

**Attachment: The  
Impact of Abuse and  
Neglect**



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**Today's Overview:**

- The Impact of Trauma on Brain Development
- Attachment and Bonding
- When to Suggest Referrals



## Learning Objectives

- Develop a clear understanding of the impact of trauma on children and their development.
- Develop criteria that will assist in establishing treatment/assessments referrals for children.



*Attachment is:*

*“Special enduring form of emotional relationship with a specific person involves soothing, comfort and pleasure.*

*Loss or threat of loss of the specific person evokes distress.*

*The child finds security and safety in context of this relationship”*

1999 Bruce D. Perry, MD



### Hardwiring a Human:

At birth, the brain is unfinished. The parts of the brain that handle thinking and remembering, as well as emotional and social behaviors, are underdeveloped.



The fact that the brain matures in the world, rather than the womb, means young children are deeply affected by their early experiences.



Their relationships with parents and other important caregivers don't just influence their moods, but actually affect the way children's brains become "wired."



### Trauma And Stress Can Cause Structural Changes In The Brain:

- At birth, the brain contains about 100 BILLION brain cells that are yet to be connected into functioning networks.
- By the time a child is three, the brain has formed about one thousand trillion connections between these brain cells.
- Connections that are used repeatedly during the child's early years become the foundation for the brain's organization and function throughout life.



- Video next slide: Brain maturation



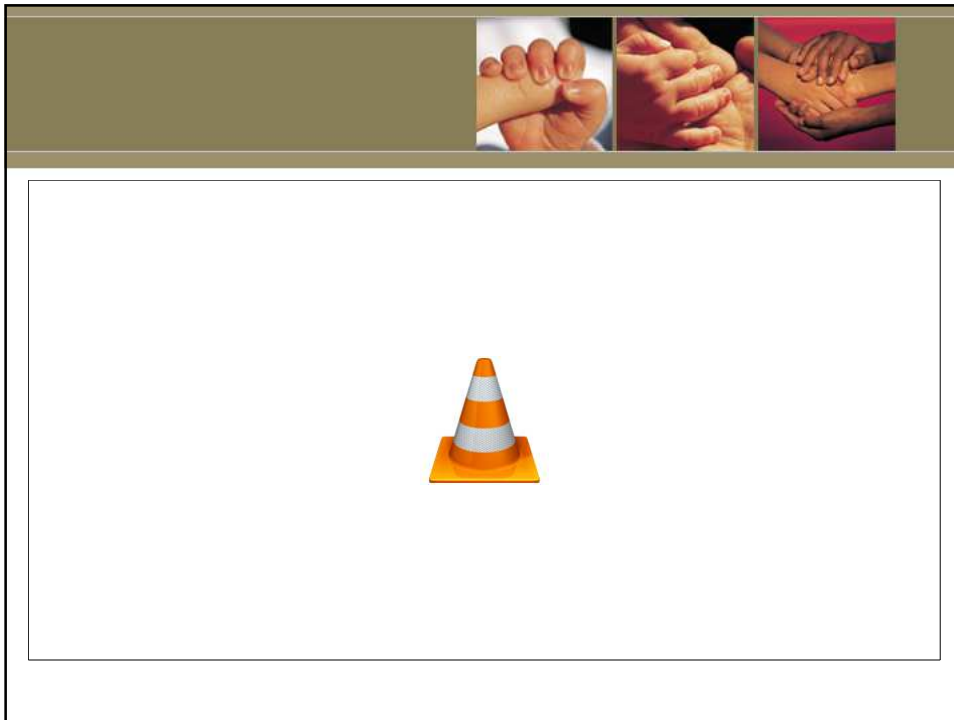


### Trauma And Stress Can Cause Structural Changes In The Brain:

- For example, a child who is rarely spoken to or read to in the early years may have difficulty mastering language skills later on.
- By the same token, a child who is rarely played with may have difficulty with social adjustment as he or she grows.

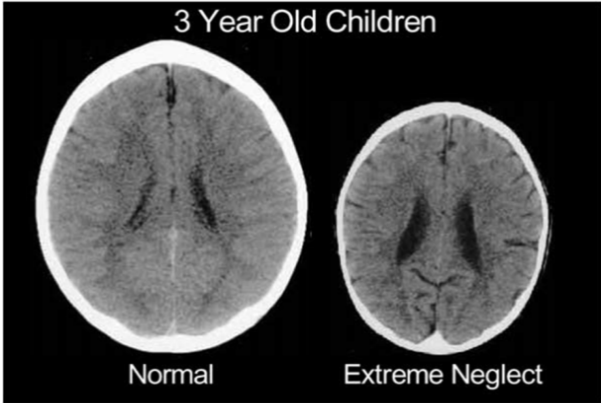


- Video next slide: Still face




What does trauma do to the brain?

3 Year Old Children




Normal      Extreme Neglect

A slide with a header of three small images of hands. Below the header is the text "What does trauma do to the brain?" in green. Underneath is the text "3 Year Old Children" in white. Below that are two axial CT scans of a 3-year-old child's brain. The left scan is labeled "Normal" and shows a typical brain structure. The right scan is labeled "Extreme Neglect" and shows significant brain atrophy and enlarged ventricles.

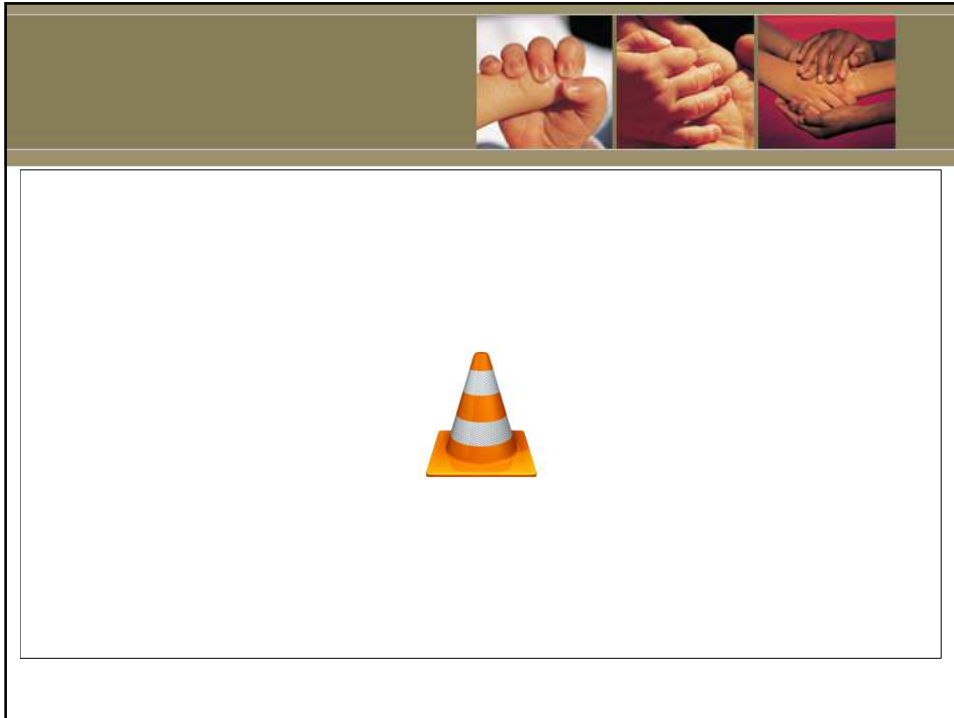


Classification of Attachment	Percentage at One-Year	Response in Strange Situation
Securely attached	60-70 %	Explores with M in room; upset with separation; warm greeting upon return; seeks physical touch and comfort upon reunion
Insecure: avoidant	15-20 %	Ignores M when present; little distress on separation; actively turns away from M upon reunion
Insecure: resistant	10-15 %	Little exploration with M in room, stays close to M; very distressed upon separation; ambivalent or angry and resists physical contact upon reunion with M
Insecure: disorganized disoriented	5-10 %	Confusion about approaching or avoiding M; most distressed by separation; upon reunion acts confused and dazed –



- Strange Situation Video



The slide features a header with three small images of hands clasped together in a supportive grip.

Exposure to trauma causes the brain to develop in a way that will help the child survive in a dangerous world:

- On constant alert for danger
- Quick to react to threats (fight, flight, freeze)

The stress hormones produced during trauma also interfere with the development of higher brain functions.



- Consequences of poor attachment and early trauma:



### Possible Consequences of Insecure Attachment:

- Poor self-esteem and self regulation
- Aggressive/rejecting and/or withdrawn/isolating relations with peers
- Low frustration tolerance
- Less positive affect
- Lags in cognitive, developmental and academic competence (Egeland, Carlson, and Sroufe, 1993)
- Elevated levels of behavioral symptomology

(Van IJzdoorn and Bakermans-Kranenburg did a metaanalysis of AAI studies and found insecure attachment to correlate with anxiety and mood disorders.)



## Take A Ways: It is vital

- To avoid moving children around in foster care,
- That we support them in school,
- That their permanent plans are defined as soon as possible,
- And that they maintain a relationship with, at least, one person who knows their “story”.



## Referral Recommendations:

What to consider?

1. Mental Health treatment with a parent that is focused on trauma work (if the plan is reunification why is the parent not in treatment with the child).
2. Psychological assessment to understand how the child processes information.
3. Evaluating the parents progress towards reunification (must be on child’s timelines).



## Resources

- Dr. Bruce Perry [www.Childtrauma.org](http://www.Childtrauma.org)
- Dr. Edward Tronick
- Mary Ainsworth
- Egeland, Carlson, and Sroufe, 1993
- Karen, 1990 in Hanson and Spratt, (2000)
- Van IJzdoorn and Bakermans-Kranenburg
- Reactive Attachment Disorder: [www.macmh.org](http://www.macmh.org)