“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

• The classic vision of trauma

• from the perspective of a traumatizing event

• characteristics
Trauma

• Impersonal

• Interpersonal

• Attachment trauma
Early attachment trauma

- Abuse
- Neglect
- Early childhood trauma

- Physical
  - Psychological
  - Sexual

- Physical
  - Psychological
  - Social

- Stressful events
  - Quality of the relationship

attachment trauma
EAT = “Hidden traumas”

The form of traumatization

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Child’s experience of threat

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Totally dependable on his caregiver

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limited behavioral and cognitive coping capacities
“Hidden traumas”

Experiences of threat include the threat of separation from the caregiver and 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 inability to modulate the affective dysregulation
Early attachment trauma

- Stressful events in the relationship
- Quality of the relationship
- Stressful events outside the relationship
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

We are hardwired to be held in the mind and heart of another.
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

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

Life history

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Trauma

↔️

Impersonal

↓

Interpersonal

↔️

Attachment
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
    – Sleep disturbances
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 strengths
Pilot project: “The mosaic of life”

- Training of the staff
- 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
- Referall:
  - 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 symptom reduction
    • Safety
    • Affect-/stress regulation
    • 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

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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