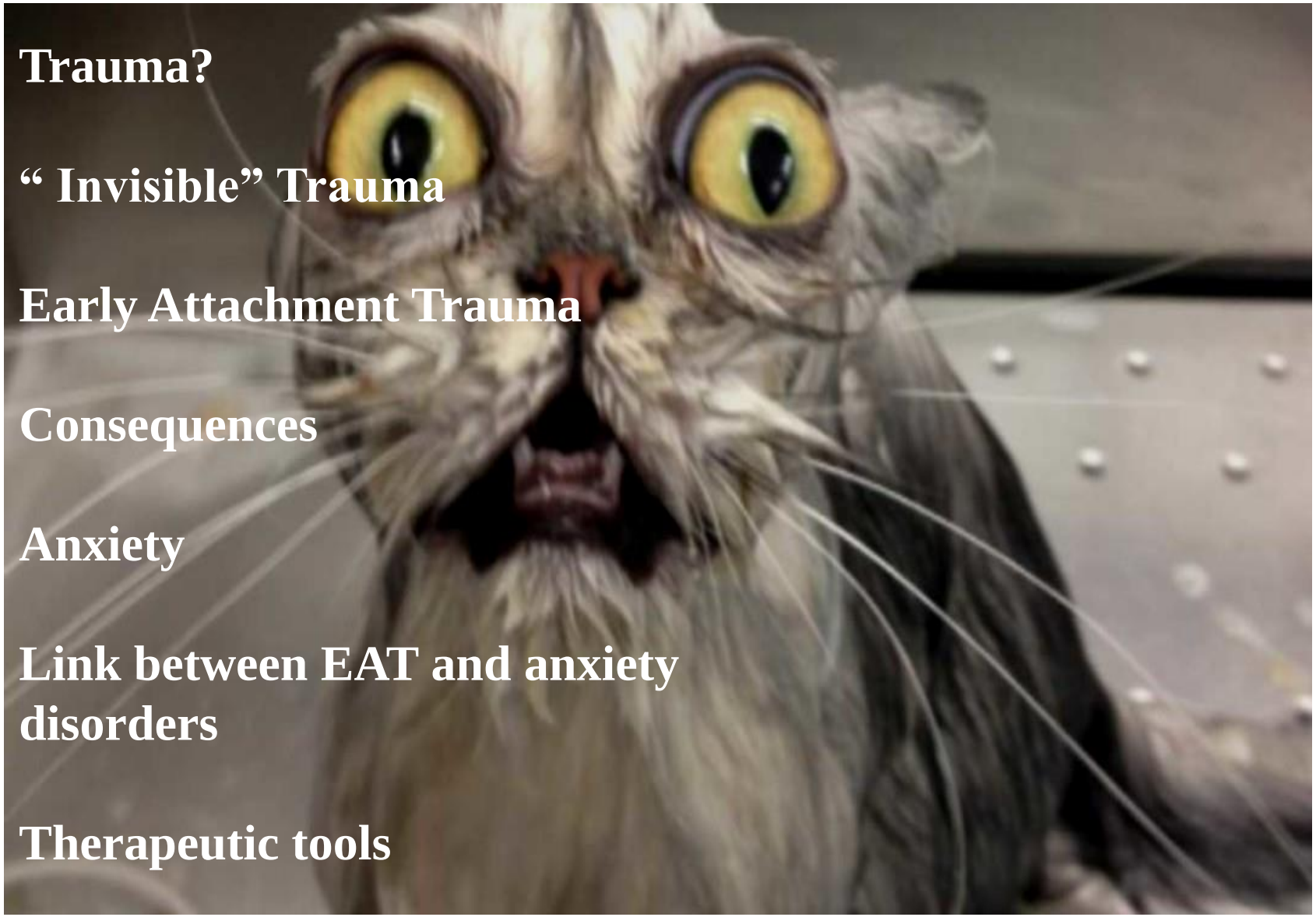
69th World Assembly and International Conference

19 · 24 June 2017
Croatia · Opatija

“Mom, there’s a monster in the closet”

How do attachment, trauma and anxiety disorders interact ?

trauma centrum BELGIË



Trauma?

“ Invisible” Trauma

Early Attachment Trauma

Consequences

Anxiety

Link between EAT and anxiety disorders

Therapeutic tools

Trauma?

- The classic vision of trauma

↓

- from the perspective of a traumatizing event

↓

- characteristics

Trauma ?

– **PTSD (Posttraumatic Stress Disorder)**
  - Criterion A: (traumatic event)

  "exposure to actual or threatened death, serious injury, or sexual violence"

– **Leonore Terr (**pediatric, adolescent, and adult psychiatrist)

  " a sudden, unexpected, overwhelming intense emotional blow or a series of blows assaults the person from outside"

Trauma ?

– **Van der Kolk: Developmental trauma disorder**
  - "Significant disruptions of protective caregiving
    as the result of
    repeated changes in primary caregiver
    repeated separation from the primary caregiver
    or exposure to severe and persistent emotional abuse"

– **Bowlby**
  - "any event that seriously threatens the attachment relationship"

“Invisible trauma”

“Invisible trauma”

The form of traumatization

↓

Child’s experience of threat

↓

Totally dependable on his caregiver

↓

limited behavioral and cognitive coping capacities

“Invisible trauma”

Experiences of threat

↓

include the threat of

↙ separation from the caregiver

↘ having little response to the signals of distress.

“Invisible trauma”

In the interaction between child and caregiver

↓

Not an obvious event

↙ Caregiver’s unavailibility

↘ Caregiver’s inability to modulate the affective dysregulation

Relational trauma

- Allen Schore (is an American psychologist and researcher in the field of neuropsychology)
  - " Exposure to chronic misattunement and prolonged states of dysregulation in het context of the Early attachment relationship"
  - "It refers to unobvious, invisible trauma"
  - "It results in an altered development and deficient functioning of the primary affect- regulating system"
  - "Early relational trauma is a likely precursor of later developmental trauma"

Attachment

- Attachment is a deep and enduring emotional bond that connects one person to another across time and space (Ainsworth, 1973; Bowlby, 1969).
  - Persistent and ongoing (from the cradle to the grave)
  - Directed toward a specific person
  - Emotionally significant
  - Characterized by seeking security, comfort and pleasure

THE ABC OF ATTACHMENT (Siegel & Hartzell, 2004)

Attunement	• parents use of their own internal state to help regulate the infant
Balance	• a child's achievement of balance between its body, emotions and state of mind
Coherence	• sense of internal integration and interpersonal connectedness to others acquired by the child through its relationship with its parents

Attunement

Attunement

- Sensitive responsiveness
- Mentalization
- Reflective functioning
- Containment
- Shared pleasure/ play

Sensitive responsiveness

Ainsworth and others (1974)

- The infant's point of view

– Four essential components:

- Her awareness of the signals
- An accurate interpretation of them
- An appropriate response to them
- A prompt response to them

Mentalization

Peter Fonagy

- A theory of mind
  (internal world)
- Oneself and others as psychological
- Mirroring
- Sense of self

Reflective functioning

- Reflect upon their own history (trauma, attachment)
- Influence
- Trigger

- “Ghosts in the nursery” (Selma Fraiberg)

Containment

– (Bion, 1959)

- Receive and understand
- Without being overwhelmed by it
- Communicates back

Shared pleasure/ play

Confidence, trust, security

Communicate and connect

Reduce stress

Strengthens attachment

Balance

Balance
Mother as external regulator

growth-facilitating emotional environment

↓

a child to develop an internal system

↓

adaptively regulate

↙ ↘

arousal

psychobiological states
(affect, cognition, and behavior)

Balance
Mother as external regulator

Contingent responsivity

↓

she appraises the nonverbal expressions of

↙ ↘

infant's internal arousal affective states

↓

regulates them

↓

communicates them to the infant

Coherence

Coherence
Sense of self

The availability of a reflective caregiver

↓

Secure attachment

↓

Facilitates the development of theory of mind

↓

"She thinks of me as thinking and therefore I exist”

↓

Child "find itself in the other”

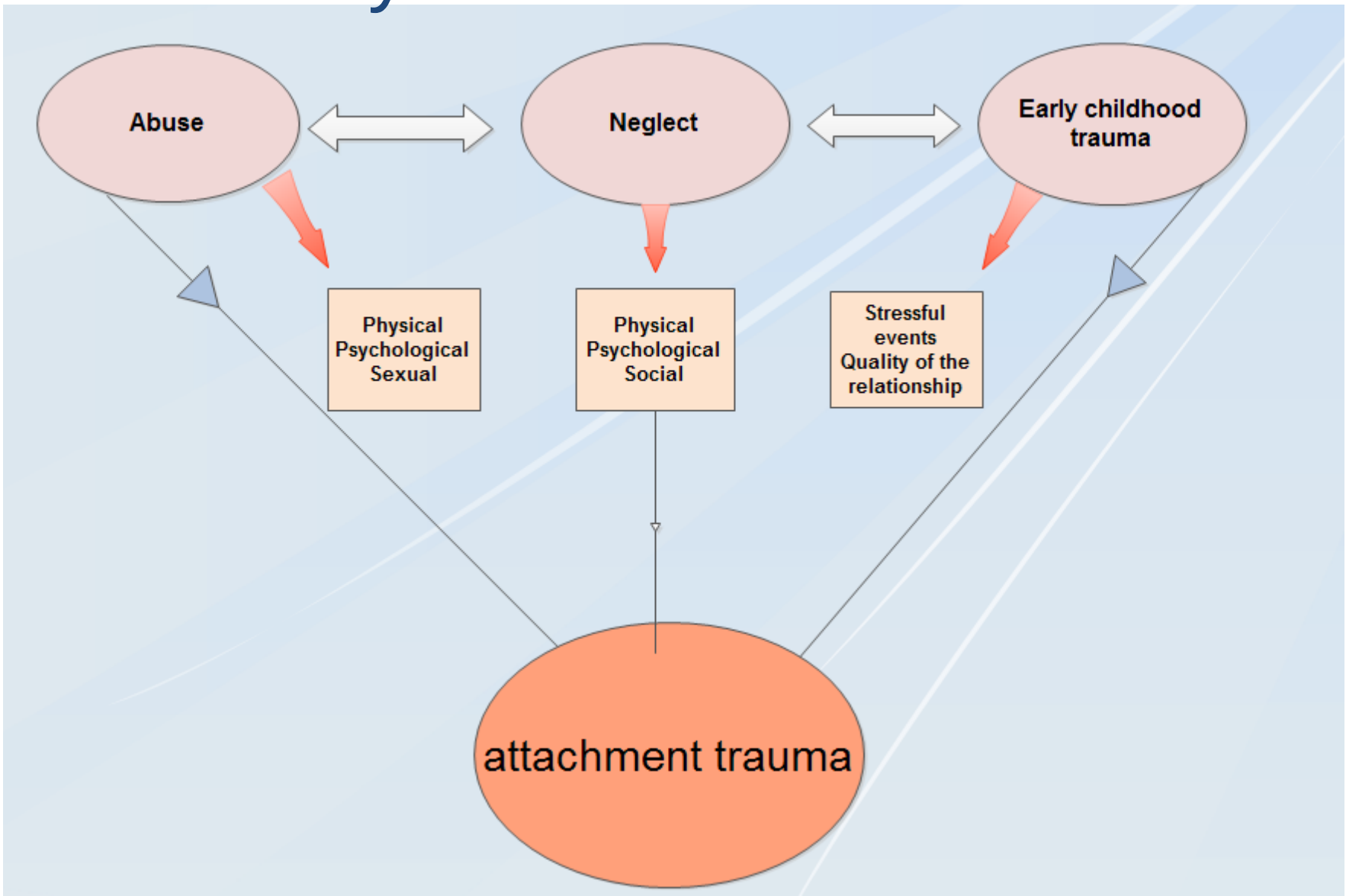
↓

"giving back to the baby the baby's own self"

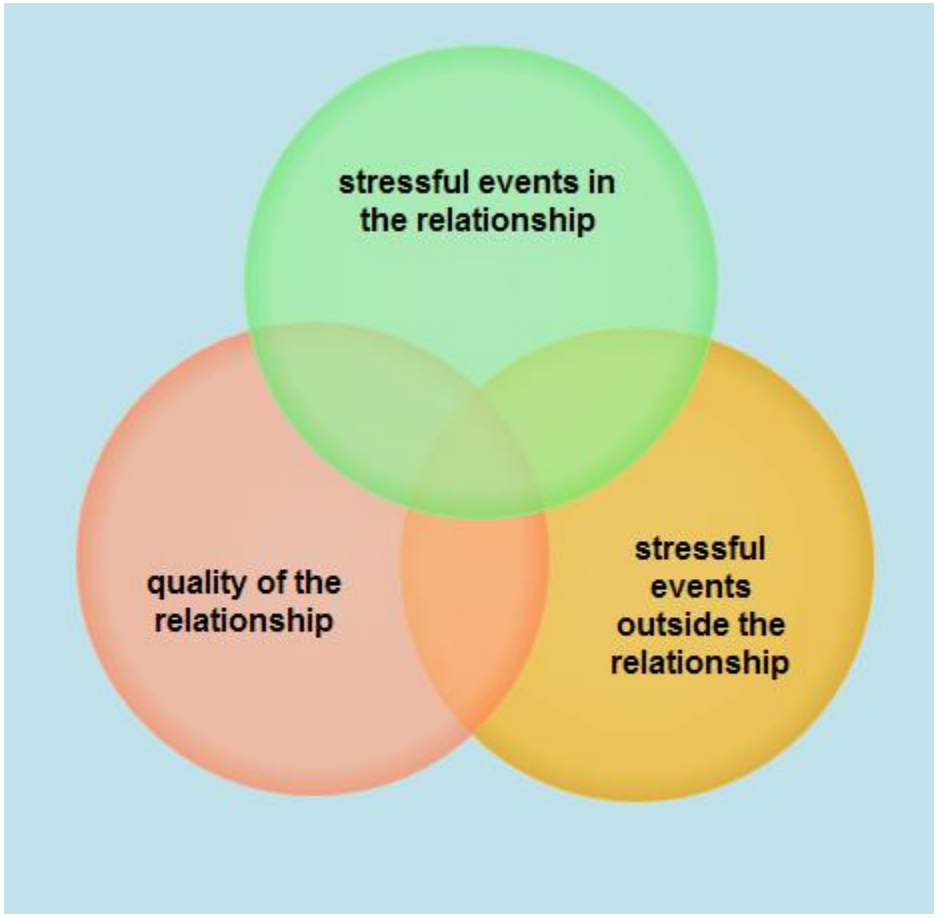
(Winnicott, 1967)

Early attachment trauma

Early attachment trauma



Early attachment trauma

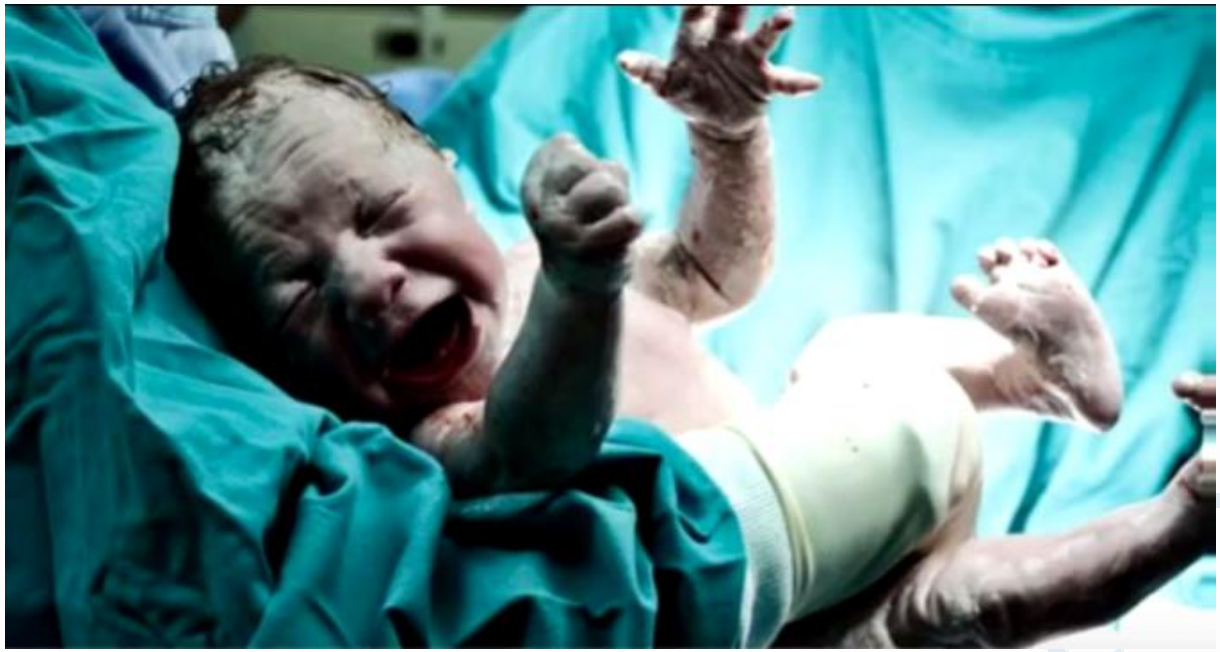


Stressful events in the relationship: Pre- natal trauma

Stressful events in the relationship: Pre- natal trauma

- Mary Mainsworth's: pre natal trauma attachment bond
- The foetus affected by
  - what the mother does, feels, thinks
  - what happens to her.
- And the unborn child is a feeling, remembering and aware being.
- Prenatal trauma
  - Unwanted/ previous loss/abortion attempt/ relationship problems/ anxiety etc.

Stressful events in the relationship: Birth trauma



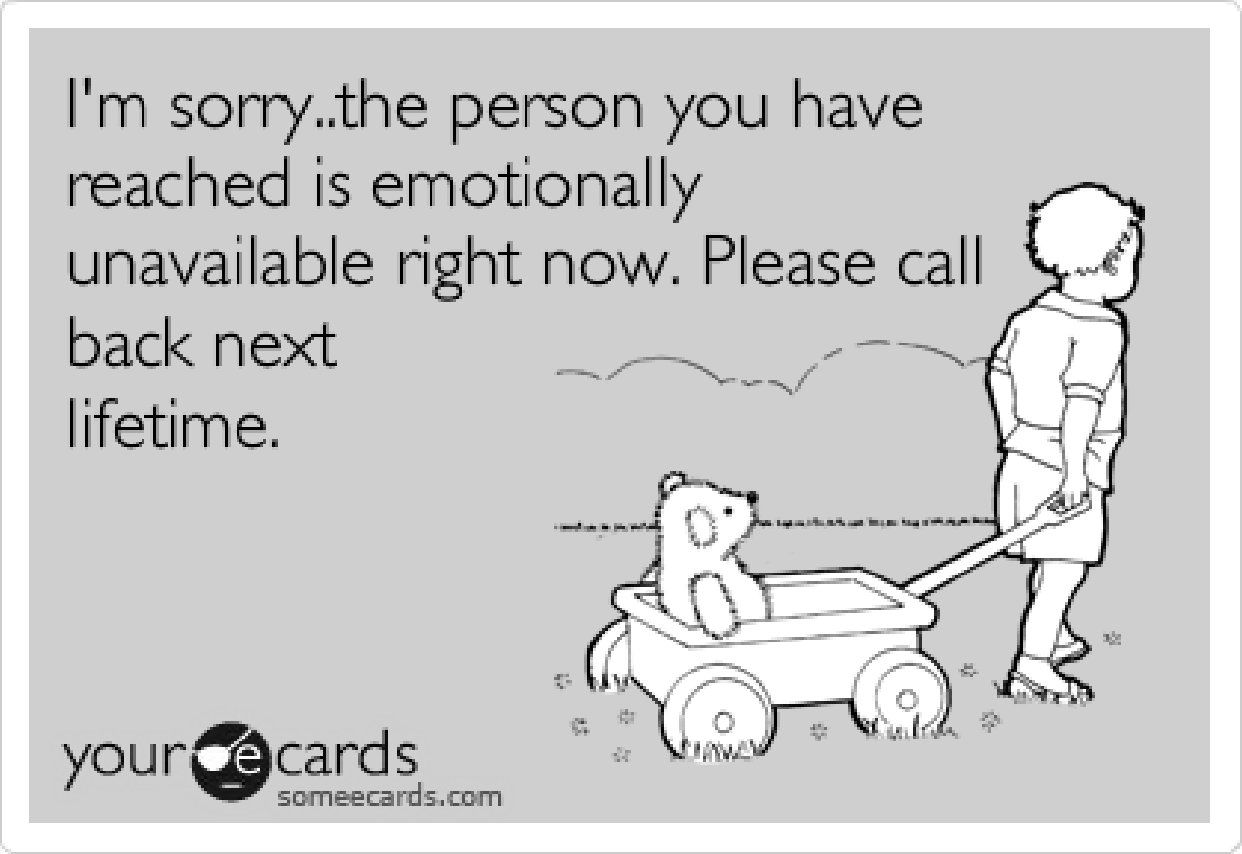
- C-section/ long or short labor/life threatening experiences/ vacuum extraction etc.

Disruptions in the attachment bond
Physical inaccessibility

Disruptions in the attachment bond Physical inaccessibility

- Forced separation very early in life from the primary caregiver
- Prolonged separation resulted from parental illness
- Early loss of primary caregiver
- Changes in primary caregiver
- Or other family disruptions: divorce

Disruptions in the attachment bond
Emotional inaccessible/ unavailable



Disruptions in the attachment bond Emotional inaccessible/ unavailable

- Inappropriate response
- Withdrawn parent behavior
- Stressful life episodes
- Suicide threat
- “Ghosts in the nursery”
- Parent psychopathology
- Relationship problems

EAT and stressful events outside the relationship

- Frequent moves or placement.
- Undiagnosed or painfull illnes.
- Early medical interventions.
- Absence of the father.
- Bereavement.
- Parental stress.
- Fearful or chaotic environment.
- Traumatic childbirth.

Quality of the attachment relationship

Quality of the attachment relationship

- Attachment style of the parent
- How do parents mentally process attachment-related information
- Quality of parenting

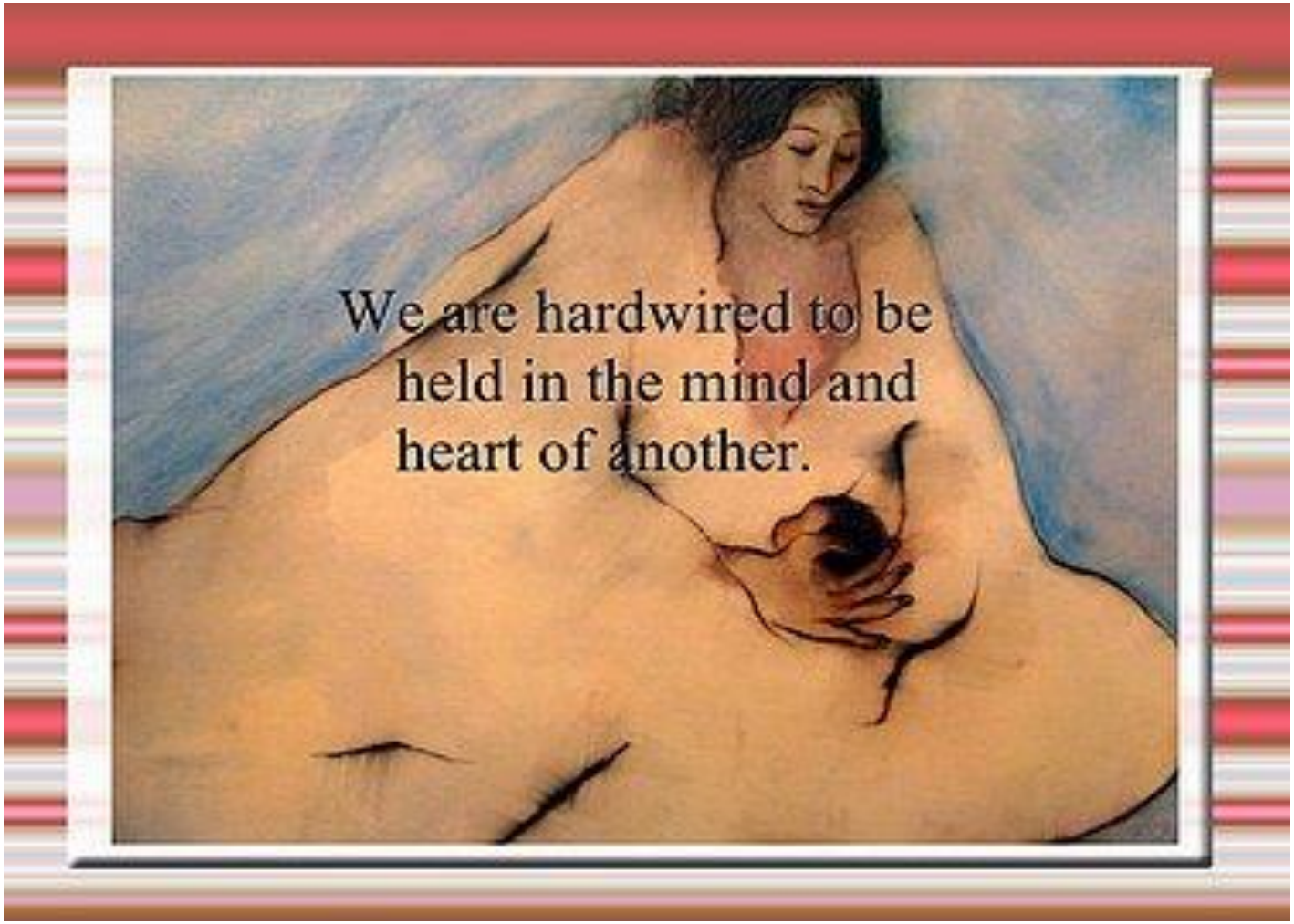
Attachment style of the parent

- Internal working model (IWM)
  - Memories of attachment interactions →accessibility
  - Mental representations of self/others
  - Cognitive structure
  - Typical emotions
  - Implicit memory
  - Open to modification

Processing attachment related information

- Crittenden (1993)
  - Dynamic Maturational Model
    - Attachment theory
    - Protecting the self and offspring of danger
    - Finding a reproductive partner
  - Failures of perception
  - Misinterpretation
  - Failure to select a response
  - Failure to implement a response

The quality of parenting



The quality of parenting

- Attunement
  - Sensitive responsiveness
  - Reflective functioning
  - Mentalization
  - Containment
  - Play

- Balance
  - External regulation

Features of EAT ?

- Early attachment trauma?
  - Caregiving relationship
  - Early
  - Repetitive
  - Chronic (over time)
  - Multiple
  - Adverse impact on the development of a secure attachment relationship

Severity of EAT

- EAT and the overlap with complex trauma
  - Interpersonal stressor
  - Multiple
  - Repeated
  - Cumulative
  - Developmentally vulnerable times

- Early stage:
  - The impact on the brain
  - Developmentally
    - Margret Mahler: Individuation –separation model

Developmental Consequences of EAT

- Developmental immaturity along five core dimensions of development: (Pia Mellody)
  - self esteem (less than versus better than),
  - boundaries (too vulnerable versus invulnerable),
  - reality issues (bad/rebellious versus good/perfect)
  - dependency (too dependent versus needless/wantless)
  - moderation (too little versus too much self-control)

Consequences of EAT

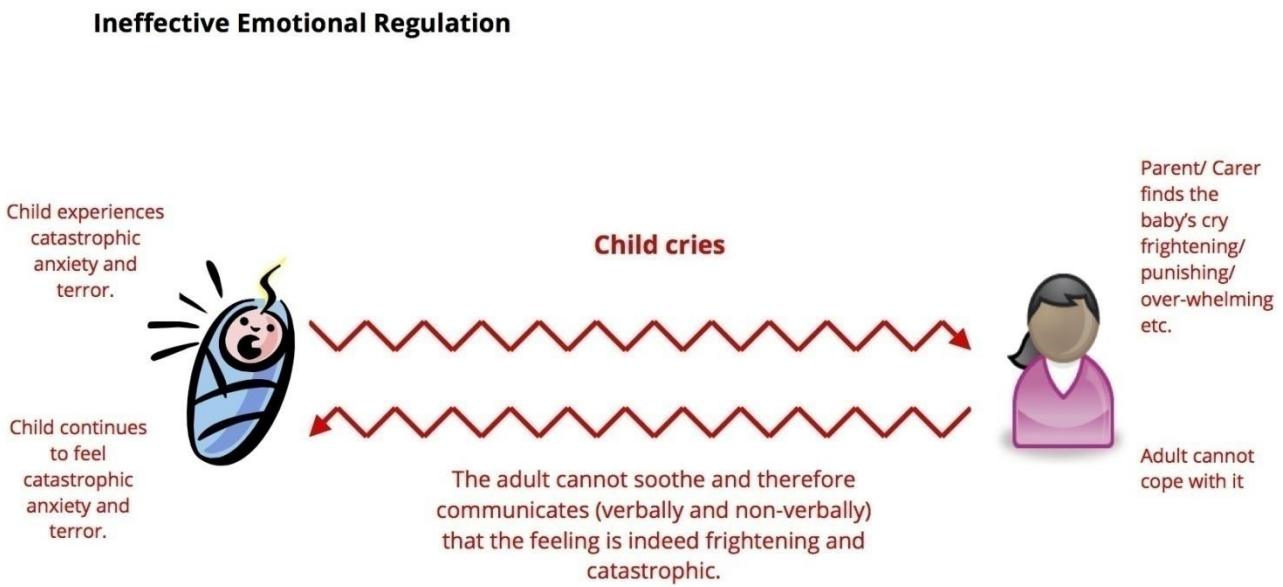
- Affectregulation
- Attachment style (IWM)
- Body
- Neurobiology
- Sense of self
- Cognition
- Dissociation

EAT and affectregulation

EAT and affectregulation
Effective regulation

Over time, when the child experiences this on *most* occasions (it does not need to be all of the time) they acquire the capacity, through developing neural networks, to regulate their own emotions.

EAT and affectregulation
Ineffective regulation



Over time, when the child experiences this on *most* occasions, the child fails to develop capacity to regulate their own emotions.

EAT and affect regulation

- Jaak Panksepp (1998, 2009) Affective Neuroscience
  - 7 emotional circuits at birth
  - Subcortical neurocircuitry of the mammalian brain
  - Environmental experiences.
  - EAT ➔the circuits don't flow
  - EAT ➔ no integration ➔ **dissociated states**
  - EAT ➔ no self
  - EAT ➔ no embodiment

EAT and affect regulation

EAT: disruption in the attachment bond

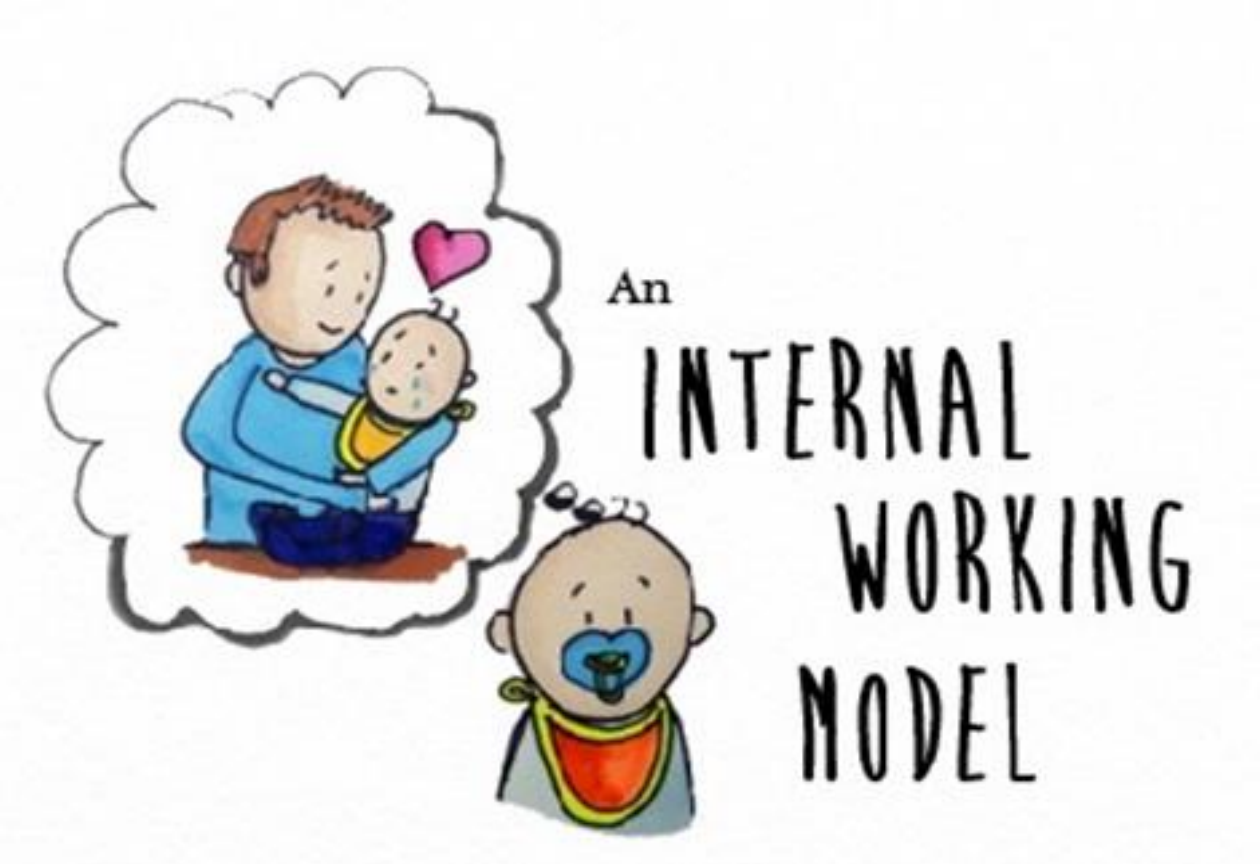
Over activating the panic-grief brain network

Increased activation of the SEEKING system (“protest”)

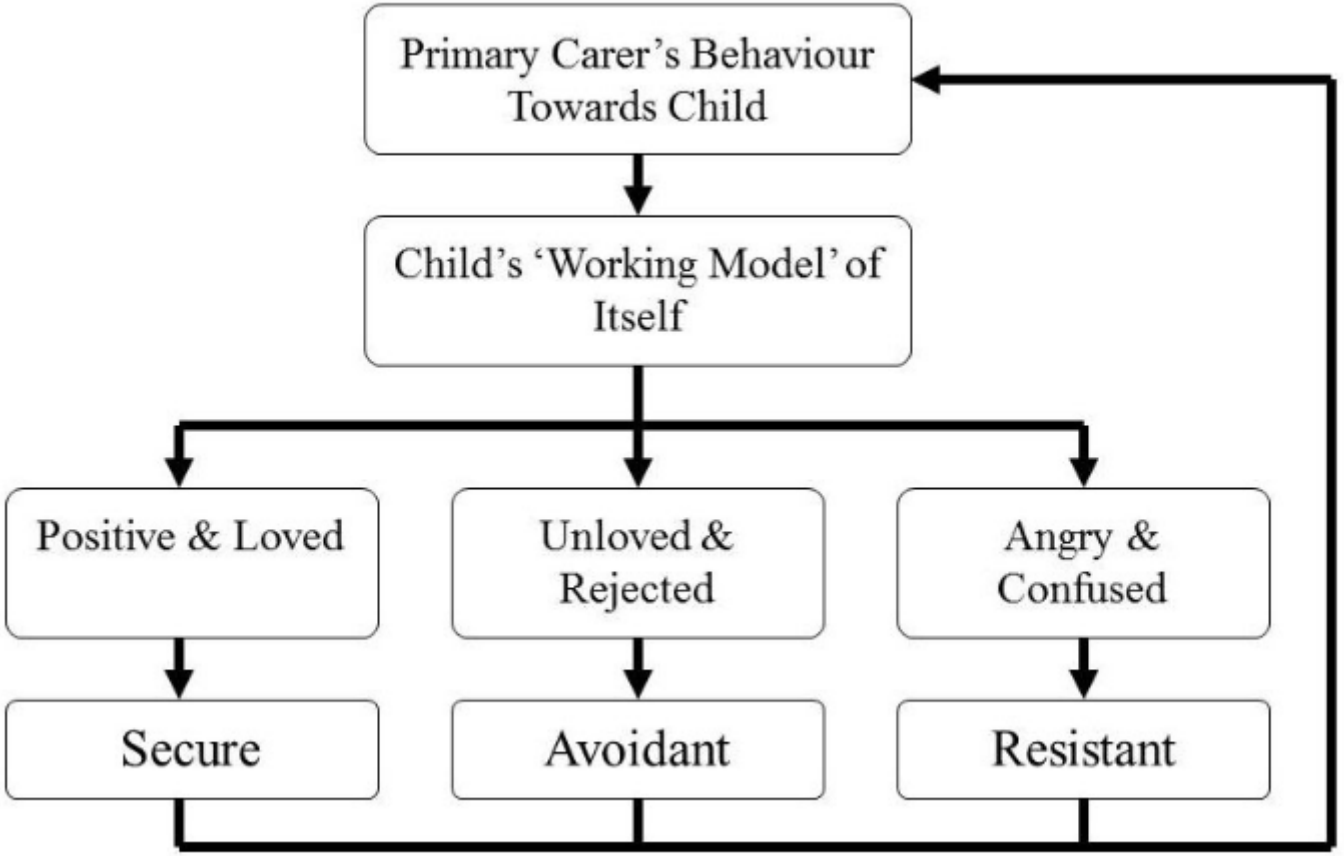
Increased hopelessness and withdrawal (“ despair”)

Decreased SEEKING behaviors (“ detachment”)

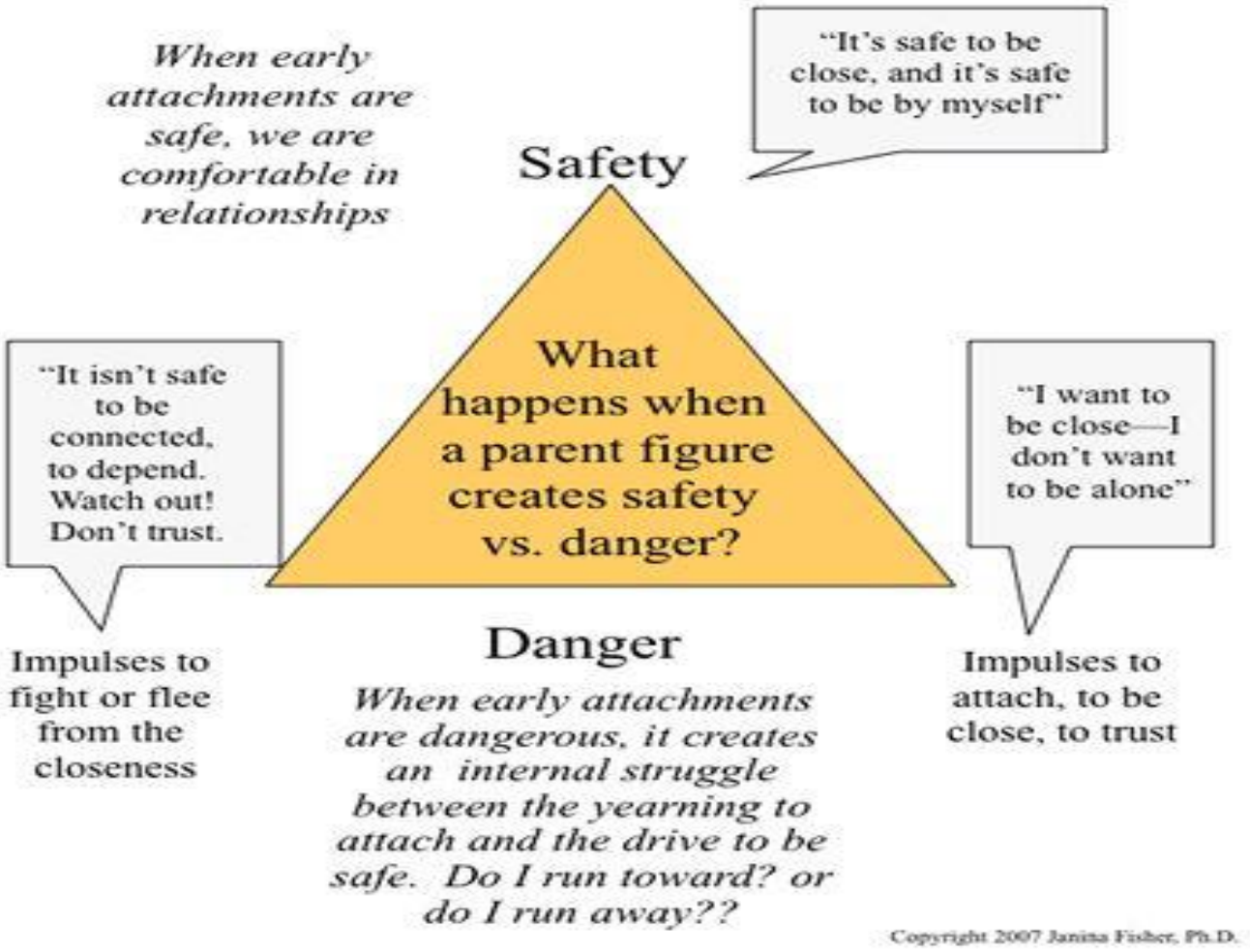
EAT and Internal Working Model



EAT and Internal Working Model



Trauma Causes "Disorganized Attachment:" is it safe to be attached?



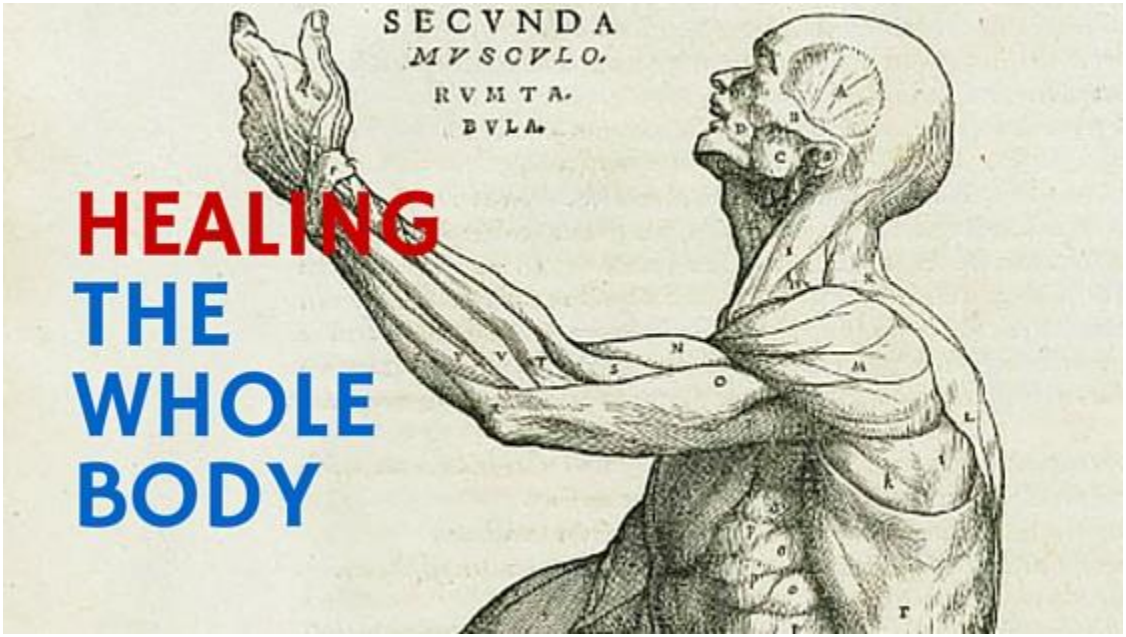
EAT and cognition

EAT and cognition

- Negative IWMs of self:
  - Increased appraisals of normal life circumstances as threatening
  - Difficulty in suppressing thoughts
  - A tendency to devalue oneself in threatening situations

- Negative IWMs of others:
  - failure to suppress when the individual is experiencing high cognitive loads

EAT and the body



EAT and the body

- Attachment dynamics play out at the physical level
- Via the body-to-body communication
- The nature and quality of the attachment relationship.
- Ways in which a mother relates to
  and responds to her own physical and bodily needs
- The child relate to his own body.
- Sense of bodily sense

EAT and dissociation

EAT and dissociation

Early attachment trauma

↓

Attachment insecurity

↓

Disorganized attachment

↓

Dissociation

Dissociation

- Deficit of integration

  Dissociation is usually defined as:

” a deficit of the integrative functions of memory, consciousness and identity,

and is often related to traumatic experiences and traumatic memories”.

Dissociation

- Liotti's:

"Failure in organizing multiple and incongruent models of the self and other

into unitary mental states and coherent behavioral states

rahter than an intrapsychic defense against unbearable pain and severely traumatic experiences"

EAT and dissociation

Dissociative phenomena

Hyper- aroused

Flashbacks
Full immersion
in the experience

Hypo- aroused

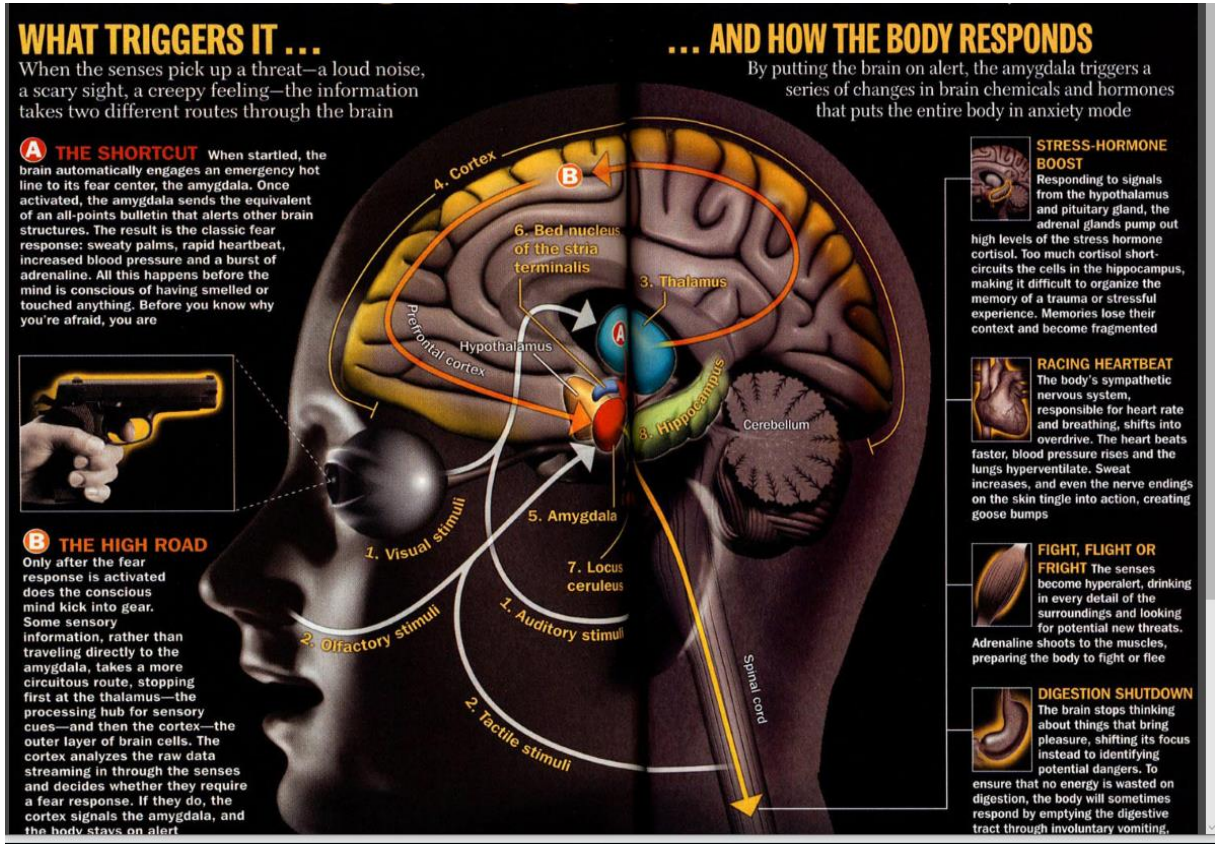
Freeze
Detachment
from the experience
Depersonalization/
Derealisation

Anxiety

- “Anxiety” and “fear”
- Separate entities in the neuroscientific community.
- Fear is the physiological reaction to something in our external or internal environment.
- Anxiety on the other hand is the psychological and emotional reaction to the afore mentioned environmental stimulus.
- Anxiety is the conscious worry and sense of subconscious unease

The anatomy of anxiety

- Short cut or The high road



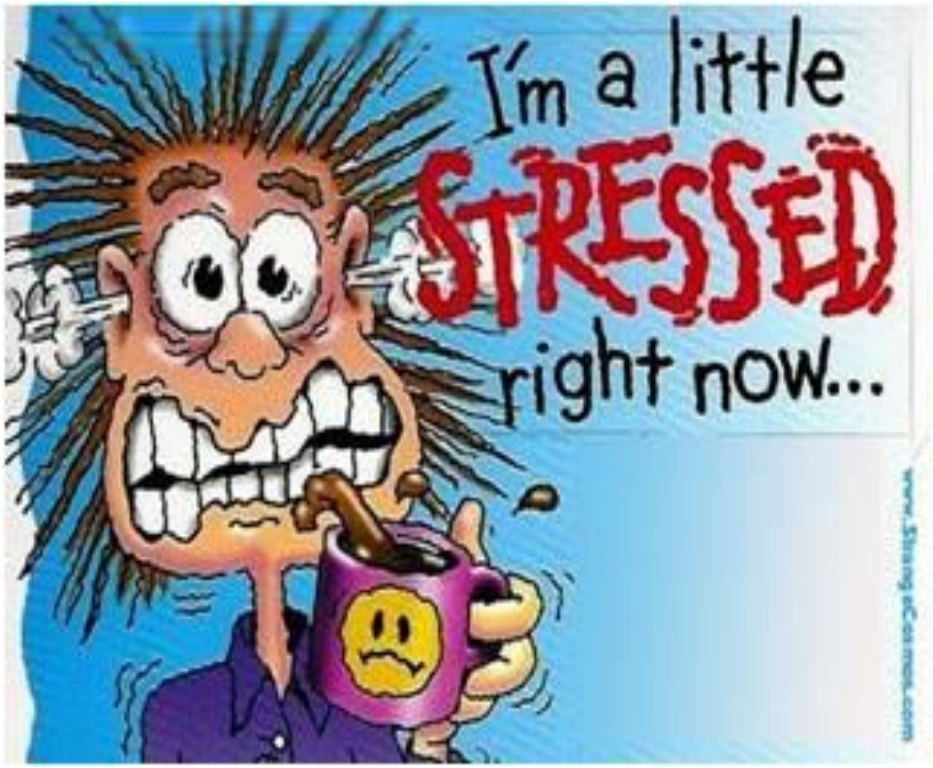
Short cut/ Emergency hot line

- Quickly getting the body to be alerted
- Sensory information
- Thalamus (processing hub for sensory cues)
- The amygdala (fear center)
- The locus coeruleus
- Responsible for a lot of the classic symptoms of anxiety
- Evolutionary method of survival
- The fight or flight

High road

- Conscious mind comes into gear
- Sensory information
- Thalamus
- Cortex
- Analyzes the raw data coming in
- Decision if a fear response is required

Anxiety and stress regulation



Anxiety and stress regulation

- Autonomic nervous system (ANS)
  - It regulate the autonomic, somatic aspects of the stress responses
  - Specific behavior and physiological responses

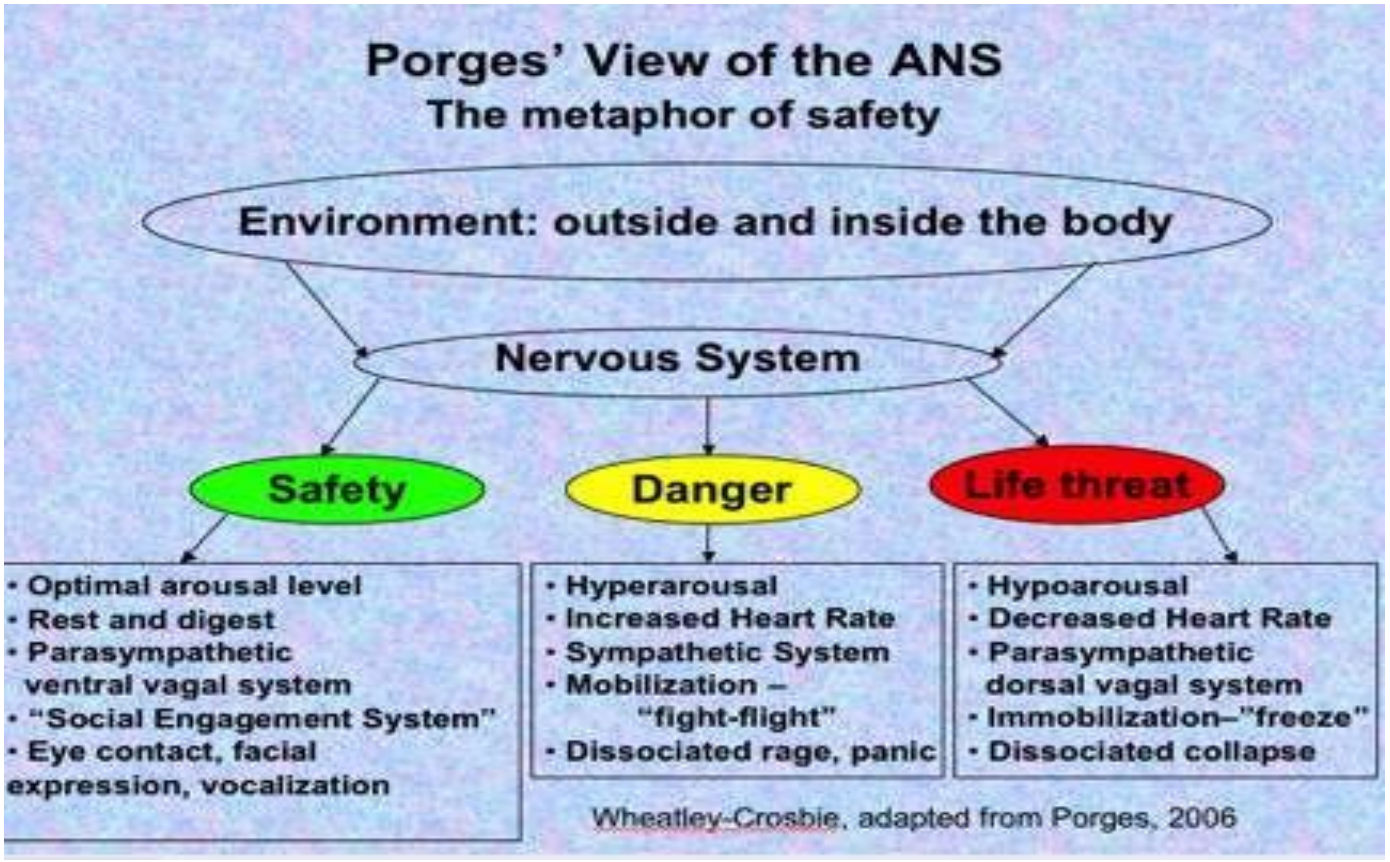
  - ANS: = system of balance
    - Sympathetic =“accelerator”= fight/ flight
    - Parasympathetic = “brakes” = rest /digest

Anxiety and stress regulation

- Stephen Porges (2001)
  - The Polyvagal Theory:
    - ANS = hierarchical system that responds to environmental challenges
    - Three different subsystems
      - Parasympathetic ventral vagal (Social engagement system)
      - Sympathetic arousal (fight/flight)
      - Parasympathetic dorsal vagal (freeze responses)

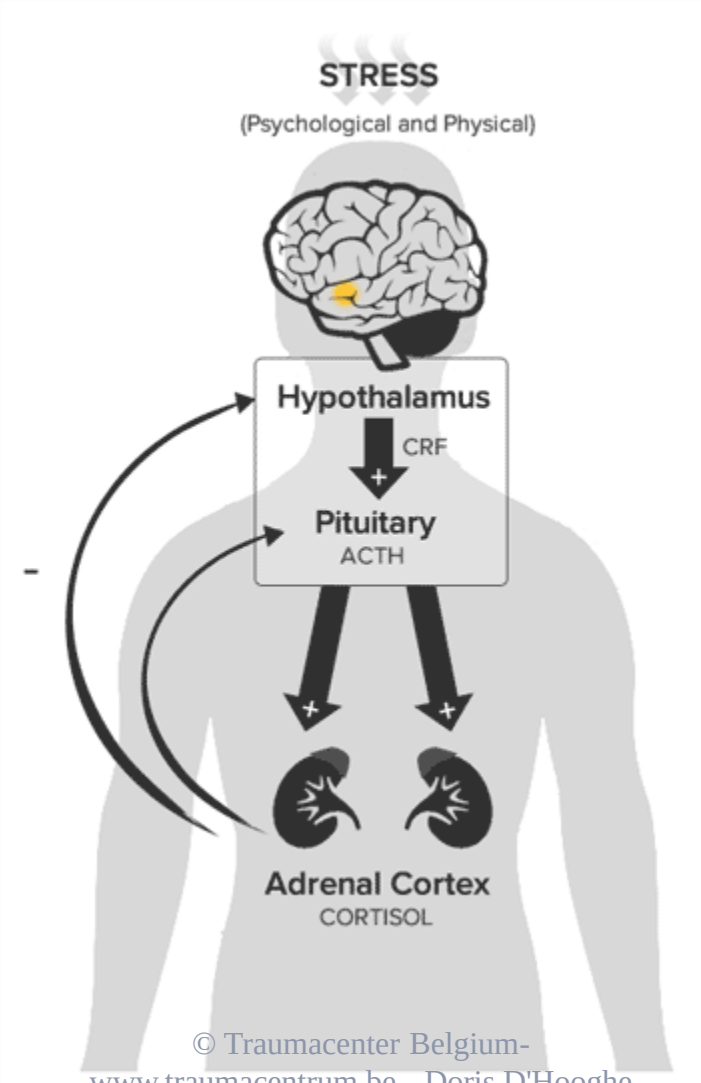
Anxiety and stress regulation

Porges



Attachment and neuroendocrine responding

- HPA -axis



Attachment and neuroendocrine responding

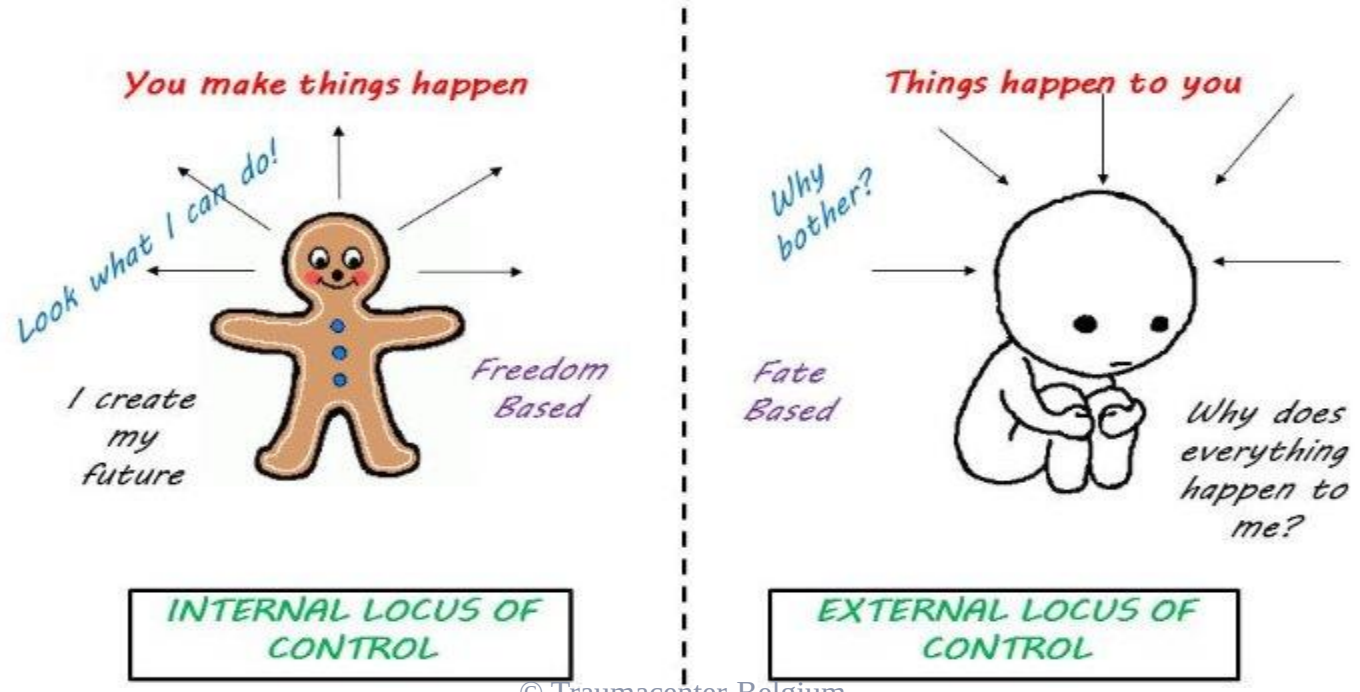
- Early life experiences program the HPA- axis
- Context of caregiving and the quality of this
- Features of the parent- child relationship can potentiate or inhibit the HPA stress response
- Gunnar (1994) separation from parents as

  - evolving loss of control over proximity

  - loss of the mother's help in controlling/ regulating the internal and external environment
- EAT activates the HPA -axis

Anxiety and Locus of control

- The extent to which an individual perceives personal control over events in one's environment.



Early environment and control-related beliefs

- Parenting :
  - Secure base: Care versus indifference

    Care: consistently and contingently responsive

    ↓

    Internal locus of control
  - Safe haven : overprotection versus autonomy

    Autonomy: independence and encourage the development of new skills

    ↓

    Internal locus of control

Secure base: Attachment behavioral system

Bowbly (1982)

↓

Attachment bond

↓

Maintenance and regulation of safety

↓

Caregiver as a secure base

↓

Child's sense of safety

↓

Allying his fear

Safe haven:
The exploratory system.

Safety

↓

Urge to explore

↓

Satisfy curiosity

↓

Desire new experiences

↓

Sense of effectiveness and competence

↓

Joy/exhilaration/ exuberance/ pride

Disruptions in the attachment bond

Crucial role of fear

Fear

↓

It activates attachment behavior and curtails exploration.

↓

“Especially activated by the mother being or appearing to be inaccessible” (Bowlby, 1998)

↓

Caregiver’s inaccessibility and non-responsiveness

↓

Primary danger in the child’s emotional world

↓

Anxiety becomes the driving force of the attachment system

Disruptions in the attachment bond

- Fear of abandonment is among the most anxiety-provoking situations in childhood
- Psychological/ emotional disruptions:
  - Inappropriate response
  - Stressful life episodes
  - Suicide threat
  - “Ghosts in the nursery”
  - Parent psychopathology
  - Relationship problems

Defensive exclusion (Bowlby 1980)

Strategy of the child

⬇

Excluding all aspects of his experience

⬇

The child sacrifice:

➔fullness of his reality

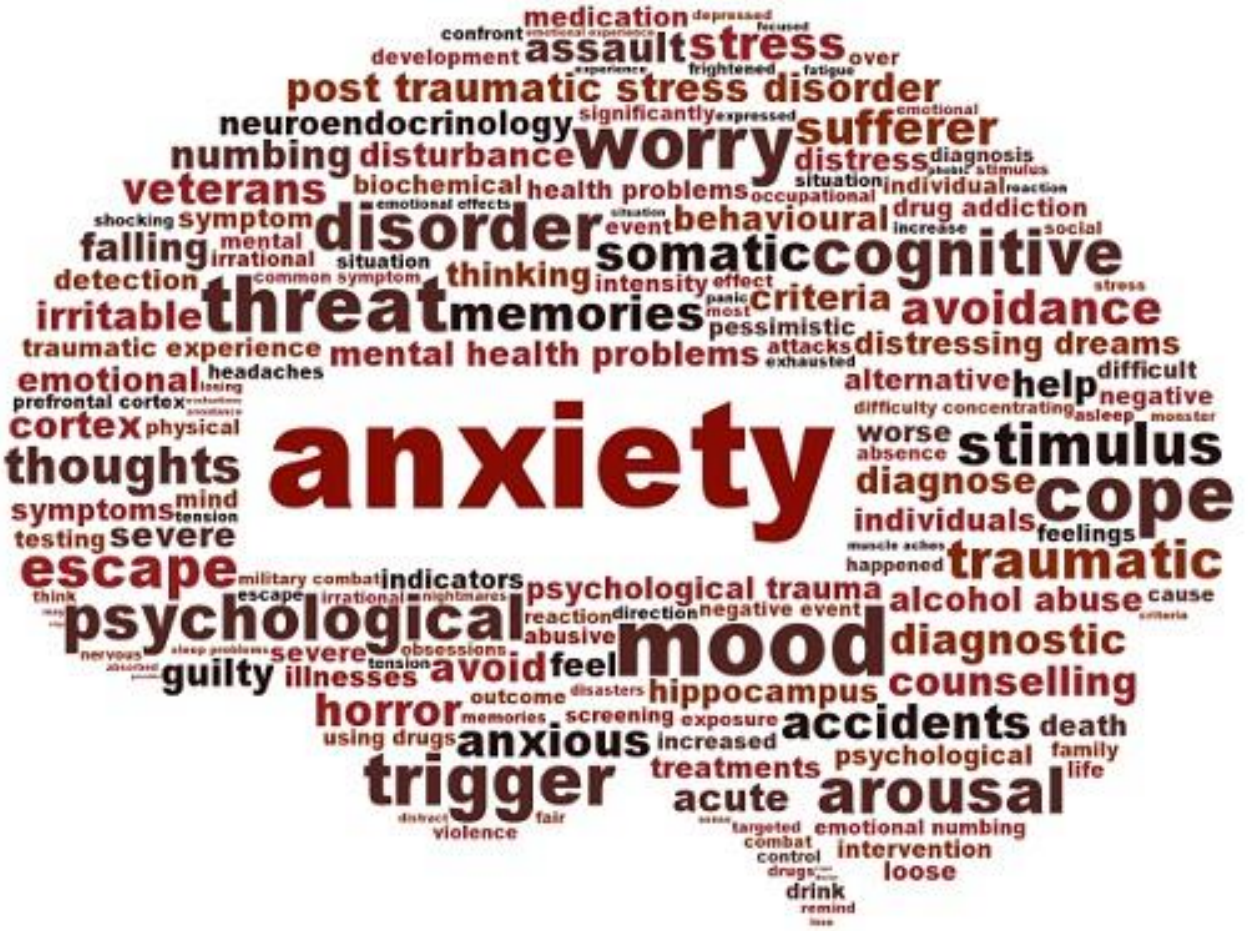
➔relationships

➔ affective inner life

Defensive exclusion (Bowlby 1980)

- Goal:
  - To deal with alarm and fear of relational loss
  - Maintain relational closeness
  - Compensate for the failure of the affect-facilitating environment
  - Deal with anxiety produced by the failure of the AT figure to help the child to feel safe

Anxiety : the mother of all psychopathology



Anxiety : the mother of all psychopathology

No feeling of safety

↓

Anxiety

↓

Reaction to the non - availability or non - responsiveness

↓

Aloneliness

↓

Defense arise:
re - establish safety
optimize the caregiving

↓

Exclude the affective experiences that threatens

Subtypes of anxiety

- Panic disorders with or without agoraphobia
- Phobias, including specific phobias and social phobia
- Social anxiety disorder
- OCD: unwanted, intrusive, persistent thoughts or repetitive behaviors.
- Stress disorders: post-traumatic stress disorder (PTSD) and acute stress disorder
- Generalized anxiety disorder (GAD).
- Anxiety disorder not otherwise specified

Consequences of EAT resulting in anxiety disorders

- Affectdysregulation ➔Affectphobia
- IWM ➔Social Phobia/ Fear of failure
- Cognition ➔OCD
- Body ➔Hypochondria/ Health anxiety
- Dissociation ➔ Anxiety disorders

EAT ➔Affectdysregulation ➔ Affectphobia

EAT ➔Affectdysregulation ➔ Affectphobia

- Affect regulation
  - awareness of the feeling
  - identifying what it is/ name it
  - the modulation of that affective experience
- When not achieved

⬇

the arousal generated by that affect remains unmodulated as well

⬇

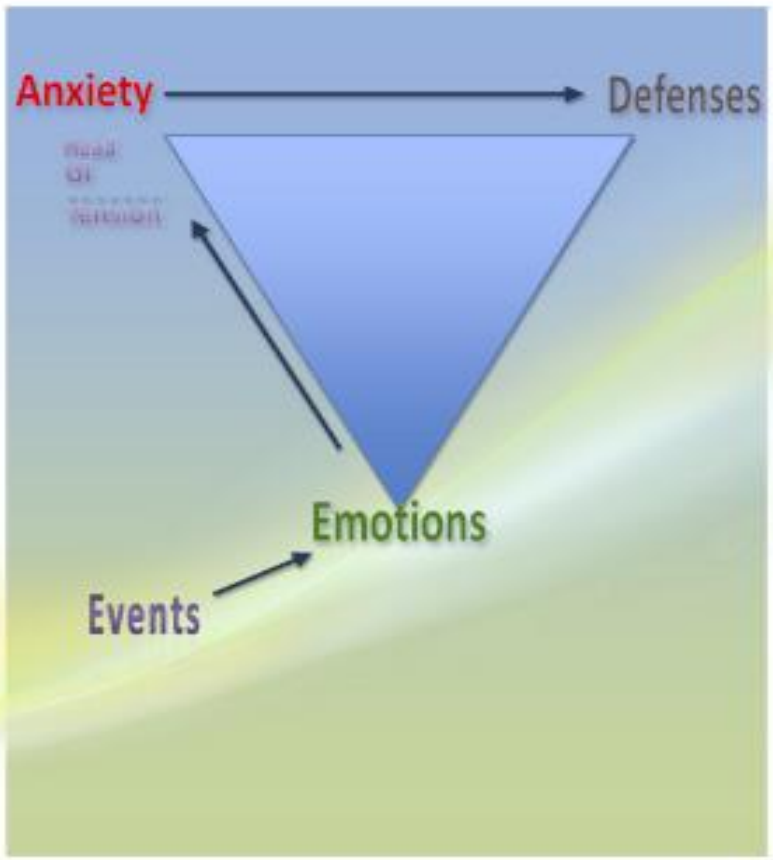
Anxiety

EAT ➔Affectdysregulation ➔ Affectphobia

- EAT = lack of contingent and responsive mirroring
- Affectdysregulation
- Emotions are feared
- Anxiety prompts an defensive reaction
- Defense push the feeling back down
- Safety is restored

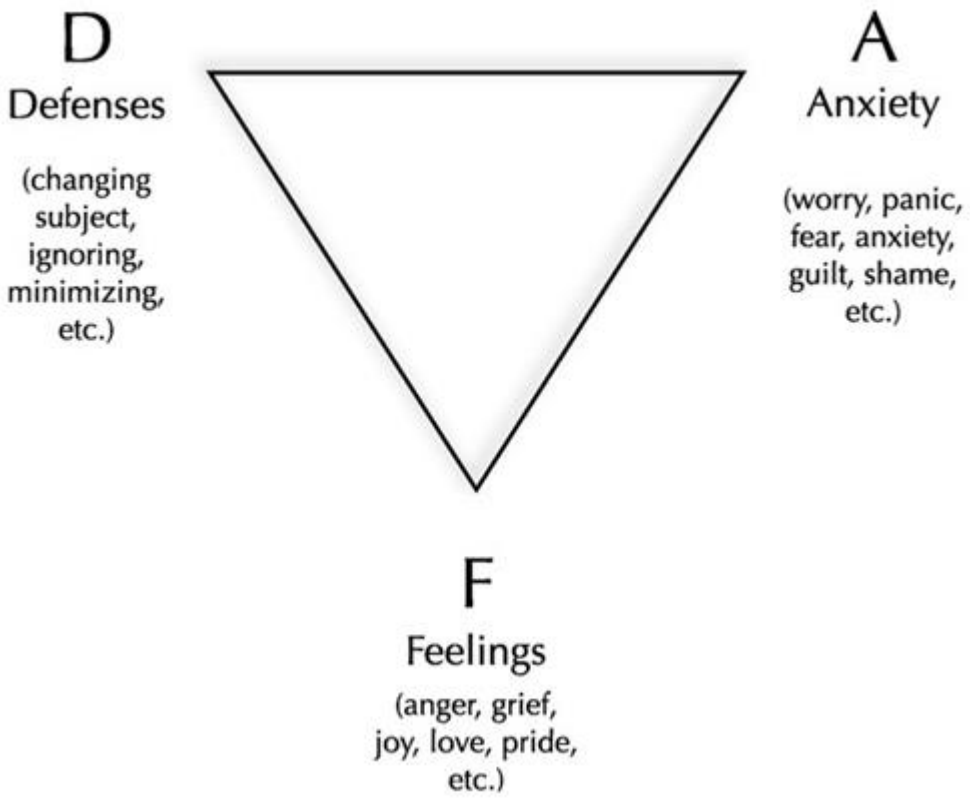
EAT ➔Affectdysregulation ➔ Affectphobia

- Triangle of conflict



EAT ➔Affectdysregulation ➔ Affectphobia

- Triangle of conflict



EAT ➔ IWM ➔Anxiety

EAT ➔ IWM ➔Anxiety

- Dismissive style and anxiety= dealing but not feeling

Sacrifies his affective life

⬇

Minimize the importance of the relationship

⬇

Fear of closeness

Suppressing his emotional charge

EAT ➔ IWM ➔ Anxiety

- Preoccupied style and anxiety = “ feeling but not dealing”

Cannot let go relationnaly
Cannot modulate own affect
↓
Relational maintenance
↓
Cost his independent functioning and exploration
↓
To much anxiety
↓
Separation anxiety
↓
Grief, anxiety and defensive exclusion of anger

EAT ➔ IWM ➔ Anxiety

- Fearfull style and anxiety= “not feeling not dealing”

Intense anxiety

↓

Rupture the organization of:

➔cognition

➔ Behavior

↓

Fragment the integrity of the self

↓

Dissociation and splitting

↓

Prevent more dis- integration

BLOWFISH WITH SOCIAL ANXIETY DISORDER

EAT ➔ IWM ➔Social Phobia

- EAT
- Lack of appropriate response when the child is
  - Frightened
  - Threatened
  - Seeks proximity
- World = threathening and unsafe
- Self = incompetent in different life domains

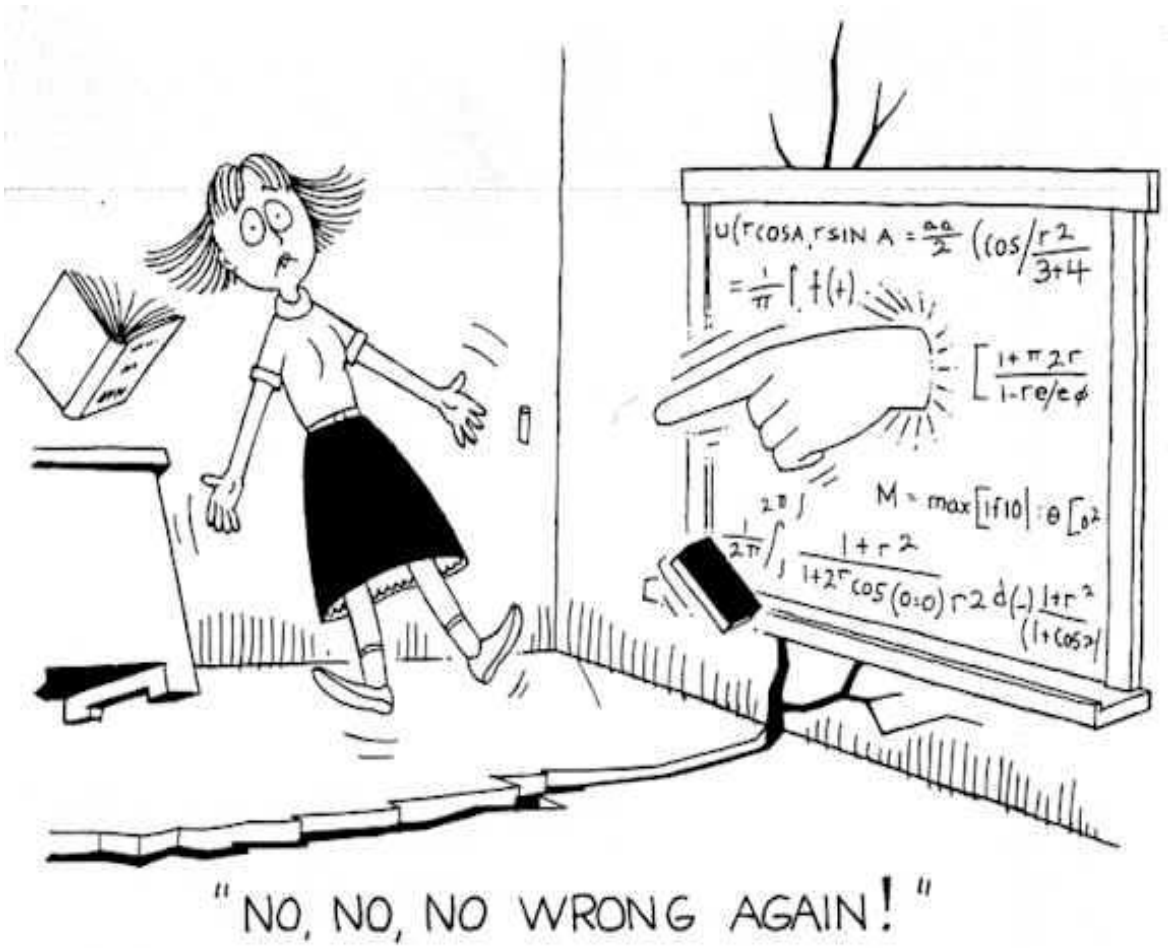
EAT ➔ IWM ➔Social Phobia

- Attachment anxiety
  - Negative feelings about the self
    - Low self esteem/Worthlesness
    - Incompetence
    - Danger
    - Shame/ Quilt
  - Negative feelings about others
    - Others will lack acceptance and support
  - Give rise to perfectionism
    - Perfect social performance
      - To assure acceptance
      - To ensure loss will not happen
    - Hypervigilance to threat

EAT ➔ IWM ➔Social Phobia

- IWM:
  - Feelings
  - Thoughts
- Projection of feelings and thoughts to another person
- Believe the other feels/ think that way about you
- Causes anxiety
- Withdrawal and avoidance

EAT ➔ Insecure attachment ➔ Fear of failure



EAT ➔ Insecure attachment ➔ Fear of failure

- Lack of secure base
- Ongoing concerns about attachment security
- The caregiver not being available, accepting or unconditionally responsive
- Not safe enough to explore
- Avoidance of danger
- Avoidance of failure
- Fear of failure

EAT ➔ Parent-child role- confusion

EAT ➔ Parent-child role- confusion ➔ Fear of failure

- EAT
- Lack of secure base
- Disorganized attachment
- Role reversal (the child behaves like a parent towards the caregiver)
  - Punitive behavior
  - Caregiving behavior
    - e.g., the child assists, guides, encourages, soothing, or is overly cheerful or solicitous
- Failure experiences

EAT ➔ Parent- child role-confusion ➔Phobia

- EAT
- Withdrawn behavior caregiver
- Child as parent
- Stay close to the parent
- To comfort, guide, soothe…
- Social phobia
- Schoolphobia

EAT and health anxiety

EAT and health anxiety

- Caregiver not securely attached to his body
  - Negative body image with rejection
  - Neglecting the body needs
- Child is deprived of the safety, security, and containment
- Physical needs left unattended
- Resulting in an insecure body attachment
- Vulnerability to concerns about bodily functioning
- A way to seek help from those who were unresponsive (“attachment cry”)

Anxiety disorders and attachment cry

Anxiety disorders and attachment cry

- EAT
- Dissociation
- Traumatic memories
- EP (emotional parts)
- The action system of defense
- Panic system (Panksepp, 1998)
- A desperate call for closeness and reconnection

EAT and Obsessive Compulsive Disorder (OCD)

- OCD ➔ Intrusive thought
  - ➔ appraised as dangereous or threathening
  - ➔ need to be neutralized
  - ➔ obsession
- Attachment is fundamental in formation of IWM of self and others.
- May influence the development of obsessive beliefs

EAT and Obsessive Compulsive Disorder (OCD)

- IWM :4 domains
  - Self- esteem:
    - I’m bad
    - I’m worthless
  - Competence
    - I’m a failure
    - I can not do it
  - Safety
    - I’m in danger
    - I will die
  - Responsibility
    - It is my fault
    - I am guilty

Dissociation and anxiety disorder

Dissociation and anxiety disorder

- Dissociation from
  - Emotion
    - ➔ affectphobia
  - Body
    - ➔ health anxiety
- Panic disorder

  ➔ depersonalization/ derealisation (hypo-aroused)
- Agorafobia

  ➔ avoidance (hyper- aroused)

Anxiety treatment = Trauma treatment

- Phase-oriented:
  - Stabilization phase:
    - FAFA
    - Improving daily life
    - Emotion focused therapy
    - Affectregulation
    - Mentalization
    - Restructuring IWM
    - The therapeutic alliance
    - CBT
    - Presence
  - Confrontation phase
  - Integration phase

Anxiety = 4 levels

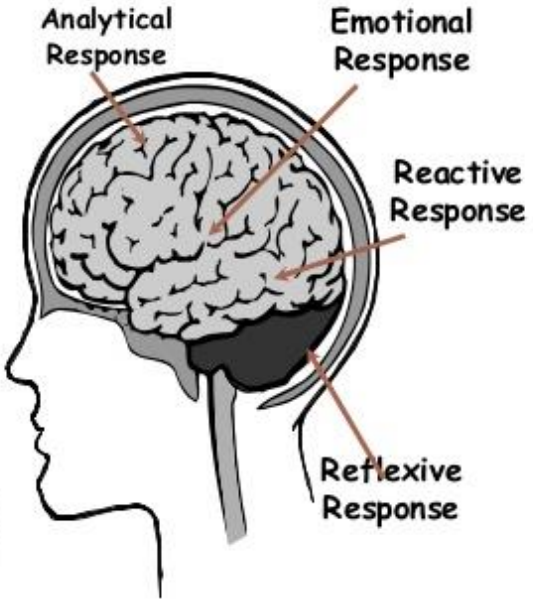
- Physiology:
  - Heart rate/ fatique/ stomach pain/ muscle tension/ numbing/ nausea
- Cognitive:
  - Self- critical/ fearful/ catastrophizing/ forgetfullness/ concentration
- Emotional
  - Fear/ worry/ anger
- Behavioral
  - Avoidance/ impulsivity/ trembling voice/ avoiding eye contact/ fiht- flight- freeze

Wheel of awareness

Upstairs / Downstairs brain

UPSTAIRS/DOWNSTAIRS BRAIN

- Downstairs brain:
  - **Brain stem and limbic region**
  - **Basic bodily functions, emotional reactivity, attachment, fight/flight/freeze**
- Upstairs brain:
  - Cerebral cortex
  - Decision making, planning, self-understanding, control over emotions and body, empathy, morality, executive functioning



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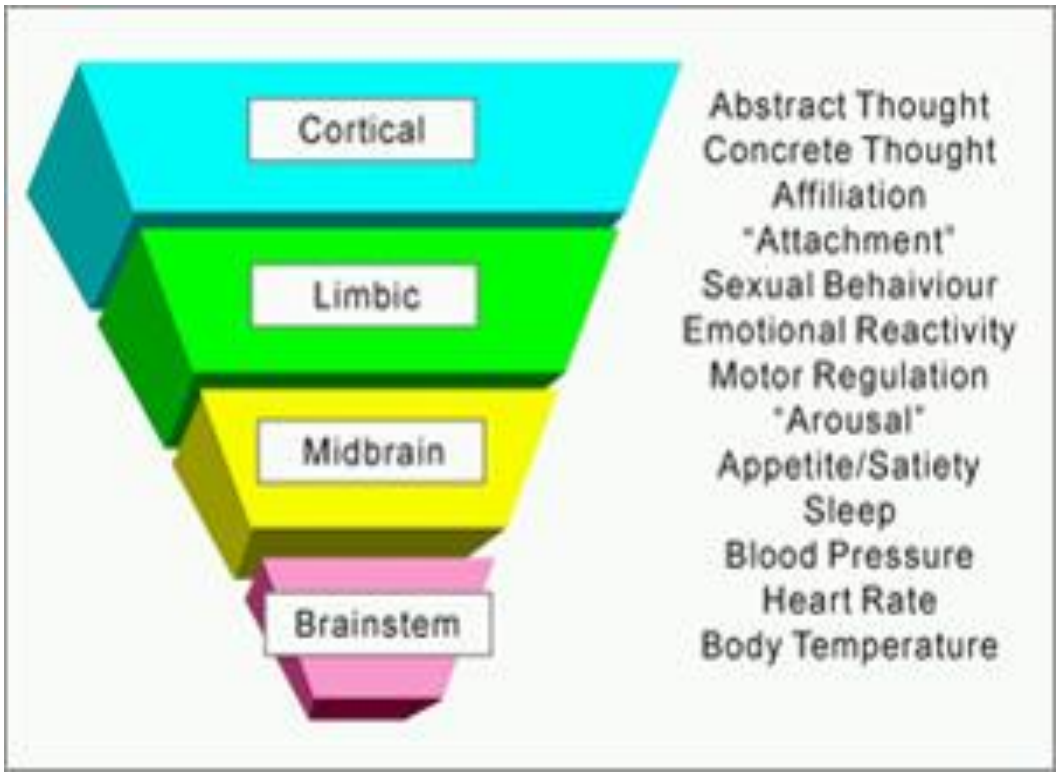
Vertical integration



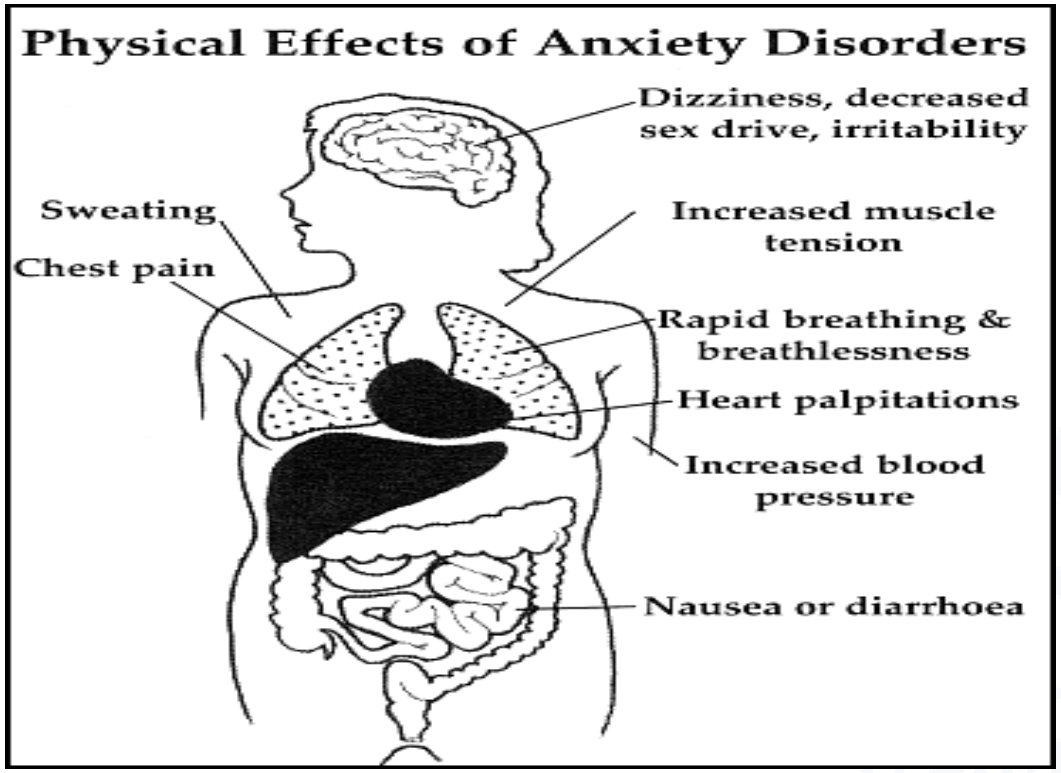
Psychotherapy interventions

- Bottom up
  - Grounding
  - Breathing
  - Movement
  - Touch
- Top down
  - Interoception
  - Mindfulness
  - Mentalization
  - Engaging the upstairs brain
- Brain to brain

Stabilization

Therapy: Calming the physiology

- Recognition



Therapy: Calming the physiology

FAFA: First aid for anxiety

- Grounding
- Breathing
- Here and now
- Dual awareness
- Safe place

Therapy: calming the physiology

- Grounding:

Therapy: calming the physiology

- Grounding: the tree exercise

Therapy: calming the physiology

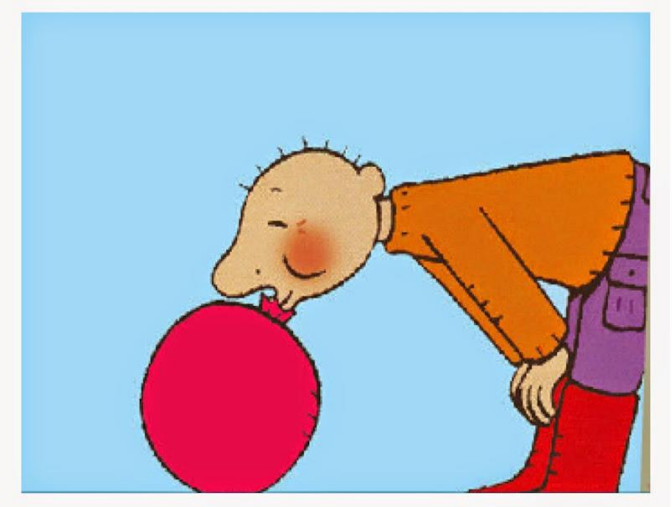
- Grounding: the tree exercise

Therapy: calming the physiology

- Diafragmatic breathing

Therapy: calming the physiology

- Diafragmatic breathing



Therapy: calming the physiology

Feeling anxiety?
Do a "grounding" tool.

Look around you. Find 5 things you can see, 4 things you can touch, 3 things you can hear, 2 things you can smell, and 1 thing you can taste. This is called "grounding." It's helpful to do whenever you feel anxious.

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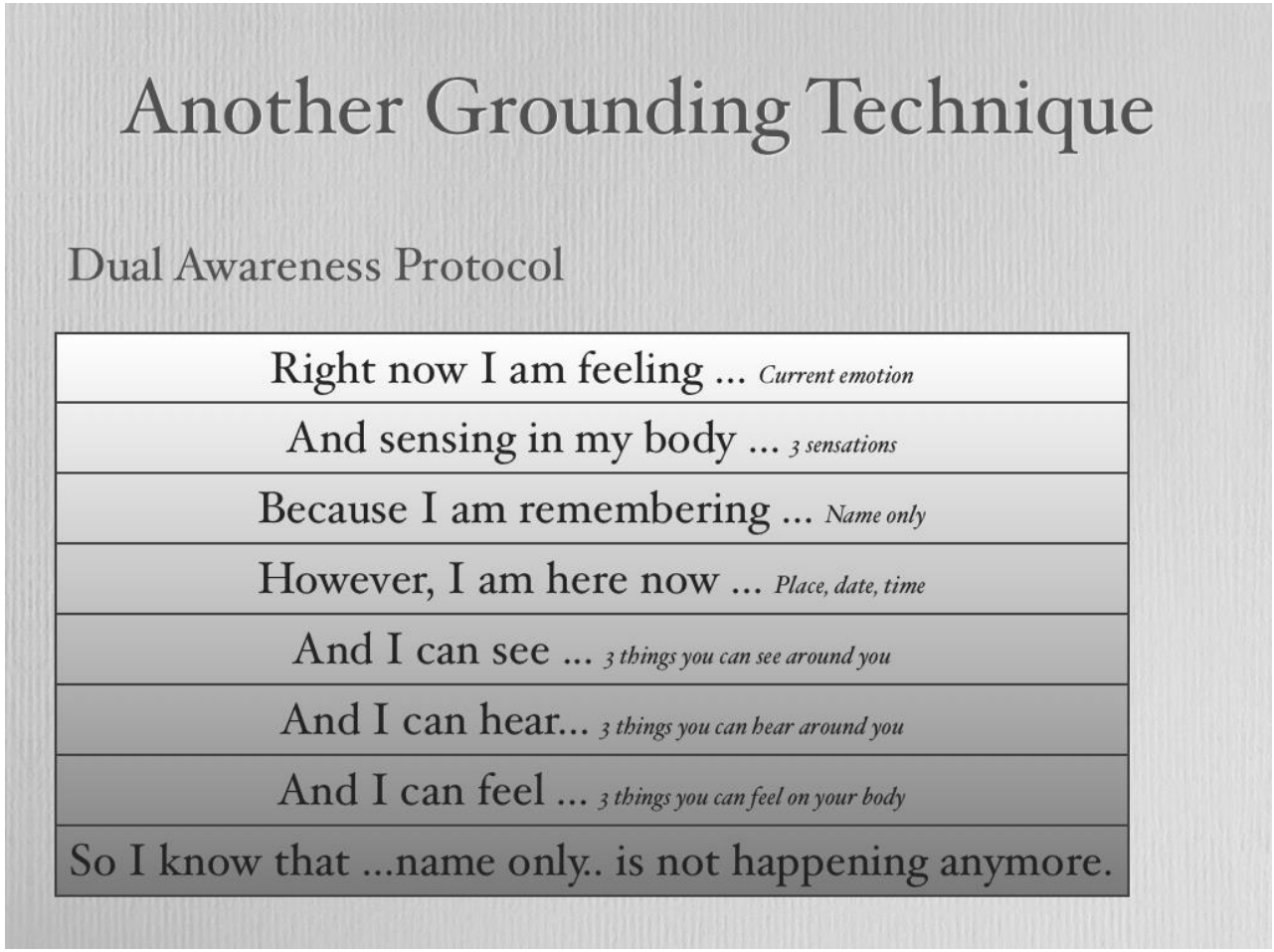
Dual awareness

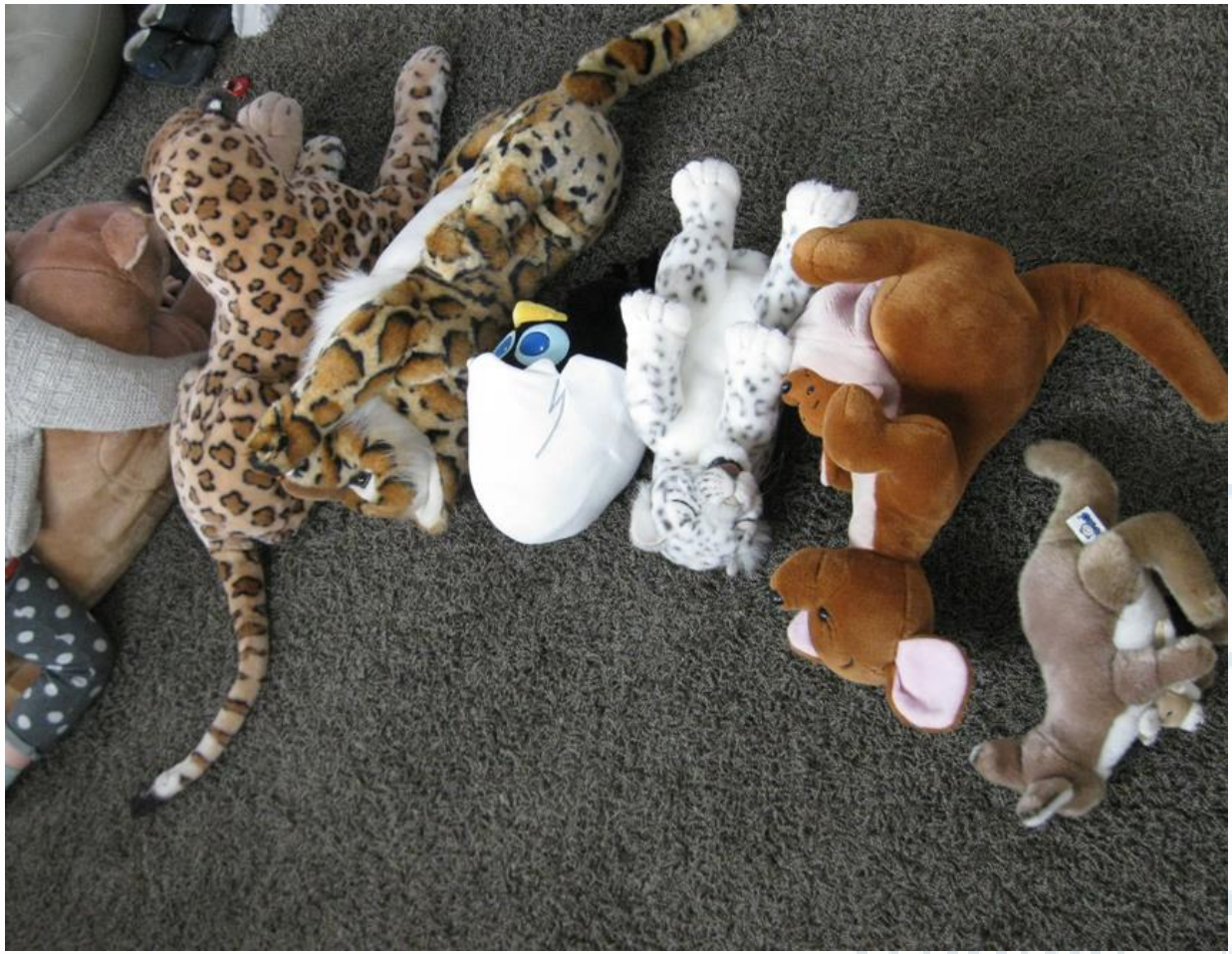


Safe place

Safe place script

- Image an Actual or Imaginary place with positive associations, where s/he feels safe, comfortable, peaceful or calm.
- Enhancement
  - What do you see/ hear/smell/taste/feel
- Say: “I know that I’m save”
- Say: “ I feel safe”
- Which sensations do you experience in your body right now?
- Cue word

Safe place script



Therapy: calming the physiology Long term

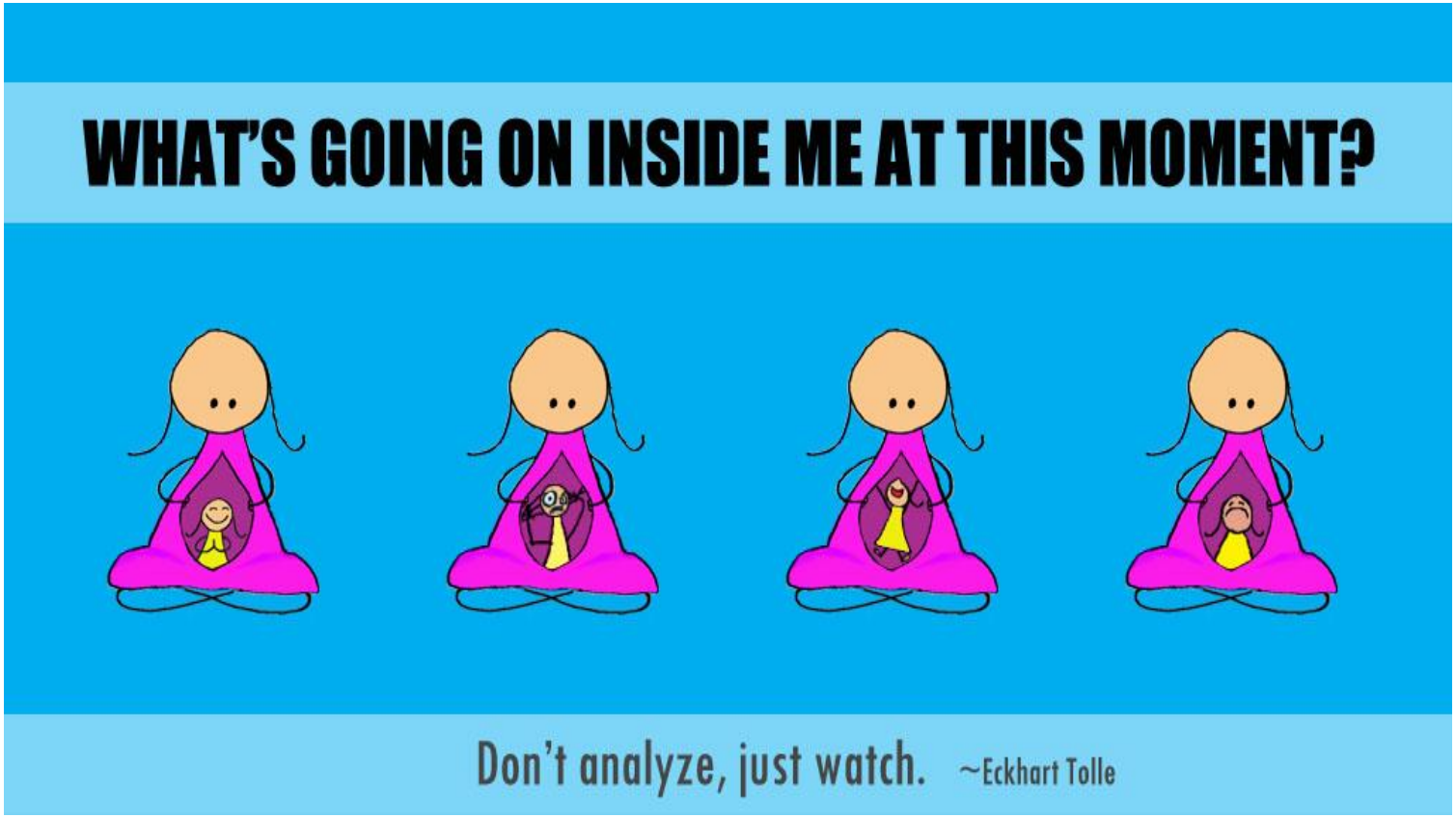
- Meditation
- Relaxation
- Yoga
- Safe touch
- Sports/ movement

Therapy: Affectregulation

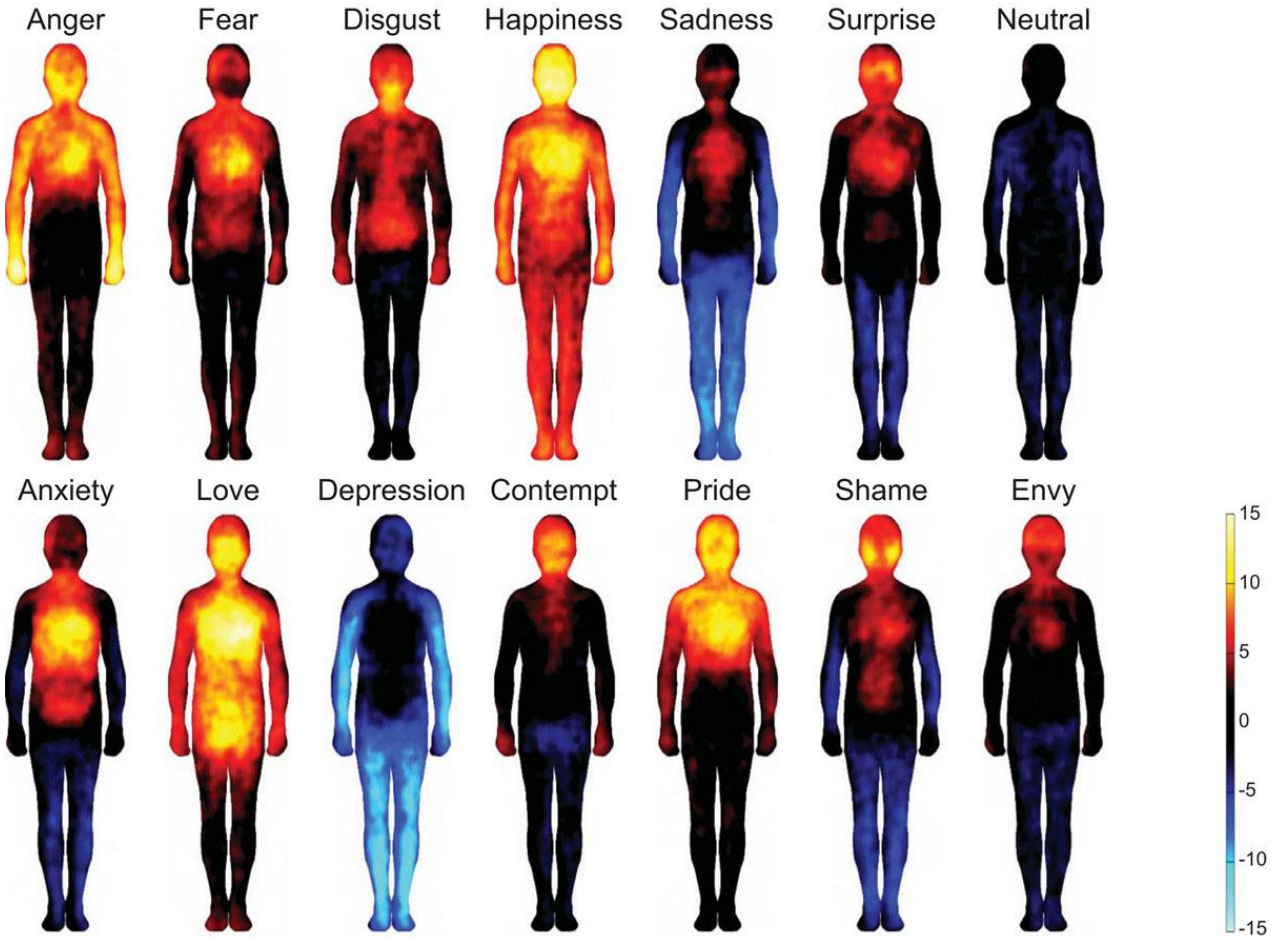
Therapy: Affectregulation

- Identifying (awareness + naming)
- Regulating
- Expression

Affectregulation: Awareness of the feeling



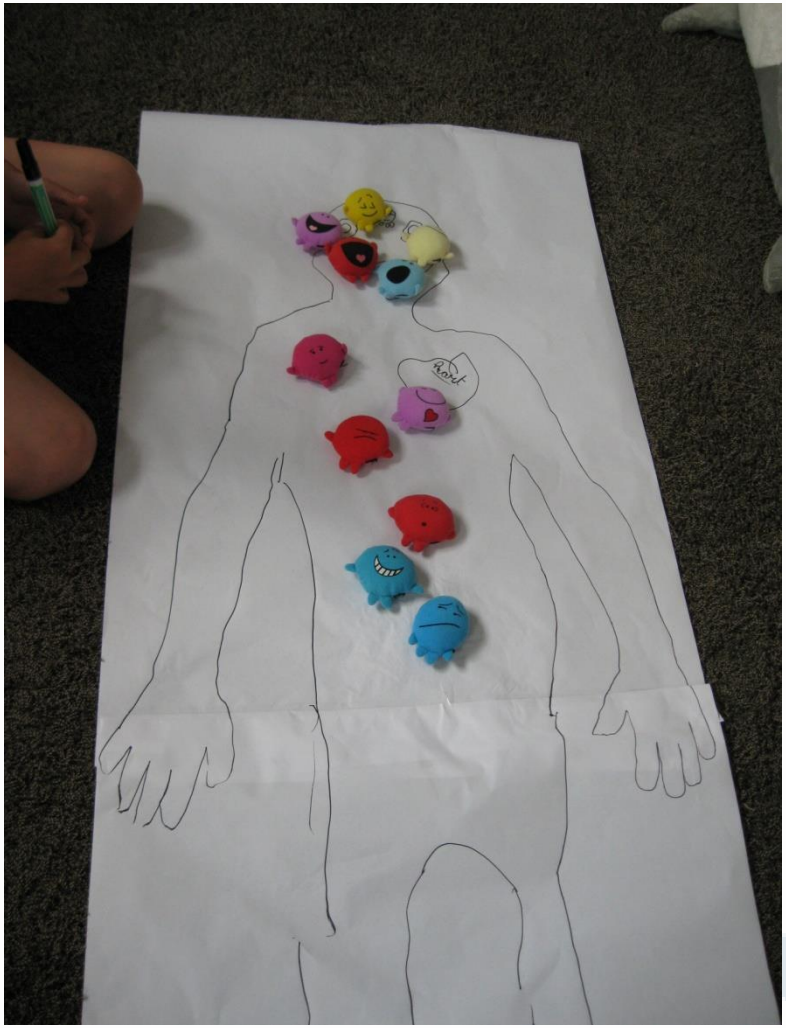
Affectregulation: Awareness of the feeling in the body



“Name it to tame it”

- Dan Siegel
  - Integrating the right and the left brain
  - Feeling in the right side of the brain
  - To make sense of what happens, use the left and link it to the right.
  - Name the inner experience
  - The left hemisphere names what’s going on to the right
  - The whole system calms down

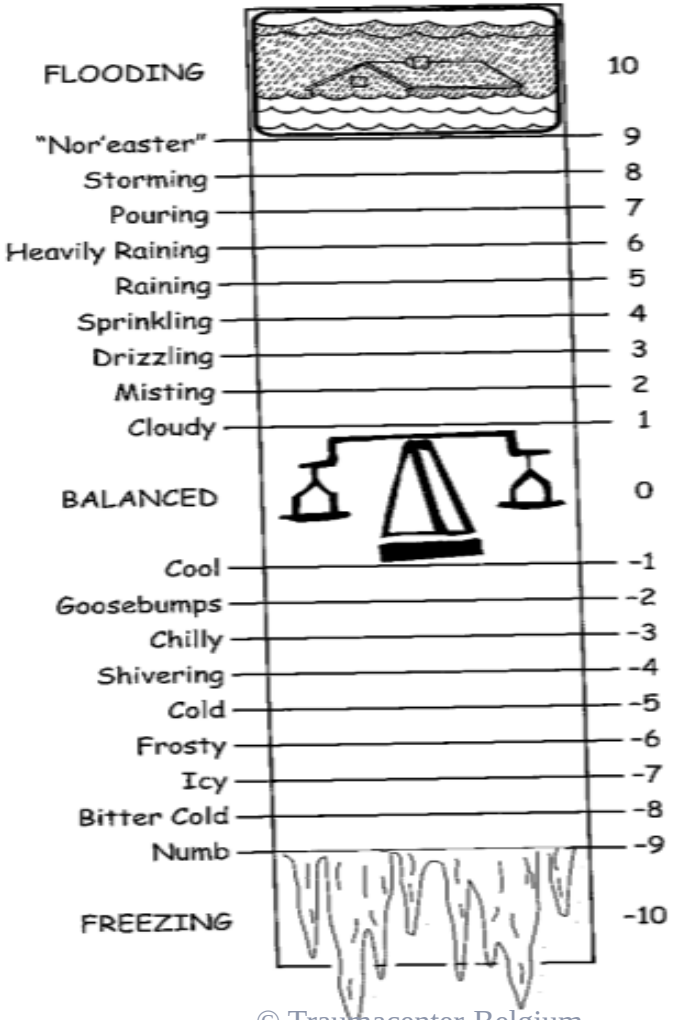
Affectregulation: Awareness of the feeling in the body



Emotional flooding

Emotional blocking

Emotion barometer



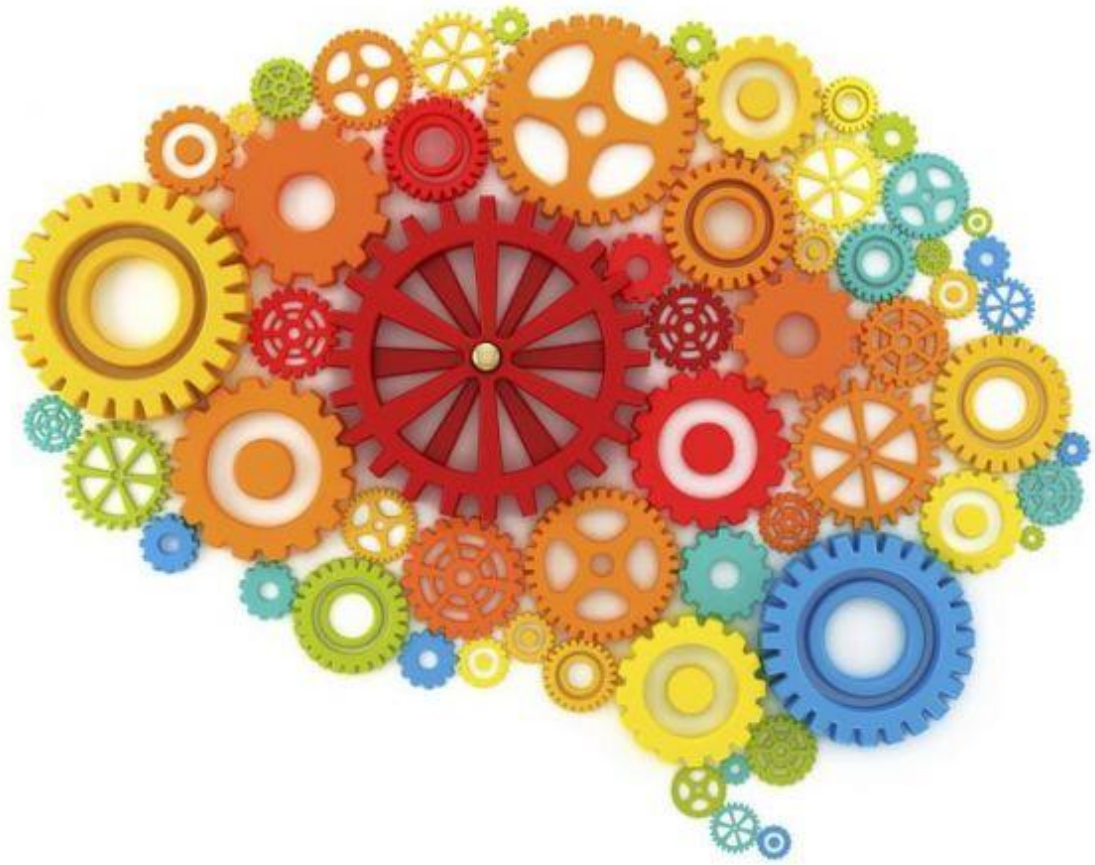
Up- regulation

- Focus on humor
- Think about a positive experience
- Focus on a certain aspect of the situation
- Express positive feelings
- Share your feeling with others
- Build on positive experiences
- Increase the number of pleasant things
- Focus on goals
- Build a life worth living
- Changing our appraisals of a situation.
- Modulating our responses in the situation.

Down regulation

- Perceive bodily signals (interoceptive sensitivity)
- Use reappraisal
- Name the emotion
- Increase the opposite feeling
- Changing our bodies (rest)

Therapy: Cognition



Therapy: Cognition

- EAT:

  Stuck in the actual mode

  ↓

  No differentiation between in- and outside world

  ↓

  Thougts = reality (obsessive thoughts)

  - Pretend play
  - Here and now
  - Presence

Therapy: Cognition

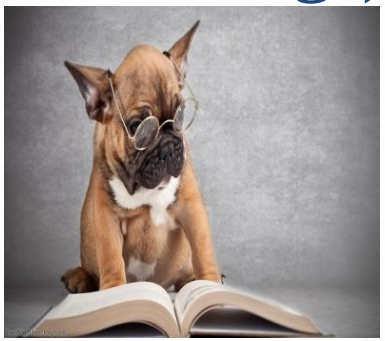
- Stop!

- Container exercise

Sorrow eater

Therapy: Cognition

- Distraction (do something!)



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9		4		6				5
	7		3				1	2
1	2				7	4		
	4	9	2		6			7

- Another thought

Restructuring the internal working model

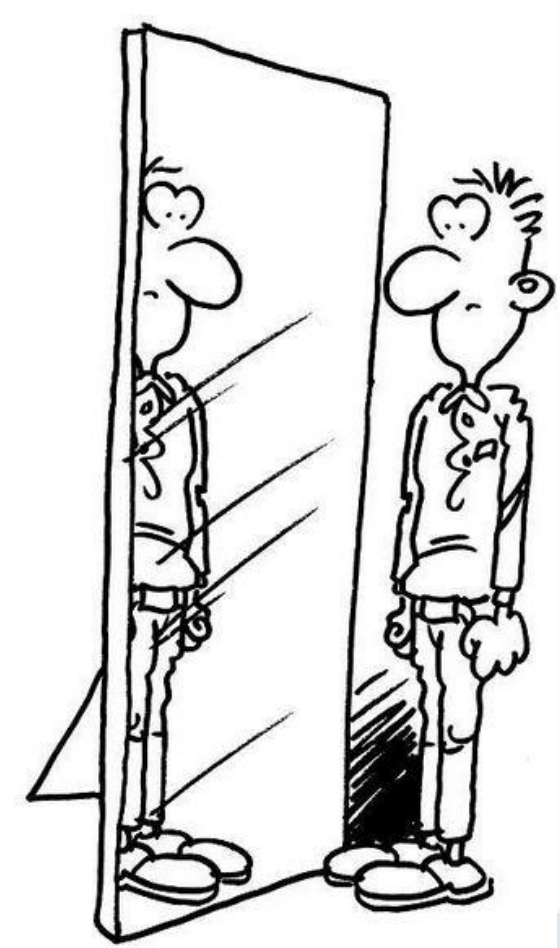
Restructuring the internal working model

- Corrective relational experiences
- Affect regulation
- Dual awareness
- Dis- identification
- Resource development
- Inner child work

Restructuring the internal working model. Therapist as secure base

- (Bowlby, 1977). The therapist as an attachment figure
- assist the client in exploring past and present attachment relationships
- understanding how such relationships contribute to current internal working models and his or her difficulties.
- Through such exploration, client can revise internal working models and develop adaptive views of self and other.

Dis-identification



Dis- identification

- *I have a body, but I am more than my body. I am the one who is aware: the self, the center. My body may be rested or tired, active or inactive, but I remain the same, the observer at the center of all my experience. I am aware of my body, but I am more than my body.*
- *I have emotions, but I am more than my emotions. Whether I feel excited or dull, I recognize that I am not changing. I have emotions, but I am more than my emotions.*
- *I have an intellect, but I am more than my intellect. Regardless of my thoughts and regardless of how my beliefs have changed over the years, I remain the one who is aware, the one who chooses--the one who directs my thinking process. I have an intellect, but I am more than that.*
- *I am a center of pure awareness. I am the one who chooses. I am the self.*

Resource development

Resource development

- Resource-focused interventions can be conceptualized as including a wide range of methods and foci encompassing
  - Physical well-being
  - Spiritual well-being (meditation, prayer…)
  - Creativity (creative arts, movement and music therapies…)
  - Ego resources (assertiveness training, mentalization , self-care, empowerment techniques…)
  - Self-capacities (self-regulation skills, such as relaxation training…)

Resource development

- 'Resources' are defined phenomenologically as anything that helps the client's autonomic nervous system return to a regulated state.
  - the memory of someone close to them who has helped them
  - a physical item that might ground them in the present moment
  - other supportive elements that minimize distress.

Inner child work

"I can help you find your inner child, but I can't help you claim him as a dependent at tax time."

Inner child work

- Gestalttherapy: “ Empty chair”
- John Bradshaw (“ Homecoming”)
- Inner child writing
- Imagine your inner child

Reconnecting with the body

Reconnecting with the body

- Safe touch
- Bodyscan
- Chacrawork
- Peter Levine
- Pat Ogden

Reconnecting with the body/ Peter Levine

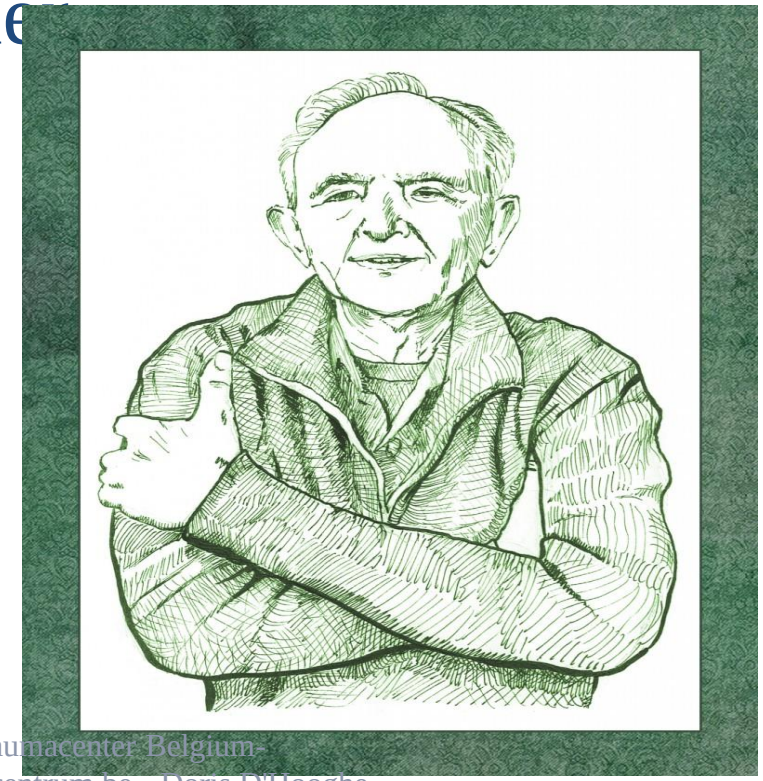
- The goal of Self- Holding:
  - To calm the nervous system
  - Bring the Self back into the body
  - Develop more body awareness
  - Train one's own nervous system to remember what normal is like.

Somatic experience/Peter Levine

- Self- holding

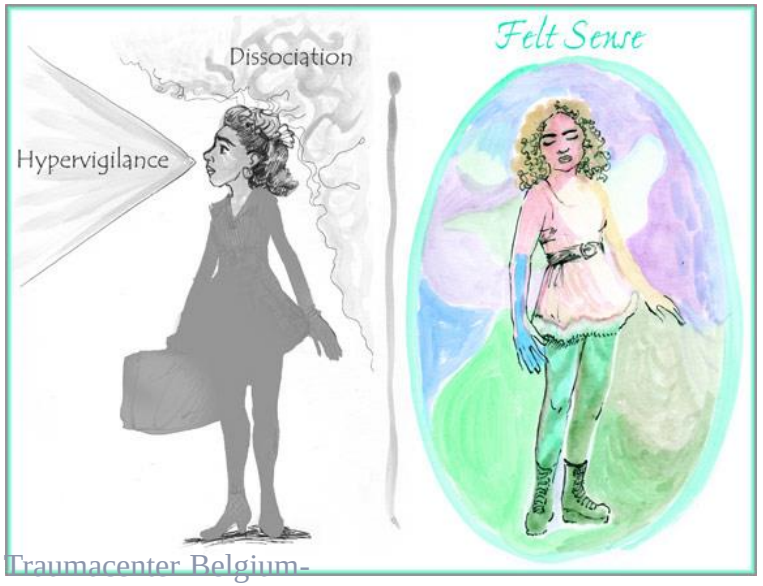
Somatic experience/ Peter Levine

- Self hug
- **Goal:** To feel the body as container. To develop our container



Somatic experience/ Peter Levine

- The felt sense =awareness of sensations, energies and emotions
- **Goal:** Develop the ability to be in tune with and describe your felt sense



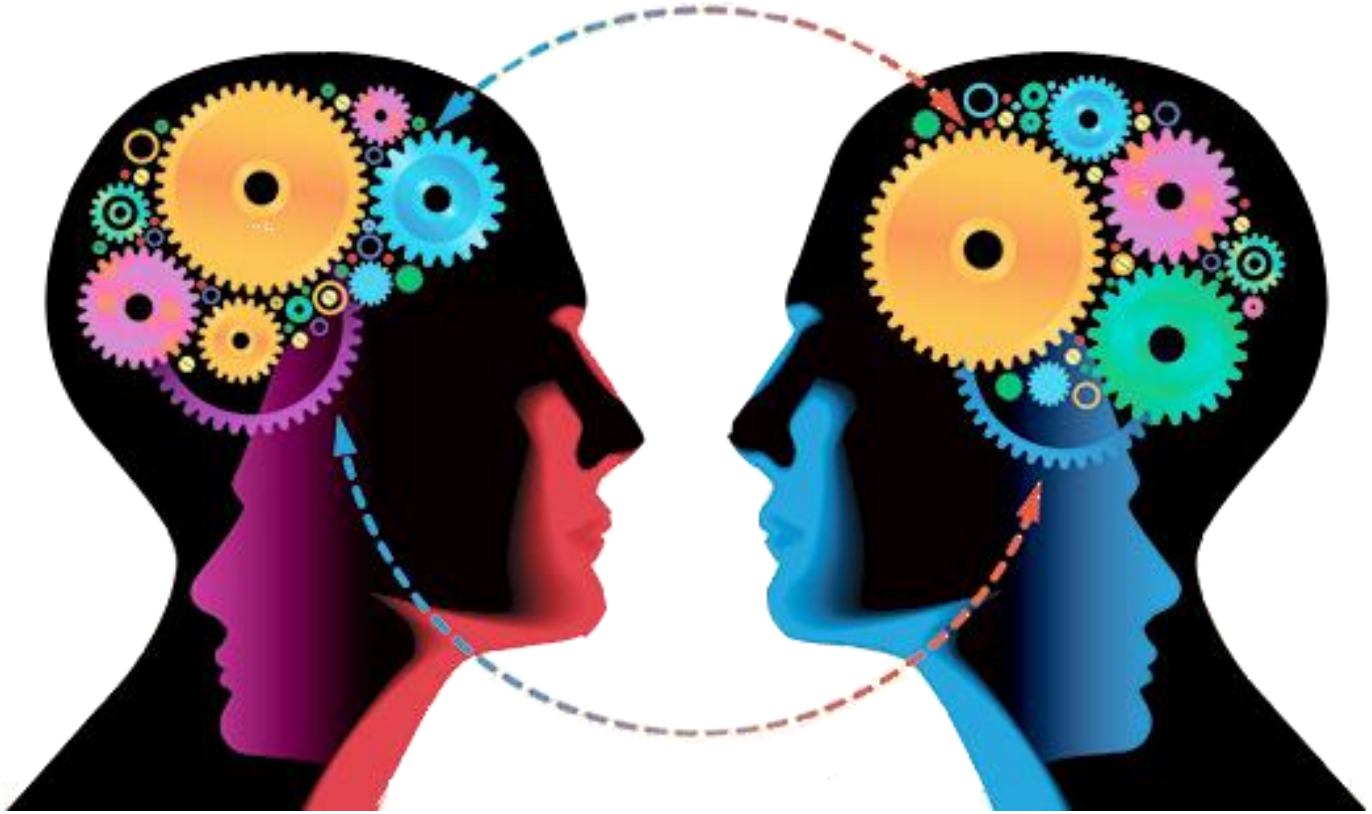
Sensorimotor Psychotherapy/ Pat Ogden

EMDR

EMDR

- Identify the event that started the fear, and subs equent events that contributed to the fear, and place these on a timeline
- The first, the worst , the last
- Future template
- Video check/mental video
- Homework assignments

Therapeutic relationship



Therapeutic relationship

- Vitalizing attunement
- Attunement = psychobiological synchrony

⬇

Right- brain to right- brain

⬇

Implicit self tot implicit self

⬇

Sense of safety

Right brain to right brain

- becoming an adaptive attachment figure to the client
- create new experiences of the client's self in relation to the therapist
- Being reliable, available, attuned, empathic, helpful in the therapeutic alliance
- Those repeated experiences over time will grow new neural patterns
- Will internalize a secure base

Right brain to right brain

- help clients learn to regulate their feelings
- feel safe to experience them
- learn to empathize with other people's feelings
- be able to manage and shift their inner emotional states
- be able to respond to other people in appropriate connecting ways
- help clients be more comfortable with feelings/intimacy /connection
- help them deal with all feelings and all relationships in an open undefended way.