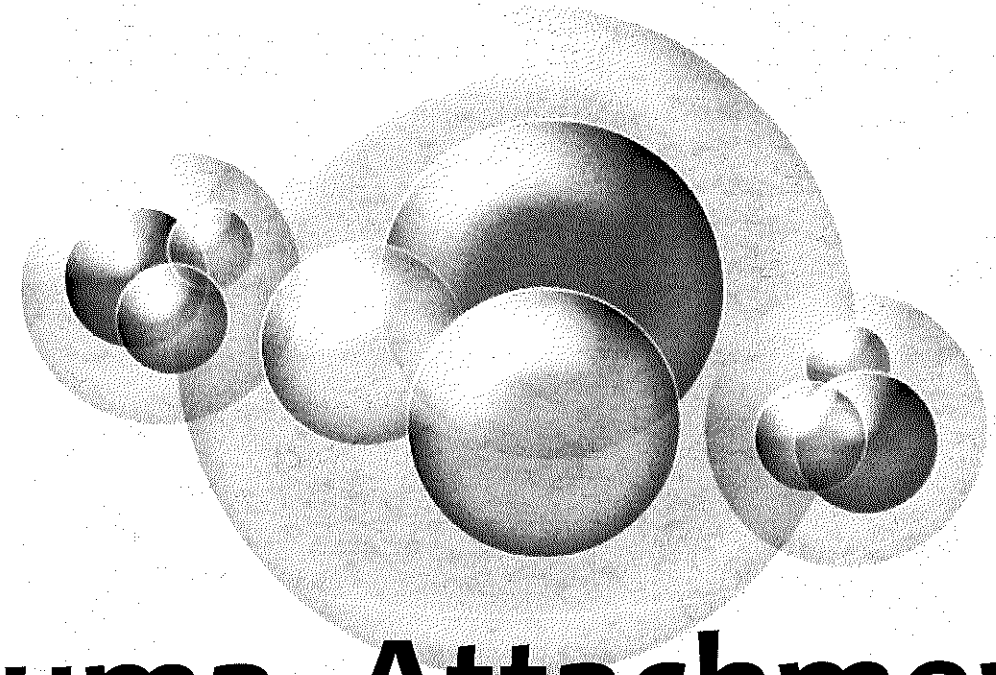

Trauma, Attachment & Dissociation

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Disclosure to Audience

No one involved in the planning or presentation of this activity has any relevant financial relationships with a commercial interest to disclose

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Trauma, Attachment & Dissociation

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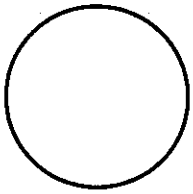
Program

- Increased knowledge of signs and symptoms of disorganized attachment
- How disorganized attachment is expressed
- Why interactive family play therapy is important in the treatment of disorganized attachment
- Be better prepared to evaluate and treat attachment and dissociative difficulties
- Be prepared to implement assessments for dissociative processes in children

1,2 or 3?

- Attachment Wound, Trauma or Attachment Trauma?



Attachment Trauma

And how it is correlated
with dissociative processes

Early Relationships and the Developing Brain

- The Loveliest Obsession (biology of love)
- The rhythm of mom (neurobiological regulation)
- Vagal system (your CNS and beyond)

Attachment & Bonding

The child attaches to the parent

- Instinctive
- Creates the foundation of trust, self concept and world view that will be called upon for all other relationships
- Facilitates the ability to feel, identify and express a variety of emotions (self regulation)
- Establishes ability to feel for others, empathy, morality, conscience, etc.

The parent bonds to the child

- Wants to be there for the child
- Responds to the child with mirroring
- Responds to the child by providing containment

Establishes

- Object Permanence
- Internal sense of parents

Basic Attachment Styles

- Strange Situation (Ainsworth, 1982) 18 m.o. infants observed during two periods of separation from a caregiver, followed by two episodes of reunion.
- secure : cries at separation and is quickly comforted at reunion
- insecure-avoidant: does not cry at separation, and actively avoids the caregiver on reunion
- insecure-ambivalent: cries at separation, but is not easily comforted on reunion

Disorganized Attachment

- Unable to organize their attachment behavior "according to any unitary or coherent pattern" (Liotti, 2005)
- Patterns observed in young children correlate with maternal frightened or frightening behaviors (Liotti, 1999)
- Elevated heart rate, higher cortisol levels, approach-avoidant behaviors and RAS alarm activation

Adult Attachment Inventory

Mary Main et al 1990

- Autonomous (secure) : coherent narratives, high levels of metacognitive monitoring , freedom of thought
- Dismissing (insecure-avoidant): idealization of the attachment figures, dismissing attitudes toward the importance of attachment needs, and a discrepancy between global and specific childhood memories
- Preoccupied (insecure-ambivalent): preoccupied with the value and meaning of their attachment relationships
- Unresolved (disorganized): high levels of incoherence, not integrated attachment memories/traumas

Strong Correlation

- Caregiver's unresolved memories leading to "Unresolved" classification in the AAI related to disorganization of early attachment in their own children (Main & Hesse, 1990; Main & Solomon, 1990)
- 80% of children whose parents are rated as unresolved developed disorganized attachment styles toward their parents (Lyons-Ruth and Jacobvitz, 1999, and Hesse et al., 2003)

Disorganized Attachment

- Characteristic emotion: overwhelming and unmanageable anxiety
- Always some degree of neurological impairment
- Many exposure to etoh/drugs in utero
- Disordered thinking & bx can look like BiPolar D/O
- Bx bizarre, unpredictable, perseverative
- Vulnerable to systemic dysregulation
- Can feel some remorse
- Remorse does not alter bx b/c driven by anxiety
- Underneath this type of AD, there is another, which can be seem when child not systemically dysregulated

Disorganized Attachment

- Chronic disorganization leads to probs shifting
- Parents feel they are always chasing after new problems
- Excessively friendly with strangers in a overly sweet way that is not effective
- Can look like they are dissociating, but usually means they are listening to inner voices
- Usually deny voices & delusions
- Voices have bizarre content
- May need antipsychotics

Disorganized Adults

- Histories of abuse, neglect, or severe loss
- Parents were unresponsive, punitive, insensitive
- Learned to view others as unavailable, threatening, and rejecting
- No organization to their attachment style
- BPD behaviors (hot & cold)
- Afraid of genuine closeness
- See themselves as unworthy of love
- Show lack of empathy, conrtolling, refuse responsibility, disregard rules

Dissociation, Attachment & Trauma, Oh My!

- Both AAI Unresolved categories and Disorganized attachment behaviors bear strong clinical resemblance to dissociation. (Heese & Main, 2000; Main & Morgan, 1996).
- Disorganized attachment is a statistically significant predictor of dissociation by the age of 19 (Lyons-Ruth, 2001).

Dissociation Continuum

- Normal Dissociation
- Problematic Dissociation
  - Mild
  - Moderate
  - Severe

What we think it is

- One reaction or symptom of trauma
- But that's it
- Doesn't happen very often

Sensory experiences

- That are fragmented because they are too overwhelming
- Over time, the fragmented pieces start to have a life of their own

BASK

Braun, 1984

- Behavior
- Affect
- Sensation
- Knowledge (meaning)

Memories...

ISST-D Myths Section www.ISTD.org

fMRI studies that about 2/3 of traumatized subjects become hyper-aroused when presented with trauma reminders... and about 1/3 turn down brain centers associated with awareness--they dissociate. This line of research was central to the creation of a dissociative subtype of PTSD in DSM-5.

Lanius, R., Vermetten, E., Loewenstein, R., Brand, B., Schmahl, C., Bremner, J., & Spiegel, D. (2010). Emotion modulation in PTSD: Clinical and neurobiological evidence for a dissociative subtype. Am J Psychiatry, 167(6), 640-647.

Got Dissociation?

- Confused, can't figure out who this person is feeling
- Mood, apparent age, personality style changes
- Memory gaps for recent events, what was just said, last therapy session, not recognizing you, not knowing what was agreed upon
- Comments on self in the third person
- Written work varies dramatically in style and presentation
- Person is 'gone' from session for several seconds, cannot hear what you are saying, doesn't realize he has been spacing out, appears to be listening internally

Got Dissociation?

- Speaks in a far away voice, blinks eyes, shakes head asks, "what?"
- Little or no memory of events that are known to have occurred
- Clingy then pushing others away, intelligent and articulate and then incoherent and disjointed in presentation/speech, acting like a grown up and then like a younger child, have a favorite food or outfit one day that she hates the next, easily complete skills or schoolwork one day and seem unable to do it the next
- Finds himself somewhere without knowing why he is there (principal's office, etc)
- May not show or even be aware of having any feelings

Got Dissociation?

- Difficulty recalling important dates, people, can't remember how to get somewhere familiar, is extra clumsy
- May report hearing voices (if asked)
- Flashbacks, panic attacks, general feeling of being unsafe, feel suicidal, and then feel hopeful and fine without seeming explanation
- Headaches, stomach aches, body pains, changes in body or somatic functioning and ability, enuresis and encopresis

Mis-Diagnosis

- Kids get diagnosed all the time by all kinds of people, many of whom are not trauma informed, and will see things from a behavioral perspective
- Children with dissociation will not heal if treated from a purely behavioral perspective because the reason for the behavior is not being addressed and the dissociation can become more and more compartmentalized

Can you cause MPD?

- Some people say don't work with DD b/c you will create DID
- Child is already fragmented, you are not creating this
- You are going to leave it, and the child will continue to be fragmented
- Or you are going to address it and help the child with integration
- Kids who don't get help can grow to totally dysfunctional
- "Not creating a crisis, working with a crisis that is silent"

Why not traditional talk therapy?

- Requires:
  - Trust in humans
  - Reciprocity
  - Ability to create relationship
- Misses:
  - Family involvement
  - Focus on primary relationship
  - The underlying causes of behaviors

Why else?

- They are at a heightened state of anxiety, cortical levels, etc.
- Constant state of "fight, flight, or freeze"
- Can't learn, engage, reciprocate, or relate when in this state
- Constantly angry

Inefficient

- Therapies-inefficient process even with generalization outside of therapy hour.
- Origin of their probs not in cortex, it is in brain stem, so have to provide patterned, repetitive things that change the brain stem & limbic system
- Brain develops from bottom up & inside out. Cortex & limbic system start to develop capability of modulating lower parts of the brain-inhibitory signals

Safe Place

- Sense of time collapses the lower in the brain is in control of functioning
- Become reflexive and reactive b/c sense response system is so reactive
- No matter how much teacher/parent/therapist talks-cannot process info in this state.
- Cannot internalize new info or recall previously stored info
- Everything is on the tip of their tongue-but can't quite do it-if in a safe place they could tell you what they do know

Incoming sensory input

- Starts in the lower part of the brain
- Can't tell time
- Can't hold complex states at the same time (hungry or not hungry)
- Brain is to make patterns of neural activity that co-occur
- Brains love familiarity more than anything else-being right more than anything else. If abuse then in enviro that is not abusive child is uncomfortable b/c that is novel-alarm system-internal distress

Expanding the Window of Tolerance

- Daniel Siegel The Developing Mind 1999
  - Therapy while walking
  - Trauma focused yoga
  - Use tennis balls, stacking dolls, puppets, SUDs levels
  - Exercise-any type
  - Help them cope with emotional expression in the moment
  - Increase self soothing; comfort box, CARESS
  - Develop internal control
  - Bore them into health
  - Engaging prefrontal cortex with active grounding and mindfulness exercises
  - Be honest!!
  - Provide psychoeducation about PTSD and Dissociation

Neuro-dramatic Play

- Sensory
- Rhythmic
- Dramatic
- Through utero and newborn stages
- Patterned, repetitive somatosensory experiences
- Easiest part of brain to train is cortex. One hour a week will not change the limbic system

Ideal

Bruce Perry

- Ideal therapeutic, developmental, caregiving setting:
  - Safety
  - Opportunities for exploration
  - Modeling, guidance, reinforcement, redirection, consequences,
  - If inconsistent in schedule, if things chaotic, we all choose to retreat to our comfort zones
  - Same things day in, day out, safety and familiar environment then you crave novelty, new things, if travel all week, new hotel, new people, etc, come home on Fridays and you want to stay home all weekend
  - Key to successful therapeutic work is consistent enough, broad enough, that child will try new things-motor skills, cognitive things
  - If you can't create environ then won't create changes
  - Safe, respectful, in that space, in that time, can try new things

Why?

- Short term calms the brain
- Long term builds the brain
- Builds attachment
- Therapist acts as the "auxiliary cortex" (Shore, 2001)

Why Interactive Family Play Therapy?

- Using Practical, Interpersonal Neurobiology and Evidence-Based Treatment to Reshape the Nervous Systems and Repair the Hearts of Children (and Adults!) with Attachment Problems

EDUCATE

Joyanna Silberg

Assessment Tools

- Child Dissociative Checklist
  http://www.energyhealing.net/pdf_files/cdc.pdf
- Children's Impact of Traumatic Events Scale–Revised
  http://www.swin.edu.au/victims/resources/assessment/ptsd/cites-r.pdf
- Adolescent Dissociative Experiences Scale–II
  http://www.caleidoscoop.nl/pdfs/a-des.pdf
- Children's Dissociative Experiences Scale and Post Traumatic Symptom Inventory (CDES/PTSI) contact
  bstolbach@arabida.org
- Adolescent Multi-Dimensional Inventory of Dissociation (A-MID)

Three New Pieces of Research

- Dispelling Myths About Dissociative Identity Disorder Treatment: An Empirically Based Approach by Bethany L. Brand, Richard J. Loewenstein, and David Spiegel

ISST-D

- http://www.isst-d.org/
- Alaska Regional Chapter coming soon!
- October 23-27 annual conference
- April 2015 conference
- Treatment Guidelines
- FAQ's for parents, treatment providers, teachers

"Earned Secure" attachment Style

- You are repairing and re-wiring the child's brain when you engage in a relationship with him/her.

The Rescuing Hug

You must learn to be still in the midst of activity and be vibrantly alive in repose.

Indira Gandhi

North Star BHS – CME Activity Course Evaluation Form

Date: 07/01/2014 Starting Time: 12:00 pm Ending Time: 1:00 pm

Topic: **Disorganized Attachment & Dissociation in Children**

Presenter(s): **Kimber Olson, LCSW, BCD**

At the conclusion of this activity, participants should be able to:	**Not at All**	**Slightly**	**Moderately**	**Mostly**	**Completely**
Interpolate the signs and symptoms of disorganized attachment, how it is expressed and why interactive family play therapy is important in treatment					
Evaluate and treat attachment and dissociative difficulties					
Implement assessments for dissociative processes in children					

Was the presentation commercially biased in any manner? Yes [] No []

Based on this activity, what will you do differently in your practice? _____

Topics of Interest for future Seminars: _____

Printed Name of CME participant: _____ Physician Yes [ ] No [ ]

Signature of CME participant: _____

Agency/Organization: _____

Email: _____

Are you on our email distribution list? Yes [ ] No [ ]

If not – do you wish to be added for future CME events? Yes [ ] No [ ]