

**Reaching the Most
Difficult to Reach
Families:
An Attachment Perspective**

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What is your secret? Something that no one knows about you? Something you are not sure you want anyone to know right now?

What would it take for you to trust someone with your secret?

These are the same things the moms we work with need as well, but only at exponential levels!

Trust—this is the beginning of a healthy attachment between mom and baby...it is also the beginning of a healthy relationship between us and the families we work with.

For mom and baby, trust begins to develop in utero and throughout infancy.

For the clinician and
mom, trust begins
with that first contact.

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Actually, it began long before that
first contact

- It began:
 - In that mom's infancy
 - In that mom's early relationships
 - In the care she received
 - In the security she felt, or did not feel

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All of those early
experiences helped to create
Internal Working Models
or ways of thinking about
self, others, and the world.

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Internal Working Models

- Provide the basis for how we see ourselves
- Affect how we interpret events in our lives
- Impact what we choose to remember and how we store it
- Create a lens through which we perceive social situations and relationships

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In Secure Relationships

- "I am good, loveable, wanted, cherished, worthwhile, and competent"
- "They care about me, they will help me when I need it, they are sensitive, they will protect me, and they are trustworthy"
- "The world is safe, life is worth living, and people are worth taking a chance on"

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In Insecure Relationships

- "I am bad, unlovable, unwanted, worthless, incompetent, and invisible"
- "They are unhelpful, insensitive, hurtful, avoidant, overwhelming, and untrustworthy"
- "The world is unsafe, life is not worth living, and people should be avoided and kept at bay"

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Traumatized Attachment

- These children internalize self-contempt as well as a lack of adequate care, love, and protection.
- They blame themselves and perceive themselves as unlovable and responsible for the pain and loss in their lives.

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This Framework of Negativity

- Misinterpretation of social cues
- Tendency to attribute hostile intention onto others
- Perceive threat and hostility even when it is not there
- Commonly respond with aggressive, coercive, and demeaning behavior
- Their beliefs of themselves and the world create a sense of alienation
- There is a need to control others and protect oneself at all times

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We find them to be...

- Uninterested
- Overwhelmed
- Young
- Resistant
- Negative
- Low education
- Elusive
- Mistrustful
- Chaotic Lifestyles
- Angry
- Withdrawn
- Silent
- Rude
- Demanding
- Refusing to listen
- Dangerous
- Rejecting
- Living in Poverty

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We also find them to be...

- Difficult to get to know, lacking in social skills
- Impacted by trauma, often multiple and chronic trauma
- Afraid of connecting
- Suspicious
- Mistrustful, often making us feel we are in a fight for each thread of the relationship we are trying to build

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What do we know about these families?

- A large percentage have experienced a great deal of trauma and loss—much of their trauma occurred within the context of their relationships.
- A significant number have an insecure adult attachment classification.

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The same difficulties and problems parents need help with are those same difficulties and problems that get in the way of them being able to ask for and receive help from us.

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Profile of HLD Client (High Likelihood of Dropout)

- Mental Illness
- Severe poverty
- People of color
- Highly emotional
- Homeless
- Substance abuse/IDU
- Immigration status
- No home
- No network of support
- No family
- No phone
- Alcoholism
- Language
- Illiterate
- Unemployed
- Transportation
- Prison release
- Rural

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Adult Attachment Interview- AAI

- Current state of mind with regard to attachments
- Explores childhood relationships
- Secure vs. Insecure
- Correspond with Strange Situation Classifications

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Adult Attachment Interview- AAI

- Secure Autonomous
- Insecure Dismissing
- Insecure Preoccupied
- Insecure Unresolved
 - Trauma
 - Loss
- Cannot Classify
- Secure Autonomous
- Insecure Avoidant
- Insecure Resistant
- Insecure Disorganized

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Difficult to Engage Adult Attachment Findings

- 64% Unresolved/Cannot Classify
- Early Trauma Unresolved
- Anger, especially toward Fathers
- Unsupportive Mothers
- Lack of Childhood Play
- Grief around Childhood Loss

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Easy to Engage Adult Attachment Findings

- 70 % Dismissing
- Dismissed Early Trauma
- Less Angry
- Involved Fathers
- Play in Childhood
- More Lack of Recall

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Many of these families leave us feeling...

- Angry
- Confused
- Frustrated
- Challenged
- Determined to engage
- Helpless
- Worthless
- Stressed
- Worried
- Useless
- Out of ideas
- Unwanted
- Rejected
- Ineffective
- Blaming ourselves

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The Impact on Time with Our Families

On average we spend less than half the amount of time with our difficult to reach families than with our less resistant families.

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What other issues do these families experience?

- Fear
- Lack of trust
- Lack of interest
- Need to “do it on own”
- Learning issues
- Difficulty with Emotional Intensity
- Inability to form or interact within a relationship
- Poor social skills

Early Relationship Trauma

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Other moms are dealing with...

- A lack of capacity for self-reflection
- An intolerance for emotional pain
- No time/energy
- A lack of the luxury of attention
- Getting basic needs met
- High level of narcissism
- An inability to empathize
- Defenses

Early Relationship Trauma

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Things to remember

- Intrusive recollections, not even known, just “feelings”, they are visceral
- Persistent avoidance of stimuli associated with trauma
- Hyperarousal

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Many of these moms:

- Are unable to give/receive love and affection
- Defy rules and authority
- Defend by being physically and emotionally unavailable
- Create stress and turmoil

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There is a Physiologic Basis for these Patterns of Interaction

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    graph TD
      Limbic["Limbic  
Emotion, Impulse Control,  
Maternal/Nurturing Functions"] --- OFC["Orbitofrontal Cortex  
Connects these two parts,  
Attachment & Emotional Regulation"]
      Cortex["Cortex  
Higher mental function,  
Logic, & Planning"] --- OFC
  
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So, what do we want our moms to be able to do to help build healthy and secure relationships with their babies?

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If we want our moms to... support their children, then we need to support them through the work we do.

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If we want our moms to... protect their babies, then we need to provide them protection through our care and our boundaries.

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If we want our moms to... be emotionally available to their babies, then we need to be emotionally available to them by sharing our emotions, modeling, and teaching them what their babies are trying to say.

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If we want our moms to... be empathetic with their babies, then we need to be empathetic with them.

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If we want our moms to... emotionally attune to their babies, then we need to emotionally attune to them by being sensitive to their emotions.

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If we want our moms to...
provide a sense of structure in their
babies' lives, then we need to
provide them with a sense of
structure through the consistency
and predictability of our visits.

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If we want our moms to...
develop reciprocal relationships
with their babies, then we need to
model how to reciprocate within a
relationship, we need to show them
give and take.

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If we want our moms to...
celebrate their babies, then we
need to celebrate them, all they
do, and all they have overcome.

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If we want our moms to...
provide love and affection to their
babies, then we need to provide
them with a sense of being cared
for and the assurance that they are
lovable.

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If we want our moms to...
teach their babies to regulate their
emotions and self sooth, then we
need to provide with ways to
manage their own emotions and find
ways to self sooth.

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If we want our moms to...
hold and contain their babies
physically, psychologically, and
emotionally, then we need help
them to contain and control their
out of control feelings.

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If we want the babies we serve to develop secure attachments and healthy attachments then we need to teach their mothers to be... reliable, predictable, consistent, available—physically and emotionally, and able to provide a stable foundation.

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To help them to this, we need to be reliable, predictable, consistent, available—physically and emotionally, and able to provide a stable foundation.

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Strategies to Working with Our Most Resistant Families

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Typical Barriers

- "I Forgot"
- Relationship Problems
- Conflict with Other Meetings/Work
- Just Not Home
- Helping Friend
- Too ill...child ill
- Moving
- Accident/Car Wreck
- Overslept

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Treatment strategies are based on:

- Corrective relationship experience—consistency, reliable, setting limits/establishing safety, predictability, and nurturance
- Systematic—use of overlapping systems, all are giving input so all need to be recognized
- Holistic and integrative—mind, body, behavior, values, emotions, and relationships
- Treatment is developmental—one stage needs to be completed before the next one can successfully begin

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Things We Can Do

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We can...

- Contain by setting clear limits, knowing our limitations, and avoiding arguments.
- Support by having realistic expectations, encouraging choices, giving genuine feedback, being truthful, providing alternatives to negative behaviors, and normalizing feelings.
- Be reliable by not making promises, keeping our word, providing factual information, and following our agreed upon rules and contracts.

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We can...

- Be empathetic by accepting silences, reflecting feelings, sharing concerns, keeping the focus on the mom and baby, and using gentle persistence.
- Demonstrate caring by understanding limits to tolerating intense emotion, connecting between visits, celebrating the small steps, listening, and remaining calm and unhurried.

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Setting Limits, Boundaries & Precedents

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Boundary Issues

- Role confusion— who you are and what you can do
- Friendships require balance in the relationship— a nurse-client relationship is not a reciprocal relationship
- “Make it all better” —becoming a mother figure

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Setting Firm Limit/Boundaries

- Set them tighter at the beginning
- Put things in writing— contracting can be very useful
- Be consistent
- Practice what you preach— no hitting, no verbal abuse, etc.

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Precedents: Modeling

- Being talked down to
- Feeling helpless, vulnerable, exploited
- Feeling angry, strained, abused, victimized
- Expecting you to “know” or read minds

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Tangibles

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- ## Tangibles
- Tokens of connection
 - Modeling of connection & nurturing
 - Symbols of affection
 - Basics—diapers, loaf of bread, cookies, canned foods
 - Celebratory—birthday cards, coffee & donut, holiday card
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Becoming part of a “club”...or healthy family


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Hanging In There

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- ## Hanging In There
- Previous programs and research support
 - How much time can you realistically leave open?
 - How will the client know you are hanging in there?
 - Will hanging in there be safe?
 - When do you stop?
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- ## Possible Pathways
- “This is your time”
 - Your “regularly scheduled” time
 - Notes/messages
 - Tangibles
 - Meet where ever
 - Getting past “sick”
 - Demonstrating enthusiasm
 - Not taking it personally
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Celebrate and Empower

- Provide quick and regular success—baby steps
- Empower—give a gift of power and entitlement
- Focus on “just being with” at the beginning
- Regularly give permission to disengage
- Normalize feelings


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Things to try

- Use friendly materials, make up games, be creative
- Encourage the participation of others in the home—boyfriend, spouse, parent, grandparent—who might provide a bridge


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Guidelines

- It needs to be safe
- It needs to be honest
- It needs to be regular
- It needs to be a priority
- It needs to be scheduled
- It needs to be supported by others
- It needs to focus on feelings not just content

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Fact: Some will leave

But.....at least they'll leave with some useful information...and they have experienced a different type of relationship.

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