The mosaic of life

Integrating attachment- and trauma theory in the treatment of challenging behavior in elderly with dementia.
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 strengths
Structure

• Attachment
• Trauma
• Aging: condition of threat
• Attachment behavior in dementia
• Trauma behavior in dementia
• Treatment model
Attachment
Attachment

“Attachment is a deep and enduring emotional bond that connects one person to another across time and space”

(Ainsworth, 1973; Bowlby, 1969)
Components of Attachment

• Persistent and ongoing (from the cradle till the grave)
• Directed toward a specific person
• Emotionally significant
• Maintaining contact with the other
• Seeking security, comfort and pleasure
• Distress during periods of involuntary separation
Important features of attachment
Secure base

The Secure Base Model

- **AVAILABILITY** helping the child to trust
- **FAMILY MEMBERSHIP** helping the child to belong
- **SENSITIVITY** helping the child to manage feelings
- **CO-OPERATION** helping the child to feel effective
- **ACCEPTANCE** building the child's self-esteem
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PARENT ATTENDING TO THE CHILD’S NEEDS

- Support My Exploration
  - Watch over me
  - Delight in me
  - Help me
  - Enjoy with me

- Welcome My Coming To You
  - I need you to...

- Secure Base
  - Protect me
  - Comfort me
  - Delight in me
  - Organize my feelings

Always: be BIGGER, STRONGER, WISER, and KIND.
Whenever possible: follow my child’s need.
Whenever necessary: take charge.

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Important features of attachment

- Reciprocal interchange
- Internal working model (IWM)
- Affect regulation
- Stress regulation

- Attachment not only for survival but also emotion and stress regulation
Adult attachment styles

• Adult attachment styles
  – Autonomous attachment:
    • have a model of others as warm, reliable
    • model of oneself as lovable and worthy of care.
  – Dismissive attachment:
    • the self as worthy
    • view others as unreliable or rejecting, untrustworthy or disappointing
Adult attachment styles

– Preoccupied attachment:
  • the self as unworthy or unlovable
  • but hold a positive evaluation of others.

– Fearfull attachment
  • hold negative views of both the self and others.
The two-dimensional model of theoretical types of attachment styles in adult attachment
Trauma

– PTSD (Posttraumatic Stress Disorder)
  • Criterion A: (traumatic event)
    “exposure to actual or threatened death, serious injury, or sexual violence”

– Leonore Terr

  “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...”

– **Bowlby**
  • “Any event that seriously threatens the attachment relationship”
Impersonal
Traumatic stressors
Impersonal

Traumatic stressors
Inter-relational
Traumatic stressors
Inter-relational
Traumatic stressors
Attachment trauma
Early attachment trauma

- Abuse
- Neglect
- Early childhood trauma

- Physical
  - Psychological
  - Sexual
- Physical
  - Psychological
  - Social
- Stressful events
  - Quality of the relationship

attachment trauma
Attachment trauma

– Caregiving relationship
– Early
– Repetitive
– Chronic (over time)
– Multiple
– Adverse impact on the development of a secure attachment relationship
Quality of the attachment relationship

• Quality of parenting
  – Sensitive responsiveness
  – Mentalization
  – Reflective functioning
  – Containment
  – External regulation
  – Play
  – Internal representations
Aging: a condition of threat

- Grief and bereavement
- Loss of
  - a spouse, siblings or friends
  - Loss of their long-time home and neighborhood
  - 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
Attachment behavior in dementia

• “From the cradle to the grave”
• Stress:
  – Loss
  – Illness
  – Distress
  – Dependency
• Miesen (1993)
• Three distinct behaviours
  – Proximity
  – Separation protest
  – A secure base
Attachment behavior in dementia

Person with dementia

↓

Awareness-context

↓

Emotional responses

↓

Attachment behaviors
Attachment behavior in dementia

Previous attachment history

Specific attachment style

Managing the dementia experience
Parent fixation

• “They behave as if their deceased parents are still alive”
• Dementia = strange situation ➔ attachment system ➔
• Behavior = attachment behavior
• Goal:
  – The need to feel safe and secure
  – Obtaining and retaining the proximity
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
Attachment behavior in dementia

• Attachment and illness behavior

Person with dementia

Attachment style

Attachment behaviors

Illness behaviors
Attachment behavior in dementia

• Autonomous attachment
  – provide their carers with the most accurate information
  – Elicit help
  – Support in an appropriate fashion.

• Preoccupied attachment
  – Compulsive care seeking
  – Clinginess towards the carer
Attachment behavior in dementia

• Dismissive attachment
  – non-compliant.
  – rejecting care

• The carer’s own attachment style might impact their quality of care.

• The carers’ own attachment needs may interfere with their ability to attend to their clients’ needs sensitively and responsively
Attachment behavior in dementia

• Attachment and bereavement

Bereavement
↓
Major stressor
↓
Insecure attachment
↓
Complicated grief
Interference trauma and attachment

- Trauma ➔ dementia ➔ trauma
  - Attachment style
    - Attachment behavior
      - Challenging behavior
“Challenging behaviors”

- Depression
- Anxiety
- Physical aggression
- Sexually inappropriate behavior
- Demanding behavior/ verbal aggression
- Wandering/ exit Seeking
- Resistance to daily care/ Refusal to eat/Drink/ take Medication
- Sleep disturbance
- Disruptive Vocalizations/ Repetitious Questioning
- Sundowning
- Social Withdrawal from others and Activities
- Vocalizations
Trauma behavior in dementia/ PTSD

• **Reexperiencing:**
  – Intrusive distressing recollection of trauma
    • Dementia: Images, Thoughts, Perception
  – Dreams
    • Dementia: Nightmares, frightening dreams
  – Increased psychological distress
    • Dementia: anxiety, helplessness, sadness...
  – Increased physiological reactivity
    • Dementia: Wandering, exit Seeking
    • Sundowning
Trauma behavior in dementia/ PTSD

• Avoidance
  – Trauma-related active or passive avoidance tendencies
  – Loss of memory and inability to recall
    • Dementia: Loss of memory
  – Diminished interest in normal activities of daily living
    • Dementia: Withdrawal from Activities
  – Social detachments
    • Dementia: Social Withdrawal from others
  – Emotional anesthesia (psychic numbing)
    • Dementia: Depression
Trauma behavior in dementia/ PTSD

• Increased arousal:
  – Sleep cycle disturbances
    • Dementia: Sleep disturbance
  – Anger/ irritability/ hostility
    • Dementia: Physical aggression /Resistance to daily care/
      Refusal to eat/Drink/ take Medication
    • Demanding behavior/ verbal agression
  – Hypervigilance
    • Dementia: Anxiety
  – Hyperarousal and self monitoring difficulties
    • Dementia: Sexually inappropriate behavior
Trauma behavior in dementia/ PTSD

- Negative alterations in cognition and mood:
  - Persistent negative beliefs of self or others
    - Dementia: Social Withdrawal from others and Activities
  - Persistent negative emotional state
    - Dementia: Depression
  - Diminished interest or participation in significant activities
    - Dementia: Social Withdrawal
  - Persistent inability to experience positive feelings
    - Dementia: Depression
Which goals serves challenging behaviors?

- Proximity seeking
- Communication
- Protest
- Response to loss
- Unmet need
- Release stress
Conclusion

• Attachment style of the person with dementia and his/her trauma history (among other elements) underlie and are predictive for challenging behavior.
Person-centered models

• Person-centred care:
(Brooker, 2004)
  – Valuing (V)
  – Treating as individuals (I)
  – From their perspective (P)
  – A positive social environment (S)
Integrating attachment/trauma theory in person centered care

- Responding to their attachment need
- Help them to feel safe and secure
- Stabilization and symptom reduction
Integrating attachment/trauma theory in person centered care

• Training
  – Attachment theory
    • recognition of attachment behaviours
    • identification of patterns of attachment styles
    • reflection on carers’ own pattern of attachment
      – IWM
      – Affect regulation capacities
  – Trauma theory

– Develop an understanding of
  • Emotional responses
  • Problem behavior
Trauma theory

• Effects on:
  – Neurobiology (stressregulation)
  – Affectregulation
  – Body
  – Sense of self
  – Cognition
  – Future orientation
  – Memory
  – Social capabilities
Window of tolerance

Ogden, Van der Kolk, others
“Window of Tolerance”

Arousal Level

Hyper-arousal
(Sympathetic Arousal)

Increased sensation,
Emotional reactivity, flooding
Hyper-vigilance
Intrusive symptoms
Disorganized cognition

Window of Tolerance
Optimal Arousal Zone
Connected
(Ventral Vagal)

Hypo-arousal
(Dorsal Vagal)

Relative absence of sensation
Numbing of emotions
Disabled cognitive processing
Reduced physical movement
Dissociation

Therapeutic Process
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
– Attachment
– Internal resources
– Needs
Integrating attachment theory in person centered care

Valuing people with dementia

Mentalizing

Reflective functioning

Internal resources
Elderly psychological beings

- Existence of an internal world (theory of mind)
  - Thoughts
  - Feelings
  - Needs

- Sense of self
Integrating attachment theory in person centered care

Treating people as individuals (I)

Dyadic regulation

Relationship

Plan meaningful care
Integrating attachment theory in person centered care

From their perspective (P)

Sensitive responsiveness

Understanding behavior/ emotional responses

Containment

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Integrating attachment theory in person centered care

A positive social environment (S)

Secure base and safe haven

Disruption and repair
Importance of the therapeutic relationship

• Attachment informed caregiving
  – carer as an attachment figure
  – Bowbly said that the therapeutic relationship manifest the same four characteristics as in the attachment relationship
    • The therapeutic dyad
    • the figure of the carer
  – The quality of the dyad
  – Creation of interpersonal experiences