



ATTACHMENT DISORGANIZATION: THEORY AND TREATMENT

(Solomon and George, 1999)

- Bowlby and Spitz: Revisited
- Developmental Patterns of Hostile/Helpless States of Mind
- Unresolved parental fear in parent/infant affective communication
- Role-reversed behaviors of mothers of disorganized/insecure infants (frightening, hostile-intrusive)


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DIMENSIONS OF DISRUPTED MATERNAL AFFECTIVE COMMUNICATION

1. **Affective Errors**
 - Contradictory Cues
 - Non-response or Inappropriate Response
2. **Disorientation**
 - Parent confused or frightened by child
 - Disorganized or Disoriented Parent
3. **Negative-Intrusive Behavior**
 - Verbal Negative-Intrusive Behaviors (mocking)
 - Physical Negative Intrusive Behaviors (aggressive)

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4. **Role Confusion**
 - Parents expectations from the child
 - Sexualization (overly intimate)
 5. **Withdrawal of Parental Affection**
 - Creation of physical distance
 - Creation of verbal distance
 6. **Leaving Unresolved Loss and Grief Issues**
 - Creating childhood disorganization and frightening maternal behavior

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ENHANCING DEVELOPMENTAL PATHWAYS: From Childhood Disorganization to Relationships

1. **Shifting Disorganization to Controlling Behaviors**
2. **Moving child away from psychotic-autistic detachment to power-control issues in parental relationships**
3. **Defensive aggression better than withdrawal**
4. **Gradual retraining in aggression to assertiveness in relationships**
5. **Teaching parents tolerance/acceptance**

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Attachment Disorganization in Children with Neurological Disorders

1. Quantitative measurement of cognitive capacity (parent and child)
2. Maternal reaction to childhood diagnoses (ie acceptance, rejection or denial)
3. Ability to work at child's level of cognitive integrity and abilities
4. Acceptance of imperfection and need for continual attachment reorganization
5. Avoiding coercion with the limited child

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Hidden Traumas: Detachment, Disorganization and Rage

1. Breaking the silence: expression of violence and disorganization in the traumatized child
2. Non-invasive and guided fantasy approaches preferred
3. Understanding the importance of aggression, deviancy and sexualized behaviors
4. TRIAD: Post-Traumatic Stress Disorder, Major Depressive Disorder, Conduct Disorder
5. Silent Screams and Hidden Cries: art therapy interpretations (Wohl and Kaufman, 1985)


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Dissociation in Traumatized Children: The Ultimate Defensive Structure (Frank Putnam, 1997)

1. Interaction between trauma, dissociation and memory
2. Pathological dissociation following severe abuse and neglect
3. Dissociation reflective of a child's ability and willingness to survive
4. "Behavioral States" interact with psycho-physiological functioning

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5. "The Divided Mind"
 - Fantasy and imagination
 - Imaginary companions
 - Elaborated play identities
 - Elaborated daydreams
 6. Chronic dissociation and altered states in daily life
 - Variable reality testing
 - Struggles in coping
 - Episodic fugue states
 - Persistent childhood multiple personality disorder/dissociative disorder

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Therapeutic Alliance and Treatment Issues

- 1. Establishment of trust, safety and security**
- 2. Persistence and patience**
- 3. Control of behaviors**
- 4. Dealing with loss, grief and mourning**
- 5. Guilt and self-blame**
- 6. Enhancing self-confidence**
- 7. Eroding and diffusing dissociative states**
- 8. Play therapy**



PSYCHOPHARMACOLOGY FOR DISSOCIATIVE DISORDERS/PTSD

- 1. Baseline medical assessment**
 - Rule out organic pathology
- 2. Target most impairing symptoms**
 - Impulse Control
 - Affective Symptoms
 - Anxiety Symptoms and Panic Attacks
 - Sleep Disturbance
 - Somatoform Symptoms
 - Hallucinations