



# “Ghosts from the past”

Could dementia symptoms be considered as dissociative symptoms due to previous traumatic experiences? A pilot project.





**Trauma?**

**Quality of parenting**

**Dissociative subtypes of PTSD**

**Aging: A condition of threat**

**Attachment behavior in dementia**

**Trauma behavior in dementia**

**Pilot project**

# TRAUMA

# Trauma

- The classic vision of trauma



- from the perspective of a traumatizing event



- characteristics

# Trauma

- Impersonal



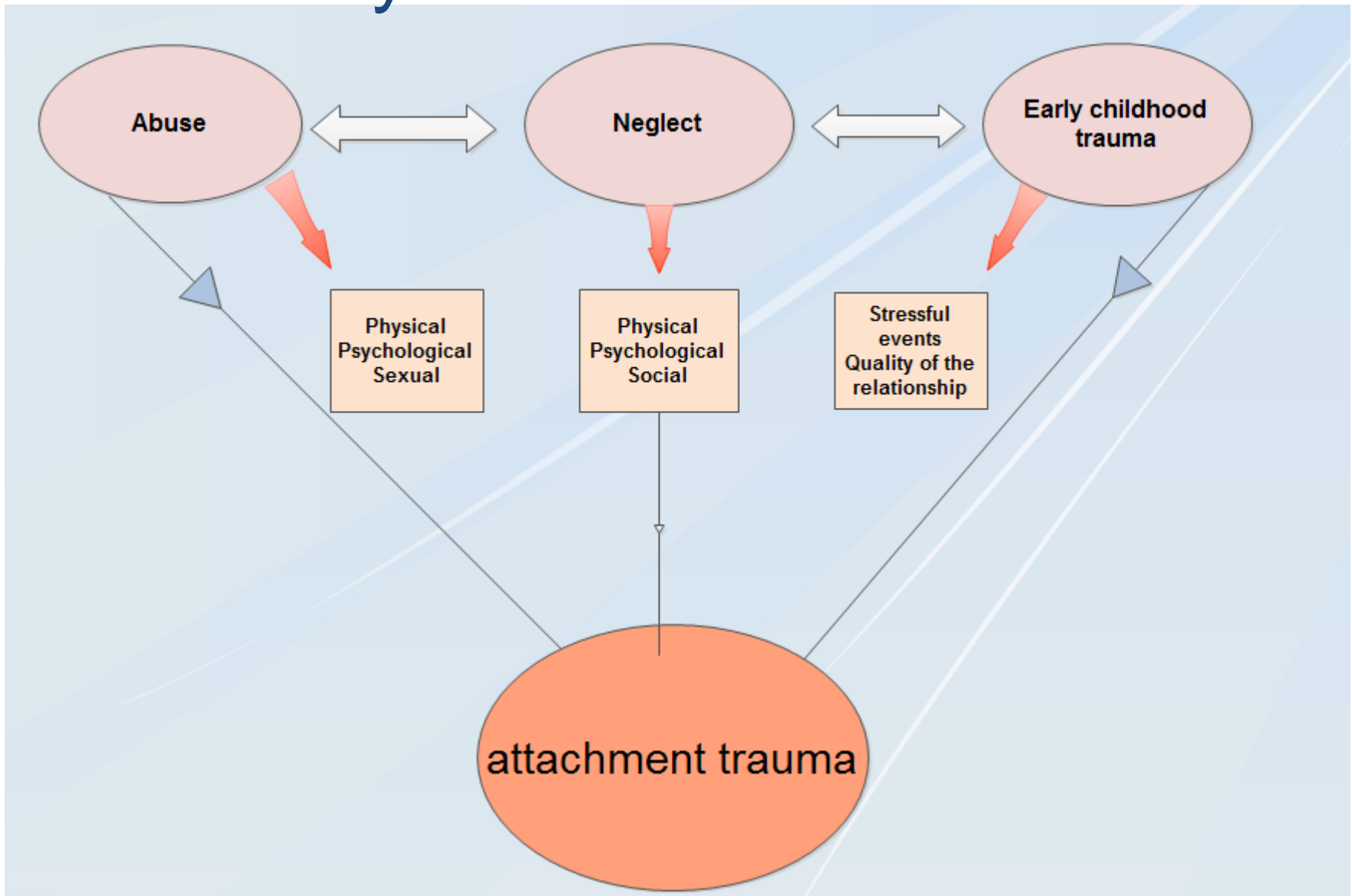
- Interpersonal



- Attachment trauma



# Early attachment trauma



# EAT = “Hidden traumas”

The form of traumatization



Child's experience of threat



Totally dependable on his caregiver



limited behavioral and cognitive coping capacities

# “Hidden traumas”

Experiences of threat



include the threat of



separation  
from the caregiver



having little  
response to  
the signals of distress.



# “Hidden traumas”

In the interaction between child and caregiver



Not an obvious event



Caregiver's  
unavailability

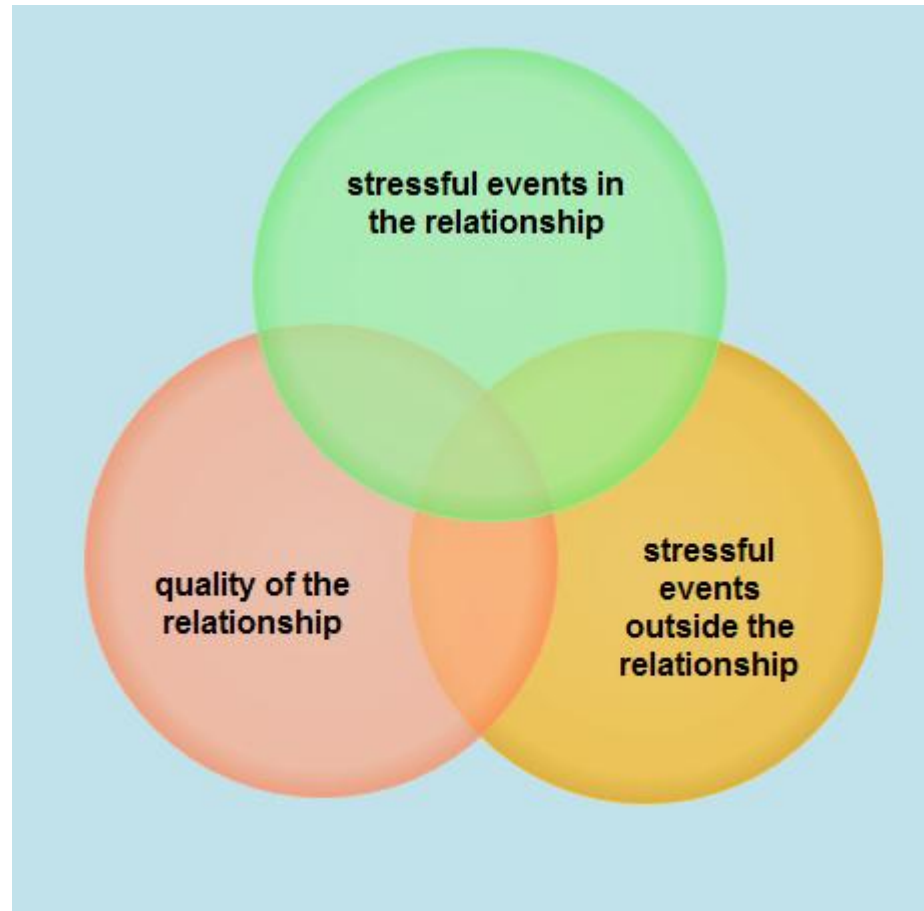
the

affective  
dysregulation



Caregiver's  
inability to  
modulate

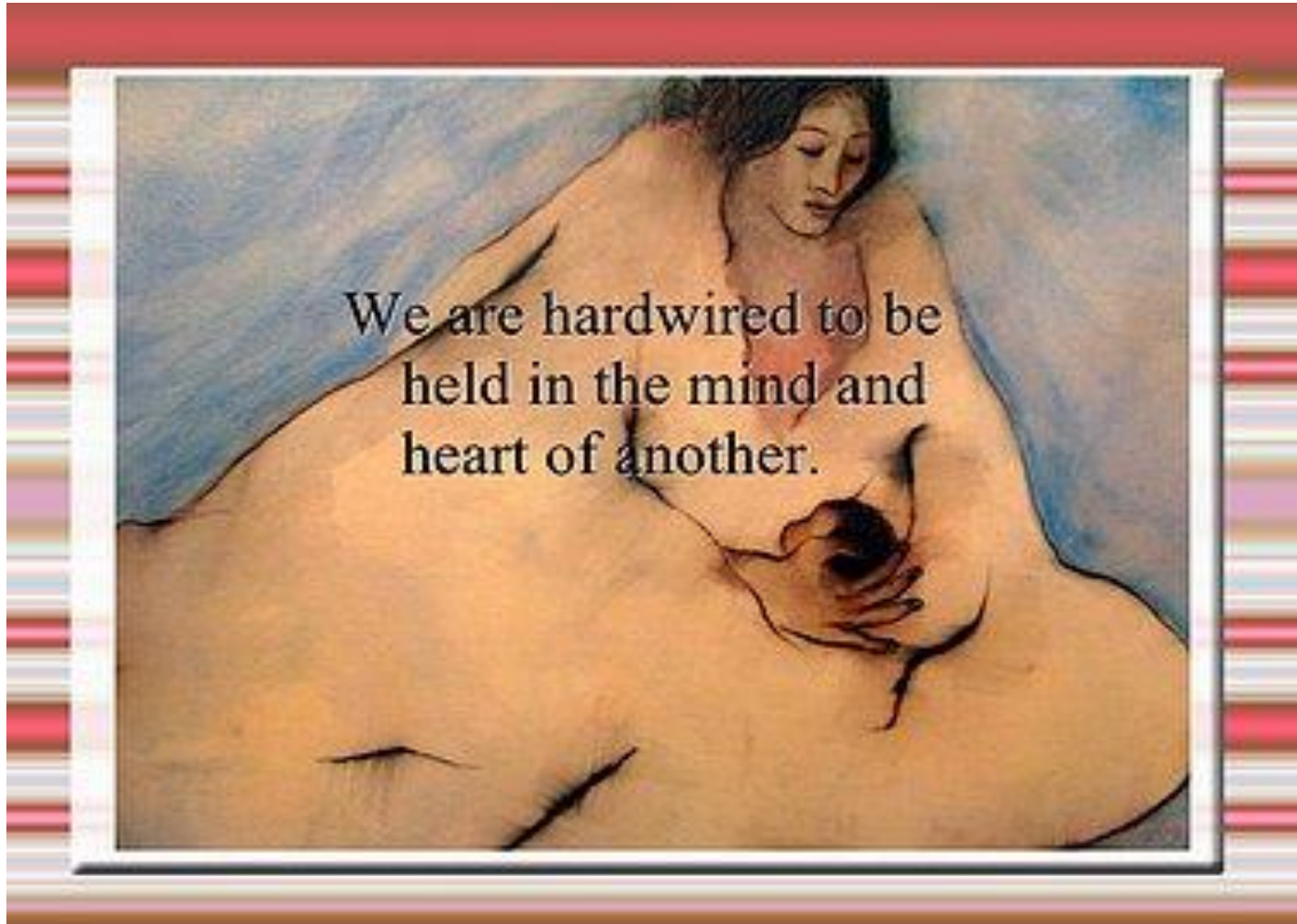
# Early attachment trauma



# Quality of the attachment relationship

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

# The quality of parenting



# The quality of parenting

- Sensitive responsiveness
- Reflective functioning
- Mentalization
- Containment
- External regulation
- Play / shared pleasure



# Disorganized attachment

- Care-seeking or attachment system
- “From the cradle to the grave”
- “Unresolved” parents”
- “The source and the solution”
- Psychobiological reactions
  - Hyperarousal
  - Dissociation
- The simultaneity of approach and avoidance → lack of organization
- Disorganization = Collapse of the integrative functions of consciousness

# Attachment disorganization

Attachment disorganization



Dissociative process



Pathological dissociation

# Dissociative Subtype of PTSD

- Hyperarousal states of dissociation = primary dissociation (Van der Kolk et al., 1996)
  - Fragmentation of the perceptual experience into emotional or sensory elements.
  - With reexperiencing phenomena
    - Intensely upsetting intrusive recollections
    - Nightmares
    - Flashbacks
  - Accompanying highly distressed emotional experiences



# Dissociative Subtype of PTSD

- Hypoaroused states = secondary dissociation (Van der Kolk et al., 1996/ Allen, 2001)
- Subjective detachment from the overwhelming emotional content of the experience
  - The self is subjectively experienced as separate and distanced from emotional distress
- Compartmentalization or separation of the experience from general awareness
- Result: experience no part of
  - A unitary whole
  - Integrated sense of self

# Hypoaroused states = secondary dissociation

- Characterized by
  - Numbness
  - Detachment
  - Resignation
  - Distance from emotions
- Defensive splitting results in alterations in
  - Perception
  - Emotion
  - Cognition
  - Behavior



# Hypoaroused states = secondary dissociation

- Perceptual alterations may occur in
  - the experience of time ( e.g. flashbacks)
  - in self experience ( e.g. depersonalization)
  - in the perception of reality ( e.g. derealization)
- Cognitive abnormalities can include
  - Amnesia
  - Fugue states
  - Confusional states
  - Deficits in attention.
- Somatic changes can involve
  - Sensory distortions
  - Motor weakness/ paralyses
  - Ataxia
  - Tremors/ shaking/ convulsions.



# Aging: A condition of threat



# Aging: A condition of threat

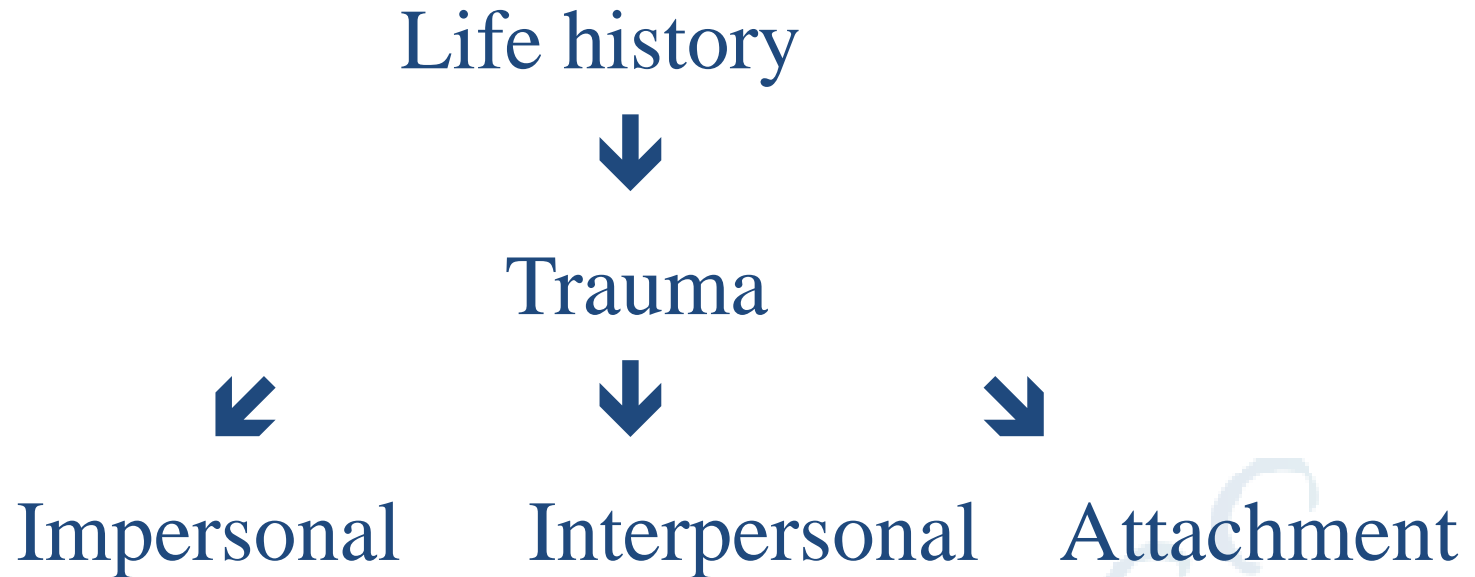
- Grief and bereavement
- Loss of
  - a spouse, siblings or friends
  - Loss of their long-time home and neighbourhood
  - loss of a lifetime role
- Chronic illness/ pain
- Fear of death



# Aging: A condition of threat

- Physical frailty
- Income shrinkage and financial limitations
- Impaired self-care
- Diminished sensory capacities
- Decreased mobility
- Cognitive and memory loss.
- Emotions such as fear, shame, disbelief, denial and anger

# Aging: A condition of threat



# Attachment behavior in dementia



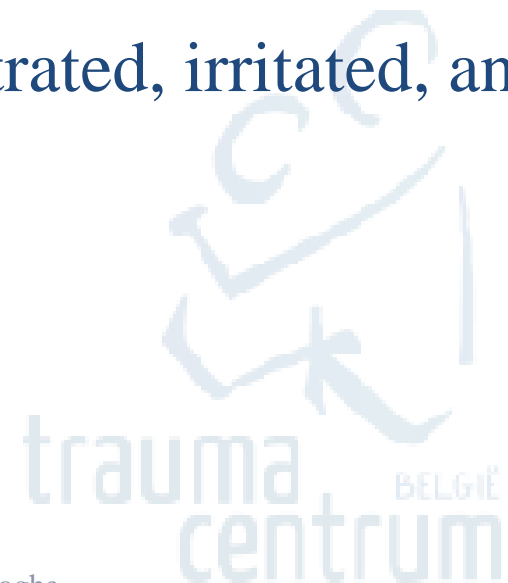


# Attachment behavior in dementia

- Attachment system “ From the cradle to the grave”
- Stress :
  - Loss
  - Illness
  - Distress
  - Dependency
- Miesen (1993) Standard Visiting Procedure (SVP)
  - Dementia erodes feelings of safety and security
  - Activates attachment behavior
- Two distinct behaviours ( Cookman, 2005)
  - Proximity
  - Separation protest

# Attachment behavior in dementia

- Calling/ running after a person when he try to leave
- Searching for them
- Leaving to find them
- Following them, worrying about them, asking after them, holding on to them
- Requesting their presence often
- Shouting for help, eventually frustrated, irritated, angry, aggressive, withdrawn
- Crying
- Touching / touching oneself
- Turning to stranger



# Trauma behavior in dementia



# Neuropsychiatric symptoms in dementia ( NPS)

- Depression
- Wandering
- Resistance to daily care
- Physical aggression
- Sleep disturbance
- Anxiety
- Rummaging/ hoarding
- Social withdrawal from others & activities
- Sundowning
- Demanding behavior/ verbal aggression
- Refusing to eat/drink/take medication

# Trauma behavior in dementia/ Hyperaroused dissociation

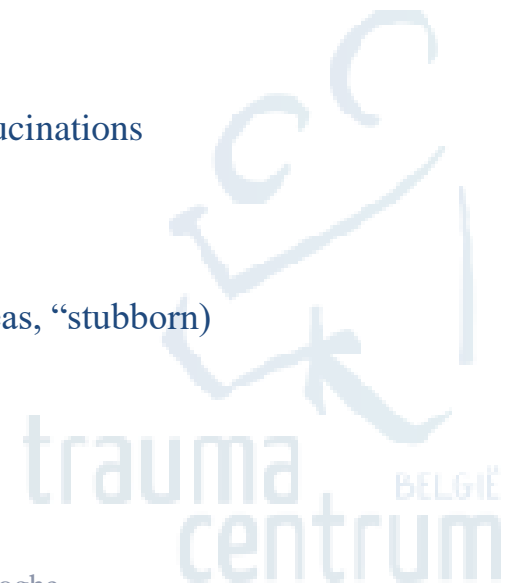
- Intrusive distressing recollection of trauma/  
Flashbacks
  - Dementia:
    - Images, Thoughts ,Perception
    - Demanding behavior/ verbal aggression
      - » associating with a disliked person from the past
      - » Fear
    - Resistance to daily care/ Refusal to eat/Drink/ take Medication
- Dreams
  - Dementia:
    - Nightmares/ frightening dreams
    - Sleepdisturbances

# Trauma behavior in dementia/ Hyperaroused dissociation

- Increased psychological distress
  - Dementia:
    - Anxiety
    - Helplessness
    - Sadness ...
- Increased physiological reactivity
  - Dementia:
    - Wandering/ exit Seeking
    - Physical aggression/ verbal aggression
    - Sundowning

# Trauma behavior in dementia/ Hypoaroused Dissociation

- Perceptual alterations may occur in
  - in self experience ( e.g. depersonalization)
    - Dementia: anxiety/ depression/ OCD/ sleep deprivation
  - in the perception of reality ( e.g. derealization)
    - Dementia : anxiety with panic attack
- Cognitive abnormalities can include
  - Amnesia
    - Dementia: loss of memory
  - Fugue states
    - Dementia: Exit seeking
  - Confusional states
    - Dementia: sundowning/ confusional states/ hallucinations
  - Deficits in attention.
    - Dementia:
      - » Easily distracted/ loss of insight
      - » Mental rigidity and inflexibility (fixed ideas, “stubborn)
      - » Concentration problems



# Trauma behavior in dementia/ Hypoaroused Dissociation

- Somatic changes can involve
  - Sensory distortions
    - Dementia:
      - » Hallucinations
      - » Hyperesthesia : painful reactions to touch, heat and cold motor weakness/ paralyses
      - » Hyperalgesia and hypoalgesia
      - » Hypersensitivity
      - » Tremors/ shaking/ convulsions
      - » Ataxia
- Behavioral changes
  - Dementia:
    - » Social withdrawal from others and activities
- Emotional
  - Dementia:
    - » Depression





# Pilot project : “ The mosaic of life”



# Pilot project : “ The mosaic of life”

- Mosaic = symbol for Holistic point of view
- Holism : a Greek word meaning all, entire, total
- The importance of the whole and the interdependence of the parts
- The whole is more than the sum of its parts
- A unique personality
- Life history :
  - Trauma
  - Attachment
  - Specific characteristics
  - Personal strenghts



# Pilot project: “ The mosaic of life”

- Training of the staf
- Tailor made treatment
- Supervision/ Intervision



# Training of the staff

## Part 1: The caregiver

- Attachment theory
  - Attachment?
  - Recognition of attachment behaviors
  - Identification of patterns of attachment styles
  - Reflection on carers' own pattern of attachment
    - IWM
    - Affect regulation capacities
- Trauma theory
  - Trauma?
  - Consequences of trauma
  - Neurobiology of trauma
- Develop an understanding of
  - Emotional responses
  - Problem behavior



# Training of the staff :

## Part 2 :The person with dementia

- Person-centred care:(Brooker, 2004)
  - Valuing (V)
    - Mentalizing
    - Reflective functioning
    - Internal resources
  - Treating as individuals (I)
    - Dyadic regulation
    - Plan meaningful care
  - From their perspective (P)
    - Sensitive responsiveness
    - Understanding behavior/ emotional responses
  - A positive social environment (S)
    - Secure base and safe haven

# Tailored -made Treatment



# Treatment model

Assessment



Case – conceptualization



Treatment plan



Treatment



Evaluation



Guidelines

# Holistic assessment

- Medical anamnesis
- Biography
- Psychosocial factors, depression
- Environmental factors
- Specific behavioural and functional analysis
- Trauma (impersonal/ interpersonal/ attachment)
- Attachment ( style/ internal working model)
- Internal resources
- Needs



# Trauma/ Attachment assessment

- Impersonal and interpersonal trauma:
  - BTQ: Brief Trauma Questionnaire
- Attachment trauma
  - ACE score
- Attachment assessment
  - Parental bonding instrument



# Case

- 86 year old woman
- Diagnosed with dementia
- Referral:
  - Agitation
  - Numbing
  - Sleepdisturbances
  - Intrusive memories
  - Wandering

# Case/ Assessment

- Trauma:
  - War
  - Loss experiences:
    - death of mother/ 2 brothers/spouse
    - Separation from the father/ brother
    - Health ( heartproblems)
- Attachment trauma
  - Mother: extremely anxious/violent/unhappy/ “Ghosts in the nursery”
  - Father: absent
  - Aunt: cold/ harsh
- Other stressful events
  - Relational problems
  - Financial problems
  - Family problems



# Case – conceptualization

Different traumatic experiences

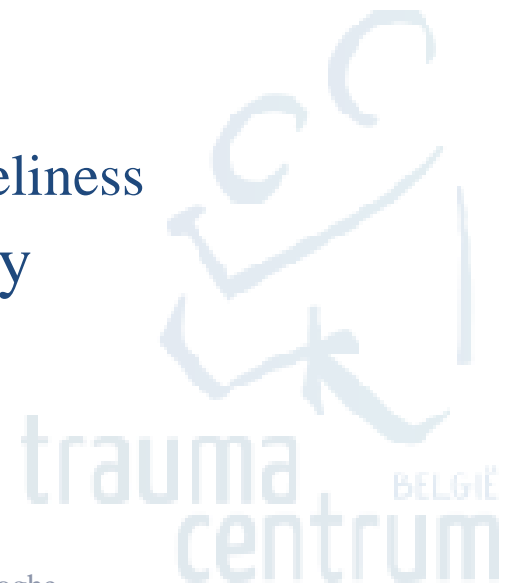


- Hyperaroused dissociation
  - Flashbacks
  - Dreams
  - Increased psychological distress
  - Increased physiological reactivity
- Hypoaroused dissociation
  - Perceptual alterations
  - Cognitive abnormalities
  - Somatic changes



# Dissociative subtype

- Hyperaroused:
  - Flashbacks
    - Images, Thoughts
    - Intrusive memories
  - Dreams
    - Sleepdisturbances
  - Increased psychological distress
    - Helplessness/ sadness/despair/loneliness
  - Increased physiological reactivity
    - Wandering
    - Agitation



# Dissociative subtype

- Hypo aroused symptom
  - Perceptual alterations
    - Anxiety
    - Depression
  - Cognitive abnormalities
    - Amnesia = Loss of memory
  - Behavioral changes
    - Social withdrawal from others and activities
  - Emotional
    - Numbing

# Treatment plan

- Phase oriented treatment
  - First phase: Stabilization and symptomreduction
    - Safety
    - Affect-/ stressregulation
    - Installing resources
    - Caring and supporting relationship



# Treatment



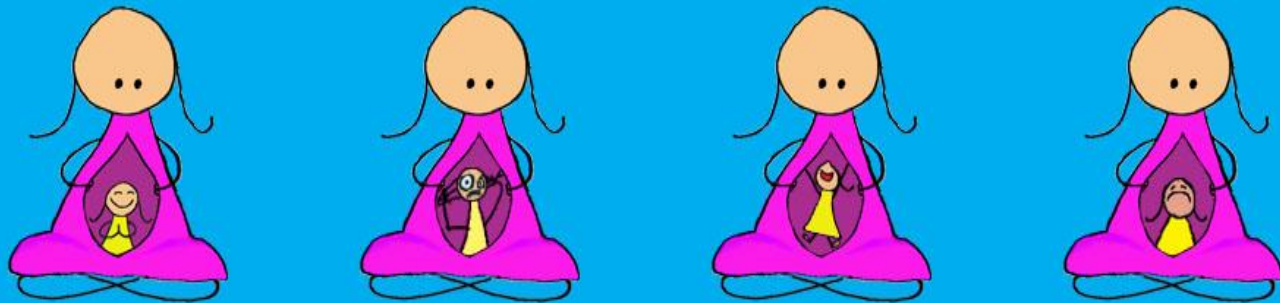


# Treatment

- Safety:
  - Bottom up
    - Grounding
    - Breathing
    - Movement
    - Touch
    - Here and now
    - Dual awareness
    - Safe place

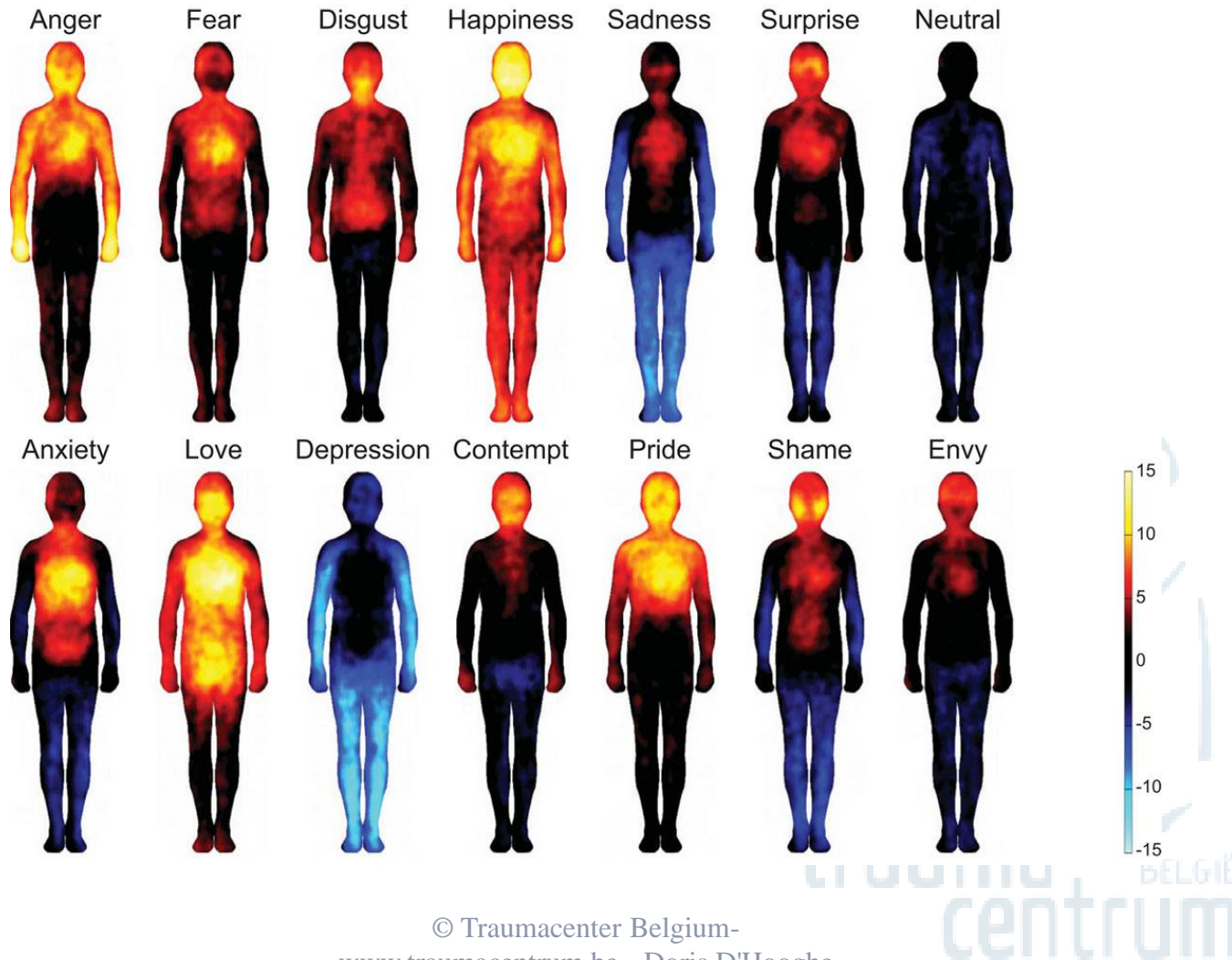
# Affectregulation: awareness of the feeling

**WHAT'S GOING ON INSIDE ME AT THIS MOMENT?**



**Don't analyze, just watch.** ~Eckhart Tolle

# Affectregulation: awareness of the feeling in the body



# 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)



# Resources

- Physical well-being
  - Exercise/ nutrition/ sleep improvement
- Spiritual well-being
  - meditation, prayer
- Creativity
  - creative arts, movement and music therapies
- Ego resources
  - assertiveness training, mentalization
  - self-care, independent living skills, and empowerment techniques
- Self-capacities
  - self-regulation skills, such as relaxation training

# Caring and supporting relationship

- 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

