Neuropsychotherapy as tool in working with Complex PTSD in Children who have been affected by "Invisible" Attachment Trauma.

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“Invisible” Attachment Trauma

Attachment Trauma

Abuse → Neglect → "Invisible" Trauma → Attachment Trauma
“Invisible” Attachment Trauma

The form of traumatization

- Child’s experience of threat
- Totally dependable on his caregiver
- Limited behavioral and cognitive coping capacities

Experiences of threat include the threat of

- Separation from the caregiver
- Having little response to the signals of distress

In the interaction between child and caregiver

- Not an obvious event
- Caregiver’s unavailability
- Caregiver’s inability to modulate affective dysregulation
“Invisible” Attachment Trauma

Disruptions in the Attachment Bond

Disruptions in the Attachment Bond

- Fear of abandonment is among the most anxiety-provoking situations in childhood
- Bowlby
  - Continuous relationship

Physical inaccessible + Psychological inaccessible = Disruptions in the 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

Psychological Inaccessibility

- Psychological/ emotional disruptions:
  - Inappropriate response
  - Stressful life episodes
  - Suicide threat
  - Parent psychopathology
  - Relationship problems

Ghosts in the Nursery
Caregiver's Unavailability
Ghosts in the Nursery (1975)

- Selma Fraiberg (1918–1981)
  - Child psychoanalyst, author and social worker.
- Parents unresolved trauma- and attachment history
- Parent’s lack:
  - Reflective functioning
  - Mentalization

Caregiver's Unavailability
Ghosts in the Nursery

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

Caregiver's Unavailability
Ghosts in the Nursery

- Mentalization (Fonagy)
  - A theory of mind (ToM)
  - Oneself and others as psychological
  - Mirroring
  - Sense of self
Ineffective Regulation

Attachment Theory as a Regulatory Theory

- Regulatory theory (Allen Schore)
- Mother as external regulator
- Be attuned to the internal state
- Able to regulate the own arousal state
- Down-Up regulate

Effective Regulation = Emotional Available
Effective Regulation
Sensitive Responsiveness

– 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

Containment (Bion, 1959)

– Containment
  • Receive and understand
  • Without being overwhelmed by it
  • Communicates back
Effective regulation = Emotional available

- Emotional available:
  - Mother as external regulator

PTSD: Misdiagnosis

- PTSD diagnosis does not capture the developmental effects of complex trauma exposure
- C- PTSD is often misinterpreted as:
  - ADHD/ ODD/ RAD/ Anxiety- eating- sleep disorder/ Depression…
- These diagnoses captures a limited aspect of:
  - Complex self-regulatory
  - Complex relational impairments
C- PTSD

- Rarely a single traumatic event
- Rather several episodes of traumatic exposure
- To sustained, repeated or multiple traumas
- In early childhood years
- Interpersonal
- Result in a complex symptom presentation
  - Posttraumatic stress symptoms
  - Disturbances in
    - Affective
    - Interpersonal self-regulatory capacities

Eight Contributing Factors to the Development of C- PTSD

- Intensity, duration and timing
- Genetics
- Environment
- In-utero influence
- Family dynamics
- Modeling
- Presence of learning disabilities
- Lack of resilience factors.

Differences Between PTSD and Complex PTSD

<table>
<thead>
<tr>
<th>PTSD</th>
<th>Complex PTSD</th>
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| One or few traumas, short lived trauma | Chronic, interpersonnel trauma caused by abuse, neglect, or separation
| Visual & somatic symptoms | Visual, somatic & emotional symptoms
| Assumptions of helplessness, hopelessness | Assumptions of helplessness, hopelessness
| Nightmares, sleep disturbances | Nightmares, sleep disturbances, trauma-related behaviors
| Hypervigilance, chronic emotional arousal | Hypervigilance, chronic emotional arousal, trauma-related behaviors
| Anxiety & depression, some difficulty in social interaction | Anxiety, depression, some difficulty in social interaction
| Chronic PTSD / Complex PTSD | Chronic PTSD / Complex PTSD

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Seven Primary Domains of Impairment in C-PTSD

“ Invisible Attachment Trauma” Consequences

- Attachment: Disorganized attachment style
- Dissociation
- Relational: Drama triangle (IWM)
- Affectregulation
- Cognition
- Body
- Neurobiology
- Sense of self

“ Invisible Attachment Trauma” and C-PTSD

- Overlap with C-PTSD
  - Interpersonal stressor
  - Multiple
  - Repeated
  - Cumulative
  - Developmentally vulnerable times

- Early stage:
  - The impact on the brain
  - Developmentally
    - Margret Mahler: Individuation - Separation model
    - Erickson’s 8 Stages of Sociopsychological Development
The Neurobiology of Attachment

Brain Development
Importance of Relationships

- Attachment relationship and the brain
  - Early relational experiences
  - The attachment relationship
  - The nurturing interaction
    » normal maturation of the brain and the brainsystems that mediate the coping capacity
    » nervous system
    » child’s sense of self
  - Regulatory theory
  - Mother as external regulator of the internal world of the child

Brain Development in Childhood

**Neurological principles:**
- The brain develops in a sequential and hierarchical fashion
- Critical period concept
- Experience-dependent
- Use-dependent
- Neuroplasticity of the brain
The Neurobiology of Attachment Trauma

Reaction to Trauma

- Brain regions in the prefrontal cortex → increased risk to the effects of trauma
- These brain regions → development of executive function
  - which refers to a variety of interrelated abilities
    - Attention
    - Working memory
    - Self-regulatory and monitoring skills
    - Behavioral inhibition
    - Cognitive processing speed

The Neurobiology of Trauma

Prefrontal Cortex

- The amygdala = anxiety center
- "Invisible" attachment trauma → anxiety
- The amygdala is over-stimulated
- Less neural connections between deeper brain structures and the prefrontal cortex
- The organism is constantly “alert”
The Neurobiology of Trauma

Autonomic Nervous System

- Porges' View of the ANS: The metaphor of safety
  - Environment outside and inside the body

HPA-axis
- With repeated exposure to stressors, the organism habituates to the stressor with repeated and sustained HPA axis activation.

Neuropsychotherapy

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What is Neuropsychotherapy?

- Neuropsychotherapy is:
  - An integrative approach to therapy
  - Takes into account the dynamic interplay between the mind, body, social interaction, and the environment on a person’s well-being
  - A focus on neuroscientific research.

Basic Psychological Needs

- Attachment
- Control Orientation
- Pleasure/Avoidance of pain
- Self-enhancement
- Basic Psychological Needs
Attachment

- The basic need: the physical proximity of a caregiver
- Actual experiences of the caregiver.
- The expectations a child has
- Trust or lack of trust in the availability
- Anxiety
- Attachment patterns

Attachment patterns

- the first months of life
- brain development is extremely rapid
- the sympathetic nervous system is dominant
- right-hemisphere limbic learning is critical
- foundation for motivational schemas
- drive behavior

Orientation and Control

The most fundamental of all needs
Pleasure Maximisation and Pain Minimisation

- Core need
  - Attain pleasant experiences
  - Avoid unpleasant or painful ones
- Physical, psychological, emotional, or social
- Neurologically is a continual monitoring of our experiences (implicit)
- Depends on both prior experience and momentary state.
- Evaluation triggers an approach or avoidance tendency

Self-Esteem Enhancement

- “Master sentiment”.
- Self-perception and culturally driven
- One need may be sacrificed for another need

Approach system

Self-esteem Enhancement

Avoidance system

Motivational Schema

Motivational Schema

Satisfy Psychological need

Avoidance behavior (limbic)

Approach behavior (cortical)
Motivational Schema

Neural network

Critical early attachment phase

Needs have been met
Needs have been violated/ threatened

Approach-oriented behavior
Avoidant behavior

The Two Broad Neuro-Behavioral Systems

**Behavioral Activation System**
- Orient toward approach goals
- Expend energy to acquire resources
- Focus on "benefit" side of behavioral equation
- Positive affect
- Positive reinforcement
- Left prefrontal

**Behavioral Inhibition**
- Orient toward avoidance goals
- Conserve acquired resource
- Focus on costs/threat
- Negative affect
- Punishment and its avoidance (negative reinforcement)
- Right prefrontal

Neuro-Behavioral Systems

- (a) RAS
  - Sensitivity to rewards
  - Pleasure seeking
  - Positive affect
  - Linked to extraversion

- (b) RIS
  - Sensitivity to punishment or rejection
  - Increase in anxiety
  - Negative affect
  - Linked to neuroticism
Motivational Schema

Hemispheric differences

- Approach motivation
  - Left hemisphere
  - Approach, positive emotions
- Avoidance motivation
  - Right hemisphere
  - Avoidance, negative emotions

Motivational Schema

Approach
- Pleasure maximisation
- Closing the gap
- Satisfy a need

Avoidance
- Pain minimisation
- Increasing distance
- Protect a need

Motivational Schema

- The motivational schemata that are the cause of distress
- The target for change.
- Changed in a therapeutic setting by intersubjective right brain-to-right brain regulation
- Controlled incongruence to shift neural and memory reconsolidation,
- Thereby transforming existing neural networks.
The Consistency Theory Model

Consistency.

• A foundational principle of neuropsychotherapy.
• Consistency:
  – “compatibility of many simultaneously transpiring neural/mental processes”
• The nervous system function optimally ➔ various elements of the system remain in harmony and not conflicted ➔ harmonious neural flow

The Consistency Theory Model

Inconsistency

• Inconsistency:
  – The incompatibility, disagreement of simultaneously activated mental/neural processes.
• Internal inconsistency:
  – an individual’s experience of the world
  – internal model of the world
  – Beliefs/expectations/goals
  – meeting of needs are in conflict

The Consistency Theory Model

Inconsistency

• The human nervous system strives to avoid inconsistency
• Develops various mechanisms ➔ more harmonious state.
• Consistency regulation is predominantly unconscious.
• The mechanisms an individual uses:
  – defence mechanisms
  – coping strategies
  – affect regulation.
Controllable Incongruence

- **Congruence:**
  - Harmony between motivational goals and actual perceptions of reality.

- **Incongruence:**
  - Discrepancies between perception of reality and activated goals, expectancies, beliefs.
  - This incongruence leads towards inconsistency in mental functioning.

Controllable Incongruence

- **Controllable incongruence:**
  - Is a situation of incongruence that one believes is within their capacity to cope with.

- The mechanism of change
- Within the therapeutic dyad.

Uncontrollable Incongruence

- Arousal beyond one’s window of tolerance
- A hyperactivated HPA-axis
- Inhibit the formation of new synapses
- Degenerating existing ones
- Inducing changes in various brain regions
Neuropsychotherapy: Clinical Application

• Reducing any stigma or self-blame
• Establish a “safe” therapeutic alliance
• Focus on strengthening clients’ resources
• Reduce and weaken avoidance goals
• Promote and reactivate positive approach goals
• Satisfy basic needs

The Triune Brain

- Neocortex: Rational or Thinking Brain
- Limbic Brain: Emotional or Feeling Brain
- Reptilian Brain: Instinctual or Dinosaur Brain

Bottom-up Approach
Bottom-up Approach

- Working with the physiological stress response
- Before the facilitation of effective neural change
- Brings change and control over uncontrollable incongruence
- Reconstructing the strengths of the child
- Learned through trust in the therapeutic alliance

Bottom-up Approach

- Calm and stabilize lower brain and midbrain activation
- Quieting states of hyper-arousal of the SNS
- Promoting stability and reconnection in states of hypo-arousal of the PNS
- It allows:
  - Memory consolidation
  - Integration
  - Increases neural connection
- Leads to self-regulation
- Operate within the window of tolerance

Safety
Neuropsychotherapy: Safety

- Safety:
  - Key to the facilitation of approach motivational schemata
  - Activated in terms of meeting basic needs for:
    - Orientation/Control
    - Attachment
    - Pleasure maximisation/Pain minimalisation
    - Self-esteem
  - Provision of external safety is key to neural development and integration

Safety in a Healing Relationship

- “The core experiences of psychological trauma are disempowerment and disconnection from others.
- Recovery therefore, is based upon the empowerment of the survivor and within the context of relationships.
- Recovery can take place only within the context of relationships; it can not occur in isolation” (Judith Herman, Trauma and Recovery p. 133)

A Healing Relationship and the Brain

- Traumatic experiences and therapeutic experiences impact the same brain.
- Limited by the same principles of neurophysiology.
- Traumatic events impact the multiple areas of the brain that respond to the threat.
- Therapeutic interventions must activate those portions of the brain that have been altered by the trauma.
Importance of the Therapeutic Relationship

- Right brain to right brain therapy
- Allan Schore: 3 R’s

- Regulate
- Relational
- Resilience

Importance of the Therapeutic Relationship

- 3 R’s
- Created in the moment by moment interactions between infant and therapist.
- The foundation of all exploration, learning and growth.
- Forming internal working models of
  - Attachment
  - Affect regulation
  - Coping styles.
- Internal secure base
The Therapeutic Relationship as a Secure Base

- We are wired to connect and we are wired to care. (Siegel. 1999)
- Experience shapes the brain
- Therapist is
  - Present emotionally
  - Sensitive
  - Resonate empathically
  - Attuned
  - Containment
- Client "feel felt"

Right Brain to Right Brain Therapist as Attachment Figure

- Therapist = adaptive attachment figure to the client
- Create new experiences of the client’s self in relation to the therapist
- Those repeated experiences over time will grow new neural patterns
- Will internalize a secure base

Safe Therapeutic Alliance

*Doctor, I’m not sure I can trust you.*
Safe Therapeutic Alliance

• In the beginning of the work
• Child is held in a space of trust and security
• Child is in the window of tolerance
• Enables brain natural plasticity
• The therapy becomes more effective

Safe Therapeutic Alliance

• Come to a controllable incongruence learning state
• Key elements
  – Motivational priming
  – Resource activation
• The feeling of safety is fundamental
• A safe, enriched environment ➔ New neural patterns ➔ Enhanced attachment and control
• Stress reduction
Motivational priming

- Priming of the approach system
- Positive emotional experiences
- Focus on positive need-satisfying experiences of:
  - Orientation/control
  - Attachment
  - Pleasure Maximisation
  - Self-esteem enhancement needs
- Compatible with the client’s goals

Priming of the Approach System

Of central importance to the therapeutic process.

- Dopamine (Neuromodulator)
  - Is the intrinsic motivator and energiser of approach/avoidance schemas
  - Motivates to take action toward goals, desires, and needs
  - It boosts your drive, focus, and concentration.
  - It enables you to plan ahead and resist
  - Dopamine is in charge of your pleasure-reward system.
  - Feelings of enjoyment, bliss, and even euphoria.
- Serotonin (Neuromodulator)
  - Regulate sleep/mood and digestion
  - Placating, calming effect
Increasing Dopamine/ Serotonin

• Yoga
• Exercise
• Meditation
• Gratitude
• Touch/ massage
• Music
• Remembering happy events

Safety

• Feel as safe as possible:
  - Physical safety:
    • Means that your body is not in danger.
    • You feel safe in your body
  - Emotional safety:
    • That you are able to identify how you feel and regulate the feelings
  - Mental safety:
    • Means that you are able to choose belief systems and patterns of thinking and awareness that get you where you want or need to go
  - Spiritual safety:
    • When you learn and identify and trust in your beliefs about Higher Power, God.
    • Core Values
  - Relational safety:
    • Feeling safe in relationship with others (therapeutic relationship & Family therapy)

Safety
Connect with the Internal World
Safety: Connect with the Internal World

- Internal world as a metaphor for the mind (Dan Siegel, 1999)
  - Within each of us there is an internal mental world, filled with thoughts and feelings, memories and dreams, hopes and wishes…
- Visualize the Internal world as an island:
  - Let the child draw an island
  - There are 4 States:
    - Body
    - Feelings
    - Thoughts
    - Needs

Internal World

Physical Safety: The Body
FAFA: First Aid for Anxiety

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

Physical Safety: The Body

- Recognition

Physical Safety: Calming the Physiology

- Grounding:
Physical Safety: Calming the Physiology

• Grounding: the tree exercise

• Diafragmatic breathing
Physical Safety:
Calming the Physiology

Feeling anxiety?
Do a "grounding" tool.

Look around you. Find 3 things you can see, 4 things you can touch, 5 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.

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 safe”
• Say: “I feel safe”
• Which sensations do you experience in your body right now?
• Cue word
Safe Place Script

Triggers

Dual Awareness

Another Grounding Technique

Dual Awareness Protocol

Right now I am feeling ... | Grounding
And sensing in my body ... | Ground
Because I am remembering ... | Ground
However, I am here now ... | Place this time
And I can see ... | Ground what you can see
And I can hear ... | Ground what you can hear
And I can feel ... | Ground what you can feel
So I know that ... only, is not happening anymore.
Emotional Safety: Emotions

Develop Self-Control

- The foundation of self-control is trust.
- Learn emotional regulation
- Practice
- Choose to give something up for something you want more
- Self discipline, meaning the motivation must be internal.
- Set empathetic limits

Emotion regulation

- Affect recognition
  - Affect diary (work backward)
  - Awareness of the feeling
Emotion regulation

- Name it to tame it!
  - Lists of emotions
- Up or down-regulation

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

- 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.
Emotion regulation

- Expression
- Creating a safe space where people can express authentic feelings
- Not using emotions to manipulate or control others

Crying

Anger
Grief
Anxiety
Crying

Grief System
Grief System

- Develop emotional resilience
  - Emotion regulation:
    - Release
    - Cry
    - Share
  - Up-regulate opposite emotions
    - Gratitude
    - Joy
- Soothing:
  - Self-soothing
    - Music
    - Relaxation
  - Soothe by others
    - Safe touch, hug, massage

Anger

Rage System

Fear System

Another Emotion

Anger

Fear System
Fear versus Anxiety

FEAR  
Stress Response from Immediate Danger!

ANXIETY  
Stress Response just from your Thoughts!

Calm Down The Fight Response

The Physiology of Fight or Flight

What we know is happening...

- Dizzy or light-headed
- Can’t concentrate or focus
- Breathing
- Difficulty breathing
- Difficulty swallowing
- Head jumbling
- Butterflies in the stomach
- Trembling / shakiness

Fear System
Down Regulation

- Bottom-up
  - Grounding
  - Breathing
  - Here and now
  - Dual awareness
  - Safe place
  - Meditation
  - Relaxation
  - Yoga
  - Sports/movement
  - Increase endorphins (laughter/humor)
Fear System Down Regulation

• Top down
  – Interoception (add sensations with corresponding body parts and begin to label these sensations with meaning)

Fear System Down Regulation

• Top down approach:
  • Mindfulness
  • Mentalization
  • Engaging the upstairs brain
    • Decision making
    • Planning
  • Control over the body
  • Control over the emotions
  • Self-understanding
  • Empathy
  • Morality

Rage System
Discharge the Anger:
Anger Rules

Anger Rules
It is o.k. to be angry but...

* Don’t hurt others
* Don’t hurt yourself
* Don’t hurt property
Talk about how you feel...

Discharge the Anger

• Safely discharging anger:
  – Physically:
    • Sports
    • Kicking a ball
    • Trampoline...
  – Visualization
  – Writing

The Angry Page
Anger Covers other Emotions

Shame

The Compass of Shame

Wrath

Withdrawal:
- Avoiding
- Isolating
- Feeling overwhelmed
- Finishing last by self
- Having an attack or physical

Attack Other:
- Shaming
- Acquainting
- Understanding the other
- Using the other

Assistance:
- Gleaning
- Finding help and advice
- Avoiding

Self-Society:
- Understanding oneself
- Understanding the other
- Understanding the Family
- Understanding the World

Self-Death:
- Self-deprecation
- Self-aggression
- Death
- Suicide

• Self and others
• Relationships
• The world
• Time and space

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Increasing Awareness of Thoughts

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

- Stop!
- Distraction (do something!)

Container Exercise

Containment of Thoughts
Mental Safety: Thoughts
Installing Positive Cognitions

• About:
  – Competence
  – Qualities
• Thinking about Positive experiences

Spiritual Safety

• Learn to know the child beliefs about Higher Power, God...
• Identify
• Build trust
• Use these beliefs to:
  – Protect you
  – Lead you through decisions in life.
Enhance Experiences of Control

• Children can be given opportunities to:
  – Foster their willpower
  – Develop a sense of their ability to control their choices
  – Work over the long-term to achieve a goal.

Foster Willpower

• Plan ‘age-appropriate milestones and objectives
• Change ‘must do’ into a positive ‘want to’ task with a beneficial outcome
• Teach to be compassionate towards themselves
• The art of distraction
• Focus on the present

Expanding the Window of Affect Tolerance
Expanding the Window of Affect Tolerance

"Safe but not too safe"

Hyperarousal:
- Avoid stimulating additional
  - Emotional
  - Physiological arousal
  - Execute physical actions that cause further dysregulation

Hypo-arousal:
- Addressing traumatic memories
- Expressing painful emotions
- Implementing new, empowering physical actions
Resource Activation

• Therapists skill of identifying and emphasizing:
  – existing resources, characteristics, and abilities
• Enhance the child’s feelings of:
  – Control
  – Self-esteem
• Focus on the child’s healthy psychological attributes
• Reactivate the experience of self-effectiveness

Resource Activation

• Resource-focused:
  – 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…)

Resilience
Resource Activation

- ‘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.

Avoidance Tendencies

- Avoidance Tendencies
  - Implicit and explicit
  - Negative effects on mental health
  - Self-esteem
  - Well Being

Avoidance behavior

- Constant control
- Continuous attention
- Anxious tension
- Fewer positive emotions
- Less satisfaction of need
- High amount of energy
Weaken Avoidance Goals

• The longterm practice of mindfulness
• Attending to sensations in the here-and-now
• Enhance positive feelings
• Reducing anxiety
• Satisfying of the basic needs

Weaken Avoidance Goals

• Avoidance reinforces mental schemas that prolong our clients’ suffering.
  – Thinking out of the box
• Working with defensiveness:
  – Enhance curiosity
  – Enhancing the seeking system
• Avoidance goals are too emotionally charged:
  – Emotion regulation
• They are connected to fear
  – Anxiety reduction

Stimulating the Seeking System
Stimulating the Seeking System

• The seeking system is integral to our:
  – Motivation
  – Urge to explore
  – Desire to understand.

• Responsible for
  – Our feeling alive and alert
  – For the positive experiences we seek in our lives.

Stimulating the Seeking System

• Increasing Dopamine
  – Exercise
  – Gratitude
  – Touch/ massage
  – Music
  – Remembering happy events

• Play
• Social joy
• Encourages exploration, investigation, curiosity, interest and expectancy.

“Invisible” Attachment Trauma and Violation of Needs

IAT

Violation of
  – Attachment need
  – Control need
  – Self-esteem need
  – Pleasure maximalisation/ pain minimalisation

Resulting in disorganized attachment style

Mental disorders
Satisfy Basic Needs

Love and Belonging

• Become:
  – Non-defensive by exploring the thoughts and the roles you are identified with
  – Non-controlling/ non-manipulative/ non-threatening
  – Understand the other (mentalizing capability)
  – Open
  – Allow physical affection
Self-esteem

• Set Goals

• Achievements: by doing things you're good at and enjoy

• Make Choices

• Learn skills: music, sports, art…

• Practice favorite activities

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