

**14th International Conference on
Child and Adolescent Psychopathology**

July 22–24, 2019

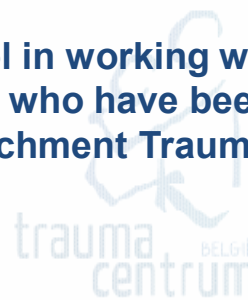
Whitelands College, University of Roehampton, London



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

Doris D’Hooghe

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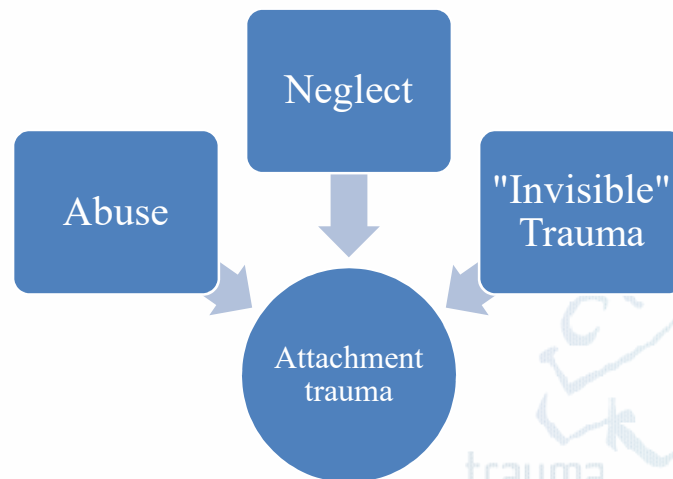
“ Invisible” Attachment Trauma



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Attachment Trauma



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"Invisible Attachment Trauma"

The form of traumatization



Child's experience of threat



Totally dependable on his caregiver



Limited behavioral and cognitive coping capacities

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“Invisible Attachment Trauma”

Experiences of threat



include the threat of



separation
from the caregiver



having little
response to
the signals of distress

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“Invisible Attachment Trauma”

In the interaction between child and caregiver



Not an obvious event



Caregiver's
unavailability

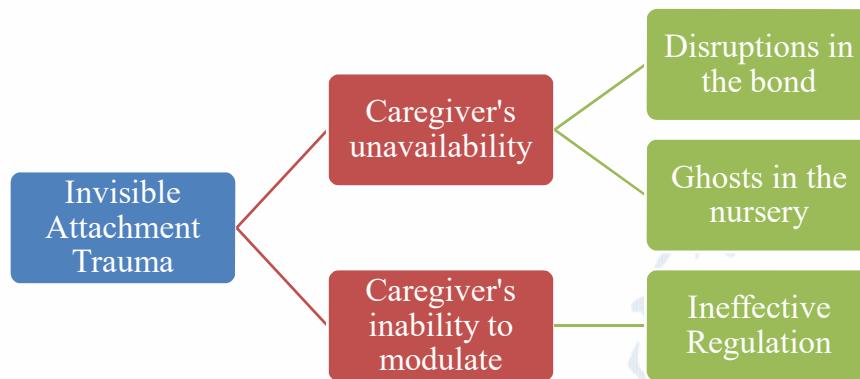


Caregiver's inability
to modulate affective
dysregulation

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“Invisible Attachment Trauma”



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Caregiver's Unavailability Disruptions in the Attachment Bond

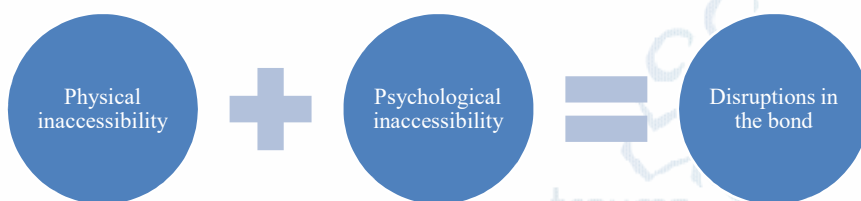


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Caregiver's Unavailability Disruptions in the Attachment Bond

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



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Caregiver's Unavailability Ghosts in the Nursery



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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

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Caregiver's Inability to Modulate Ineffective Regulation

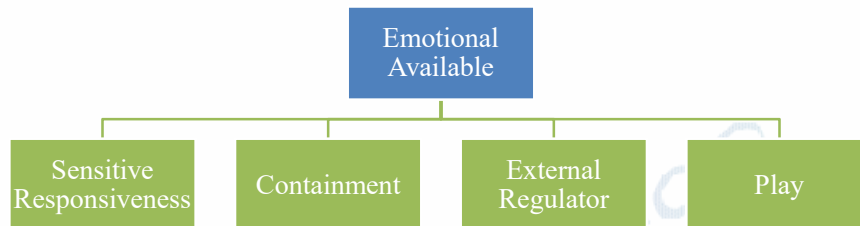


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Effective Regulation = Emotional Available



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You can spend a
lifetime trying to
forget a few minutes
of your childhood.



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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

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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

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Seven Primary Domains of Impairment in C- PTSD

SIDEBAR 1.
Domains of Impairment in Children Exposed to Complex Trauma

I. Attachment Problems with boundaries Distrust and suspiciousness Social isolation Interpersonal difficulties Difficulty attuning to other people's emotional states Difficulty with perspective taking	IV. Dissociation Distinct alterations in states of consciousness Amnesia Depersonalization and derealization Two or more distinct states of consciousness Impaired memory for state-based events	VI. Cognition Difficulties in attention regulation and executive functioning Lack of sustained curiosity Problems with processing novel information Problems focusing on and completing tasks Problems with object constancy Difficulty planning and anticipating Problems understanding responsibility Learning difficulties Problems with language development Problems with orientation in time and space
II. Biology Sensorimotor developmental problems Analgesia Problems with coordination, balance, body tone Somatization Increased medical problems across a wide span (eg. pelvic pain, asthma, skin problems, autoimmune disorders, pseudoseizures)	V. Behavioral control Poor modulation of impulses Self-destructive behavior Aggression toward others Pathological self-soothing behaviors Sleep disturbances Eating disorders Substance abuse Excessive compliance Oppositional behavior Difficulty understanding and complying with rules Reenactment of trauma in behavior or play (eg. sexual, aggressive)	VII. Self-concept Lack of a continuous, predictable sense of self Poor sense of separateness Disturbances of body image Low self-esteem Shame and guilt
III. Affect regulation Difficulty with emotional self-regulation Difficulty labeling and expressing feelings Problems knowing and describing internal states Difficulty communicating wishes and needs		

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“Invisible Attachment Trauma” Consequences

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



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“ 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

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The Neurobiology of Attachment



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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



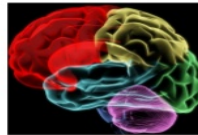
Brain Development Importance of Relationships

- 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



The Neurobiology of Attachment Trauma

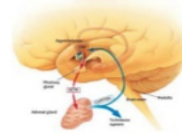
Reaction to Trauma



**Multiple Brain Regions
(PFC, Amygdala)**



**Autonomic
Nervous
System**



**Hypothalamic -
Pituitary-Adrenal Axis**



Boston Children's Hospital
Until every child is well



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

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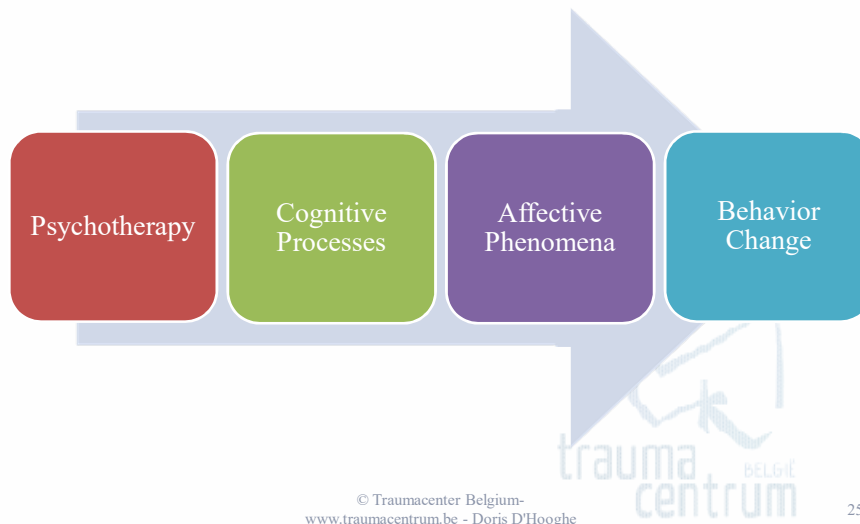
Neuropsychotherapy



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Shift in Psychotherapy



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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.

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The Consistency Theory Model

- “Basic needs” are the core of the model
- Behavior is driven to satisfy these needs
- All behavior is the product of approach and avoidance motivations.
- Can be operating in
 - parallel
 - and in a hierarchical manner
- Serve not only our basic psychological needs
- Also physiological reflexes

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Consistency.

- A foundational principle of neuropsychotherapy.
- A “core principle of mental functioning” (Grawe, 2007).
- The nervous system function optimally → various elements of the system remain in harmony and not conflicted → harmonious neural flow

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Inconsistency

- Internal inconsistency:
 - an individual's experience of the world
 - internal model of the world
 - Beliefs/ expectations/ goals
 - meeting of needs are in conflict

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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.

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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.

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Uncontrollable Incongruence

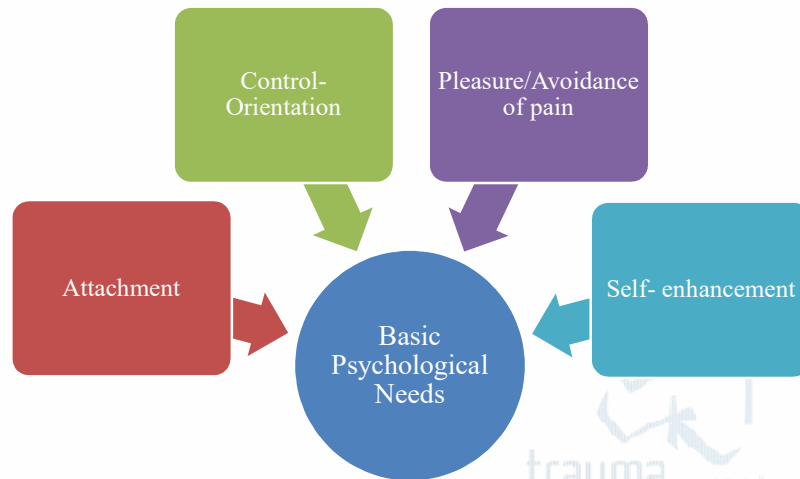
- Uncontrollable Incongruence
- Heightens arousal potentially beyond one's window of tolerance
- A hyperactivated HPA-axis
- Inhibit the formation of new synapses
- Degenerating existing ones
- Inducing changes in various brain regions

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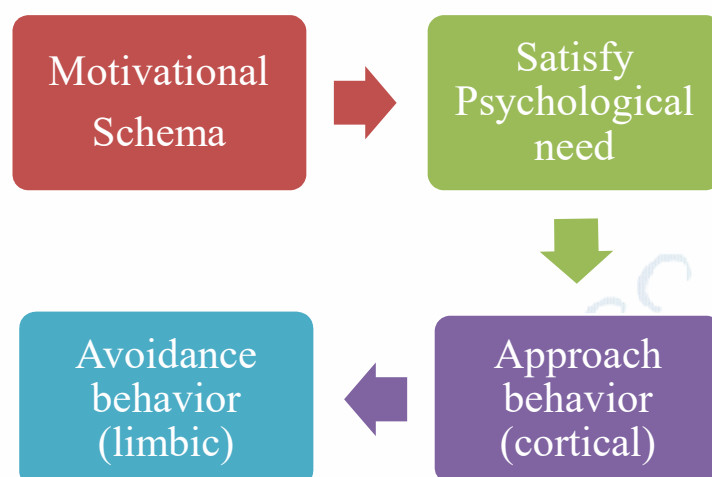
Basic Psychological Needs



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Motivational Schema



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Motivational Schema

The Two Broad Neuro-Behavioral Systems	
Behavioral Activation System	Behavioral Inhibition
<ul style="list-style-type: none"> • Orients toward approach goals • Expend energy to acquire resource • Focus on "benefit" side of behavioral equation • Positive affect • Positive reinforcement • Left prefrontal 	<ul style="list-style-type: none"> • Orients toward avoidance goals • Conserve acquired resource • Focus on cost/loss/threat • Negative affect • Punishment and its avoidance (negative reinforcement) • Right prefrontal

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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.

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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

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Bottom- up Approach



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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 strenghts of the child
- Learned through trust in the therapeutic alliance

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Safety



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Safe Therapeutic Alliance



"Doctor, I'm not sure I can trust you."

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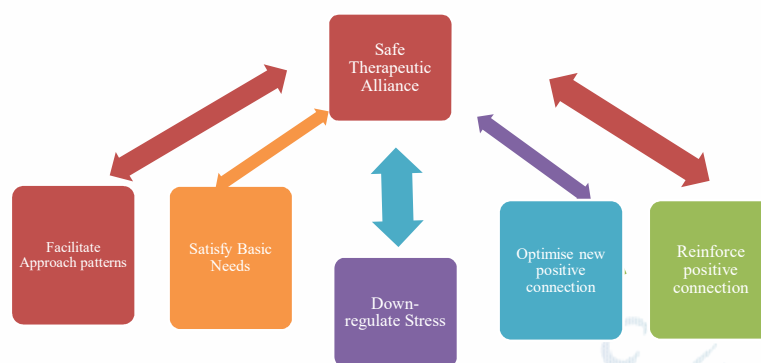
Safe Therapeutic Alliance

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

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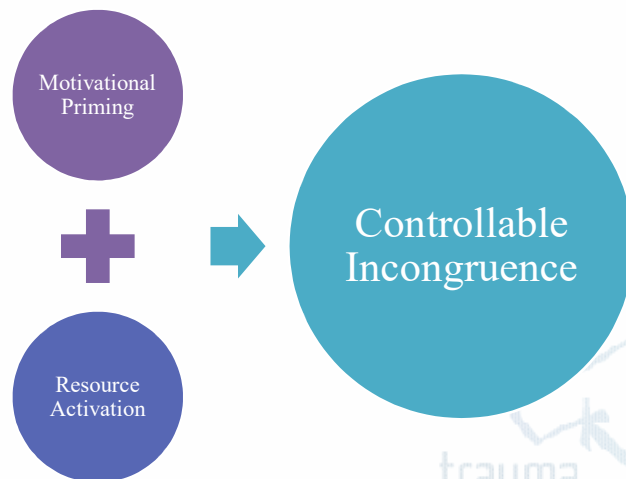
Safe Therapeutic Alliance



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Controllable Incongruence



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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

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Priming of the Approach System: Increasing Dopamine/ Serotonin

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

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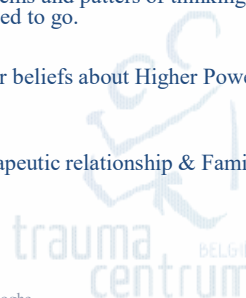


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Safety

- **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)

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Safety Connect with the Internal World



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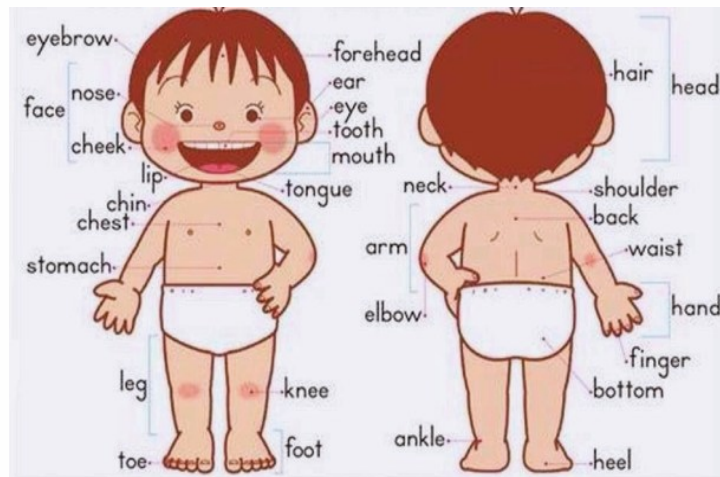
Safety : Connect with the Internal World

- 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 het child draw an island
 - There are 4 States:
 - Body
 - Feelings
 - Thoughts
 - Needs

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Physical Safety: The body



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Physical Safety : Calming the Physiology

- Grounding: the tree exercise



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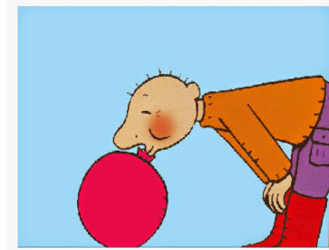
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Physical Safety : Calming the Physiology

- Diafragmatic breathing



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Physical Safety : 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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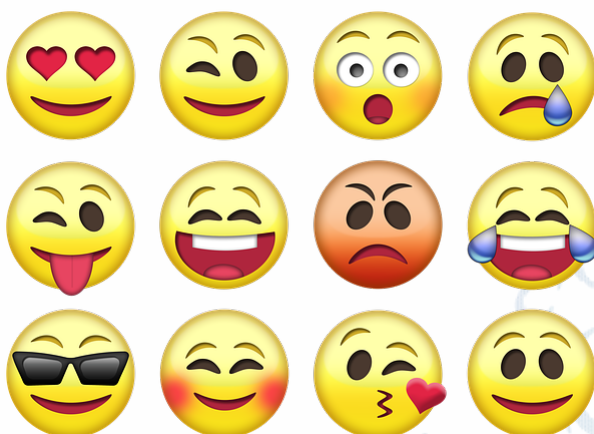
Safe Place



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Emotional Safety: Emotions



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Emotionregulation

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

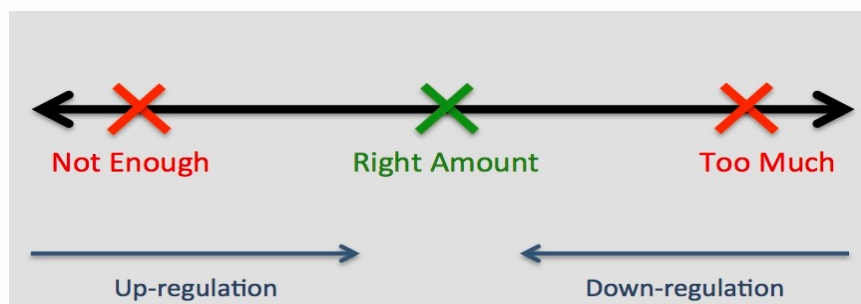


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Emotionregulation

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



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Emotionregulation

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

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Mental Safety: Thoughts



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Mental Safety: Thoughts

- Stop!



- Distraction (do something!)



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Container Exercise



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Mental Safety: Thoughts Installing Positive Cognitions

- About:
 - Competence
 - Qualities
- Thinking about Positive experiences

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Spiritual Safety



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Spiritual Safety

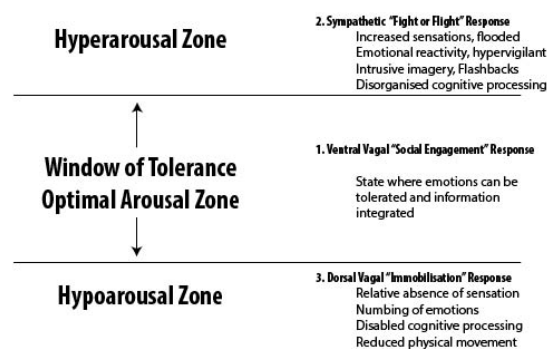
- Learn to know the child beliefs about Higher Power, God...
- Identify
- Build trust
- Use these beliefs to:
 - Protect you
 - Lead you through decisions in life.

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Widening a Child's Window of Tolerance.

Window of Tolerance



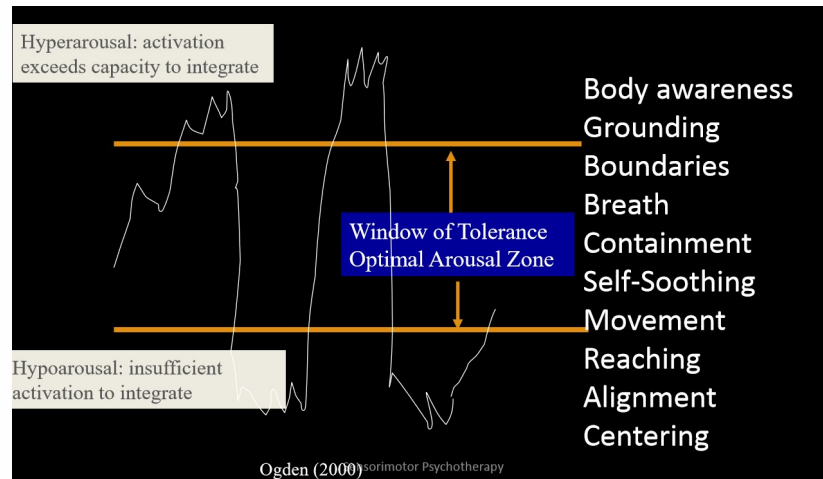
Adapted from Ogden, Minton, & Pain, 2006, p. 27, 32; Corrigan, Fisher, & Nutt, 2010, p. 2

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Expanding the Window of Tolerance Somatic Resources



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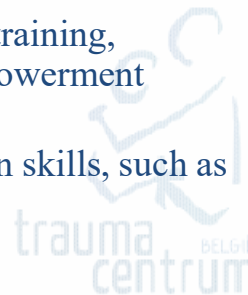
Resilience



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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...)



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Avoidance Behavior

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



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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



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Satisfy Basic Needs



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**TAKE CARE OF
YOURSELF**

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