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

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Attachment Trauma

Neglect

Abuse

"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
“Invisible Attachment Trauma”

Experiences of threat↓
include the threat of

- separation from the caregiver
- having little response to the signals of distress

“Invisible Attachment Trauma”

In the interaction between child and caregiver↓

Not an obvious event

- Caregiver’s unavailability
- Caregiver’s inability to modulate affective dysregulation
“Invisible Attachment Trauma”

- Caregiver’s unavailability
- Caregiver’s inability to modulate
- Disruptions in the bond
- Ghosts in the nursery
- Ineffective Regulation

Caregiver’s Unavailability: Disruptions in the Attachment Bond
Caregiver’s Unavailability
Disruptions in the Attachment Bond

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

Caregiver’s Unavailability
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 Inability to Modulate
Ineffective Regulation
Effective Regulation = Emotional Available

- Emotional Available
  - Sensitive Responsiveness
  - Containment
  - External Regulator
  - Play

You can spend a lifetime trying to forget a few minutes of your childhood.
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 capture a limited aspect of:
  - Complex self-regulatory capacities
  - 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
Seven Primary Domains of Impairment in C-PTSD

| --- | --- | --- | --- | ---
| Problems with boundaries | Distinct alterations in states of consciousness | Difficulties in attention regulation and executive functioning | Lack of sustained curiosity | Problems with processing novel information |
| Trust and suspiciousness | Amnesia | Problems focusing on and completing tasks | Problems with object constancy | Problems with planning and anticipating |
| Social isolation | Depersonalization and derealization | Problems understanding responsibility | Problems with understanding responsibility | Learning difficulties |
| Interpersonal difficulties | Trauma or distressful states of consciousness | Problems with language development | Problems with disorders of time and space | |
| Difficulty relating to other people’s emotional states | Impaired memory for state-based events | |
| Difficulty with perspective taking | | |

“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 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

Neuropsychotherapy
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.
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

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
Inconsistency

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

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

- 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

- 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
Basic Psychological Needs

- Control-Orientacion
- Pleasure/Avoidance of pain
- Attachment
- Self-enhancement

Motivational Schema

- Motivational Schema
- Satisfy Psychological need
- Avoidance behavior (limbic)
- Approach behavior (cortical)
Motivational Schema

The Two Broad Neuro-Behavioral Systems

Behavioral Activation System
- Orient toward approach goals
- Expends energy to acquire resource
- Focus on “benefit” side of behavioral equation
- Positive affect
- Positive reinforcement
- Left prefrontal

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

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.
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
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
Safety

Safe Therapeutic Alliance

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

• 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
Physical Safety: The body

Physical Safety: Calming the Physiology

- Grounding: the tree exercise
Physical Safety: Calming the Physiology

- Diafragmatic breathing

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

Emotional Safety: Emotions

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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
Emotion regulation

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

Mental Safety: Thoughts
Mental Safety: Thoughts

• Stop!

• Distraction (do something!)

Container Exercise
Mental Safety: Thoughts Installing Positive Cognitions

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

Spiritual Safety
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.

Widening a Child’s Window of Tolerance.

Window of Tolerance

Hyperarousal Zone

2. Sympathetic "fight or flight" response
   Increased sensations, Needled
   Emotional reactivity, hypervigilant
   Intrusive imagery, flashbacks
   Disorganized cognitive processing

Window of Tolerance

Optimal Arousal Zone

5. Neural/Neural "social engagement" response
   State where emotions can be tolerated and information integrated

Hypoarousal Zone

3. Immune/Imbalance "response
   Relative absence of sensation
   Numbering of emotions
   Disabled cognitive processing
   Reduced physical movement

Adapted from Ogilve, Martin, et al., 2006, p. 27; 32; Carper, Fisher, & Matt, 2019, p. 2
Expanding the Window of Tolerance
Somatic Resources

- Body awareness
- Grounding
- Boundaries
- Breath
- Containment
- Self-Soothing
- Movement
- Reaching
- Alignment
- Centering

Ogden (2009) - Somatic Psychotherapy

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…)

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 the basic needs
TAKE CARE OF YOURSELF