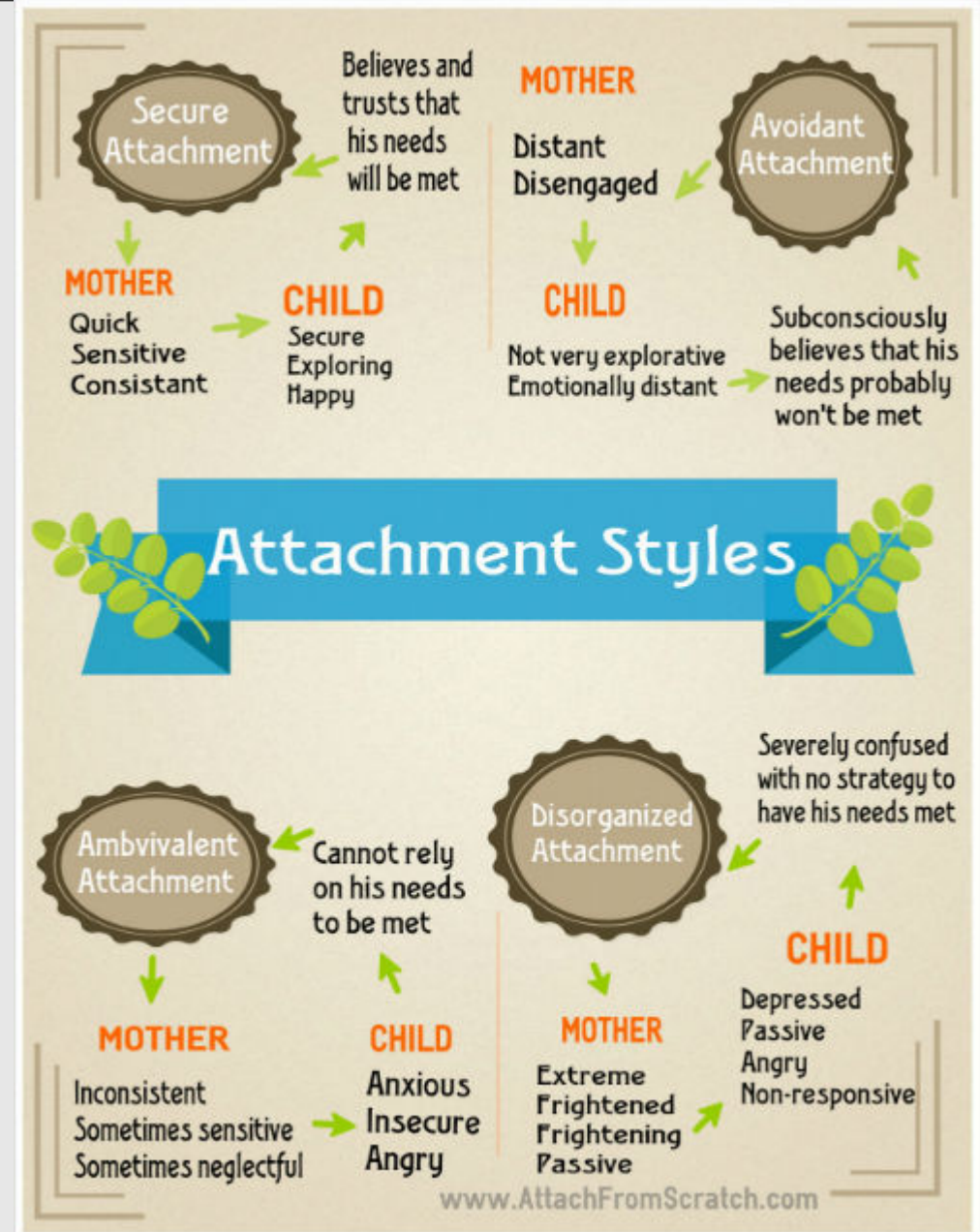
- ACEs collected from parenting women (N=152) in treatment for OUD between 2014 and 2018
- Most women reported **4 > ACES** (65%), while only 5% reported zero ACES
- This sample had a higher mean ACE score than the PA BRFSS Data (**4.3** vs 1.4)

The Strange Situation- Mary Ainsworth

- During the test, the infant is brought into a room with her mother and the infant is allowed to explore the room and play with the toys.
- Then a stranger enters the room and talks to the mother,
- Then the mother leaves the infant with the stranger for 3 minutes.
- The mother then returns and the stranger leaves.
- The mother now remains with the infant for 3 minutes.

- 1.How much does the child explore his or her surroundings?
- 2.What is the child's reaction when the parent leaves?
- 3.Does the child express any anxiety with the introduction of the stranger when the child is alone?
- 4.The behavior of the child when interacting with the parent is assessed.

<https://www.youtube.com/watch?v=QTsewNrHUHU>



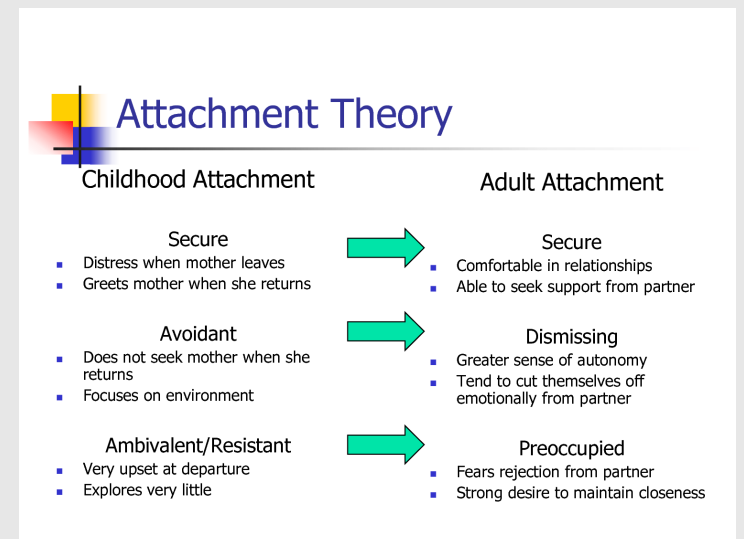
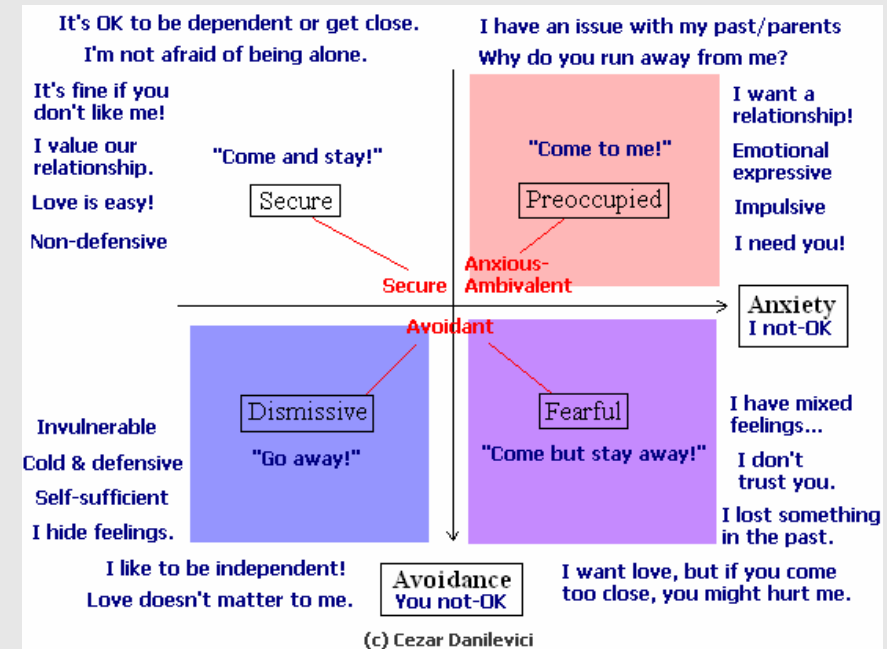
Adult Attachment Interview- Mary Main

20 open-ended questions about people's recollections of their own childhood, including:

- Describe your relationship with your parents.
- Think of five adjectives that reflect your relationship with your mother.
- What's the first time you remember being separated from your parents?
- Did you ever feel rejected?
- Did you experience the loss of someone close to you?
- How do you think your experience affected your adult personality?

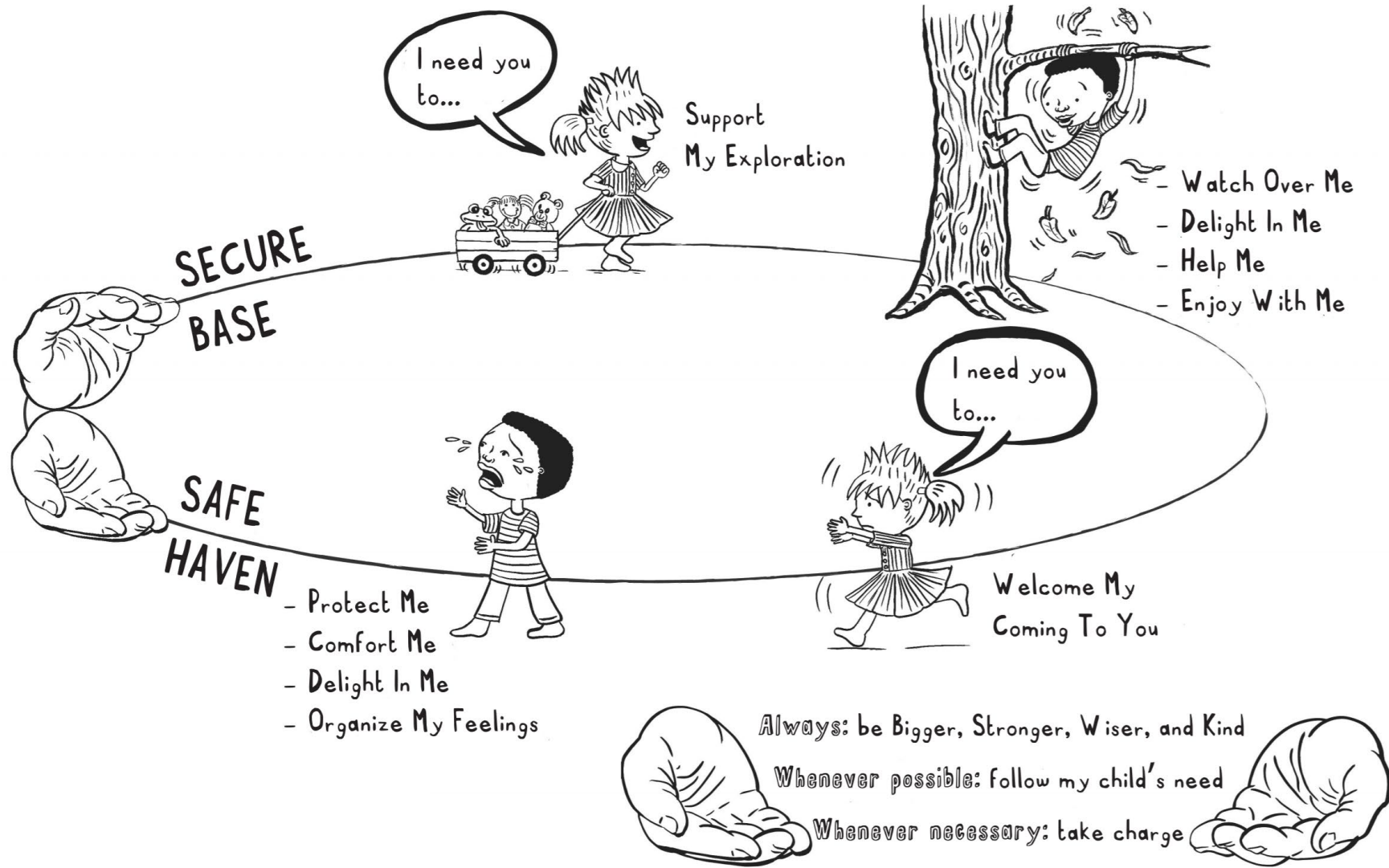
The **way** people responded is more important than content.

Whether their personal narratives were coherent or confused, whether they dismissed the questions with short, uninformative answers, or whether they rambled on pointlessly provided real—and ultimately, empirically validated—insights about their state of mind, emotional processes, and capacity to form relationships.



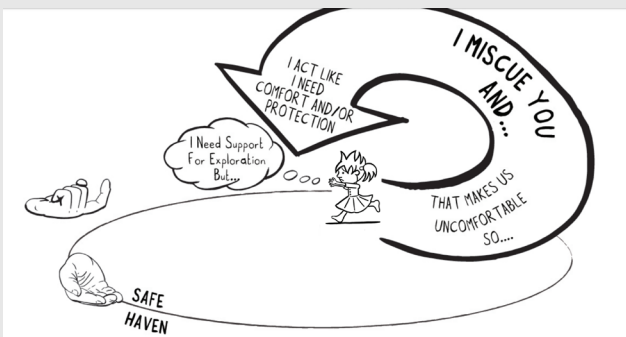
Circle of Security®

Parent Attending To The Child's Needs



Circle of Limited Security™ Bottom

Child Miscoing: Responding To Parent's Needs



Circle of Limited Security™ Top

Child Miscoing: Responding To Parent's Needs

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The Path to Secure Attachment

"I need a map to understand my child's needs"

"I must stand back and watch myself and my child"

"I need to talk about what I am doing and not yet doing to meet my child's needs"

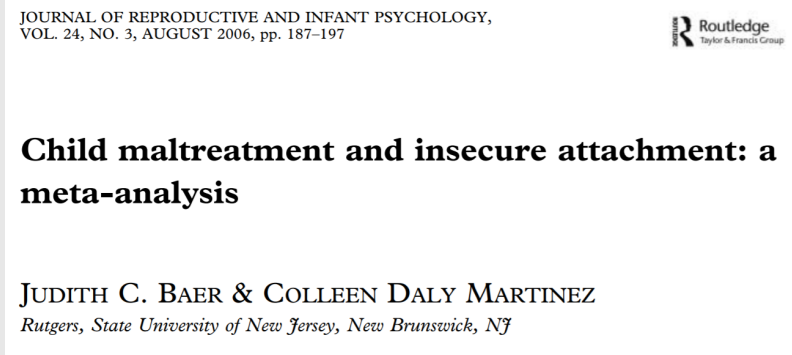
"I want my child to be securely attached"

SECURE ATTACHMENT

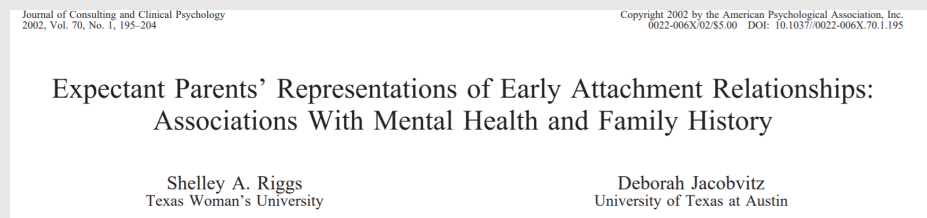
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11 of 13 studies found that compared to control children, significantly more of the maltreated infants display insecure attachments



Meta Analysis: Maltreated infants are significantly more likely to have insecure attachment than controls. They measured different types of maltreatment, under 48 months, used strange situation



Looked at Adult Attachment styles and found that Preoccupied and Unresolved were significantly related to child abuse and parental separation and divorce



Substance-using mothers tend to adopt an avoidant narrative style, which seems to be associated with low levels of reflective functioning and to scarcely sensitive behaviors in interacting with the infant

Intergenerational Attachment Patterns

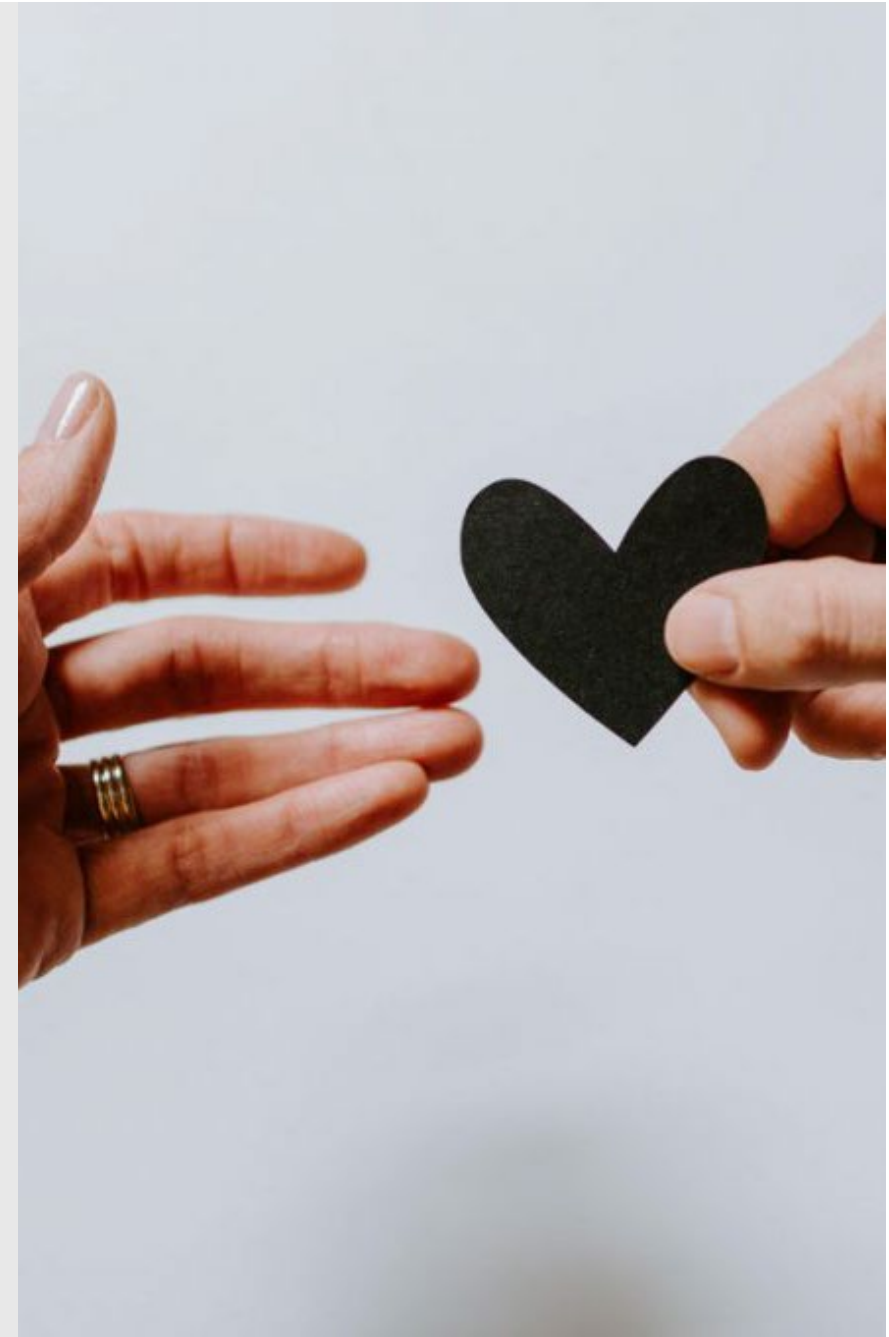
- Our styles of attachment tend to be persistent unchanged into and throughout adult life
- A mother's style of attachment tends to be recreated in her relationship with her child
- One can predict mother-infant attachment patterns based on mother's style of attachment 75% of the time
- Securely attached mothers showed increased activation in brain areas of reward compared to mothers with insecure/dismissing attachment styles
- Also when viewing their own sad infant's face, insecure/dismissing mothers showed increased activation of the anterior insula, a region associated with feelings of unfairness, pain and disgust

Impact of Opioids on Attachment

- Intoxication with opioids can cause decreased consciousness. This can be harmful for attachment because parents are not fully attuned
- Withdrawal from opioids is characterized by irritation and physical discomfort. Opioid withdrawal can limit a mother's ability to be attuned to her child's needs because the discomfort of withdrawal can be all consuming. Physical abuse and aggression may be more likely during this time as well
- Some mom's have described feeling more detached from their child or intrusively affectionate while they are intoxicated
- Kroll et al. found that chronic non-medical prescription opioid users showed impairments in cognitive empathy (2018).
- Cycles of separation and reunions between a mother-infant pair have effects on the endogenous opioid system
- Reunification of families is slower when mothers have used opioids compared to other substances
- Opioid dependent mothers (in an opioid treatment program) had poorer maternal responsivity and sensitivity than non-opioid dependent mothers. Also, opioid-dependent mothers had a blunted oxytocin response after interacting with their infants compared to non-opioid dependent mothers

There's Hope

- Peripartum period is an opportune time to alter attachment styles as a mother's biology and psychology are primed for attachment at this time
- "Earned Secure" individuals who change from an insecure early attachment in infancy to a secure state of mind in adulthood
- "Earned secure" adults have been found to have as securely attached infants as continuous-secure parents
- "Earned secure" adults overcome early insecure attachments through emotional support from an alternative support figure and time spent with a therapist

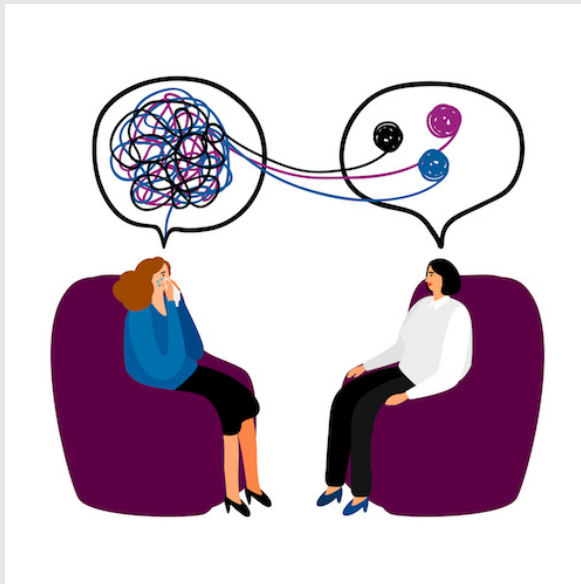





Attachment Theory and Maternal Drug Addiction: The Contribution to Parenting Interventions

Micol Parolin and Alessandra Simonelli*

Department of Developmental and Social Psychology, University of Padua, Padua, Italy



- In general, treatments for addiction grounded in Attachment Theory focus on the therapeutic relationship, with its characteristics of empathy and transformative potential. The first and fundamental therapeutic task is **“to attach” patients to treatment**, offering primarily the possibility of new interactive-relational experiences with a sensitive and responding adult. This provides the possibility of experimenting a **secure base** and feeling comfort enough to explore traumatic past experiences, difficulties in past attachment relationships, and those conflictual issues that have been denied or distorted for a long time. Another therapeutic feature is the attention paid to **fostering affective regulation abilities and mentalization skills, toward one’s own and others’ behaviors and inner states**.
- Evidence of the efficacy of interventions on addiction based on attachment principles have been observed for individual outpatient treatment: the positive impact on representational, reflective, sensitivity, and caregiving maternal abilities has been verified, even after the end of the intervention.



Attachment Based Programs for Mothers with SUDs

- Breaking the Cycle (BTC)
- The Mother and Toddler Program (MTP)
- Attachment and Biobehavioral Catch-up (ABC)- residential treatment context
- Tamar's Children (a variation of Circle of Security originally for women in the detention system)
- Cherish the Family

2 additional programs that have not had statistically significant results

- Circle of Security- 8 week model for opiate-dependent parents of kids 0 to 5 years
- Fostering Mindful Attachment (FMA)