

TTAC

# Perinatal and Early Childhood Mental Health Network

**Training and Technical Assistance Center**



## The Psychodynamic Underpinnings that Support and Inform Contemporary Infant/Early Childhood Attachment and Trauma Treatments

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# Who We Are

The New York City Perinatal and Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded by the NYC Health Department.

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute for Poverty Policy and Research

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC) and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.

TTAC is tasked with building capacity and competencies of mental health professionals and early childhood professionals in family serving systems to identify and address the social-emotional needs of young children and their families.



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# Psychoanalysis vs. Psychodynamic/Psychoanalytic Psychotherapy /Play Therapy

## Adult psychoanalysis is characterized by:

- Frequency 3 – 5X per week
- Use of the couch
- Free association
- Therapeutic neutrality-the blank screen
- Dream analysis
- Interpretation
- Analysis of transference
- Working through

## Child psychoanalysis is characterized by:

- Frequency 3 – 5X per week
- Open ended play
- Therapeutic neutrality
- Interpretation
- Analysis of transference/displacement
- Working through

# Psychodynamic Psychotherapy

- *“Psychodynamic or psychoanalytic psychotherapy<sup>1</sup> refers to a range of treatments based on psychoanalytic concepts and methods that involve less frequent meetings and may be considerably briefer than psychoanalysis proper. Session frequency is typically once or twice per week”*(Shedler, 2010, P. 98).
- Typically face-to-face
- Transference relationship/real relationship
- Interpretation–co-constructed
- *“The essence of psychodynamic therapy is exploring those aspects of self that are not fully known, especially as they are manifested and potentially influenced in the therapy relationship”* (Shedler, 2010, p. 98)

# Distinguishing features of psychodynamic psychotherapy

## Recognition of forces outside of awareness

- It is generally accepted that there is an unconscious
- Cognitive science refers to “implicit” mental processes “procedural memory”
- Is it a “smart” unconscious or a “dumb” unconscious
- Less emphasis on uncovering repressed memories
- More emphasis on expanding awareness and mindfulness to afford greater freedom of choice in the here and now by liberating the self from the constraints of trauma and other conflicts of the past

# Distinguishing features of psychodynamic psychotherapy

(Blagys & Hilsenroth, 2000; Shedler, 2010, pp-98-100; Shedler, 2022)

1. A focus on affect and the expression of emotion
2. Exploration of patterns of behavior and thinking to avoid psychic suffering
3. Identification of recurring themes and patterns
4. A developmental perspective
5. The Centrality of relationships
6. A Focus on the therapeutic relationship
7. Exploration of fantasy life



# Distinguishing features of psychodynamic psychotherapy

(Blagys & Hilsenroth, 2000; Shedler, 2010, pp-98-100; Shedler, 2022)

## 1. An emphasis on affect and emotional expression

- The ability to experience and express a full range of emotions
- Feelings that are threatening or frightening, feelings unable to be recognized or tolerated, contradictory feelings/ambivalent feelings
- Expressed in the body, play and words

**“play is an in-between stage, falling between enacting without control and putting into words as a precondition for controlling thoughts”** (Sandler, Kennedy & Tyson, 1980, p.-121)

**AFFECT** is the physiological arousal often in the internal organs

**FEELING** occurs when that arousal registers in the brain as an identifiable feeling state

**EMOTION** occurs when that feeling state triggers and array of memories associations and other feeling states

*“ My father once remarked on the philosopher (Kant) who said that the man who first hurled a word of abuse (instead of a spear) at his enemy was the founder of civilization. That is really what analysts are aiming to do in getting patients to verbalize”*

*- Anna Freud*



# Distinguishing features of psychodynamic psychotherapy

- Emotion regulation/co-regulation: range, intensity, grading and modulating affect relative to context
- Reuniting experience and affect in trauma

“Intellectual insight is not the same as emotional insight”  
(Shedler, 2010, p. 99)

Knowing it is not the same as owning it! –*G. Foley*



# What is Self-Regulation?

- The child's developing *neurodevelopmental* capacity to:
- Organize the incoming "flow" of sensations at optimal levels;
  - Flexibly *modulate* and *grade reactivity* to sensation, affect, arousal, and behavior (the outgoing, observable behavior);
  - Recover from dysregulated states; and
  - Sustain levels of adaptive arousal with relative autonomy, in support of goal-directed actions across a broad range of functions.

(Dunn, 1999; Carver & Scheier, 2016; Foley, 2017; Murray, Rosanbalm, Christopoulos, & Hamoudi, 2015)



# Increasing Regulation Decreasing Dysregulation/Hyper-Arousal

- Fidgets and other hand manipulatives
- Bubbles, pinwheels, pretend candle
- Scents, Textures
- Stress Balls
- Sensory balls (Squishy, bumpy)
- Clay, Play Dough
- **Weighted balls, vests, blankets, turtle**
- Chew Objects (crunchy foods, chew Jewelry)
- Gross Motor games (movement, marching, pressing the wall, drumming !!!)
- Progressive relaxation, meditation, breathing
- **Start/Stop, Slow/Fast, Loud/Quiet**



# SENSORY INPUT TO ASSIST SELF-REGULATION

Susan Stallings-Sahler, Ph.D., OT/L, FAOTA

<b>CALMING</b> (but can over-inhibit)	<b>TYPE OF SENSORY EXPERIENCE</b>	<b>ALERTING</b> (but can be overwhelming)
Dim, constant light, close boundaries, simple patterns, pastel colors; low eye contact	<b>VISUAL</b>	Bright light, flickering not repetitive; open spaces; complex patterns, bright primary colors
Deep base tones (low frequency), rhythmic, lyrical	<b>AUDITORY</b>	Fast pace, dysrhythmic, louder, unpredictable;
Deep pressure; heavy work, pushing/pulling, climbing,	<b>PROPRIOCEP-TIVE</b>	Fast pumping movements of joints, muscles; jumping
Slow, rhythmic; head-toe direction rocking	<b>VESTIBULAR</b>	Fast, dysrhythmic, “jerking”, rotatory, jumping on trampoline;
Deep total-body pressure (swaddling); warm temps; smooth surfaces	<b>TACTILE</b>	Light touch, cold temps, prickly textures (subjective depending on the child)
Mildly sweet, vanilla, savory	<b>SMELL/TASTE</b>	Pungent, spicy-”hot”, sour,

# Distinguishing features of psychodynamic psychotherapy

## Four things we can do with strong feelings:

1. Make believe they don't exist and we are likely to get sick
2. Act them out and we are likely to get into trouble
3. Talk (play) about them which is adaptive and "curative"
4. And some have to "just" be tolerated -William Robbins, MD

# The Self in Trauma Work: Affects the Therapist Must Hold and Contain (Willheim & Foley, 2022)

- The Horror (thus “Vicarious”/“Secondary” trauma)
- Metabolizing the horrible things done to small people (0-5)
- Encountering the primitive feelings of small people
- Encountering children’s Trauma-associated overwhelming primitive feelings
- Tolerating our own Sadness, Helplessness, Hopelessness, Anger, Rage, Frustration, Overwhelmed, Pain
- *What it takes for us to be able to Bear Witness;*
  - Sitting with Suffering (CPP)
  - Holding Hope (CPP)

# Distinguishing features of psychodynamic psychotherapy

## 2. Exploration of patterns of behavior and thinking to avoid psychic suffering

- Defense and resistance
- Denial
- Projection
- Splitting
- Turning passive to active
- Identification with the aggressor
- Interpretation of defense

# Distinguishing features of psychodynamic psychotherapy

## 3. Identification of recurring themes and patterns

- Repetition compulsion
- Internal working model



*“The child will always tell you; it may be in code but it’s  
our job is to decode it.*

*-Sally Provence*



# Finding Meaning in Play

- **Affect** - emotional interest in and withdrawal from objects
  - **Ideation** - verbalized content, acted out themes
  - **Repetition** - recurring themes and in what sequence
  - **Dramatization of Themes**
  - **Arrangements** of small objects in such a way that their organization signifies a configuration of conflicting forces in the child's life (microsphere)
  - **Our associations, feeling states, reflections**
- “The microsphere of toys can seduce the child into an unguarded expression of dangerous wishes and themes that then arouse anxiety and lead to-most revealing –sudden play disruption, the counterpart in waking life of the anxiety dream.” (Erikson & Erikson, 1997, p. 50)*

# Distinguishing features of psychodynamic psychotherapy

## 4. A developmental perspective

- A retrospective (history) and prospective perspective (trajectory)
- Trauma history
  - Psychosocial Stressor Checklist (DC:05)
  - Pediatric ACEs and Related Life Events Screener (PEARLS)
  - Traumatic Events Screening Inventory (TESI)
  - Whole Child Assessment (WCA)
- Developmental history
- Normative patterns across developmental domains
- Unevenness in development

- FEDL 9: Intermittent Reflective Thinking, Stable Sense of Self, Internal Standard
- FEDL 8: Emotionally Differentiated Gray-Area Thinking (grade school)
- FEDL 7: Multi-Cause, Comparative, Triangular Thinking (grade school)
- FEDL 6: Building Bridges / Emotional Thinking (42m')
- FEDL 5: Symbolic Thinking / Creating Ideas (36m')
- FEDL 4: Shared Problem Solving / Sense of Self (18m')
- FEDL 3: Two-Way Purposeful Communication (6m')
- FEDL 2: Mutual Engaging and Relating (4-5m')
- FEDL 1: Regulation and Shared Attention (3m')

**Individual Biological Differences**

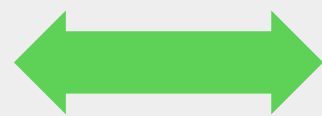
- Sensory Motor processing, integration, and modulation (emphasis on Temporal-Spatial qualities)
- Medical and Neurological Conditions

**DIR®**  
 Stanely Greenspan, MD  
 Serena Wieder, PhD

Affect Based Interactions that activate development; Intention and Initiation

**Developmental Functional, Emotional Structure**

**Relationship Based, Child-Caregiver Interactions**



# Developmental Hierarchy of Emotional Themes

(Wieder, 2017)

- Safety, nurture, comfort (feeding, attachment, Barney)
- Separation (hiding –finding, Winnie-the-Poo, Goodnight Moon)
- Reality and problem solving (Three Little Pigs, Jack –in-the Beanstalk)
- Autonomy and aggression (good guys/ bad guys, dragons. Pirates, monsters)
- Abstract themes (Fairness, empathy, justice)

*“The aim of therapy with children is to awaken the urge to complete development.”*

*- Anna Freud*



# Distinguishing features of psychodynamic psychotherapy

## 5. The Centrality of relationships

- Relationships are the cradle of development
- Patterns of attachment
- Secure base behavior
- Discontinuities-separations, losses, empathic failures
- Self-concept
- Goodness-of-fit (temperament, sensory profile)



# Distinguishing features of psychodynamic psychotherapy

## 6. A Focus on the therapeutic relationship



# The Working Alliance

**“The composite of all the factors that keep the child in treatment and which enable him to remain there during phases of resistance and negative transference”**

(Sandler, Kennedy & Tyson, 1980, p-53).

Factors that keep the child motivated for treatment:

- The child’s awareness of challenges, the need to address them and the child’s capacity to tolerate treatment process.
- A positive tie to the therapist
- Pleasing the therapist
- Direct or indirect pleasures or gratifications
- Finding a balance between work and play- “I think we had enough at that today; let’s play a little now.”
- **Being understood in a unique way**
- **Therapist as a new object: fully available, respectful, listens, unconditional positive regard**
- **“You are important and I will listen to what you have to say and be here and pay attention to what you show me in your play.”**



# Use of Self

- Safety and “holding”
- Being fully present!
  - Deep listening
  - *“More and more I’ve come to understand that listening is one of the most important things we can do for one another” - Fred Rogers*
  - Attunement, empathy, mirroring
  - Reflective Function – Intersubjectivity
  - **The capacity to understand and interpret –implicitly or explicitly–one’s own and others’ behavior as an expression of mental states such as feelings, thoughts, fantasies, beliefs and desires**  
(Fonagy, Gergely, Jurist & Target, 2002).
- Therapist as new object –parallel process–parent as a new object
  - *“The child must destroy the object in order to use the object.”–D W Winnicott*
  - Providing a “corrective emotional experience”
  - Consistency, predictability, positive regard

# Transference

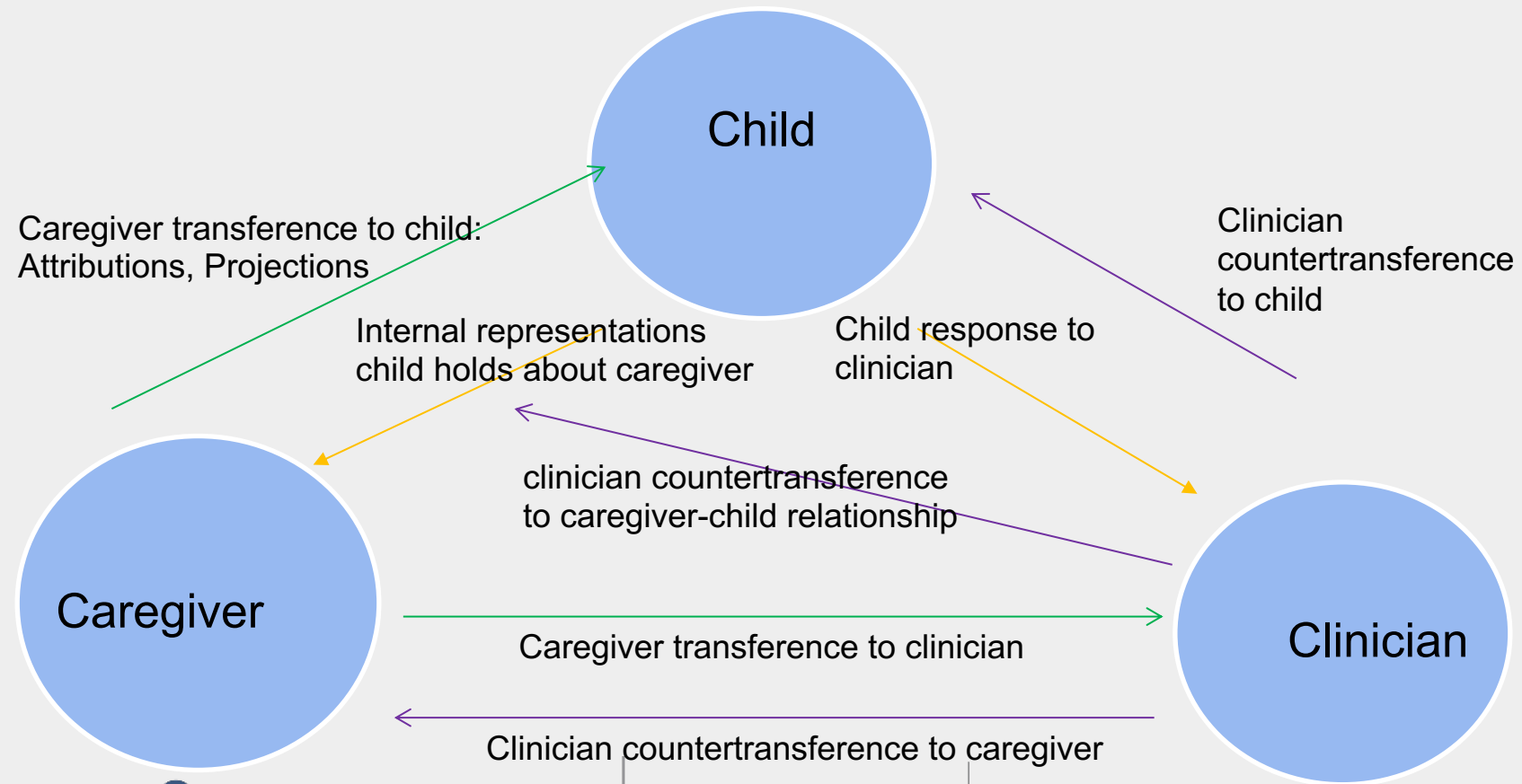
- Derived from adult analysis, **transference refers to “the way in which the patient’s view of and relations with his childhood attachment figures are expressed in his current perceptions, thoughts, fantasies, feelings, attitudes and behavior in regard to the analyst”/therapist.** (Sandler, Kennedy & Tyson, 1980, p. 78)
- A distortion of the real relationship
- Aspects of the relationship that “Do Not Fit.”
- **Displacement vs. transference**

# Types of Transference

- Transference of habitual modes of relating
- Transference of current relationships
- Transference of past experiences
- Transference neurosis

# Transference in Dyadic Therapy

(what happens in the therapeutic space ?)



# Distinguishing features of psychodynamic psychotherapy

## 7. Exploration of fantasy life

- Allowing the child to play and speak freely
- Support wondering and imagining
- Using open ended materials that promote projection
- A window into the inner life of child and parent