

Trauma en verwaarlozing

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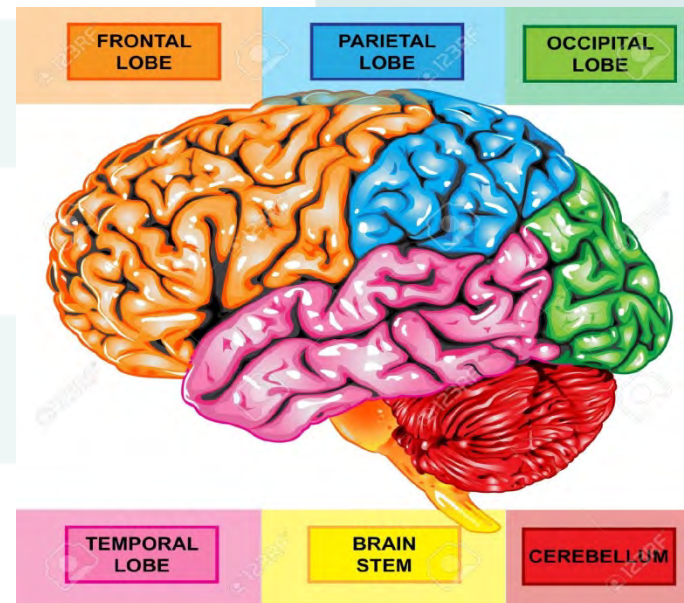
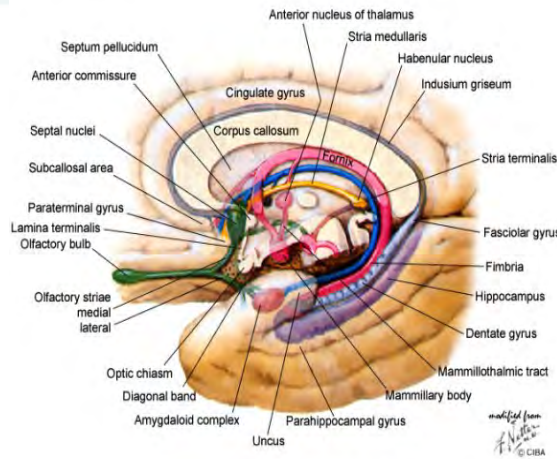
Palier

forensische & intensieve zorg



De normale ontwikkeling

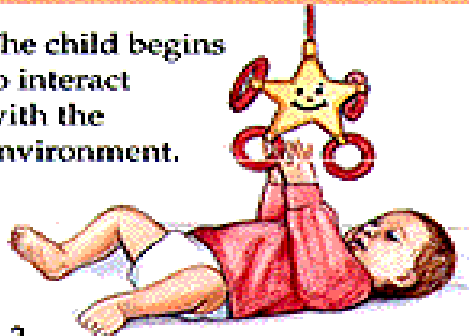
- Het brein ontwikkelt zich van:
 - Onder naar boven
 - Binnen naar buiten
 - Achter naar voren



Ontwikkelingsstadia van Piaget

SENSORIMOTOR STAGE

The child begins to interact with the environment.



0-2

PREOPERATIONAL STAGE

The child begins to represent the world symbolically.



2-6 or 7

CONCRETE OPERATIONAL STAGE

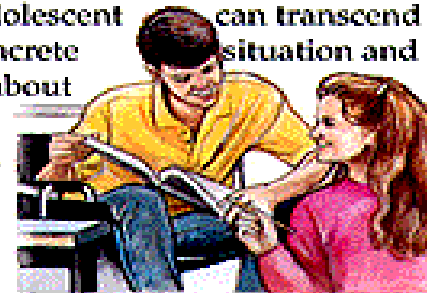
The child learns rules such as conservation.



7-11 or 12

FORMAL OPERATIONAL STAGE

The adolescent can transcend the concrete situation and think about the future.



12-Adulthood

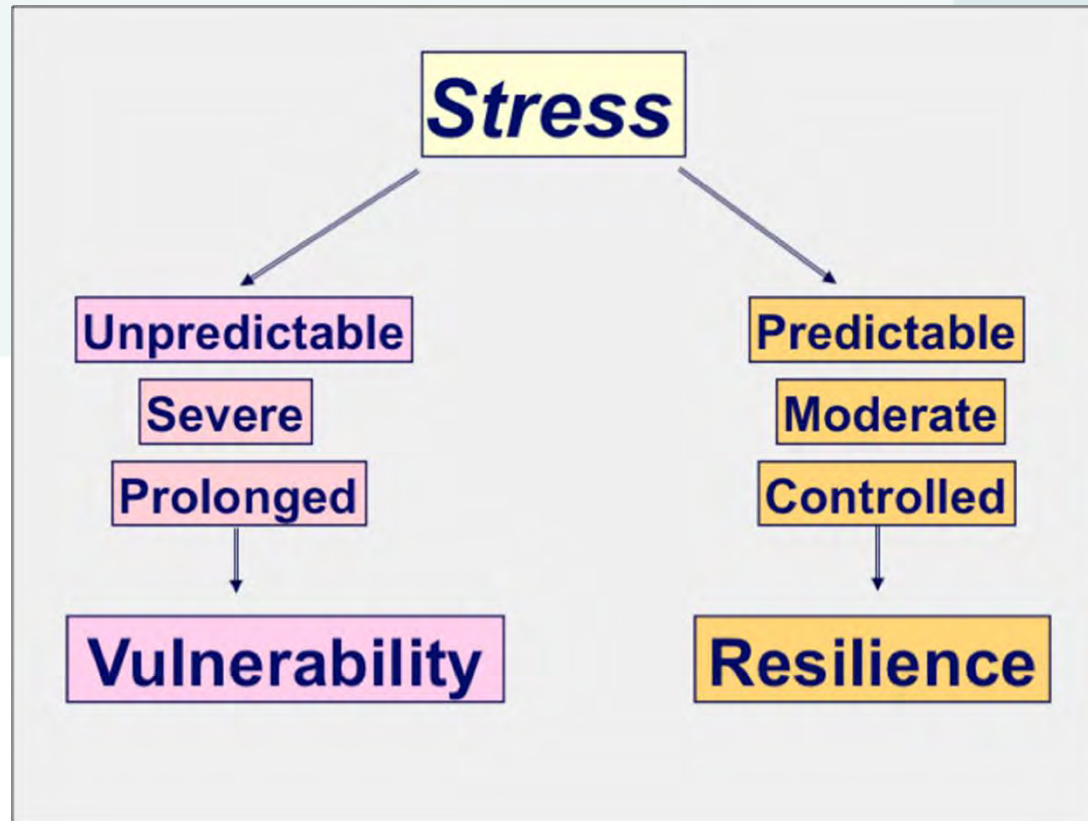


Hechting (Bowlby)

4 PHASES OF ATTACHMENT DEVELOPMENT

- Babies are born equipped with behavior like crying, cooing, babbling and smiling to ensure adult attention & adults are biologically programmed to respond to infant signals.
- He viewed the First 3 years are very sensitive period for attachment
- The 4 phases of attachment according to Bowlby are as below:
 - Preattachment Phase (Birth – 6 Weeks)
 - “Attachment in Making” Phase (6 Weeks – 6 to 8 Months)
 - “Clear Cut” Attachment Phase (6-8 Months to 18 Months-2 Years)
 - Formation Of Reciprocal Relationship (18 Months – 2 Years and on)

Hoe verwerkt men nieuwe ervaringen?



Trauma en verwaarlozing

Wat er gebeurt in het ontwikkelende brein als het blootgesteld wordt aan (langdurig) trauma en/of verwaarlozing.



Onderscheid trauma en verwaarlozing

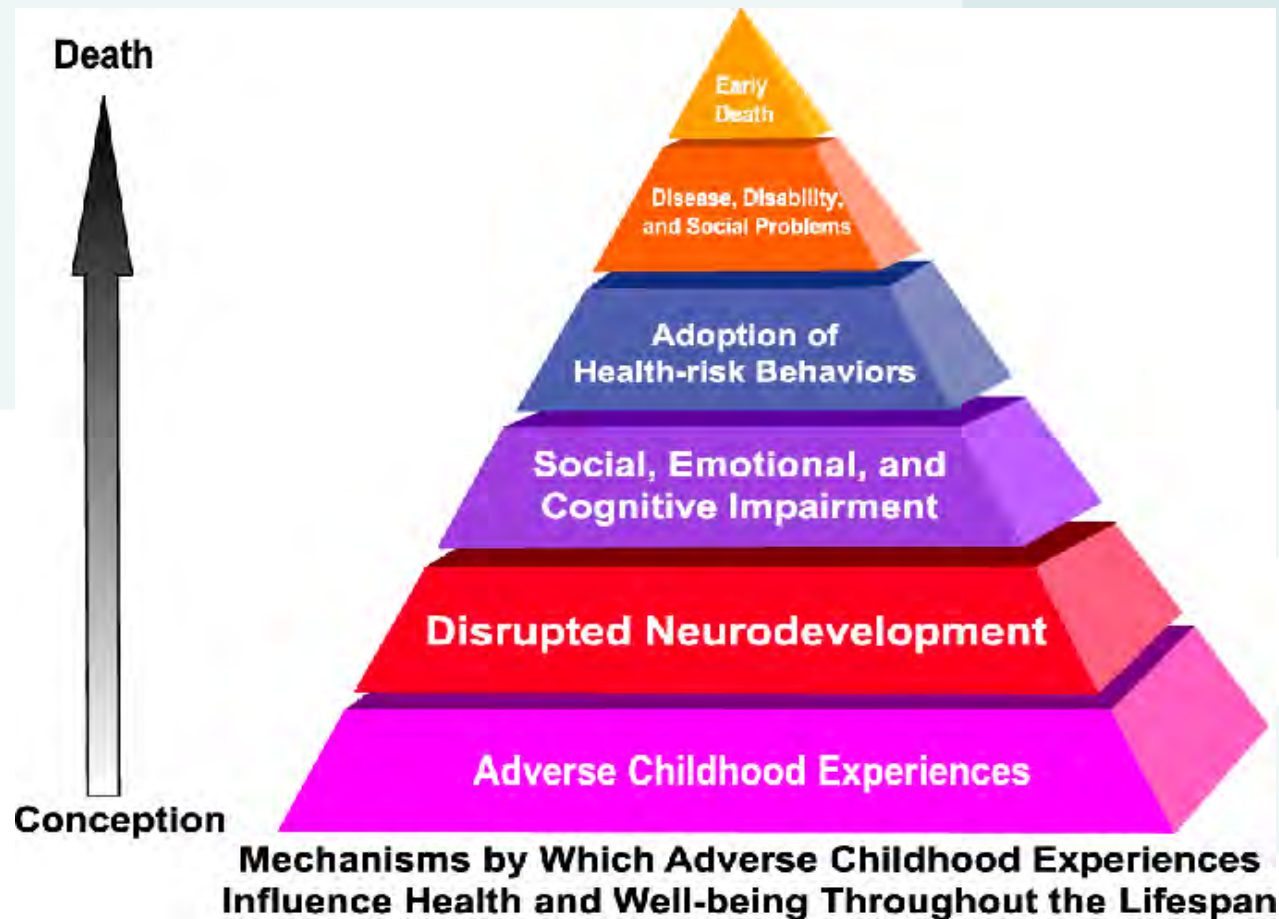
Trauma:

Is het meemaken van een ervaring buiten de gebruikelijke normen en verwachtingen.

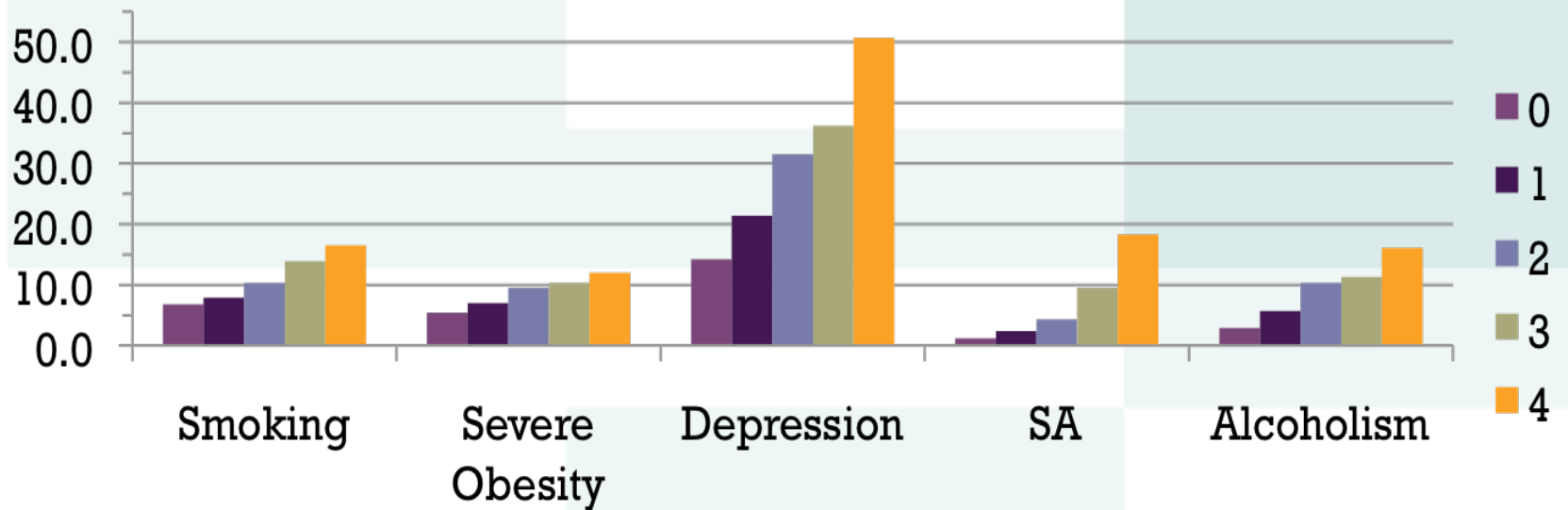
Verwaarlozing (neglect):

Is het *niet* meemaken van een ervaring die nodig is om een bepaalde ontwikkeling op gang te brengen of verder te brengen.

TRAUMA: ACE study (Felitti, 1998)



ACE study



ACE study

Childhood Violence and Adult Health

Increased risk of health behaviours and conditions as adults for individuals experiencing four or more Adverse Childhood Experiences in childhood.

- Abuse (Physical, sexual, emotional)
- Neglect (Physical, emotional)
- Household Dysfunction (mother treated violently, substance abuse, mental illness, parental separation / divorce, incarcerated household member)



Felitti et al, 1998; Anda et al, 2006

Anxiety	x 2.4
Severe obesity	x 1.9
Alcoholism	x 7.2
Illicit drug use	x 4.5
Sexually transmitted infections	x 2.5
Current smoker	x 1.8
Perpetrating partner violence	x 8.8
Any cancer	x 1.9

violence prevention
the evidence

NEGLECT: Interessant artikel

Special Issue: Prenatal Adversity: Impact and Potential Interventions
Original Articles and Reviews

Psychological Consequences of Early Global Deprivation

An Overview of Findings From the English &
Romanian Adoptees Study

Robert Kumsta,¹ Jana Kreppner,² Mark Kennedy,² Nicky Knights,²
Michael Rutter,³ and Edmund Sonuga-Barke^{2,4}

¹Department of Genetic Psychology, Faculty of Psychology, Ruhr University Bochum, Germany,

²Institute for Disorders of Impulse and Attention, Psychology, University of Southampton,
UK, ³MRC Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry,

King's College London, UK, ⁴Department of Experimental Clinical and Health Psychology,
Ghent University, Belgium

European Psychologist 2015; Vol. 20(2):138–151

Table 1. Summary of DSP symptoms and associated measures

DSP	Quasi-Autism (QA)	Disinhibited Social Engagement (DSE)	Cognitive Impairment (CI)	Inattention/Overactivity (IO)
Symptoms	<ul style="list-style-type: none"> • Intense circumscribed interests and abnormal preoccupations. • Social interest and flexibility but of unusual nature/style. • Quasi-autistic features persist over time but their intensity tends to lessen over time. 	<ul style="list-style-type: none"> • Disregard of social boundaries (e.g., interacting with strangers in intrusive ways, seeking out undue close physical contact or asking intrusive and inappropriate questions). • Undue familiarity with strangers (e.g., inappropriate approach to unfamiliar adults, lack of social reserve, willingness to walk off with stranger/away from caregiver). • Persistence of pattern across time. 	<ul style="list-style-type: none"> • IQ below 80 (persistent over time). • Deficits in specialized cognitive tests (inhibitory control, planning, working memory, verbal fluency). • Defined as DSP with presence of QA and/or DSED. 	<ul style="list-style-type: none"> • Similar symptom profile to non-deprived individuals with ADHD. • Differences: <ul style="list-style-type: none"> • Neuro-cognitive impairment more severe in the institutionally deprived group. • Comorbid conduct problems lower than in non-deprived samples. • The normal sex bias with boys being at higher risk was not present in the deprived sample. • Defined as DSP with presence of QA and/or DSED.
Measures	ADI, ADOS, and SCQ	Parental Interview, Experimenter Observations, Behavioral observations from videos of experimenter and child interactions.	WISC-III (UK), Stroop, Tower of London, FAS Test	Revised Rutter Scales (at ages 6 and 11; parent and teacher ratings); SDQ (at age 15; parent and teacher report); CAPA (parent report) at age 15.

Notes. DSP = Deprivation-specific patterns – defined as a distinctive early-appearing response to institutional deprivation; ADI = Autism Diagnostic Interview; ADOS = Autism Diagnostic Observation Schedule; CAPA = Child and Adolescent Psychiatric Assessment; SDQ = Strengths and Difficulties Questionnaire; WISC-III = Wechsler Intelligence Scale for Children (3rd UK edition).

Maternal depression during pregnancy and offspring depression in adulthood: role of child maltreatment

Dominic T. Plant, Carmine M. Pariante, Deborah Sharp and Susan Pawlby

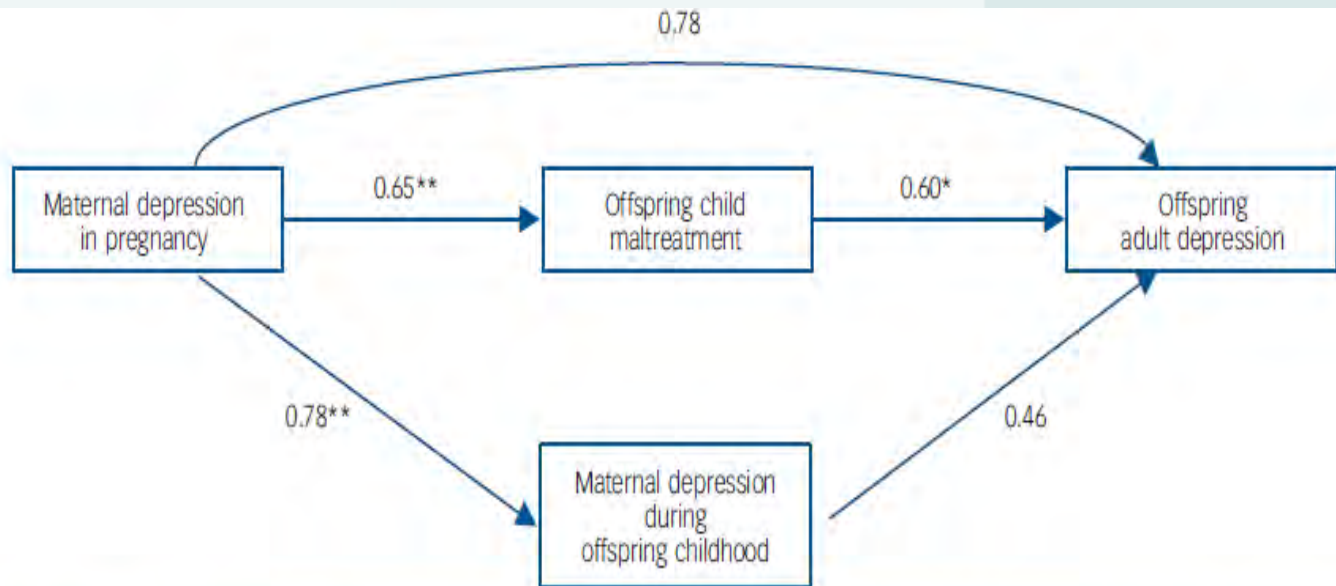


Fig. 2 Path estimates for the multiple mediation model of the effect of maternal depression in pregnancy on offspring adulthood depression mediated by childhood risks.

Note. Estimates are presented as unstandardised B coefficients. All path estimates were calculated whilst controlling for associated covariates. * $P < 0.05$, ** $P < 0.01$.

The relationship between a mother experiencing depression during pregnancy and the increased vulnerability of her offspring to experience maltreatment may be explained by reduced maternal capacity for care, a poor maternal-offspring attachment relationship, the influence of exposure to aggregated environmental risks, such as maladaptive parenting and inter-parental conflict, and foetal programming of an emotionally labile offspring temperament.^{12,18,19,50-52} It is likely that these mechanisms co-occur, thereby culminating in elevated vulnerability for offspring maltreatment.

Indeed, a review summarised that maternal low mood during pregnancy was associated with lower maternal-foetal attachment.⁵⁰ Furthermore, rates of child-mother secure attachment have been shown to be lower amongst maltreated preschool children in comparison with non-maltreated children.⁵¹ Harsher

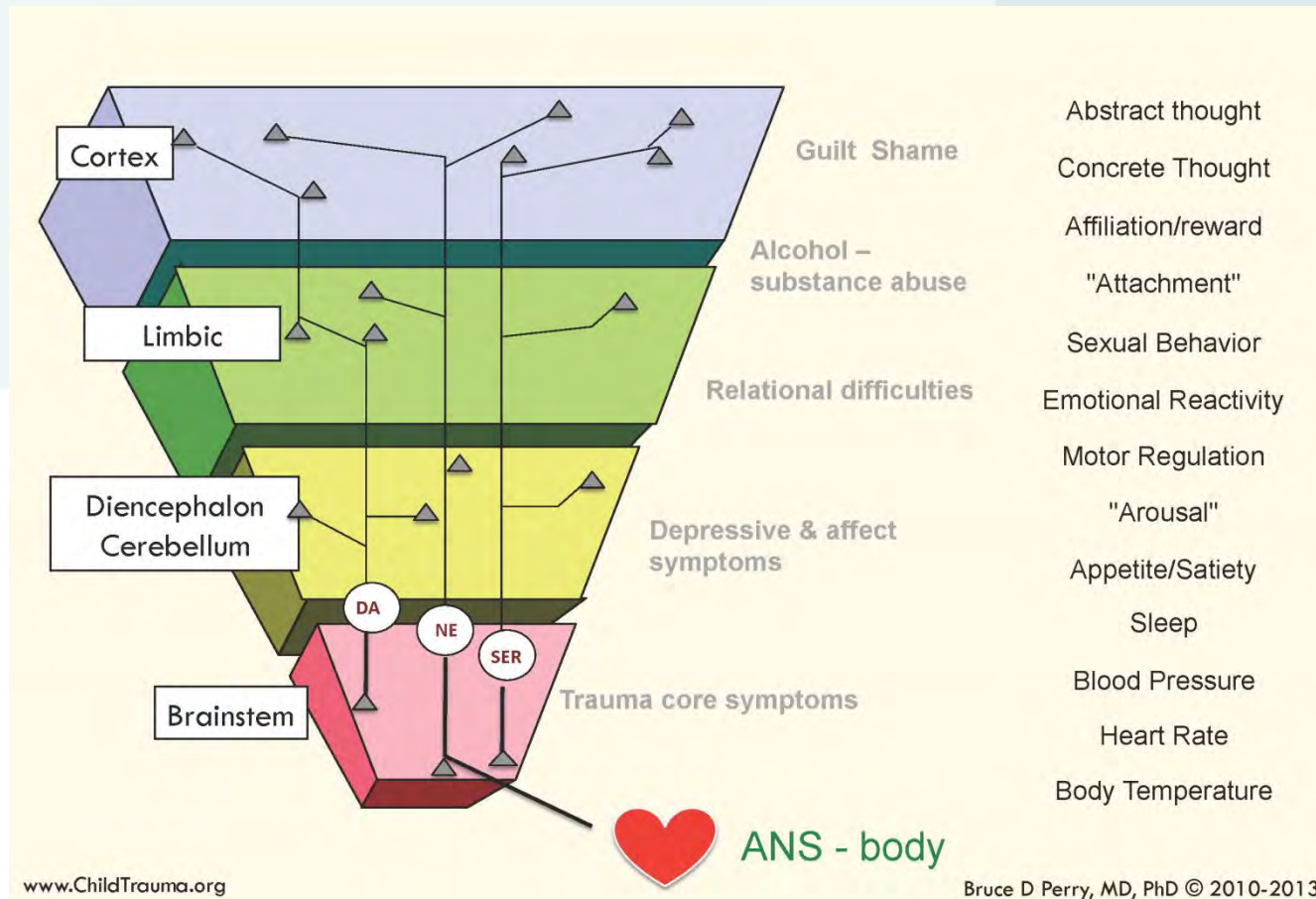
Het getraumatiseerde brein heeft:

- Niet de benodigde voorspelbare patronen in de omgeving om te ontwikkelen
- Een gesensitiseerd stress-respons systeem
- Onvoldoende zelfregulatie
 - En daardoor onvoldoende interactionele mogelijkheden
 - En daardoor onvoldoende cognitieve mogelijkheden

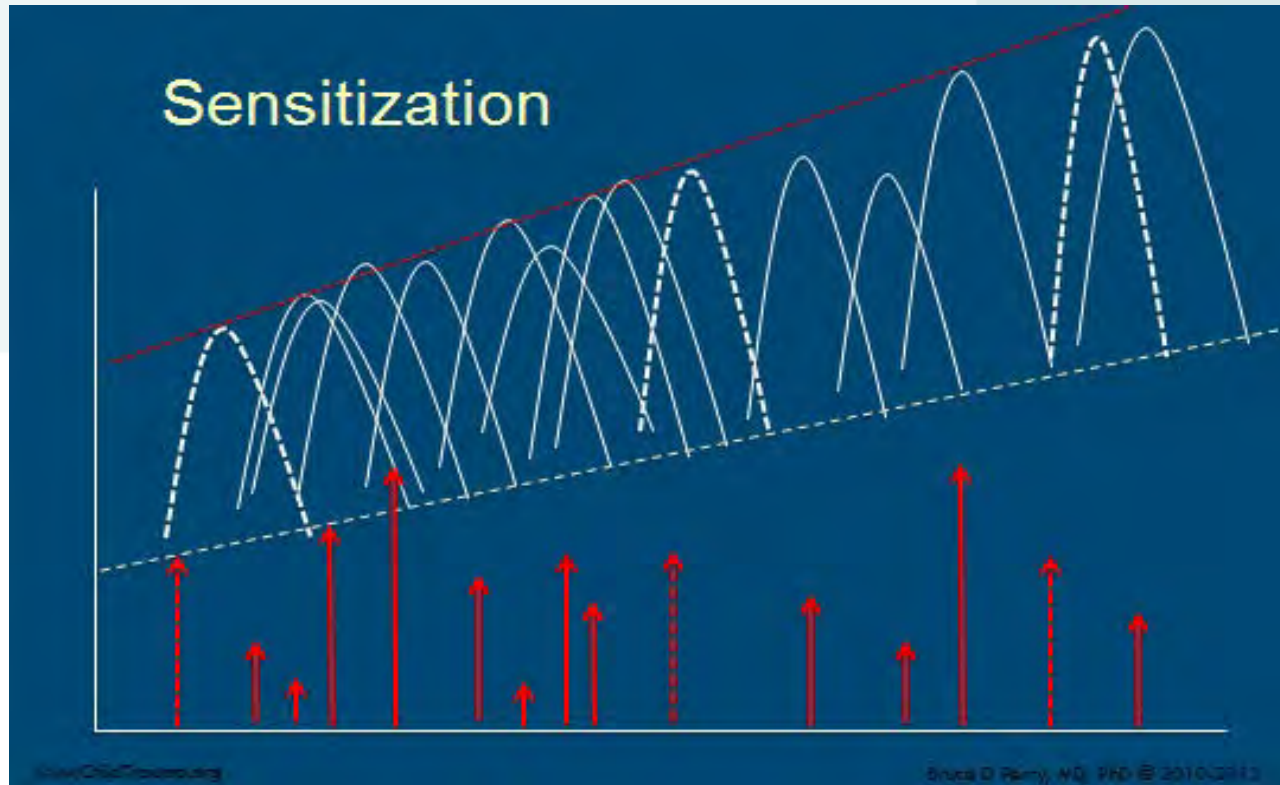
Het verwaarloosde brein heeft:

- Onvoldoende stimuli gekregen om bepaalde ontwikkelingen op gang te brengen of houden.
- Moeite met meer complexe (sociale) situaties.
- Te weinig vaardigheden om om te gaan met emotionele en sociale uitdagingen.

Het getraumatiseerde brein

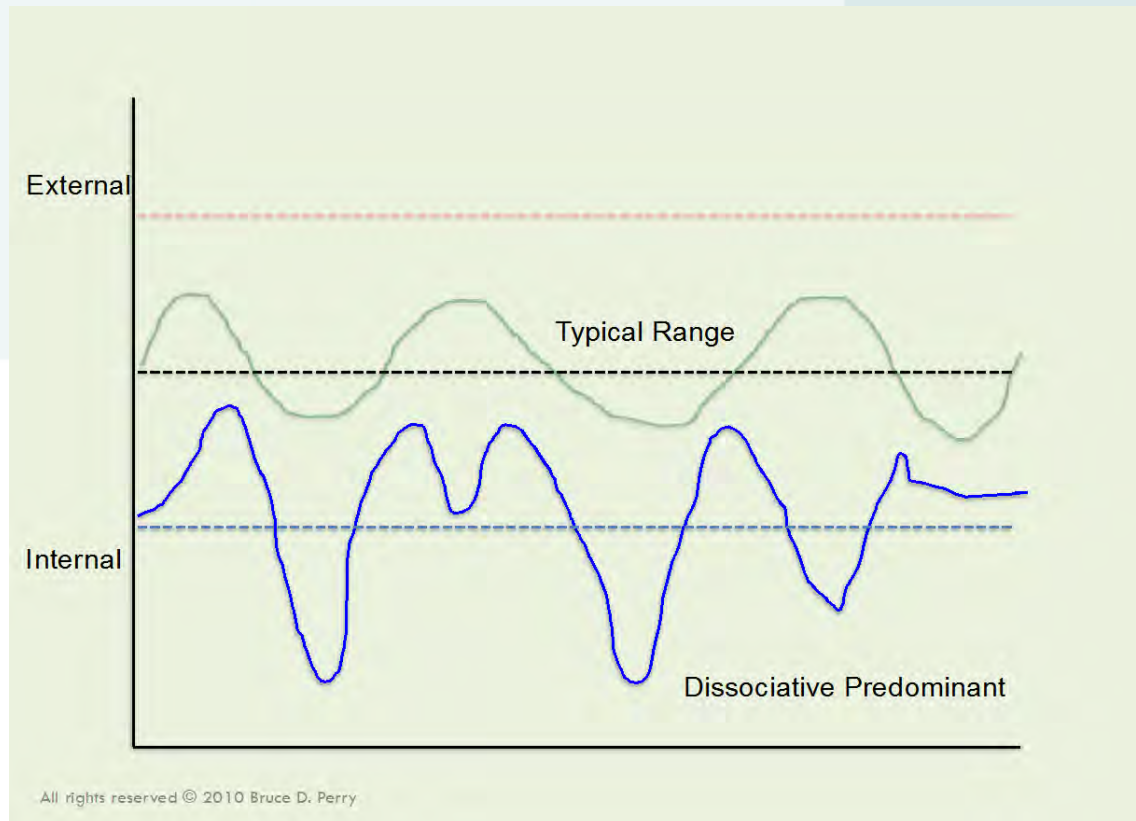


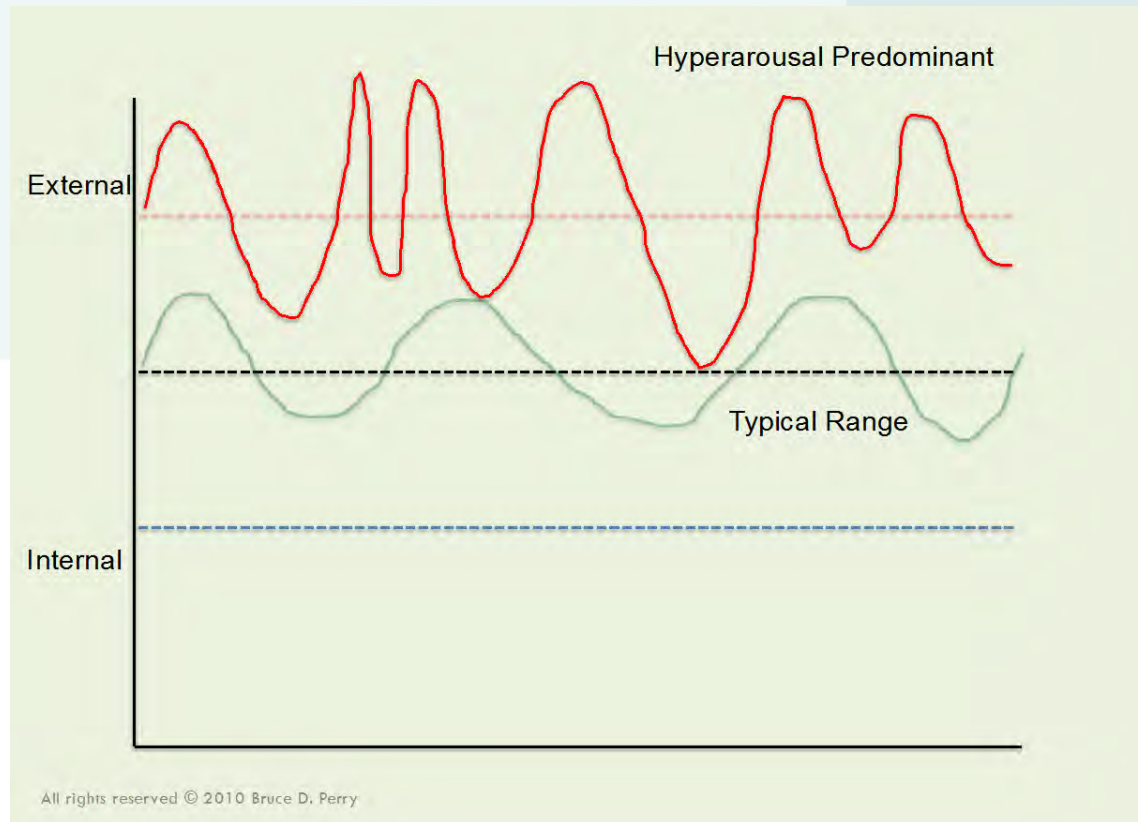
Wat gebeurt er in het getraumatiseerde brein?

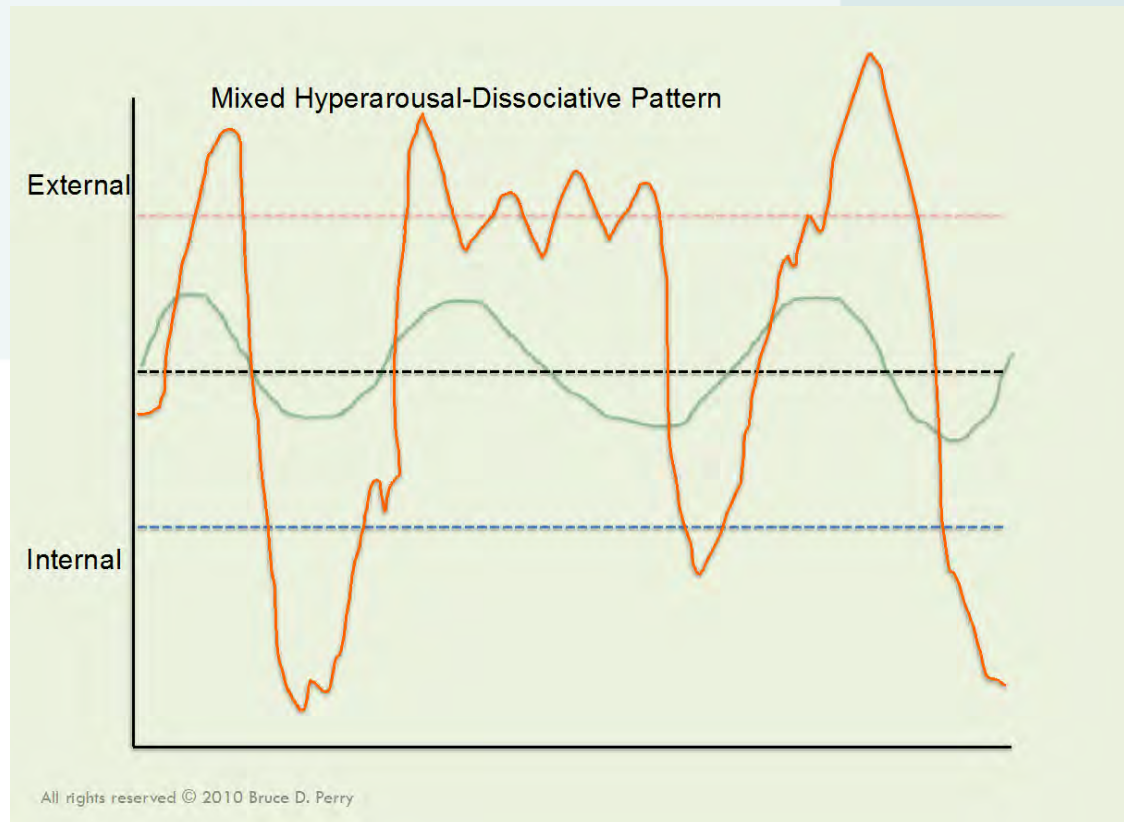


Dit leidt tot:

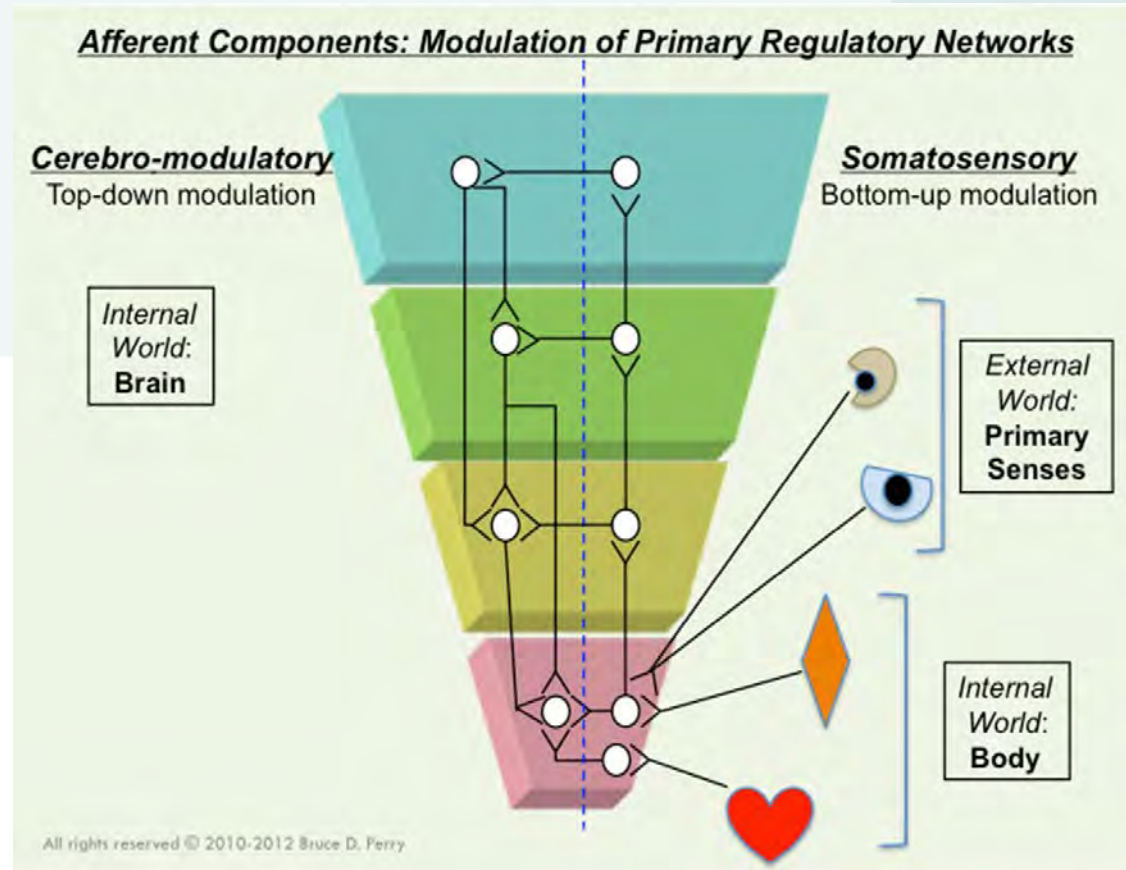
- Ontregeling op allerlei vlakken
 - Hyperarousal
 - Hypoarousal (= Dissociatie)



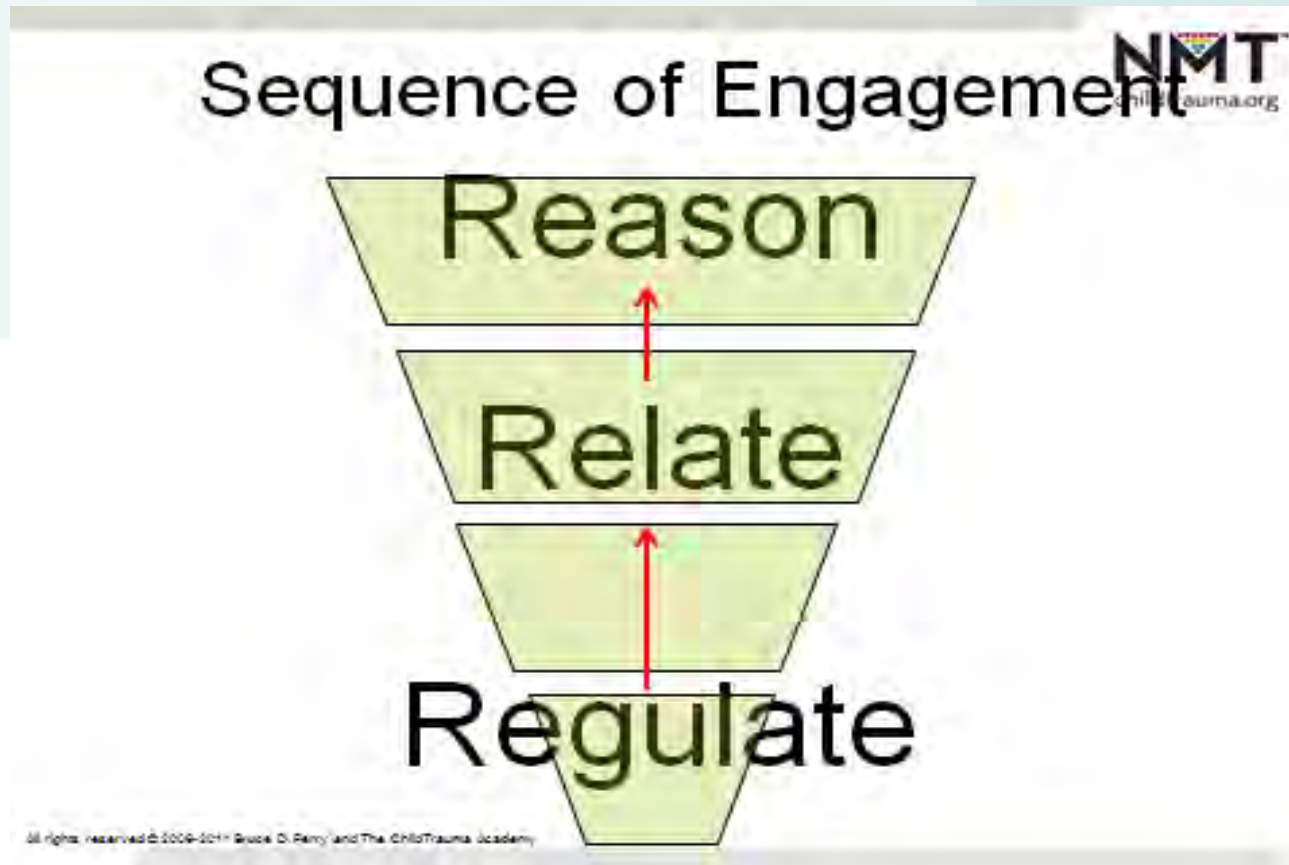




Het belang van regulatie



Het belang van (zelf)regulatie



Wat is het NMT?

Het NMT is een ontwikkelingsgerichte, trauma sensitieve methode ten behoeve van het behandelinhoudelijk besluitvormingsproces.

Het is géén therapeutisch model en beveelt geen specifieke technieken of interventies aan.

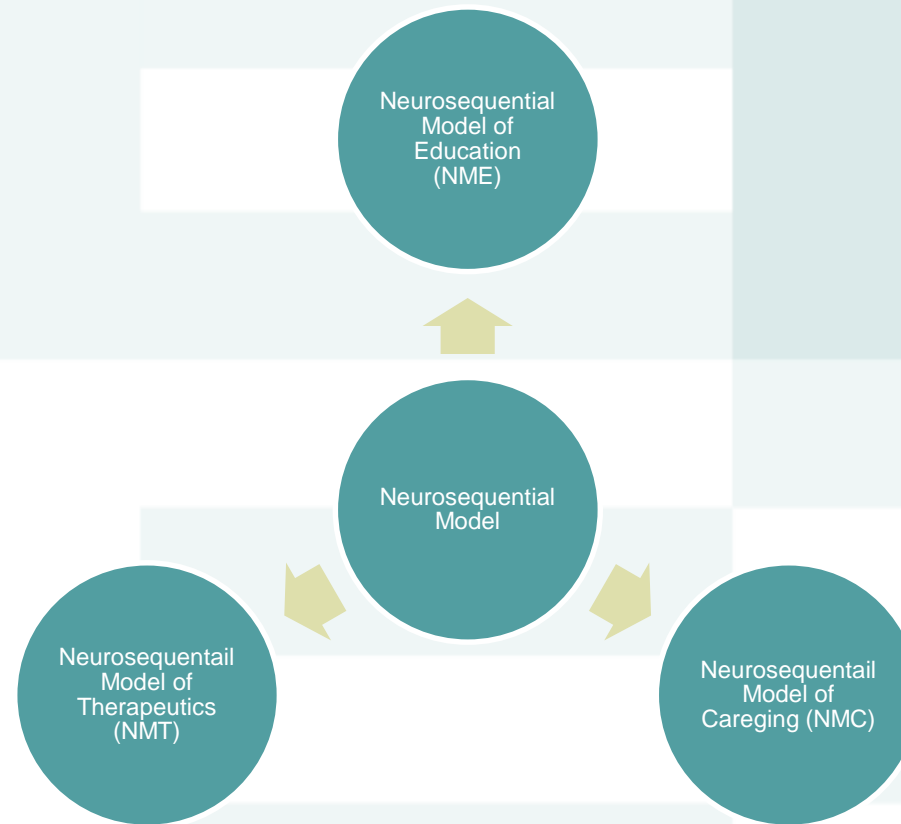
NMT



Model is ontwikkeld door Bruce Perry, M.D., Ph.D., werkzaam bij het Child Trauma Academy in Houston, Texas.

Auteur van *The boy who was raised as a dog* en *Born for Love*

Het Neurosequential Model



Op welke vooronderstellingen is het NMT gebaseerd?

1. De invloed van de omgeving begint min of meer direct na conceptie.
2. De mens doorloopt in redelijk voorspelbaar tempo de fases van ontwikkeling van baby tot volwassene.
3. Het begin en de duur van de traumatisering en/of verwaarlozing zijn bepalend voor welke ontwikkelingsfasen beïnvloed worden.

Semi-structured, quantitative assessment process: NMT Metrics

Developmental History

- Genetic
- Epigenetic
- Adverse Experiences
 - Developmental Timing
 - Nature, Severity, Pattern
- Relational Health
 - Developmental Timing
 - Bonding and attachment
 - Family supports
 - Community supports

Current Functioning

- Individual CNS
 - Brainstem
 - Diencephalon/CBL
 - Limbic
 - Cortex/F TCTX
- Relational
 - Family
 - Peers
 - School
 - Community

Functional Brain Map Key (Part C)

Abstract Cognition	Math/ Symbolic Cognition	Performance	Modulate Reactivity/ Impulsivity	Verbal	Values/ Beliefs/ Morality
Speech/ Articulation	Language/Com munication	Somato/ MOTORsensory Integration	Sense Time/Delay Gratification	Self Awareness/ Self Image	Concrete Cognition
Share/ Relational	Attunement	Reward	Affect Regulation/ Mood	Psycho-sexual	Short-term memory/ Learning
	Neuroendocrine / Hypothalamic	Dissociative Continuum	Arousal Continuum	Primary Sensory Integration	
	Fine Motor Skills	Feeding/ Appetite	Sleep	Coordination/ Large Motor Functioning	
		Suck/Swallow/ Gag	Attention/ Tracking		
		Temperature regulation/ Metabolism	Extraocular Eye Movements		
		Cardiovascular	Autonomic Regulation		

Outcomes: Multiple times

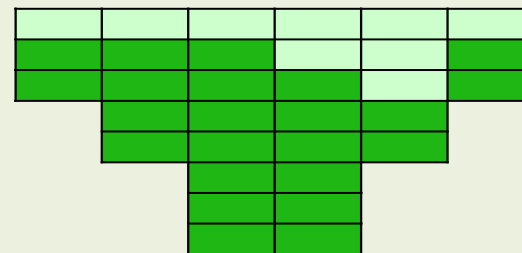
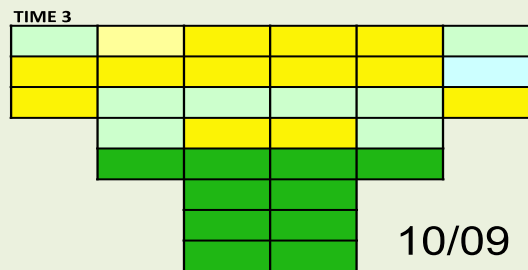
Christopher 14 yo M

Sandhill Child Development Center

7/08

12/08

12



Client: Christopher Age Typical

Einde

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