Attachment, attachment disorders and trauma: Diagnostics, treatment and prevention in children, adolescents and caregivers.

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Outline

• Introduction to attachment theory
• Trauma
• Attachment disorders
• Attachment-based therapy
• Prevention
• Video-demonstration
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Part 1

• Introduction into attachment theory: Development of insecure and secure attachment qualities (with video-demonstration)
Motivational Survival Systems

- Attachment
- Exploration
- Relationship
- Sensory Stimulation
- Self-Efficacy
- Avoidance of negative stimuli
Attachment Theory (1)

• During the infant’s first year he/she develops a specific emotional attachment to a primary attachment figure.

• The attachment system ensures survival

• The attachment figure is the “secure base” for the infant (“haven of safety”)

• The attachment system is activated by fear and separation.
Attachment Theory (2)

• The attachment system is reassured by the physical proximity of the attachment figure.
• The attachment system is in reciprocity with the exploration system.
• As soon as the attachment system is reassured, the infant is ready to explore his/her environment.
„Attachment – Exploration – Seesaw“

Attachment  ⇔  Exploration

Attachment de-activated  ↓  Exploration activated  ↑

Attachment activated  ↓  Exploration de-activated  ↑

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Sensitivity (1)

• The caregiver with the highest sensitivity during interaction will become the infant‘s major attachment person.

• A high parental sensitivity will enhance the development of a secure attachment of the infant.
Development of secure attachment

- Sensitivity to infants signals
- Gaze
- Verbal interaction
- Rhythm of dialogue
- Touch
Window of Tolerance of Stress-Regulation

Hyper-Arousal ➔ Sympathetic Nervous System
➔ Dissociation ➔ FREEZE

PANIC STATE
Fear of death,
Activated Attachment System

Hyper-Arousal ➔ Parasympathetic Nervous System
➔ Dissociation ➔ COLLAPSE

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Video-Demonstration of sensitivity

• Mother/Father-infant interactions
Attachment quality of term infants (1)

- Secure (approx. 60%)
- Insecure
  - Avoidant (approx. 15%)
  - Ambivalent (approx. 10%)

- Beginning of psychopathology
  - Disorganized (approx. 10%)

- Attachment Disorder
  - Severe early psychopathology (approx. 5%)
Video-Demonstration

• Attachment quality examined in the Strange Situation Procedure
• Two short separations of infant from mother
• Evaluation of reunion behavior
• Balance of attachment and exploration behavior
Attachment and psychic development

- Secure attachment $\iff$ PROTECTION

- Insecure attachment $\iff$ RISK
Consequences of the development of attachment (1)

- Secure attachment
  - protective factor under stress
  - greater coping ability
  - ability to seek out help
  - more attuned social behavior
  - larger numbers of relationships
  - greater creativity
  - greater flexibility and persistence
  - better memory and learning
  - better language acquisition
  - better empathy for the emotions of others/theory of mind
Consequences of the development of attachment (2)

• Insecure attachment
  – risk factor under stress
  – less coping ability
  – tendency toward solitary solutions to problems
  – Empathy for others not so well developed
  – withdrawal from social activities
  – fewer relationships
  – less flexibility in thinking and acting
  – tendency to more aggressive behavior in conflicts
  – poorer memory and learning

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Attachment representations in adults

• Secure-autonomous
• Insecure
  – dismissing
  – entangled
  – Unresolved versus resolved trauma (additional pattern)
Intergenerational transmission of attachment patterns

• Connection between attachment of the parents and the child
  – Secure parents with secure children
    • mother-child approximately 75%
    • father-child approximately 65%
  – Insecure parents with insecure children
    • Avoidant parent to avoidant child
    • Ambivalent parent to ambivalent child
Preconditions for the development of secure attachment in the child

- Sensitivity of the caregiver
- Emotional availability
- Clearing up misunderstandings
- Recognition of projections
- Clarifying conceptions of the ideal
- Traumatizing experienced resolved
Part 2

• Development of disorganized attachment and attachment disorders (with video-demonstration)
Attachment quality of term infants - Psychopathology

Beginning of psychopathology

Disorganized attachment

• Normal population (approx. 10-20%)
  – Genetic mutation in dopamin system
  – Postnatal hypoglycemia

• Infants of parents with unresolved trauma
  – (approx. 75-80%)

Severe psychopathology

Attachment disorders
Disorganized attachment

- Trance-like states („Freezing“)
- Attention deficit
- Hyperactivity
- Stereotype motor movements
- Incoherent and contradictory behavior in attachment relevant situations
Disorganized attachment, ADHD and post-traumatic stress disorder (PTSD)

- Unresolved trauma of parents
- Similar neuro-hormon changes in dopamin-system
- Traumatized children
- Hyperarousal
- Decreased stress flexibility (window of tolerance)
Physiology and attachment qualities

- Physiology of the infant
  - stress reaction with all attachment patterns by separation from the attachment person
    - increase of heart rate
    - reduction of skin resistance
    - increase of salivary cortisol

  - maximum values, retarded decrease after reunion in case of
    - insecure-avoidant attachment
    - disorganized attachment
    - attachment disorders
Unprocessed parental trauma

- Interactional disorder and disorders of affective communication with the infant – prenatal and postnatal
- Fearful behavior by the mother
- Fear-inducing behavior by the mother
- Helpless caregiving by the mother
Strange Situation and attachment disorganization in child

• Video-Example
Origins of attachment disorders

- Early multiple traumatization of children by attachment figures
  - Severe emotional and physical deprivation and neglect
  - Physical violence
  - Sexual violence
  - Emotional violence
  - Verbal violence
  - Multiple separation from attachment figures
  - Loss of attachment figures without secondary attachment figure
  - Witness of violence between attachment figures

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Triggers for re-traumatization

Traumatized parents react to trigger in the behavior of the infant, child or adolescent

• Attachment behavior
  – search for closeness, clinging, crying, pain, neediness

• Separation / exploration behavior
  – Distancing, autonomy,

• Trigger by affective arousal of the child

• Unconscious process!!!
Re-enactment of trauma

• In the interaction with the infant/child
  – Avoidance of contact and proximity with child
  – Abrupt/intermittent breaks in activity and relationship
  – Understimulation vs. overstimulation (sexual-sensory)
  – Aggressive behavior/violence

• In the affective communication
  – Transference of traumatic affects onto the child
    • Hyperarousal, panic, rage, shame, feelings of guilt
Part 3

- Impact of trauma on brain maturation, attachment development and PTSD
- Diagnosis of attachment disorders
Developmental trauma disorder (Bessel van der Kolk) – a new diagnosis?

- Chronic early maltreatment by caregivers
- Threatening living conditions
- Changing care systems
- Loss of caregivers
- Inadequate care
- Physical and emotional deprivation
- Abuse and violence by caregivers
Symptoms of Developmental Trauma Disorder

• Disorders in
  – 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
  – Dissociation
What is the basic fault in developmental trauma disorder?

• No formation of secure attachment
• Attachment disorder due to early traumatisation by attachment figures
Changes in the brain after early traumatization in childhood I

• Studies of Martin Teicher, Harvard Medical School

• Specific changes in the brain
  – Typ of violence
  – Age of victim
  – Gender effects

Changes in the brain after early traumatization in childhood

II

• Specific effects on the brain
  – Decreased integration of right and left hemisphere of the brain
  – Decreased function of the implicit memory function

• Boys: deprivation and physical violence
• Girls: sexual abuse
• Dose effect of changes
Age of child and sensitive phases I

• Very sensitive phase age 0 - 4.5 years and 11 – 13 years
• Hippocampus
  – Memory
• Corpus Callosum
  – Integration of both hemispheres of the brain
Age of child and sensitive phases II

• Orbito-frontal cortex
  – Attention
  – Affect regulation
  – Motivation
  – Sensitivity for reward
  – Personal identity
  – Self and non-self distinction
  – Empathy and mentalization
  – Recognition of social networks in groups

• Visuell cortex
  – Recognition of faces,
  – Recognition of emotions
Verbal emotional maltreatment by parents

• Decrease in connectivity between limbic system and cortex
• Decrease in connectivity between motor speech area (Brocca) and receptive speech area (Wernicke)
Child as witness of domestic violence

• Decrease of connectivity between visual cortex and temporal lobe
• Decrease of connectivity between visual cortex and limbic system
Attachment psychopathology

- Attachment disorders are severe early psychopathology
Intergenerational transmission of attachment (2)

- Correspondence between attachment of parents and child
  - Parents with unresolved trauma with disorganized children
  - Attachment disordered traumatizing parents with attachment disordered children
Neurobiological consequences

- Permanent stimulation of stress hormones
- Decrease in growth hormones
- Destructions of neurons in the brain
- Reduction of brain volume
Consequences of attachment disorders

• Deficits in right brain development
  – Affective attunement
  – Affect control
  – Theory of mind
  – Empathy
  – Insightfulness
  – Mentalizing

• Deficits in cognitive development
Consequences of attachment disorders (continued)

• No development of secure emotional base
• No or fragmented inner working model of attachment
• No feeling of emotional security
• No ability to stay in relationships
• Severe behavior disturbance in attachment relevant situations
Consequences of attachment disorders (continued)

• Desorganisation
• Derealisation
• Depersonalisation
• Dissociation
Consequences of attachment disorders (continued)

• Panic attacks
• Anxiety disorders
• Severe depression
• Severe narcissitic disorders
Consequences of attachment disorders (continued)

• Somatoform disorders
• Psychosomatic disorders
• Eating disorders
• Addiction
Consequences of attachment disorders (continued)

• Chronic Posttraumatic Stress Disorder (PTSD)
• Aggressive behavior disorder
• Antisocial behavior disorders
• Developmental Trauma Disorder – a new diagnosis?
Late effects of early traumatization in childhood into adult health

- Impaired somatic and psychic health in adulthood
- Dose effect relation to impairment
- The more early experiences of violence of any form, the more diseases in adulthood (ACE study)
Diagnosis

- Mother/father-infant observation
- Strange Situation Test (Ainsworth)
- Preschooler Test (Marvin & Cassidy)
- Story stem completion task (Bretherton)
- Child attachment interview (Target)
- Adult attachment interview (Georg; Main)
Part 4

- Types of attachment disorders
- Clinical cases (with video-demonstration)
Types of attachment disorders

• No signs of attachment behavior
• Promiscuous (indifferent) (ICD 10)
• Inhibited (ICD 10)
• Hyper-vigilant
• Aggressive
• Role reversal
• Addiction
• Psychosomatic symptoms
Video-Demonstration of Attachment Disorders

• Strange Situation Procedure
  – Promiscuous (indifferent) attachment disorder
  – Inhibited attachment disorder
Reaction to traumatization by the attachment figure

- Search for an attachment figure
- Attachment dilemma
  - Attachment figure is present, but source of great anxiety
- Pathological attachment to perpetrator
- Activation of archaic reactions
  - Fight and flight are not possible
  - Freeze, dissociation, submission
  - Aggression against non-attachment figures with latency
  - Self-harm
Clinical Cases
Part 5

- Types of attachment disorders
- Clinical cases (continued)
- Principles of attachment therapy
Clinical Cases (cont.)
Therapy I

• Attachment Based Therapy
  – Patient's anxiety "activates" his/her search for an attachment figure
  – Therapist must establish a secure therapeutic bonding by his/her sensitivity
  – New attachment experience of safety in therapy
  – Focus on exploration of
    • Traumatic experiences of loss, separation, violence
  – Psychotraumatherapy
Therapy II

• Attachment Based Therapy
  – Integration of segregated affects into inner working model
  – Mourning
  – New experiences in relationships
  – Separation from therapist
  – Interval-Therapy
Part 6

- Treatment of attachment disorders with attachment therapy (with video-demonstration)
„Pediatric Intensive Care Unit of Psychotherapy“ for early disorders of attachment and traumatization

Components of treatment

– Somatic treatment
– Social work
– Milieu therapy
– Individual psychotherapy
– Group-psychotherapy
– Trauma-therapy (EMDR)
– Education
Milieu-therapy

- Safety and structure
- New attachment figures – individual attachment nurse and 2 therapists
- Psychodynamic and attachment-based understanding
- Affect and stress regulation
- Developmental support
- New group experiences with peers
Individual Psychotherapy

- Psychodynamic – attachment based play therapy 4-5x/week
- Emergency therapy
- Traumatherapy
- Parent-Counselling/Education
- Family-Therapy 1x/week
- External individual therapy for mother/father

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Creative Therapy

• Art Therapy
• Musik Theray
• Movement Therapy

• Individual sessions (individual frequency)
• Group sessions,
  3 x /week
B.A.S.E.® - Babywatching

- 1x a week observation of mother/father – baby – interaction
- Promotion of sensitivity, empathy, mentalization
- Decrease of aggression
- Decrease of anxiety
Schooling

• Mon – Fri 8:30 - 12:00 a.m.
• Max. 6 students
• Individual teaching
• Group teaching
• 3 Teachers are team members
• Team-supversion
• Case-supervision
External supervision and training

• Team-Supervision (every 2nd week)
• Case-Supervision (3x/week)
  – Nurses
  – Therapists
  – All staff members
• Training and supervision in psychotraumatology and attachment

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Girl „Lena“, 8 years
Consultation-Liaison Service

- Pediatric hospital, girl, 8 years
- **Diagnosis:** Failure to thrive, eating disorder
- Questions:
  - Mother-child problem?
  - No school attendance
Diagnosis

- Failure to thrive and eating disorder
- Migrane
- 2x Anti-reflux-operation at the stomach (Hemifundoplicatio)
- Botulinum-injection into the anal muscle because of chronic obstipation
- Percutaneous tube feeding into the stomach (since 8th month of life!)
Further Symptoms I

• Chronic stomach pain with vomiting and choking
• Headaches with vomiting
• Chronic Obstipation
• Daily tube feeding with high caloric nutrition
• Gastro-esophageal reflux
Further Symptoms II

- Delay in bone maturation
- Osteoporosis
- Disorder of thyroid functioning
In-patient treatments

1. December 1999: 13 days
2. Oktober 2000: 10 days

Percutaneous Tube feeding

1. April 2001: 8 days
2. Oktober 2001: 28 days
5. November 2001: 2 days
6. December 2001: 4 days
7. Februar 2002: 2 days
8. Juli 2002: 15 days
9. August 2002: 17 days

11. Januar 2003: 47 days

12. 1. Anti-reflux operation in Munich

13. December 2003: 10 days
14. Januar 2005: 8 days
15. March 2005: 7 days
16. January 2006: 19 days
17. June 2006: 24 days

2. Anti-reflux-operation and anal Botulinum-injections in Berlin

11. October 2006: 10 days

Child surgery clinic in Berlin

12. August 2007: 13 days

13. Admission to our ward

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Growth /weight charts
Daily medication at admission

- Thyroid hormone
- Vitamin D
- Medication against obstipation
- Tube feeding
- Pain medication
Intensive Psychotherapy Care Unit

- Strange eating behavior
- Anxiety to gain weight
- Stomach aches and headaches
- Demands for pain medication
- Pain attacks in her esophagus
- No relations in group to peers
- Withdrawal and anxieties
- High separation anxiety from mother: Attachment disorder with clinging
Parent-therapy

- Parents: separation during infancy
- Mother: psychological problems
- Eating disorder
- Severe traumatization in her childhood
- Social welfare – money for caring for the child
- Mother not working because of the child’s disease
- Father less involved
Aims for therapy of child

- New sensitive attachment experiences
- Learning to differentiated feelings, needs, somatic sensations
- Differentiating body memories
- Development of emotional, cognitive and social skills
- Integration into group
Aims of therapy for parents

- Sensibilization for the needs of their daughter
- Involvement of father (trinagulation)
- Detecting projections: Ghosts in the nursery
- Separation – Autonomy of the enmeshed mother-“infant“/child dyad
Treatment

- Normalization of eating behavior
- Slowly reduce tube feeding
- Weight gain only with oral feeding intake
- Reduce somatic complaints
- Less pain medication
- Reduce medication for obstipation
Removal of feeding tube after 5 months of therapy

- Security and clear boundaries on the ward
- Co-operation with the department of gastro-enterology
- Keep the tube as symbolic important peace of life
- Party
Discharge

- Stabile weight gain without special nutrition
- Normalisation in eating behavior
- Very seldom somatization
- Talking about symbolic contents of somatic messages
- Medication: only thyroid hormone
Discharge

- Ambivalent attachment (changed from disorganized)
- Emotional stabilization
- Less depressive
- Contacts to peers in the group and at home
- Tolerance to conflicts
- Mentalization of others perspective
- Contacts to both parents
- Parents: mother still anxious about health of daughter
Out-patient treatment

- Individual and group sessions
- Recommendation: therapy for mother!
...and one year after discharge?
1 year later...

- Normal weight gain and growth
- Normal eating behavior
- NO visits of physicians
- Rarely somatoform complaints
- Group-therapy (3x/week)
- Schooling: gymnasium
- Peers and friend
- Secure attachment
- Parents: live together again
- Mother working
Part 7

• Treatment of attachment disorders with attachment therapy (with video-demonstration)- (continued)

• Supervision of case examples from delegates (continued)
Attachment traumatization in early childhood
– „psychic cancer of the brain“

• Extreme damage to the brain, the body, the psychic and social development
  – Physical „death“
  – Psychic „death“
  – Social „death“

• Chronification

• Is healing possible with a special „psychotherapeutic intensive care unit“?
„Jonas“, 8 years
History

• Deprivation and extreme physical maltreatment during 1st and 2nd year of live by his mother

• Mother drug and alcohol addiction

• With foster parents: 2nd year of live – later adoption by these foster parents

• Development of extreme selfharm and aggression against others.

• No admission to kindergarten because of aggression

• Parents seek out for help
Symptoms

- Indifferent attachment disorder
- No affect regulation
- No stress-tolerance
- No schooling
- Communication with mother by picture cards
- Many food allergies
Intensiv-Psychotherapy Unit

- Nurse and therapists become new attachment figures
- Milieu-therapy: time-intensive instead of time-out
- NO – medication
- Schooling (from minutes to hours)
- Intensive work with adoptive parents (both with unresolved trauma in AAI)
Video-clip from therapy „Attachment and Aggression – Ways out of the Dilemma“
TV-Film by Susanne Bauer-Schramm
Bavarian TV
BR Alpha Campus, 19. Januar 2009

• Movement Therapy
• Music therapy
Follow-up

• After discharge:
  – Disorganized attachment
  – Continuous individual psychotherapy in out-patient department
  – Schooling: class for children with special needs with school companion
• After 1 year:
  – Ambivalent attachment
  – normal school with companion
  – Social integration into family, peers at school
• After 2 years:
  – normal school without companion
• After 3 years:
  – Secure attachment
Conclusion

• Treatment should start early
• Intensive treatment
• In-patient with new intensive positive sensitive attachment experiences
• Affect and impuls control
• Stress regulation
• Social integration
• Healthy bio-psycho-social development
• Prevention is possible
Evaluation of the treatment model Moses®
Intensive Care Unit of Psychotherapy
for early traumatized children aged 6-13 years

„Moses®“ Study
Sample

- Children age 6-13 years
- Intervention group, waiting control group, healthy control group
- Sample size $3 \times N = 24$ (total sample size $N = 72$)
- Inclusion criteria:
  - Severe early traumatisation with violence, abuse, neglect by primary caregivers
  - Chronification of posttraumatic stress disorder PTSD
  - Attachment disorder
- Exclusion criteria:
  - Previous inpatient treatment
  - Severe autism, addiction, mental disability ($IQ < 85$)
- Treatment of 6 children in a group setting
- Duration of in-patient treatment: 6 months
Study design

- 4 points of measurement
  - $T0 = 6$ months before in-patient treatment (only waiting group)
  - $T1 = $ Admission to in-patient treatment
  - $T2 = $ Discharge
  - $T3 = $ Follow-up: 6 months after discharge

- Methods
  - Questionnaires and test
  - Attachment interviews and behavioral observations
  - (f)MRi
  - Oxytocin and cortisol in saliva and in blood (1x at $T1$)

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Questions and aims 1

- Global aim: Evaluation of the treatment programme of the intensive care unit of psychotherapy for early traumatized children with attachment disorders

- What kind of attachment representation do these children present?

- Can we change their attachment representation to “earned secure“?

- How does the attachment representation influence the HPA axis and oxytocin secretion?

- Can we develop and optimize resources like intelligence, social competence in groups?
Questions and aims 2

- Can we influence psychopathology (PTSD symptoms, dissociation, anxiety, depression)
- Can we observe changes in neural structures, function and connectivity of the brain?
Part 8

• Prevention of attachment disorders by the programs SAFE® and B.A.S.E. ® (with video-demonstration)
• Final Discussion
Prevention of Attachment Disorders

SAFE®

„Secure Attachment Formation for Educators“

- Group-Education in parenting from pregnancy till end of first year of life
  - Children need early attachment
  - Recollection of traumata
  - Information about re-enactment
  - Preventive treatment of traumata even before birth
  - Intervall-treatment of parents

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Research
• SAFE®-Mentor Training in Munich/Germany July 14-17, 2014
B.A.S.E.®-Babywatching
A programme to prevent aggressive and anxious behaviour problems and to promote empathy

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B.A.S.E.® -UK Training
May 17, 2014 in London
www.base-babywatching-uk.org

What is the evidence?
Evidence from research into the effects of BASE®Babywatching amongst young children show that both boys and girls experience positive effects, according to themselves, their parents and their teachers. Anxiety and aggressive acts are reduced. Sleep, concentration and focus improve, and the children show more empathy and kindness towards one another.

Can we have BASE®Babywatching in our school?
Please contact BASE®Babywatching UK if you would like to have a group in your school. If there is no facilitator in your area, your staff can train to become Group Leaders. After a day’s training, Group Leaders work with a Mentor for a year to plan and run their groups. They can then train to become a Mentor themselves, to work with other staff in the school who are training to become Group Leaders. In this cost-effective way, a school can become self-sufficient in BASE®Babywatching in two years. Training and a year of Mentoring are essential for the programme to be authentic and effective. Newly trained Group Leaders enjoy Mentoring support, but agree they learn much as they develop the skills needed when supporting many developing relationships.

Would you like to train as a BASE®Babywatching Group Leader?
If you have experience of working with children in schools, and you think you might be interested in becoming a group leader, please contact BASE®Babywatching UK to find out more about what training and working with a Mentor involves.

The children have all delighted in the programme and really look forward to seeing the baby and his mum. The children’s behaviour has been amazing, no incidents, and their concentration, attention and most importantly their observations have been remarkable!

A simple and effective classroom based way to reduce children’s anxiety and aggression and to promote sensitivity and empathy
www.base-babywatching-uk.org

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B.A.S.E.® - Training
June 13, 2014 in
Edinburgh/Schottland
WAIMH Conference

http://www.aimh.org.uk/
categories/pre-precongress

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DVD

- DVD "Embracing Closeness"
- DVD "BASE – Babywatching in Kindergarten"
- DVD "BASE – Babywatching in School"
- DVD „Strange-Situation-Test“

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DVDs available

• Embracing Closeness (Engl)
• BASE-Babywatching in Kindergarten (Engl.)
• BASE-Babywatching in School (German)
• SAFE – Parents (in German)
• SAFE – Therapists (in German)
• Strange-Situation-Procedure High Quality (in German and English)
Die „Fremde Situation“ nach Mary Ainsworth
The “Strange Situation” as developed by Mary Ainsworth

Sichere und unsichere Bindungsqualitäten von Kleinkindern mit ihren Müttern
Secure and insecure attachment patterns of toddlers and their mothers

Die DVD ist bilingual
The DVD is bilingual
Deutsch | English
Applications of attachment-based therapy

• Treatment of patients of all ages
• Treatment of all diseases
• Adoption and foster care
• Institutional care
• Day care
• Group therapy
• Family therapy
• Couple therapy
• Prevention of emotional disorders
Summary

- Attachment theory helps to understand
  - Human development
  - Psychopathology
  - Treatment process
  - Prevention
John Bowlby (1980)

• Epilogue:
• Intimate attachments to other human beings are the hub around which a person's life revolves, not only when he is an infant or a toddler or a schoolchild but throughout his adolescence and his years of maturity as well, and on into old age. From these intimate attachments a person draws his strength and enjoyment of life, and, through what he contributes, he gives strength and enjoyment to others. These are matters about which current science and traditional wisdom are at one.

• We may therefore hope that, despite all its deficiencies, our present knowledge may be sound enough to guide us in our efforts to help those already beset by difficulty and above all to prevent others becoming so.


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Guilford Press, New York, London

Gradiva Award Nomination
National Association for the Advancement of Psychoanalysis

Japanese, Korean, Italian, Slowakian, Russian, Urkainian translation available!

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International Conference
October, 10-12, 2014 in Munich/Germany

Attachment and Migration

Information and Program
www.khbrisch.de
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Japanese, Korean, Italian translation available!
Russian and Ukrainian translation in print

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Thank you for your attention!

• Further information
• www.khbrisch.de
• www.safe-programm.de
• www.base-babywatching.de