Relationships Matter

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As the technical assistance provider for the Rural Communities Opioid Response Program (RCORP), RCORP-TA provides access to a wide range of resources on relevant topics. Inclusion in this document does not imply endorsement of, or agreement with, the contents by JBS International or the Health Resources and Services Administration.

The following activity may contain content that could be distressing to some participants. Feel free to step away if you need to. For a list of resources and other outlets for support, please visit the RCORP-TA portal here. Also feel free to reach out to your own supports as needed.

RCORP-TA

RURAL COMMUNITIES OPIOID RESPONSE PROGRAM - TECHNICAL ASSISTANCE

Objectives:

- Explore how early relationships impact development
- Learn ways that substance use can interrupt attachment and development in children
- Discuss ways that your work can support parents and children to heal relationships

Front Loading

Share anything you hope to learn or question that comes to mind as we start our time together.

Basics of Attachment

Parent/Caregiver Child Relationships

- Attachment is:

"a special bond that forms in maternal-infant or primary caregiver-infant relationships" (Perry, 2001, p. 2)

- An attachment bond is long lasting with a special person
- The relationship is safe, comforting, soothing, and brings pleasure
- Loss of the relationship causes intense distress

Perry, B. D. (2001). *Bonding and attachment in maltreated children: Consequences of emotional neglect in childhood.* Parent and Caregiver Education Series, *1*(4). The Child Trauma Academy. https://fosteringandadoption.rip.org.uk/wp-content/uploads/2016/01/bonding-and-attachment-in-maltreated-children.pdf

What is Attachment?

"Attachment is a deep and enduring emotional bond that connects one person to another across time and space" (Bowlby, 1969; Ainsworth, 1979).

Lasting psychological connectedness between human beings

Evolutionary way for caregivers to provide safety and security

Enhances survival (Bowlby)

Ainsworth, M. D. S. (1979). Infant–mother attachment. *American Psychologist*, *34*(10), 932–937.

Bowlby, J. (1969). *Attachment and loss: Volume 1 attachment*. Basic Books.

Why Attachment?

Attachment provides a framework for future relationships

Healthy attachments with a primary caregiver = healthy relationships with others

Unhealthy attachments with a primary caregiver = emotional and behavioral problems and problems with relationships

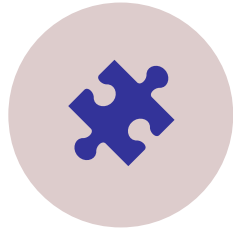
Transmission of Attachment

THE BRAIN DEDICATES ITSELF TO LEARNING WAYS TO STAY CONNECTED TO ATTACHMENT FIGURES AND TO DETERMINE IF THEY ARE CONSISTENTLY SAFE

THIS IS CALLED DEVELOPING AN "ATTACHMENT STYLE"

THEY ARE AN INTERPLAY BETWEEN GENES AND ENVIRONMENT

RESEARCH BY STRATHEARN AND FOGNAY AND SWAIN AND LORBERBAUM SHOW THROUGH IMAGING THAT ADULTS HAVE SPECIFIC BRAIN "SIGNATURES" ASSOCIATED WITH ATTACHMENT STYLES



IT MEANS THAT YOU CANNOT GIVE WHAT YOU DIDN'T GET (WITHOUT INTERVENTION)

Hughes, D. A., & Baylin, J. (2012).*Brain-based parenting: The neuroscience of caregiving for healthy attachment*. W. W. Norton & Company.

Swain, J. E., Lorberbaum, J. P., Kose, S., & Strathearn, L. (2007). Brain basis of early parent–infant interactions: Psychology, physiology, and in vivo functional neuroimaging studies. *Journal of Child Psychology and Psychiatry*, *48*(3–4), 262–287. https://doi.org/10.1111/j.1469-7610.2007.01731.x

What is “High Risk” for Disrupting Attachment?

- Maltreatment
- Unresolved early loss or trauma in a parent
- Marital discord
- Parental depression
- Parental insensitivity
- Parental dissociation and frightening behavior
- Domestic violence
- Parental substance use

Heim, C., Shugart, M., Craighead, W. E., & Nemeroff, C. B. (2010). Neurobiological and psychiatric consequences of child abuse and neglect. *Developmental Psychobiology*, *52*(7), 671–690. https://doi.org/10.1002/dev.20494

Sullivan, R. M. (2012). The neurobiology of attachment to nurturing and abusive caregivers. *Hastings Law Journal*, *63*(6), 1553–1570. https://pmc.ncbi.nlm.nih.gov/articles/PMC3774302/

What Does Secure Attachment Do for Us?

Provides the brain with sensory stimulation to help the brain grow

Allows the baby to be soothed when s/he is in distress

Gives the baby a sense of belonging

Reduces stress hormone release in the baby

Teaches the baby that the world is a safe place to explore

Helps the baby grow up to have secure relationships

Uniqueness of Young Children

Early Childhood Trauma

- **Unique in that children take in much of their information through sensory information instead of language**
- This means that sounds, sights, movements, and other sensations may be frightening and impact child's perception of safety
- **Also unique because young children don't understand cause and effect – they believe in "magic"**

The National Child Traumatic Stress Network. (n.d.). *How early childhood trauma is unique*. https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma/effects

Continued. . .

- Young children may believe they cause things to become real just as they do in play
- **Unique in that children are not able to express themselves verbally**
- Often young children use behaviors to tell us their experience
- **Unique in that young children are less able to anticipate danger or know how to keep themselves safe**

The National Child Traumatic Stress Network. (n.d.). *How early childhood trauma is unique*. https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma/effects

Last but Not Least. . .

- **Unique in that young children are completely dependent on their caregiver/parent for survival**
- Infants and toddlers cannot keep themselves safe, cannot take care of their physical needs, and often cannot soothe themselves
- This dependency is the foundation for bonding and attachment to a primary caregiver

The National Child Traumatic Stress Network. (n.d.). *How early childhood trauma is unique*. https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma/effects

Impact on Development

Trauma and Attachment

Trauma can inhibit secure attachment.

Remember needs for secure attachment:

Predictable, nurturing, consistent responses to distress that make the baby feel the world is safe and okay.

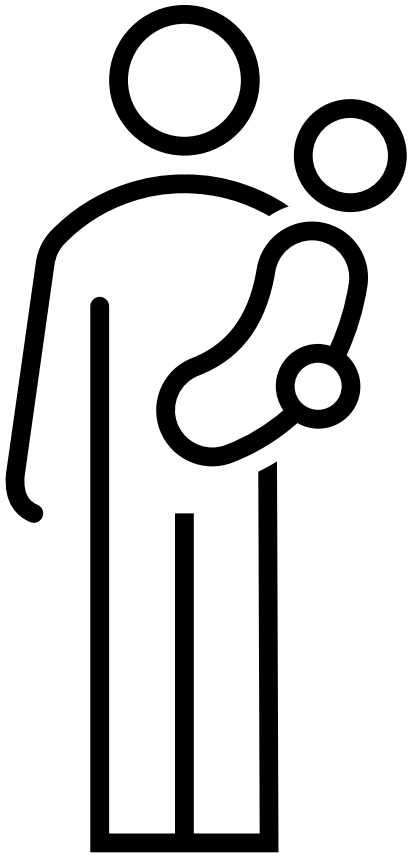
Contributors to Negative Impacts of Substance Misuse on Children

- Inconsistent parenting practices
- Lack of routine
- Parental conflict
- Neglect of medical and other basic needs (both the child and the parent)
- Safety issues in the home directly related to substance use or due to impairment
- Financial stress, legal involvement
- Additional comorbid mental health issues

Smith, V. C., Wilson, C. R., Ryan, S. A., Gonzalez, P. K., Patrick, S. W., Quigley, J., Siqueira, L., & Walker, L. R. (2016). Families affected by parental substance use. *Pediatrics*, *138*(2), e20161575. https://doi.org/10.1542/peds.2016-1575

Attachment Mediates Trauma Response

- Secure attachment can mediate the trauma response by helping to soothe distress.
- Caregiver's response to the trauma influences how the child perceives the trauma.
- Secure attachment provides the "regulator" for the child in the form of the caregiver and their regulated emotions and response.



Lieberman, A. F., & Van Horn, P. (2008). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment*. New York: The Guilford Press.

Substance Exposure

Promoting Attachment to Aid in Regulation

Supportive Strategies

- Breastfeeding when possible
- Skin-to-skin contact
- Rooming in at the hospital
- Reducing stimulation — lights, sounds etc.
- Swadling, holding, gentle rocking

Centers for Disease Control and Prevention. (2025). *Treat and manage infants affected by prenatal opioid exposure.* https://www.cdc.gov/opioid-use-during-pregnancy/treatment/infants-opioid.html

Eat, Sleep, Console

- Good example of how attachment can mediate distress
- Protocol used primarily for newborns affected by substance use, in particular opioids
- Assesses their eating, sleeping, and ability to be consoled with the aim of supporting these three factors through support and education, family involvement, skin to skin contact, and providing a quiet and calm environment
- Assisting the adult in regulation so they can give this to the baby

Young, L. W., Ounpraseuth, S. T., Merhar, S. L., Hu, Z., Simon, A. E., Bremer, A. A., Lee, J. Y., Das, A., Crawford, M. M., Greenberg, R. G., Smith, P. B., Poindexter, B. B., Higgins, R. D., Walsh, M. C., Rice, W., Paul, D. A., Maxwell, J. R., Telang, S., Fung, C. M., … Devlin, L. A.. (2023). Eat, sleep, console approach or usual care for neonatal opioid withdrawal. New England Journal of Medicine, 388(25), 2326–2337. https://doi.org/10.1056/nejmoa2214470

Discussion:

What ways do you see attachment in your work?

Both positive and challenges

Promoting Resilience in Relationships

Ghosts and Angels

Kulikova, K. (n.d.). *Dog in ghost costume* [Photograph]. Pexels.

Freepik. (n.d.). *Cute dog with angel wings* [AI-generated image]. Freepik.

Lieberman, A. F., & Van Horn, P. (2008). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment*. New York: The Guilford Press.

Individual Protective Factors

- Caregivers who create safe, positive relationships with children.
- Caregivers who practice nurturing parenting skills and provide emotional support.
- Caregivers who can meet basic needs of food, shelter, education, and health services.
- Caregivers who have a college degree or higher and have steady employment.

Centers for Disease Control and Prevention. (2024). *Risk and protective factors*. https://www.cdc.gov/child-abuse-neglect/risk-factors/index.html

Discussion:

How does your work promote individual factors for parents?

What would you like to add?

Relationship Protective Factors

- Families with strong social support networks and stable, positive relationships with the people around them.
- Families where caregivers are present and interested in the child.
- Families where caregivers enforce household rules and engage in child monitoring.
- Families with caring adults outside the family who can serve as role models or mentors.

Centers for Disease Control and Prevention. (2024). *Risk and protective factors*. https://www.cdc.gov/child-abuse-neglect/risk-factors/index.html

Discussion:

How do you promote relationships in your programming?

What would you like to add?

Protective Factors Community

- Communities with connections to safe, stable housing.
- Communities where families have high-quality preschool.
- Communities where families have nurturing and safe childcare.
- Communities where families have safe, engaging after school programs and activities.
- Communities where families have medical care and mental health services available.
- Communities where families have economic and financial help available.
- Communities where adults have work opportunities with family-friendly policies.

Centers for Disease Control and Prevention. (2024). *Risk and protective factors*. https://www.cdc.gov/child-abuse-neglect/risk-factors/index.html

Discussion:

Talk about your community.

What of these factors exist?

What would you like to add?

Thank you

The purpose of RCORP is to support treatment for and prevention of substance use disorder, including opioid use disorder, in rural counties at the highest risk for substance use disorder.

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RURAL COMMUNITIES OPIOID RESPONSE PROGRAM - TECHNICAL ASSISTANCE

Continuing Education Information

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The University of Pittsburgh School designates this live activity for a maximum of 6.75 AMA PRA Category 1 Credits . Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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Other health care professionals: Other health care professionals will receive a certificate of attendance confirming the number of contact hours commensurate with the extent of participation in this activity.

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