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MOSES® THERAPY MODEL

Attachment-based Therapy

Psychopathology, diagnosis and treatment of developmental trauma disorders

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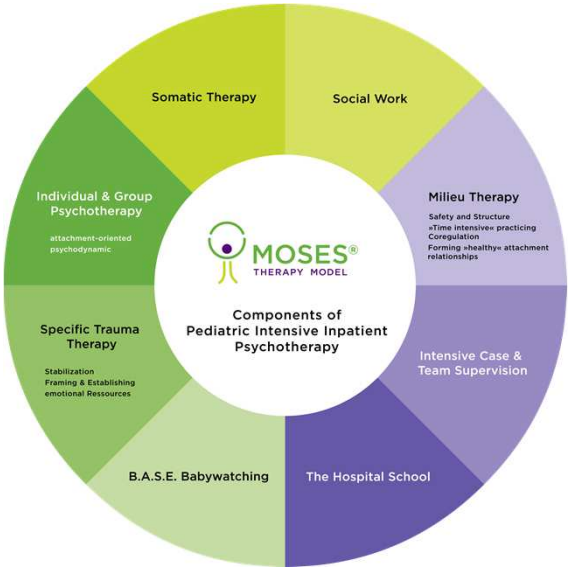
Background: The treatment of children, adolescents, and adults who suffer from early developmental disorders resulting from attachment trauma through their primary caregivers during the first years of life, poses significant challenges to therapists. Such patients are generally considered "difficult to treat" by psychotherapists. Because their capacity for symbolization and empathy is limited or poorly developed, the process of change in these patients is often "rocky". In adulthood, patients with "early disorders" frequently suffer from personality disorders, among them those suffering form borderline syndrome. **Developmental trauma** is caused by chronic early maltreatment by caregivers, threatening living condition, changing care systems, loss of caregivers, inadequate care, physical and emotional deprivation and/or abuse and violence by caregivers. The symptoms vary, are heterogeneous and often misinterpreted: delay in physical growth, delay and disorders in neural networking and brain development, attachment, affect regulation, attention, cognitive functioning, mentalization and empathy, interpersonal relationships with aggression and dissociation (van der Kolk, 2005). Complex traumatized children mainly suffer from a **pathological attachment formation** to their primary caregivers. Besides growing up in a context of salient deprivation and/or violence, a more covert predictor of disorganized attachment patterns in children, which is often associated with later psychopathology, is unresolved trauma in parents (Lyons-Ruth, 2008 a/b; Lyons-Ruth & Jacobvitz, 1999). Attachment behaviors in infants have the potential to trigger parent´s memories of trauma and lead to parental trauma related reactions such as hyperarousal, dissociation, intrusion or avoidance. If this becomes the predominant early interactional pattern over many years, attachment disorders may result and continue, even when placing children in a "healthy" foster or adoptive family.



Treatment: We promote that such as physical trauma resulting from e.g. a car accident or burns which are treated in a surgically or medically intensive care unit, early injuries to the mind as well as to the body should be treated in a so called "psychotherapeutic intensive care unit". The concept of an intensive inpatient psychotherapy of early childhood disorders has been realized for 10 years in the Department of Pediatric Psychotherapy and Psychosomatics, at the Dr. von Hauner Children´s Hospital in Munich/Germany (Brisch, 2012).

Evaluation Study Moses®: The study started in 2012 and is designed as a longitudinal study with multiple points of measurement (T0-T3).

The global aims of the scientific evaluation of the described treatment model are to investigate its impact on the children's:

(1) attachment representations
(2) cognitive and social competencies
(3) psychopathological symptoms such as dissociation, anxiety, ADHD, PTSD
(4) brain functioning, connectivity and neural structure and
(5) physiological stress reaction (cortisol) and oxytocin secretion in emotional stress situations.

Study-Design: *Matched-Pairs-Design* with three groups (intervention group, intervention waiting-control group, „healthy"control-group).

Six children can be treated at a time in a group setting, the average duration of treatment is 6 month (+/- 2 months).

Sample: Children at the age of 6 to 13 years and their families are recruited thoroughly by an intensive diagnostic phase to figure out if they fit in the in-patient treatment. Inclusion criteria are either severe early traumatisation with experiences of violence and/or neglect and/or abuse by primary caregivers, chronic symptoms related to posttraumatic stress disorder and the presence of an attachment disorder. A sample of N=60 is intended (with n=30 children in the intervention group). **Methods:** The psychological test battery for children and parents comprises *questionnaires* (e.g. trauma diagnostics, child`s behavioral problems, depression and anxiety diagnostics), *tests* (e.g. intelligence), *age-appropriate attachment interviews* (e.g. the Adult Attachment Interview, AAI [George, Kaplan & Main, 1985/2001]; the Child Attachment Interview, CAI [Shmueli-Goetz, Target, Fonagy & Datta, 2008) and *observations of parent-child-interactions during a standardized and challenging play situation* (evaluated with the Emotional Availability Scales [Biringen, Robinson & Emde, 1993]) are carried out. The hormones oxytocin and cortisol are measured in saliva and blood samples both of parents and children prior, immediately after, 15 minutes and 30 minutes post the attachment interview. Furthermore structural and functional magnet resonance imaging (f)MRI is used to display possible treatment effects in the anatomy of the hippocampus, the micro-myelinisation and functional connectivity of the children at all points of measurement.

Preliminary Results & Discussion: At this point attachment ratings (CAI) of $N = 15$ developmental traumatized patients ($n = 6$ boys, $n = 9$ girls; $M = 10$ years, 8 - 13 years) to measurement point 1 are available. Interestingly only 20% of the children show a disorganized, whereas 20% of them display a secure attachment representation. We also find a predominance of the dismissing strategy (47%). According to the validation study of Shmueli-Goetz et al. (2008, clinical group $n = 66$) we find 10% more children which are coded disorganized. Although the current sample size is much smaller, we would have expected a higher rate of children with a disorganized category, due to the fact, that sample is selective (developmental trauma and symptoms of attachment disorder). These preliminary findings point out the need for instruments, that operationalize attachment disorders in infants and children, that proof the authenticity behaviour or narratives. If a secure classification is viewed through clinical glasses it is questionable if psychodynamics such as role reversal or parentification rather lead to "pseudo" secure narratives.

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