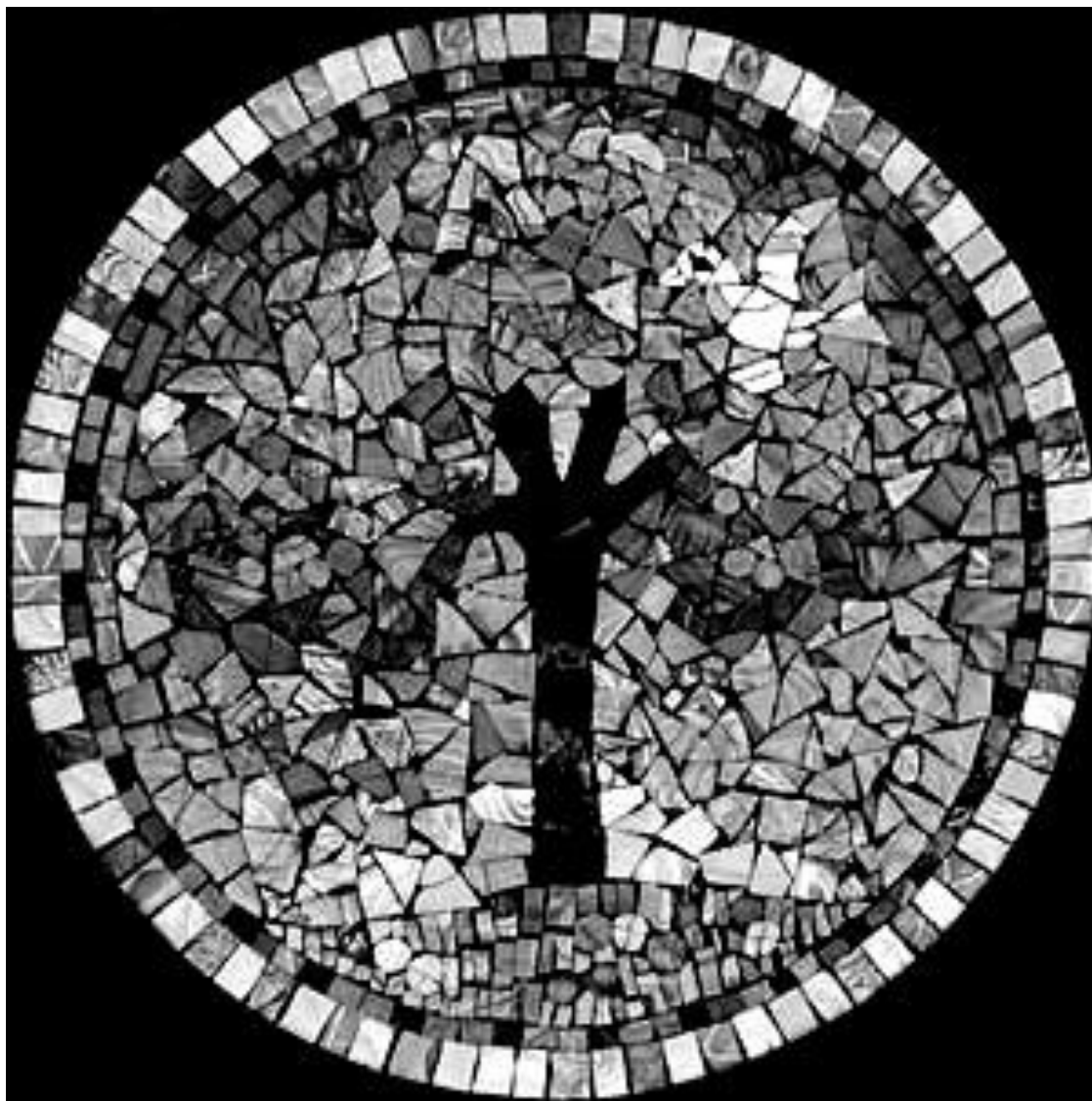




The mosaic of life

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 strenghts



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”

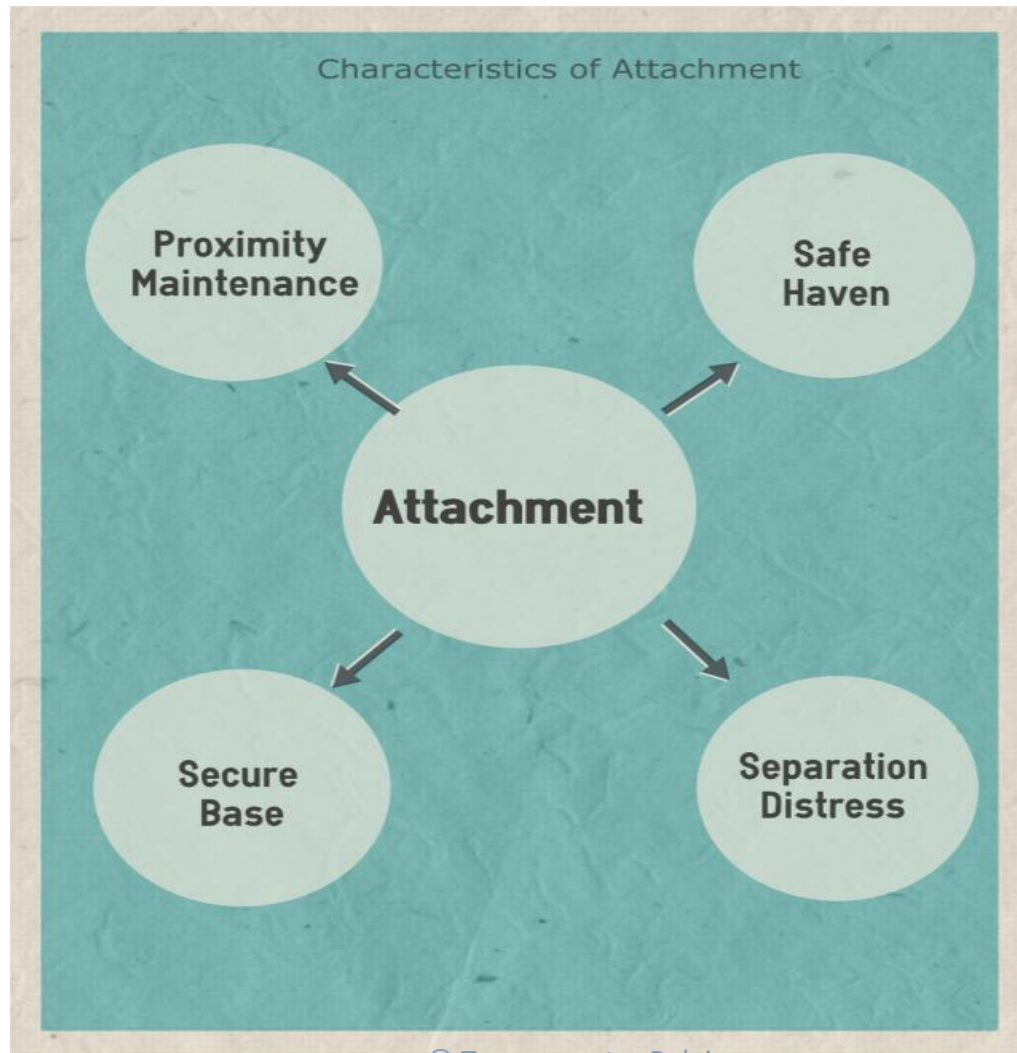
(Ainsworth,1973; Bowlby,1969)



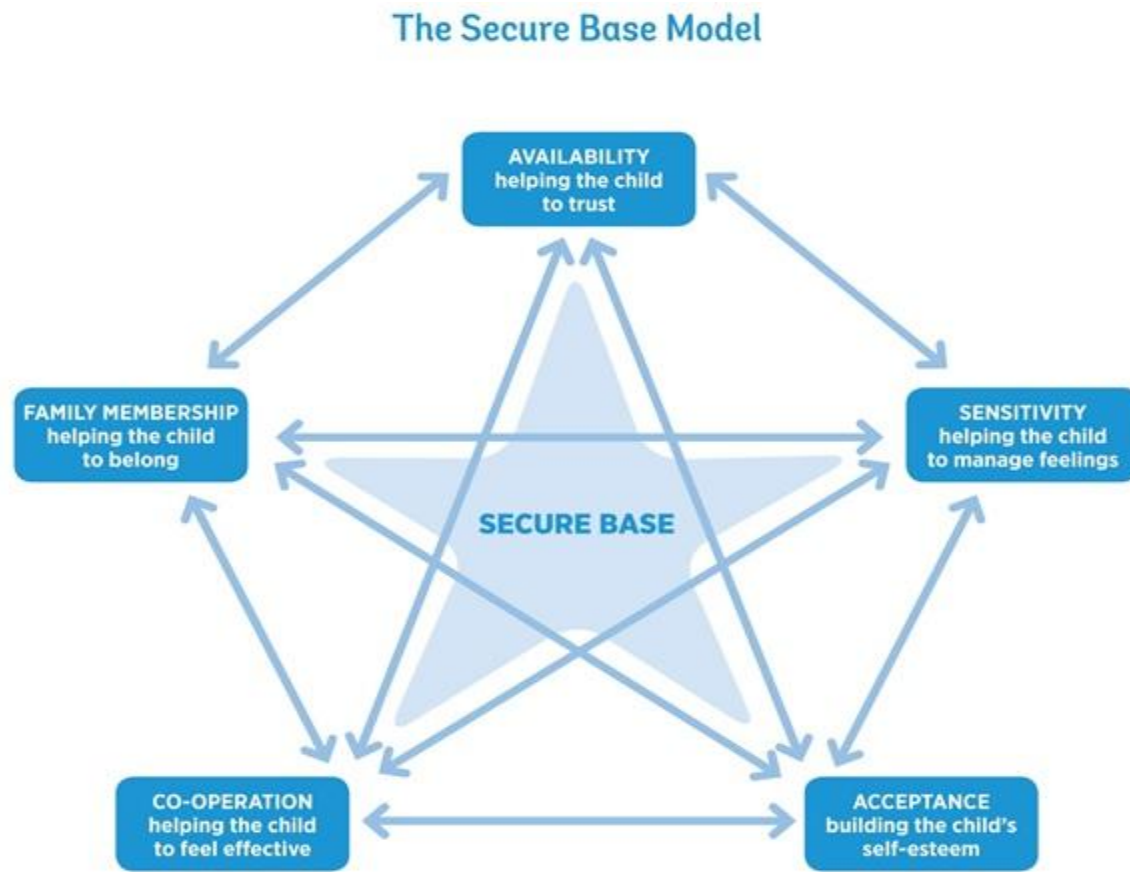
Components of Attachment

- 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

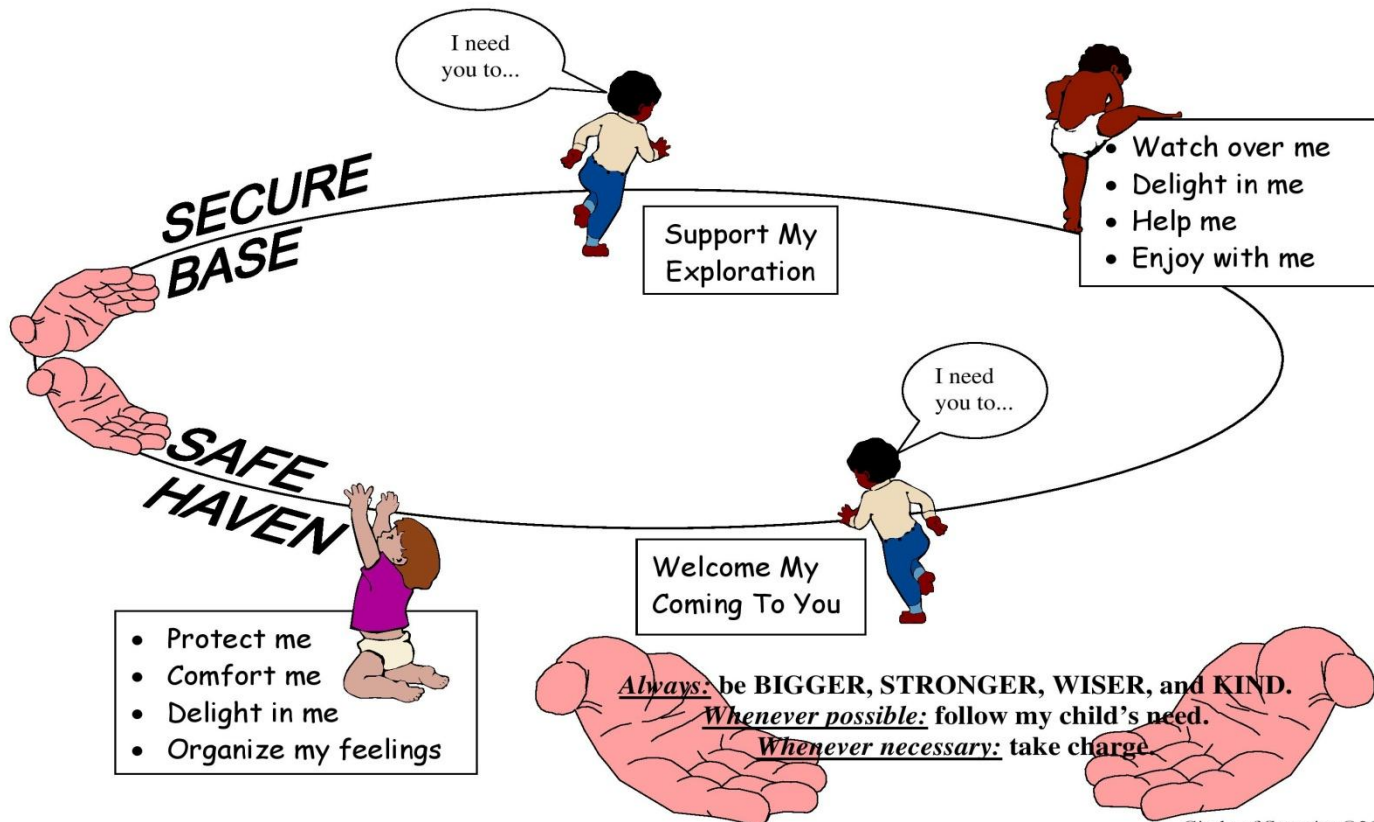


Secure base



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PARENT ATTENDING TO THE CHILD'S NEEDS



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Important features of attachment

- Reciprocal interchange
- Internal working model (IWM)
- Affectregulation
- Stressregulation
- Attachment not only for survival but also emotion and stressregulation



Adult attachment styles

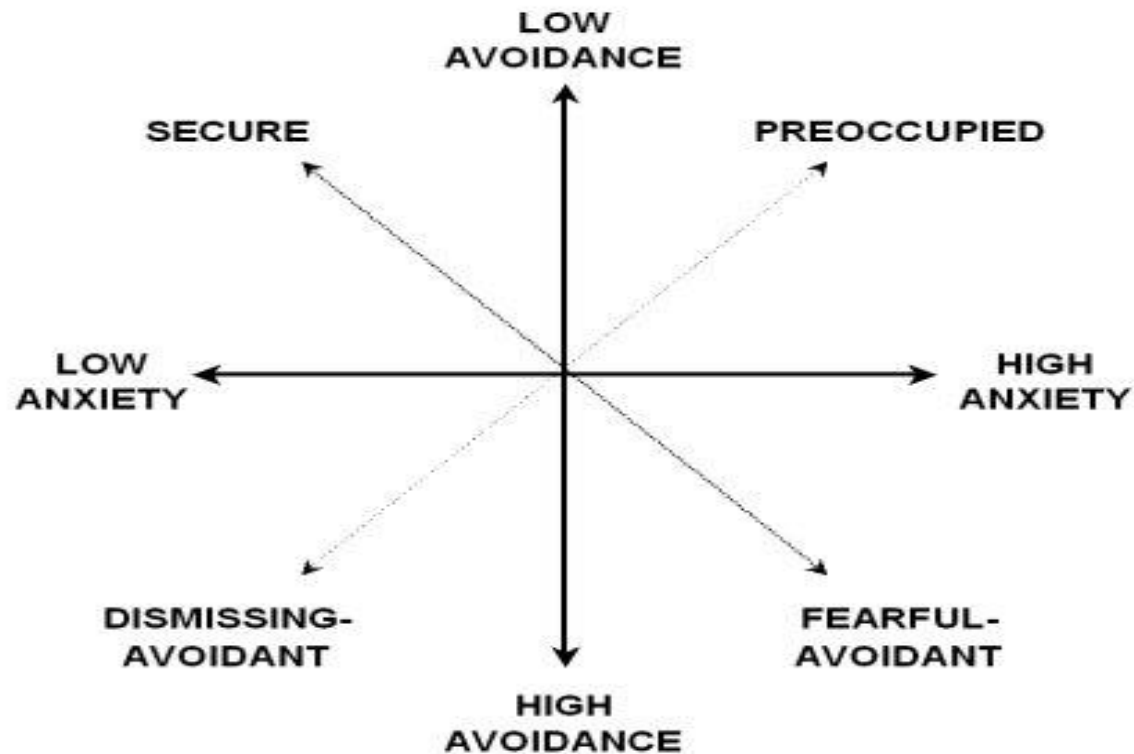
- Adult attachment styles
 - Autonomous attachment :
 - have a model of others as warm, reliable
 - model of oneself as lovable and worthy of care.
 - Dismissive attachment:
 - the self as worthy
 - view others as unreliable or rejecting, untrustworthy or dissapointing

Adult attachment styles

- Preoccupied attachment:
 - the self as unworthy or unlovable
 - but hold a positive evaluation of others.
- Fearful attachment
 - hold negative views of both the self and others.



The two-dimensional model of theoretical types of attachment styles in adult attachment





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Trauma

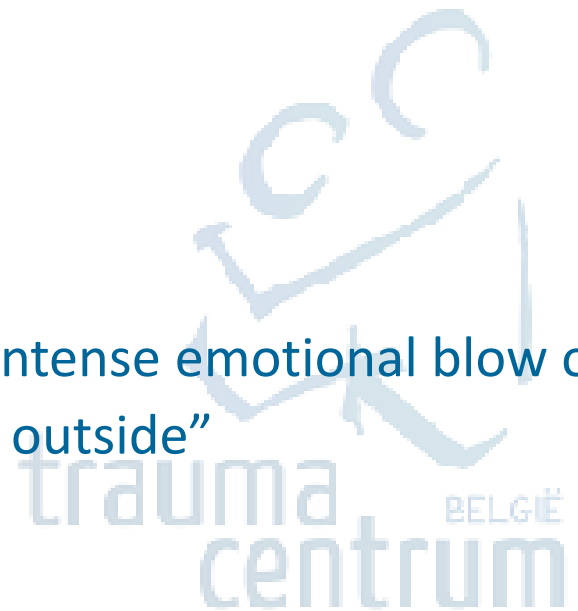
– PTSD (Posttraumatic Stress Disorder)

- 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



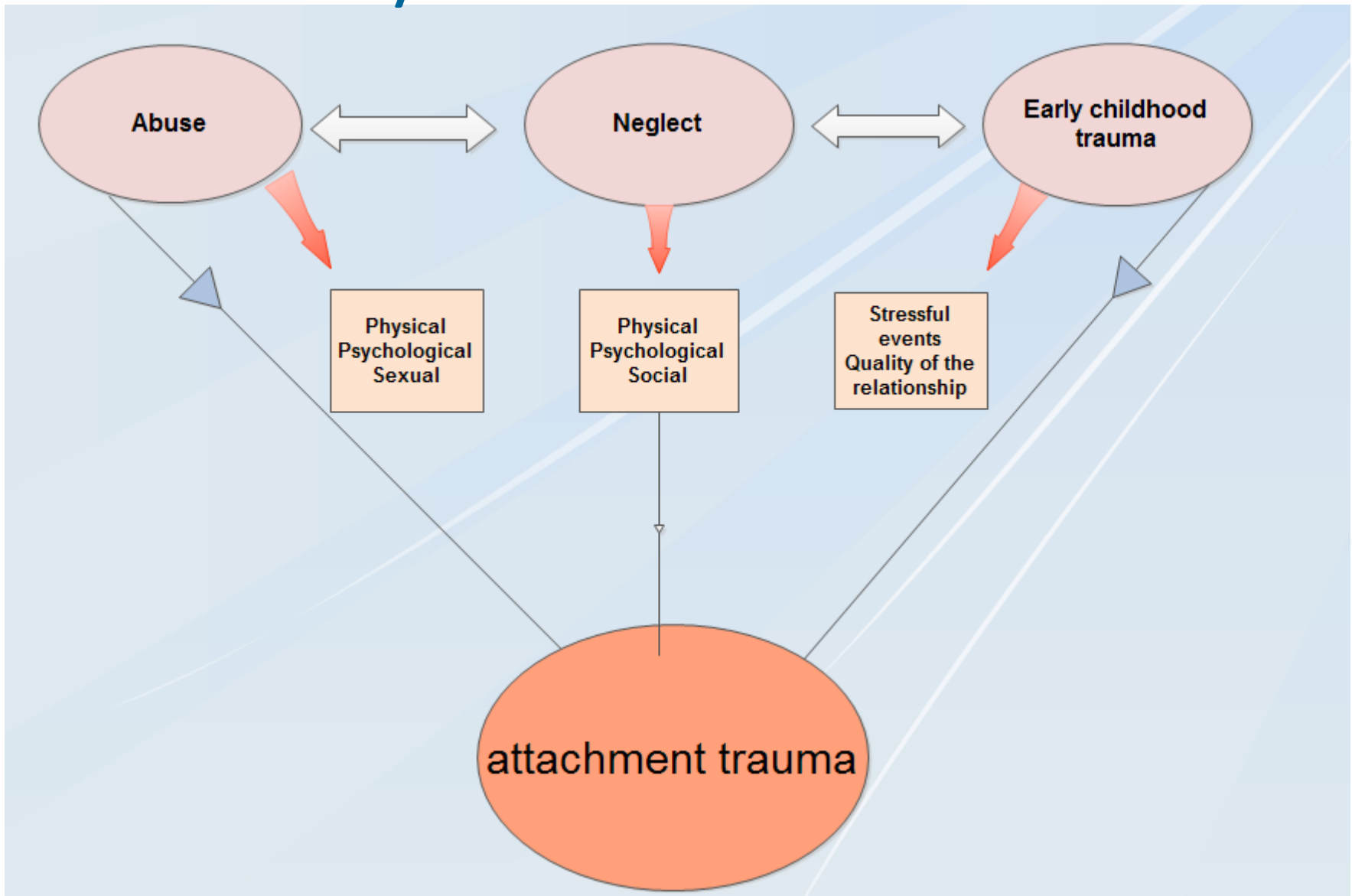
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www.traumacentrum.be - Doris D'Hooghe

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Attachment trauma



Early 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

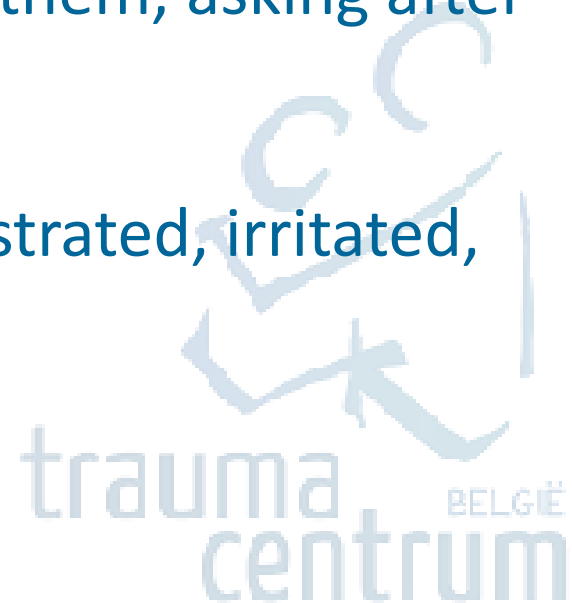


Parent fixation

- “ 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



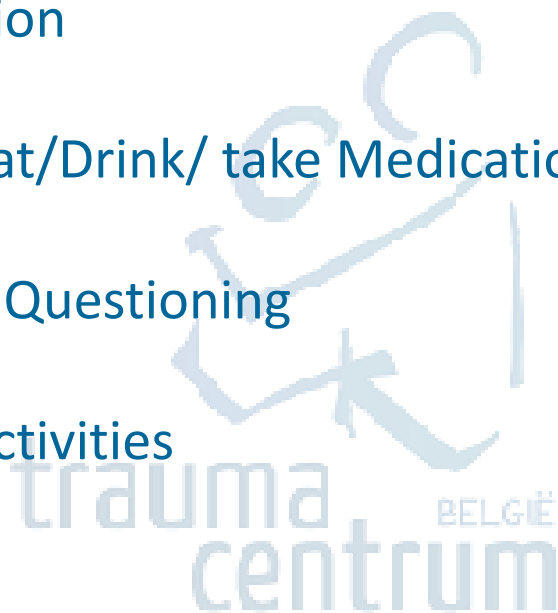
Attachment behavior



Challenging behavior

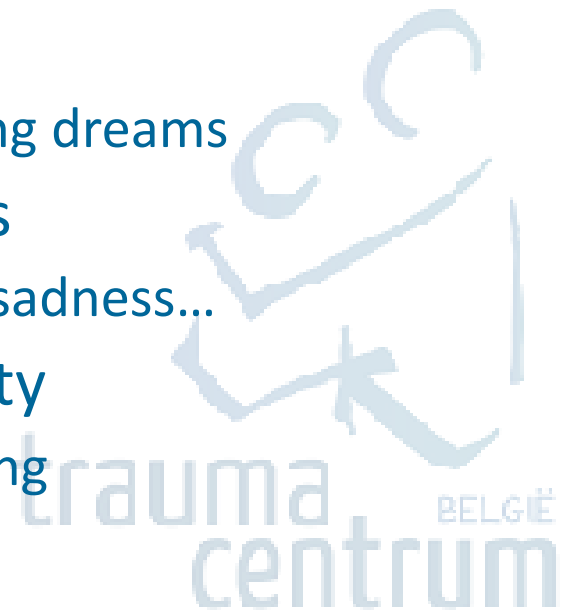
“Challenging behaviors”

- 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 aggression
 - 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.





trauma
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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

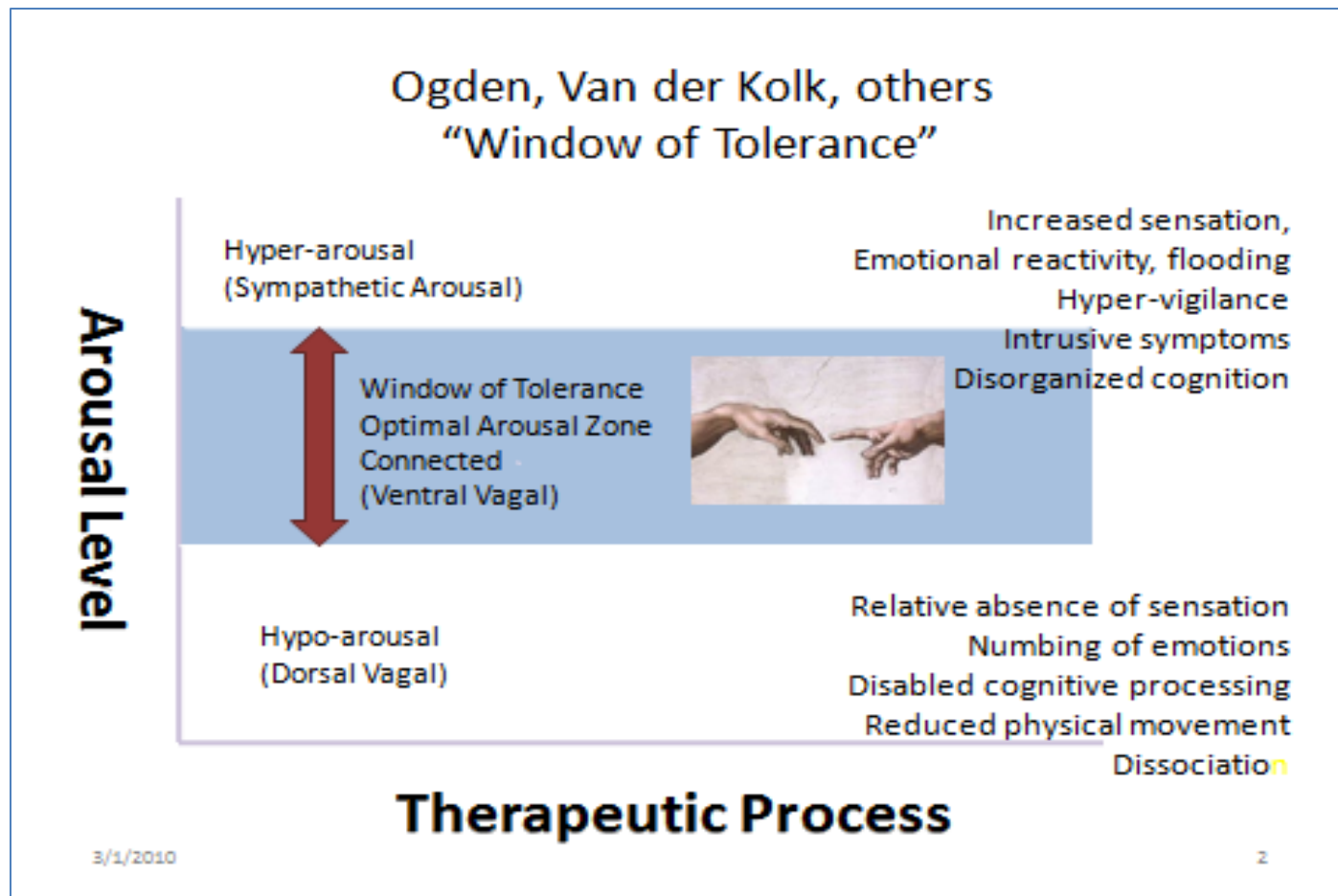


Trauma theory

- Effects on:
 - Neurobiology (stressregulation)
 - Affectregulation
 - Body
 - Sense of self
 - Cognition
 - Future orientation
 - Memory
 - Social capabilities



Window of tolerance



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 in 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

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
 - Bowlby 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



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