Comagine Health

Alaska Horizons: Building Resilience in Behavioral Health

Presented by Comagine Health and the State of Alaska Department of Health, Division of Behavioral Health

May 15, 2024

Comagine Health

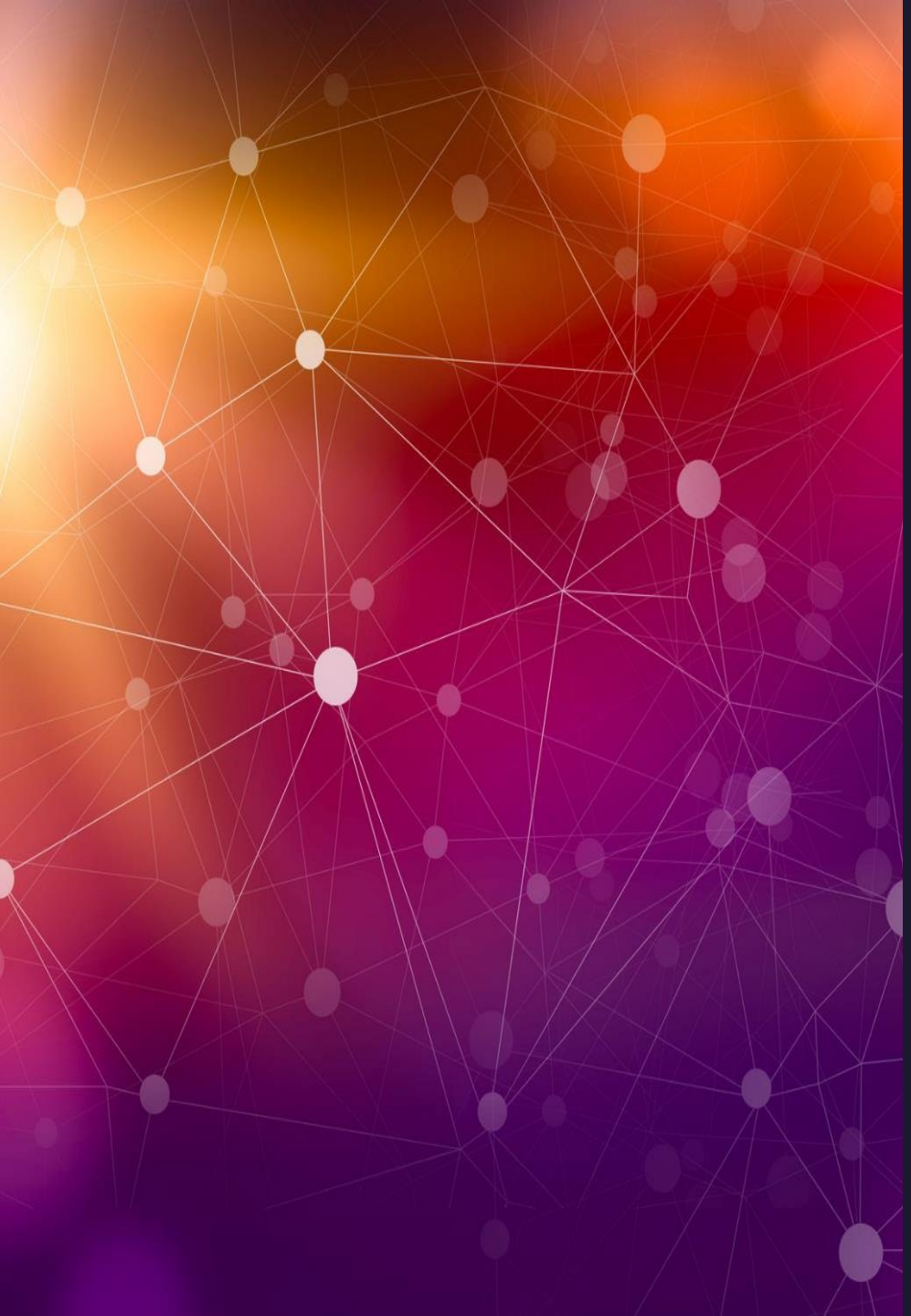
Welcome and Introduction

Yvette Stratton, RN, BSN, CCM
Executive Director, Care Management
Comagine Health

Comagine Health

Working with Attachment Disorders in Residential Treatment

Brandy Stratman, LCSW
Clinical Supervisor
Residential Treatment Program Providence Adolescence



Working with Attachment Disorders

Brandy Stratman, LCSW
Providence Adolescent Residential Program

Definitions of Attachment

Attachment is the emotional bond that forms between infant and caregiver, and it is how the helpless infant gets primary needs met. It then becomes an engine of subsequent social, emotional, and cognitive development. An infant's early social experience stimulates the growth of the brain and can influence the formation of stable relationships with others.

Attachment provides the infant's first coping system; it sets up a mental representation of the caregiver in an infant's mind, which can be summoned as a comforting mental presence in difficult moments. Attachment allows an infant to separate from the caregiver without distress and explore the world around her.

Functions of Secure Attachment

-Attachment is needed for survival.

- Attachment impacts brain and physical development.

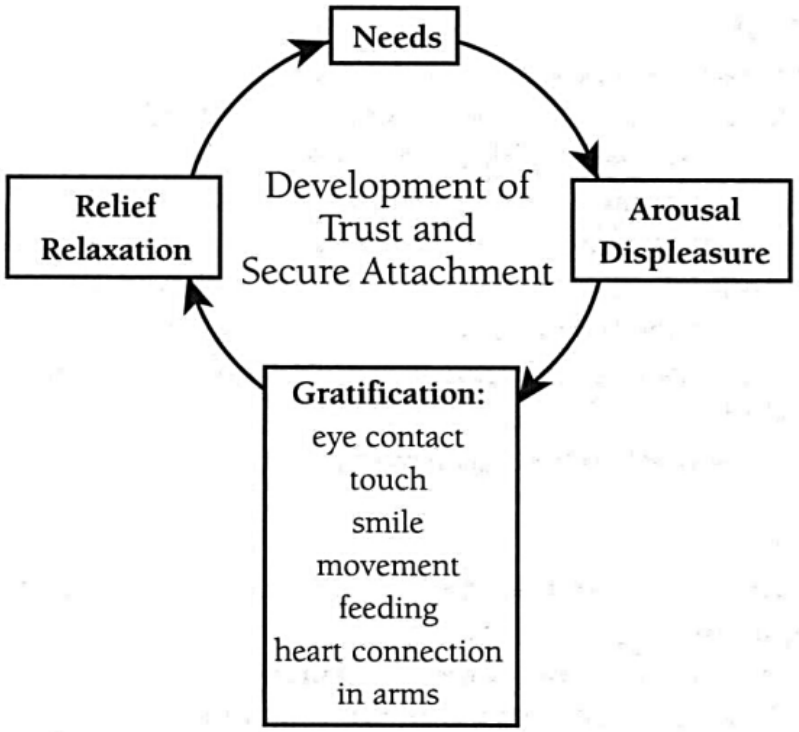
- Attachment and attunement allow for the development of self regulation skills.

-Attachment allows for a secure home base to explore the world.

-Attachment facilitates the development of resilience.



FIRST YEAR OF LIFE CYCLE





Formative Years of Attachment

- The Brain grows the quickest rate during the first 45 months of life. A child's brain is 90% of its adult size by age 4.

-First 3 years of life children are right-hemisphere dominant; emotional and nonverbal communication, attunement, limbic resonance.



Causes of Attachment Disorders: Parent/Caregiver

- Abuse or neglect: The child feels abandoned or alone.
- Food insecurity: The child's basic needs aren't being met.
- Safety: The child fears that they are in danger.
- Lack of hygiene: The child sits in soiled diapers for hours at a time without being changed.
- Multiple caretakers: The child doesn't know who to trust.
- Inconsistent caregiving: The child's needs are only being met some of the time, particularly if they don't know when to expect their caregivers to reward or console them.
- Ineffective and insensitive care
- Caregiver has untreated mental health conditions.
- Caregiver has substance misuse disorder
- Intergenerational Trauma/Attachment Difficulties: History of separation, Loss and Maltreatment.

Causes of Attachment Disorders:

- Difficult temperament; lack of "fit" with parents or caregivers.
- Premature birth
- Medical conditions; unrelieved pain (e.g., inner ear), colicky.
- Hospitalizations: separation and loss.
- Failure to thrive syndrome.
- Congenital and/or biological problems: neurological impairment, fetal alcohol syndrome, in utero drug exposure, physical handicaps.

Causes of Attachment Disorder: Environmental Contributions

- Poverty.
- Violence: victim and/or witness
- Lack of support: absent parent and extended kin, isolation, lack of services
- Multiple out-of-home placements: moves in foster care system, multiple caregivers
- High stress: marital conflict, family disorganization and chaos, violent community
- Lack of stimulation

There are Two Types of Attachment Disorders in the DSM IV

Disinhibited Social Engagement Disorder (DSED)

Children with disinhibited social engagement disorder may be overly friendly toward strangers ,and even go to them without checking with their parents. In most cases, children act younger than their age and may seek out affection from others in an unsafe way. Symptoms of DSED include:

- Selective relationships.
- Attention seeking from anyone.
- Showing behavior that is inappropriate for their age.
- Lacks understanding of social boundaries.

Reactive Attachment Disorder: RAD

Symptoms of reactive attachment disorder are unique to each child. Common symptoms among infants and young children with RAD include:

- Shows limited positive emotions, like comfort, love or joy when interacting with others.
- Avoids eye contact and physical touch.
- Expresses fear or anger by throwing tantrums or frequently showing unhappiness or sadness.
- Tries to find things in their environment that they can control, which makes them likely to break rules. (Cleveland clinic)

ATTACHMENT DISORDER: TRAITS AND SYMPTOMS

1. Behaviorally: oppositional and defiant, impulsive, destructive, lie and steals, aggressive, abusive, self-destructive, cruel to animals, isolative and irresponsible.

2. Emotions: intense anger and temper, sad, depressed and hopeless, moody, fearful and anxious (although often hidden), irritable, inappropriate emotional reactions.

3. Thoughts: negative beliefs about self, relationships, and life in general, lack of cause-and-effect thinking, can struggle to pay attention and learning difficulties.

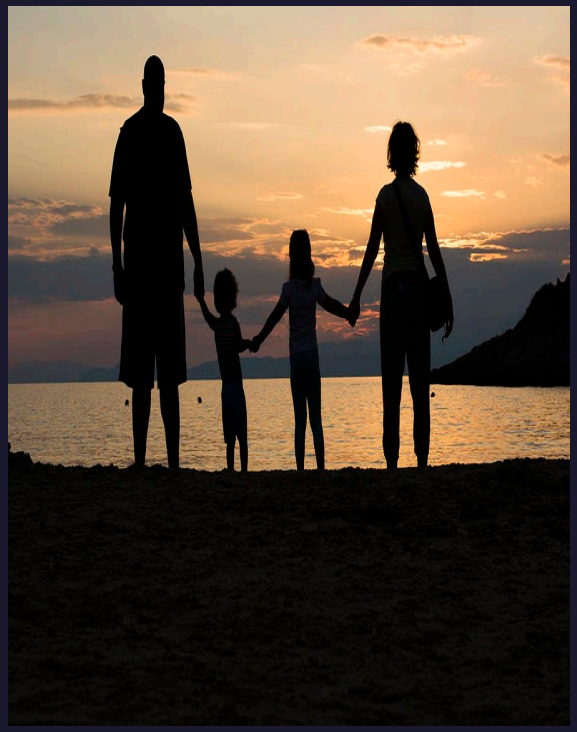
ATTACHMENT DISORDER: TRAITS AND SYMPTOMS (continued)

4. Relationships: lacks trust, controlling behaviors, manipulative, does not give or receive genuine affection and love, indiscriminately affectionate with strangers, unstable peer relationships, blames others for problems, victimizes others/victimized.

5. Physically: poor hygiene, tactilely defensive, enuresis and encopresis, accident prone, high pain tolerance, genetic predispositions (e.g., depression, hyperactivity).

6. Moral/Spiritual: lack of faith, compassion, remorse, meaning and other prosocial values, identification with evil and the dark side of life.

Attachment Styles: Secure Attachment



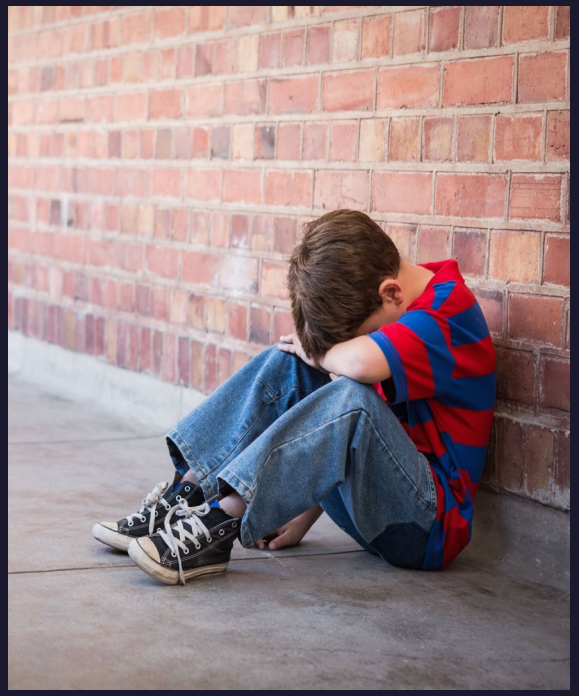
- May appear upset when their caregiver leaves, but they are confident that they will return, and they are safe.
- Caregiver is a solid home base, while the child knows they can explore within the boundaries and home rules.
- Makes friends easily, connects with teachers and works hard.
- Can trust, be emotionally close, and feel empathy and compassion.
- Effective coping skills, such as anger-management, impulse control, and frustration tolerance.
- Develops independence and resilience.
- Adversity does not dictate worth.
- Seeks connection when distressed.
- Grows up to be mature, loyal, and caring partners and parents.

Attachment Styles:
Ambivalent-Insecure Attachment in Children (Anxious Attachment)



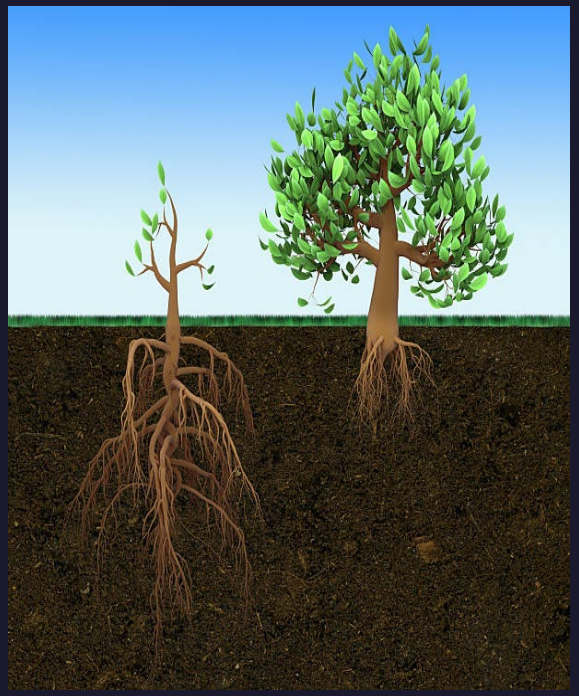
- Does not feel confident in their relationship with their caregiver.
- Lack confidence to explore and will always remain close to caregivers.
- Presents younger than their age and will act out when separated.
- When reunited with caregivers after a separation may cry or act out in anger instead of being happy to see them again.
- Poor coping skills, including inadequate control over impulses and emotions, and inability to handle frustration and stress.
- Pessimistic and hopeless view of self, family, and life in general.
- Unable to function independently and bounce-back from adversity.
- School failure, both behaviorally and academically.
- Anticipates rejection.

Attachment Styles:
Avoidant/Dismissive -Insecure attachment in children

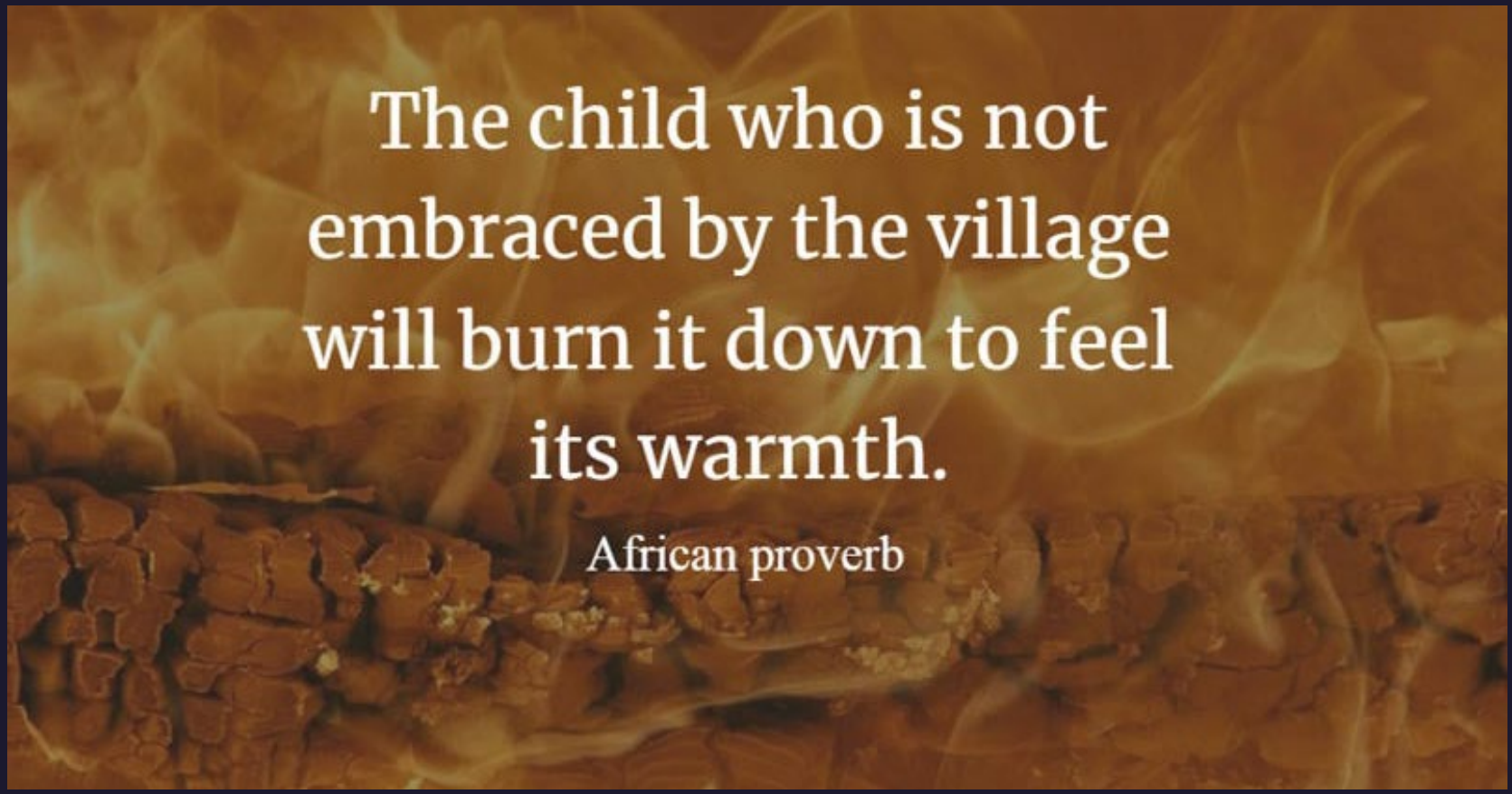


- Children act like they do not care about their caregivers.
- Prefer time alone and reject connection.
- Children do not show reciprocity.
- Wants connection internally, but too afraid to show it.
- Negative sense of self.
- Distant and defiant relationships with parents and others.
- Lack of trust and empathy
- Poor coping skills, including inadequate control over impulses and emotions, and inability to handle frustration and stress.
- Pessimistic and hopeless view of self, family, and life in general.
- Unable to function independently and bounce-back from adversity.
- School failure, both behaviorally and academically.

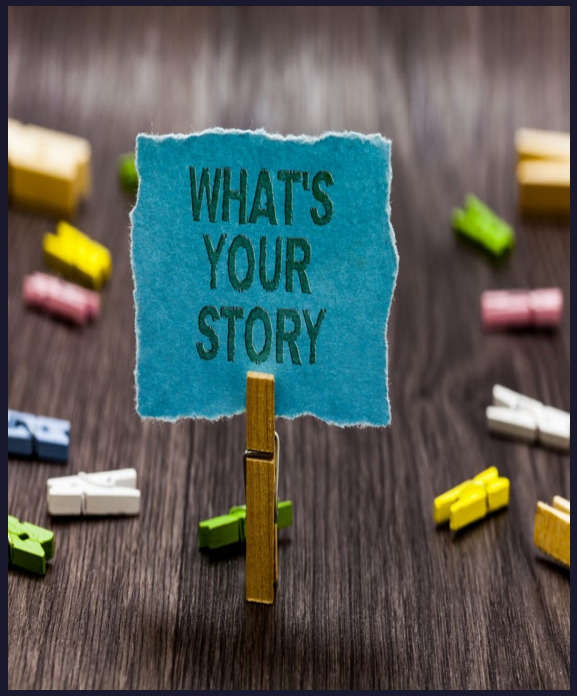
Attachment Styles:
Disorganized-Insecure Attachment in Children



- Children give mixed signals: They do not have a consistent pattern of behavior towards caregivers and are confused about how to be in connection.
- Take on the roll of parenting themselves, siblings, and parents.
- Push and Pull dynamics with caregivers.
- Minimizes the role of relationships.
- Trouble feeling emotions, often states that they are numb.
- Lack of trust, empathy, conscience, and remorse.
- Poor coping skills, including inadequate control over impulses and emotions, and inability to handle frustration and stress.
- Pessimistic and hopeless view of self, family, and life in general.
- Unable to function independently and bounce-back from adversity.
- School failure, both behaviorally and academically.


The child who is not
embraced by the village
will burn it down to feel
its warmth.
African proverb

Healing



- Children make sense of their reality the best they can.

-Children develop hurting beliefs and behaviors based on their story.

-Each child's hurting beliefs and behaviors may be different.

-Healing occurs by telling their story with safety and truth interweaved.

-Healing beliefs and behaviors can occur once this happens

Hurting Beliefs and Hurting Behaviors

- -I am not lovable.
- -If I feel my feelings, I will die.
- -I will never stop hurting.
- No one can help me.
- No one is safe.
- There is something wrong with me.

- -Destroys things for no reason.
- -Ask's nonsense questions.
- -Avoids eye contact.
- -Lies and steals.
- - Hides food.
- -Play's people games.
- Cruel to animals

Healing Beliefs and Healing Behaviors

- Some people are trustworthy, and some people are not, I can learn the difference.
- I deserve to be loved.
- -My needs do matter; I can learn how to get my needs met in my safe way.
- I can heal one day at a time.
- Mistakes help me grow and I can be honest.

- Tells the truth.
- Helps others.
- Apologizes when I make mistake.
- Find opportunities to say something kind to others.
- Notice when others are kind to me and thank them.

Healing and Connection

It's Not Personal

-Caregivers gain awareness that their child's brain is different.

- Children's attempts to gain safety are confusing to caregivers. (When bonding occurs during chaos, children seek homeostasis. Chaos = connection)

- Caregivers gain awareness that connection is mutual and necessary for healing.

- Creating a coaching relationship with children allows for love and bonding too occur.

-To be an effective coach, we must know our own attachment style and heal.



Coaching



- Coaching is a way of engaging with children that holds their potential along with accountability.
- Coaches are the "Calm" and set the tone.
- Mistakes are seen as opportunities and an indication that a child is missing a skill.
- Coaches don't take children's behavior Personal.

Coaching and Relationships



- Coach children around the dynamics of being in a relationship.
- Coach children how to show care for others.
- Coach children around how to give and receive affection.
- Coach behaviors that we want versus behaviors that we don't want.
- Coaching helps to develop new neuropathways.
- Each success re-enforces healing beliefs and healing behaviors.

Small Groups ☺

- Which hurting beliefs and behaviors are the most challenging for you to work with?
- What coaching strategies can you try?




EVERY KID IS ONE CARING ADULT AWAY FROM BEING A SUCCESS STORY.
- JOSH SHIPP

Comagine Health

Break

Comagine Health

Virtual Cultural Event

Alaska Blanket Experience

Comagine Health

Wrap Up and Overview

Yvette Stratton, RN, BSN, CCM
Executive Director, Care Management
Comagine Health

Welcome to Alaska Horizons: Building Resilience in Behavior Health
Accreditation Statement & Disclosure

Approved Provider Statements:
In support of improving patient care, the Alaska Department of Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education and the National Association of Boards of Pharmacy (NABP), and the American Nurses Credentialing Center (ANCC), American Academy of Physician Assistants (AAPA), American Psychological Association (APA), Association of Social Work Boards (ASWB) and the American Dental Association's Continuing Education Recognition Program (ADA CERP) to provide continuing education for the healthcare team.

Joint Provider Statement:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint Providership of the Alaska Department of Health (AKDOH) and the University of Alaska Anchorage College of Health. AKDOH is accredited by the ACCME to provide continuing education for the healthcare team.

Contact Hours:
AK DOH designates this activity for a maximum of 6 contact hours, commensurate with participation.

- Association of Social Work Boards (ASWB): 6 contact hours
- American Nurses Credentialing Center (ANCC) Continuing Nursing Education: 6 contact hours

Financial Disclosures:

No commercial or in-kind support was received for this educational activity. All speakers and planners report no relevant financial relationships related to the content of this activity.

Requirements for Successful Completion:

To receive CE credit please make sure your attendance is recorded for each session, you have actively engaged in the activity, and completed the course evaluation provided by the program facilitators.

JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

UAA Alaska Center for Rural Health and Health Workforce
University of Alaska Anchorage

Comagine Health

For more information contact
uaa_ahecce@alaska.edu or
907-786-6589

Thank you for attending!

Please be sure to complete the survey:
https://uaa.co1.qualtrics.com/jfe/form/SV_etBDXmDEiGxVLSe

Comagine Health