

## Developmental Trauma, Psychosis and Neurofeedback

Webinar on December 9, 2020

### Closing Remarks

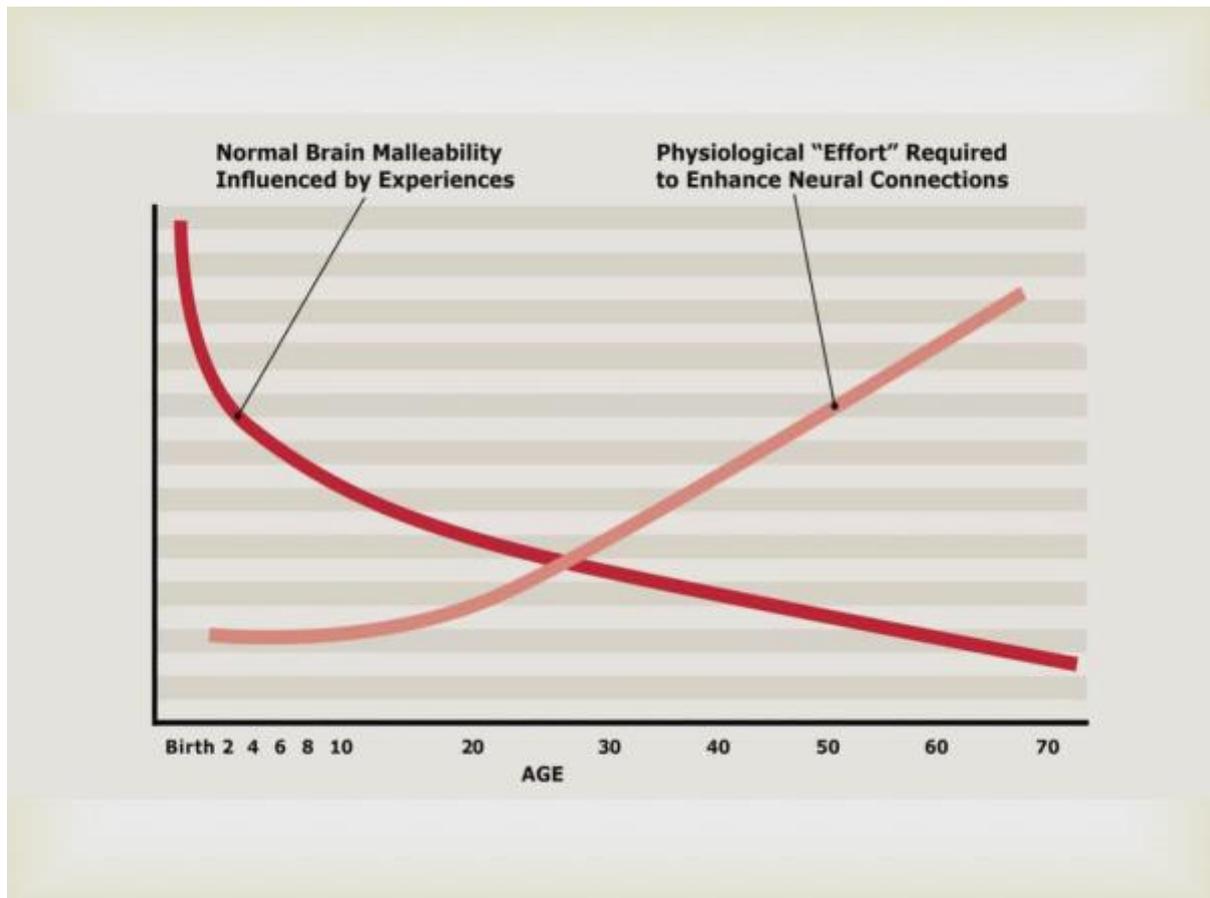
A/Prof Roger Gurr

I hope you have found our presentations stimulating.

Where to from here?

Headspace Early Psychosis, a model that is already world best practice, includes 16 components of care. We already score well on reductions in symptoms, improved physical health and wellbeing, completion of education and achieving employment, and social functioning, compared to national benchmarking and in international comparisons with similar first episode psychosis services. Our program is highly scrutinised and evaluated, with fidelity to model inspections.

So, what should we do to get to the next best level of life outcomes?



We work with a very important period of brain development, from 12 -25, when the brain stops growing and switches to pruning connections for efficiency. It is also the time that evolutionary behavioural programming changes from being a dependent child to competing with your peers for the best mate to produce the next generation.

It is also a period of high brain plasticity, so operant conditioning with neurofeedback has an excellent chance to produce faster functional improvement. This is also likely to be true with EMDR, another treatment that changes brain function.

It is also a great time for secondary prevention, before young people become parents.

Based on a lot of reading around the treatment of developmental trauma, there are clear themes that emerge.



**Stages of Therapy - overlapping**

Engagement, trust and education – e.g The Body Keeps the Score  
Therapist relationship for attachment  
Brain re-regulation – networks, proprioception/sensory mod,  
autonomic, yoga/mindfulness, Capoeira Angola, martial arts  
EMDR, tapping acupuncture points  
Talking therapies, individual and group, art, sand tray  
Diet, exercise, wellbeing

PreventionFirst 43

Phases of care that overlap are important and all the components are needed as a package, so there is a need for a comprehensive range of therapies to fit cultures and the stages of development.

Single, office-based clinicians, cannot provide the range, so best to be part of an integrated comprehensive service with enough critical mass for the full range of skills, group therapies and for efficiency.

Thus there is a need for a comprehensive service that emulates the best of the EPPIC and STARTTS models, to treat the effects of developmental trauma, no matter what their initial symptom cluster. Based on genetics, some will need medications as a component of care.

While more intensity of treatment is required at the beginning with operant conditioning, such as neurofeedback, the brain finds its own solution and the effects are long lasting or even permanent.

Evidence shows that while a minority in the Ultra-High Risk category go on to develop schizophrenia, they all have significant life issues, usually associated with developmental trauma. We find it virtually impossible to find a suitable service to refer these young people with developmental trauma to. This is very vicariously traumatic for the caring staff involved, as I find in my small private practice with traumatised adults.

Our case series will provide pointers to more controlled prospective study designs in the next phase of our work, but we need to start the political action for appropriate funding now. We find that research funding bodies will not fund the additional clinicians required.

Our current headspace Early Psychosis program is funded sufficiently for us to be able to add just the additional staff required to treat the young people meeting the program criteria, but if we were to set up a specialist program to treat developmental trauma, a whole comprehensive service would need to be funded. This may seem expensive, but the evidence makes clear that to not act is way more costly.

## Great Investment Opportunity

Minimal risk

Major improvements in Functioning

Long term, whole of life benefits

Personal, family, social benefits

Massive public and health sector savings

Benefit future generations



For any state of federal government, or philanthropist, it would be a great Investment with world wide implications.

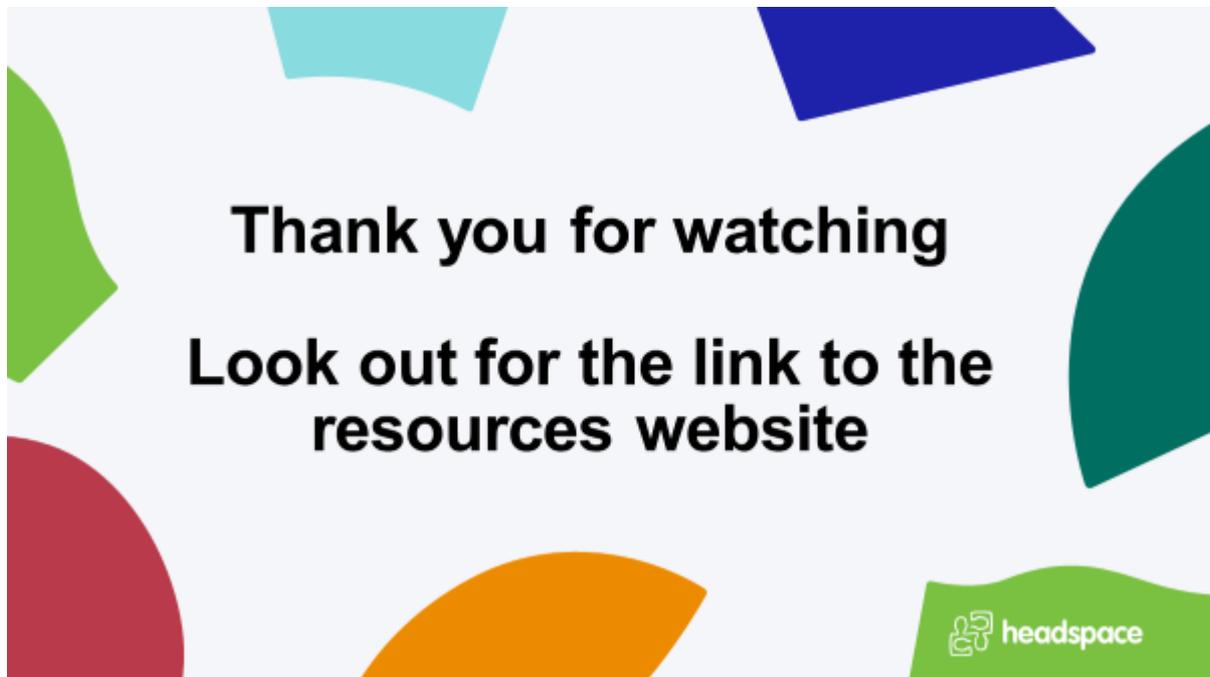
## Complementary Programs

**Need to match stages of brain development and cultural considerations**

- Perinatal
- Early childhood
- Children
- Youth
- Legacy adults



Clearly there is a need for other targeted programs, beyond ours. We would like the general population to get the same high standards of care and great outcomes as our young people and refugees at STARTTS



We thank you for participating in our webinar, we will send out a link to the resources website and keep you informed about progress.