

WORKING WITH TRAUMATIZED TEENS

HOW TO GET UNHOOKED

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WEBINAR 2018

WEEK ONE

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GOALS FOR THE WEBINAR

- DESCRIBE ATTACHMENT THEORY
- TALK ABOUT DEVELOPMENTAL TRAUMA
- CONSIDER THE THERAPIST'S ATTACHMENT STYLE
- DISCUSS THE PRINCIPLES OF DEVELOPMENTAL-RELATIONAL THERAPY FOR ATTACHMENT-TRAUMA
- EXPLORE TREATMENT OF DISSOCIATION AND IDENTITY FRAGMENTATION
- EXPLORE TREATMENT OF HYPERACTIVATED TEENS THAT CAN CONTAIN AND GET US UNHOOKED

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PLAN FOR SESSION ONE

- TALK ABOUT THE WEBINAR
- MAKE THE CASE THAT DEPENDENCY IS GOOD—EVEN IN ADOLESCENCE
- DESCRIBE ATTACHMENT THEORY IN A NUTSHELL
 - FOCUS ON CHANGE IN ADOLESCENCE AND THE IMPORTANCE OF LATER EXPERIENCES
 - CONSIDER "EARNED" ATTACHMENT AND CHANGING INTERNAL WORKING MODELS TOWARD SECURE LOVE
 - DISCUSS HOW THE ASYMMETRICAL ATTACHMENT RELATIONSHIP WITH AN INFANT BECOMES MORE RECIPROCAL AND SYMMETRICAL IN ADOLESCENT AND ADULT SEXUAL PARTNERSHIPS

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THE ONE BIG QUESTION:

CAN I DEPEND ON YOU WHEN I NEED YOU?

- The most basic tenet is that isolation—not just physical isolation, but emotional isolation—is traumatizing for human beings.
- There’s solid evidence that our brains actually code it as danger
- Emotional presence is essential for healthy development

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A.R.E. YOU THERE FOR ME?

ACCESSIBILITY: CAN I REACH YOU WHEN I NEED YOU?

RESPONSIVENESS: DO I MATTER TO YOU? WILL YOU COME WHEN I CALL? CAN I RISK LEANING ON YOU? CAN I DEPEND ON YOU?

ENGAGEMENT: CAN I SHARE MY EMOTIONS WITH YOU; WILL YOU ALSO SHARE WITH ME? WILL YOU SHOW UP TO SHARE YOUR EXPERIENCE? WILL YOU KEEP ME CLOSE?

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DEPENDENCY IS GOOD

- Although our culture has framed dependency as a bad thing, attachment theory suggests quite the opposite.

Attachment theorists believe that being able to turn to others for emotional support is a sign and source of strength.

Traditional Developmental Theorists and Attachment Theorists disagree big time on this question, especially for adolescents: Every other stage of development? Not teens?

In this frame, there is no such thing as codependence, independence, or overdependence: there is only effective and ineffective dependence

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"Pooh!" whispered Piglet.
"Yes, Piglet?" said Pooh.
"Oh, nothing," said Piglet.
"I was just making sure of you."



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Attachment Theory in a Nutshell

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We are Hardwired this Way

Hardwired to attach to caregivers—strong biological basis

Survival of species depends on this

Protection, comfort, regulation

Bowlby: the attachment behavioral system is an evolved, innate proximity regulator

Children become attached to caregivers they have—even abusive and neglectful ones

Later: Attachment theory is regulation theory

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Dance of Attunement

If caregiver is unreliable:

- the child adjusts and modifies her attachment behavior
- Child figures out how to obtain whatever approximation to security is possible, in that particular relationship

Attachment system activated:

- unsafe
- Attachment figs not responsive, near, interested

When "set-goal" of security is attained:

- other behavioral systems: exploration, affiliation, and care giving can be activated
- Security first!

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SAFE HAVEN AND SECURE BASE

SAFE HAVEN

- BUFFER FROM STRESS, UNCERTAINTY
- PROXIMITY IS THE NATURAL ANTIDOTE TO FEELINGS OF ANXIETY AND VULNERABILITY

SECURE BASE

- MAKES IT POSSIBLE TO BE CURIOUS, EXPLORE THE WORLD
- HELPS US REACH OUT, OFFER SUPPORT TO OTHERS

NB: I WILL MAKE THE CASE OVER THE WEBINAR THAT THIS IS WHAT GOOD THERAPY PROVIDES, TOO

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FOUR DEVELOPMENTAL OUTCOMES OF SECURE LOVE

BETTER AFFECT REGULATION

- LESS REACTIVE, MORE EMOTIONALLY REGULATED
- GREATER SELF-SOOTHING, TRUST IN OTHERS

BETTER INFORMATION PROCESSING

- FLEXIBLE, OPEN TO EXPERIENCE, INTEGRATED
- INCREASED TOLERANCE AMBIGUITY, UNCERTAINTY

BETTER COMMUNICATION

- MORE COLLABORATIVE, METACOMMUNICATION
- SELF DISCLOSE, ASSERTIVE AND EMPHATIC

BETTER SENSE OF SELF

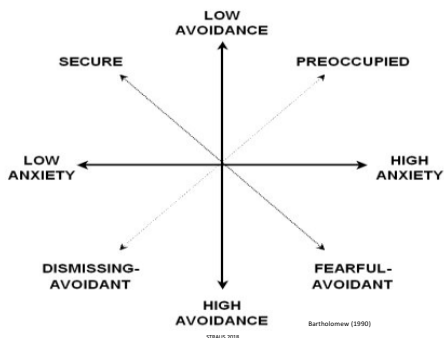
- FEELING OF LOVEABILITY
- COHERENT, ELABORATED, ARTICULATED, ESSENTIALLY POSITIVE TRAJECTORY FOR IDENTITY DEVELOPMENT

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ATTACHMENT CLASSIFICATIONS

INFANT/CHILD	ADOLESCENT/ADULT
A: INSECURE-AVOIDANT	DISMISSIVE
B: SECURE	SECURE
C: INSECURE AMBIVALENT/ANXIOUS	PREOCCUPIED/ENTANGLED
D: INSECURE-DISORGANIZED/DISORIENTED	FEARFUL/UNRESOLVED/DISORGANIZED

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A Model of Attachment-System Functioning and Dynamics

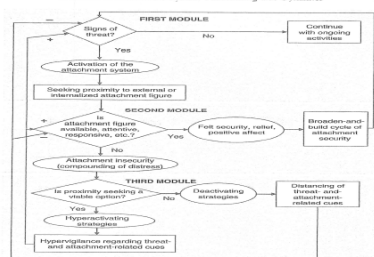


FIGURE 2.1. A model of attachment-system activation and functioning in adulthood. (A. J. Lee & P. A. S. & W. (2007))

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THERAPY AND ATTACHMENT TRAUMA

- WITHOUT SECURE LOVE, WE HAVE LIMITED STRATEGIES FOR FEELING SAFE IN RELATIONSHIPS. STRESSFUL

FIGHT, FLIGHT, FREEZE

- Anxious attachment (UP-REGULATED—bring emotional, relational energy down)
- Avoidant attachment (DOWN-REGULATED—bring emotional, relational energy up)
- Disorganized/Fearful attachment (MIXED, TRAUMATIZED DYSREGULATION—staying present, relaxed, responsive as needed)

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Anxious/Preoccupied Style

HYPERACTIVATING STRATEGIES to get an attachment figure to pay attention

Strategies are exaggerations of primary attachment strategy: Intense monitoring of relationship partner, and strong efforts to maintain proximity

Responses based on history of what seemed to work once upon a time

But backfire: Encourage intrusive, coercive, aggressive behaviors in partners—leading to dreaded rejection/abandonment

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"He's just doing that to get attention."

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Avoidant/Dismissive Style

DEACTIVATING STRATEGIES: 2 MAIN GOALS IN RELATIONSHIPS

1) GAINING WHATEVER THEY NEED WHILE MAINTAINING DISTANCE, CONTROL, SELF-RELIANCE

2) IGNORING OR DENYING NEEDS AND AVOIDING NEGATIVE EMOTIONAL STATES THAT MIGHT TRIGGER ATTACHMENT-SYSTEM ACTIVATION

ALSO AFFECTS MENTAL ORGANIZATION: AVOIDANT TEENS TRY TO INHIBIT/EXCLUDE FROM AWARENESS THOUGHTS AND FEELINGS THAT IMPLY VULNERABILITY. MEMORY PROBLEMS

INFO PROCESSED IN FRAGMENTED, SHALLOW WAYS, NOT FULLY INTEGRATED: "SEGREGATED SYSTEMS"

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DISORGANIZED/FEARFUL STYLE

ELEVATED LEVELS OF SCHOOL AGGRESSION, PEER PROBS

DIMINISHED SELF CONFIDENCE, LOWER ACADEMIC ABILITY

ALTERED MENTAL STATES IN DISSOCIATION "BLANKING OUT" IS LIKE THE FROZEN TRANCE-LIKE STATES OBSERVED IN INFANTS

BOTH TASK AVOIDANT AND SOCIALLY AVOIDANT

VIEW THEMSELVES AS UNLOVEABLE AND OTHERS AS UNRELIABLE

HIGHLY CORRELATED WITH DISSOCIATIVE COPING AS A DEFENSE OVER THE COURSE OF DEVELOPMENT

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LATER EXPERIENCES

Do they matter? How? When?

Some variability: many attachment studies demonstrate consistency of styles over time w/o change in environment. And even w/ change

Rel w/primary caregiver becomes predictive:

- Early years are essential and formative: everything that follows depends on them.
- This places a greater burden on the therapeutic relationship to offer up something palpably new

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ATTACHMENT PATTERNS CAN CHANGE!!!

Longitudinal studies showing about 20% discontinuity over time.

AAI narratives of difficult childhoods that one would expect lead to insecurity, but are rated secure.

Secure to Insecure also possible, less of an issue: Good Beginnings.

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ATTACHMENT PATTERNS CAN CHANGE

Placement of insecure infants with secure foster parents.

Different attachment to different caregivers.

Change in attachment style over the course of psychotherapy.

Change in couples attachment when an secure person partners with an insecure person.

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Horizontal lines for notes

EARNED SECURITY

"I had a weak father, domineering mother, contemptuous teachers, sadistic sergeants, destructive male friendships, emasculating girlfriends, a wonderful wife, and three terrific children. Where did I go right?"

- Jules Feiffer, illustrator and satirist

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Horizontal lines for notes

EARNED SECURITY

A subset of persons rated secure on the AAI in spite of experiences in childhood that would ordinarily lead us to predict an insecure status.

Research suggests that these individuals had positive relationship with a relative, close friend, partner or therapist which allowed them to develop out of an insecure status into secure.

These individuals are almost indistinguishable from "continuous secure" except they have higher depression rates.

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Horizontal lines for notes

EARNED SECURITY

What was it about these relationships that helped these individuals achieve security?

These individuals found a secure base with someone who was securely attached themselves and who were sufficiently near, attentive and sensitively responsive.

(A.R.E. you there for me?)

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EARNED SECURITY

Insecurity grows out of relationships, and therefore, so can earned-security!

- Good brain research supporting this idea
- HOORAY for neuroplasticity

THE INGREDIENTS OF EARNED SECURITY

- Develops "Self-Empathy"
- Coherent Narrative: A "story of me" that makes sense, linear
- Has congruent affect—sad parts are FELT sad
- Someone to tell the story to, who holds it, too.

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SOME WAYS TO HELP CLIENTS "EARN SECURITY"

1. ENCOURAGE TURNING TOWARD OTHER PEOPLE FOR SOOTHING AND INTIMACY
2. HELP TO ESTABLISH A COHERENT LIFE NARRATIVE—"STORY OF ME"
3. DEVELOP "METACOGNITIVE" ABILITY IN RELATION TO FAMILY OF ORIGIN—SEEING THE STORY FROM THE OUTSIDE
4. MINIMIZE IDEALIZATION/DESTRUCTIVE FAMILY LOYALTIES
5. IDENTITY CLARITY ABOUT SELF AND SELF IN RELATION TO SIGNIFICANT OTHERS
6. SUPPORT GRIEVING SIGNIFICANT LOSSES
7. FOSTER SELF EMPATHY

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OTHER ATTACHMENT FIGURES

BEGINNING IN INFANCY, MOST OF US HAVE MANY ATTACHMENTS:

- REAL PEOPLE, GROUPS, INSTITUTIONS, SYMBOLIC PERSONAGES, ANIMALS, THINGS, SUBSTANCES

THE ATTACHMENT LENS HELPS US UNDERSTAND ADDICTIONS, ADVERTISING, AND ELECTRONICS, AS WELL AS PEOPLE (Do YOU sleep w/ your phone?)

TOO MUCH EMPHASIS ON PRIMARY ATTACHMENT: MANY PEOPLE=GOOD ESP. FOR TRAUMATIZED TEENS

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ALL ATTACHMENT RELATIONSHIPS (including therapy) HAVE THESE INGREDIENTS

- CONTINGENT COMMUNICATION
- REFLECTIVE DIALOGUE
- REPAIR
- EMOTIONAL COMMUNICATION
- COHERENT NARRATIVES

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Contingent Communication

Right-brain to right-brain connection—dyadic emotion regulation (baby gets to experience her existence, value)

Attuned communication enables prefrontal cortex to become integrated with the deeper emotional and bodily centers in the brain itself.

Not just a mirror/exact replica—more a reciprocal give-and-take “Dance of attunement”

Response is Tuned In— In psychotherapy, most communication is non-verbal: basis of alliance

Synchronization of affective states

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Contingent Communication: The therapist's sensitivity

- Awareness of the signals (a client is smiling while saying something sad or hard)
- An accurate interpretation of signals (how do you make meaning/ convey nonverbally your experience?)
- An appropriate response to them (what do you say or do?)
- A prompt response to them (how do you know they *feel felt* in the moment?)

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Reflective Dialogue

Verbal sharing of internal experiences or states of mind, a meaning making process

Focus mutual attention on the nature of the mind itself within conversations w each other

Capacity to label balances arousal of right hemisphere with activity of left— more flexible, integrated state

“Mind sight” develops when we internalize reflective dialogue: insight into the workings of our own minds (reflective thinking)

Talking about thoughts, feelings, perceptions, memories, sensations, attitudes, beliefs and intentions—all much more meaningful than content!

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Repair

No one is perfectly attuned all of the time (Tronick: best moms get it right first time about 30%)

This is a good thing: without ruptures, no opportunity for repair

In therapy, sensitivity to verbal and nonverbal communication and cooperation is critical to developing the attachment or connection between the client and therapist.

Frequent mis-attunements without repair by the therapist will cause a chronic sense of frustration with the client and may lead to their emotional and/or physical withdrawal. (It's an attachment relationship!)

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Emotional Communication

Remaining emotionally connected across experience and expression of range of feelings—including awareness of need for solitude and space, too.

At heart of attachment: "Feel felt"

Emotion regulates flow of energy and information in the brain and interpersonally

Limbic Resonance/ Co-Regulation of affect

- Allows us to reduce, regulate and sooth negative emotional states
- "Undoing aloneness"

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COHERENT NARRATIVE

CLIENTS WHOSE STORIES ARE UNAVAILABLE, INCOHERENT,OR INCOMPLETE ARE MORE VULNERABLE TO PSYCHOLOGICAL PROBLEMS

CLIENTS SEEK OUT THERAPY WHEN THEY ARE FACED WITH A RADICALLY CHALLENGED SENSE OF SELF AND CIRCUMSTANCE WHEREIN THEY CAN NO LONGER MAKE SENSE OF THEIR OWN PERSONAL STORY (WHITE)

A CENTRAL TASK OF THERAPY IS TO HELP CLIENTS REVISE THEIR PROBLEMATIC STORIES, AND CONSTRUCT NEW STORIES THAT ARE

- MORE COHERENT
- MORE MEANINGFUL
- MORE EMOTIONALLY INTEGRATED

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When you are in the middle of a story it isn't a story at all, but only a confusion; a dark roaring, a blindness, a wreckage of shattered glass and splintered wood; like a house in a whirlwind, or else a boat crushed by the icebergs or swept over the rapids, and all aboard powerless to stop it. It's only afterwards that it becomes anything like a story at all. When you are telling it, to yourself or to someone else."

— Margaret Atwood, Alias Grace

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FROM REAL RELATIONSHIPS TO MENTAL REPRESENTATIONS

WE ALSO HAVE MENTAL REPRESENTATIONS OF ATTACHMENT FIGURES THAT CAN PROVIDE A SYMBOLIC SENSE OF COMFORT, SUPPORT, PROTECTION:

- THEY CAN SERVE AS INTERNALIZED MODELS OF EFFECTIVE, LOVING BEHAVIOR THAT GUIDE US IN THE ABSENCE OF PHYSICALLY PRESENT ATTACHMENT FIGURES
- WE FORM INTERNAL WORKING MODELS OF SELF, RELATIONSHIPS AND THE WORLD THAT SOON BECOME PREDICTIVE, SELF-FULFILLING PROPHECIES

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FROM RELATIONSHIPS TO STYLES (1)

INTERNAL WORKING MODELS DEVELOP EARLY

- 0-18 MONTHS: before language mediates experience—infant elaborates on social expectations of caregivers—actual relationships
- AROUND AGE 3: the toddler will be able to start storing general and specific memories about actual attachment experiences
- ABOUT AGE 4: remembered experiences become part of child's narrative of self, others, world

CHILD FORMS CONCLUSIONS ABOUT WHAT TO EXPECT—UPDATING WORKING MODELS

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FROM RELATIONSHIPS TO STYLES (2)

BY MIDDLE CHILDHOOD W/ INCREASED ABILITY FOR REPRESENTATIONAL THOUGHT

- EXPERIENCE OF ATTACHMENT GETS INTERNALIZED FROM ACTUAL RELATIONSHIPS TO A MODEL OF HOW RELATIONSHIPS WORK
- BY ADOLESCENCE, W/O SIGNIFICANT NEW EXPERIENCE: CONSOLIDATED DOMINANT ATTACHMENT STYLE DEVELOPS

BUT HOW DOES THIS HAPPEN: SO MANY RELATIONSHIPS, MODELS, WAYS OF REACTING?

BOWLBY: "GOAL-CORRECTED PARTNERSHIP"—CHILD ALSO INCORPORATES CAREGIVER GOALS AND PERSPECTIVES...INTERSUBJECTIVITY.

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INTERNAL WORKING MODELS (1)

BOWLBY: TWO INDEPENDENT VARIABLES

- JUDGMENT ABOUT THE DEPENDABILITY AND RESPONSIVENESS OF ATTACHMENT FIGURES
- JUDGMENT ABOUT THE WORTH OF THE SELF AS THE OBJECT TO WHICH ONE WOULD RESPOND IN A POSITIVE WAY

PATTERN OVER TIME TEACHES INFANT WHAT TO EXPECT

- IMPLIED RULES ABOUT STAYING IN RELATIONSHIP ARE INTERNALIZED BY THE INFANT
- BECOME GUIDES FOR HOW TO BEHAVE IN FUTURE SIGNIFICANT RELATIONSHIPS

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INTERNAL WORKING MODELS (2)

IWMs OF SOCIAL WORLD

- ARE INTERPRETIVE FILTERS: WE RECONSTRUCT EXPERIENCE OF NEW RELATIONSHIPS IN WAYS THAT ARE CONSISTENT WITH PAST EXPERIENCES
- EXPECTATIONS BASED IN SECURE/INSECURE STYLES—
"confirmation bias"

ALSO BECOME SELF-FULFILLING PROPHECY

- CHOOSE A NEW PARTNER, BEHAVE IN A WAY THAT IS FAITHFUL TO OUR EXPECTATIONS, VOILA: WORKING MODEL IS CONFIRMED.

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INTERNAL WORKING MODELS (3)

INFLUENCE BEHAVIOR IN THREE WAYS

- **PREDICTIVE:** to anticipate and forecast how people will behave in relationships
- **INTERPRETIVE:** construing the behavior of others as consistent with expectations
- **SELF-REGULATORY:** to prevent expected rejection and disappointment

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INTERNAL WORKING MODELS (4)

NOT JUST MENTAL MAPS, NOT SCHEMAS!

CONTAIN BOTH RELATIONAL INFORMATION AND THE STRONG (USUALLY PREVERBAL) EMOTIONS ASSOCIATED WITH THAT INFO

NOT ENOUGH TO KNOW YOUR IWM—TO CHANGE, YOU HAVE TO HAVE RELATIONSHIPS THAT FEEL DIFFERENT, TOO!!!

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SECURE ATTACHMENT= BEST OUTCOMES

CLEAR COMMUNICATION: INFANTS GREET MOTHER POSITIVELY, LOOK RELIEVED AND HAPPY TO SEE HER, TO MOVE TOWARD HER. GET CALMED QUICKLY BY CONTACT, ATTN AND SOOTHING

NICE MIX OF EXPLORATION AND ATTACHMENT SEEKING

PRIMARY CAREGIVER IS RESPONSIVE, EMOTIONALLY AVAILABLE, LOVING

SECURE CHILDREN MORE CONFIDENT, OPEN TO LEARNING

- FEWER BEHAVIOR PROBS, BETTER TEACHER RATINGS, BETTER USE OF ADULTS FOR COMFORT
- LESS NEGATIVE AFFECT, MORE AGE-EXPECTED IMPULSE CONTROL
- EMPATHY, SOCIAL COMPETENCE

TODDLERS USE SECURE BASE FOR EXPLORATION, AND LATER

GOOD ATTACHMENT RELS GENERALIZE TO PEERS AND LOVERS

SOME REAL PERSISTENCE OF SECURE ATTACHMENT PATTERNS OVER LIFETIME—THE LONGER THE BETTER—CHILD SECURITY HELPS

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SECURE ADULT PATTERNS

Highly invested in relationships

Tend to have long, stable relationships

Relationships characterized by trust and friendship

Seek support when under stress

Generally responsive to support

Empathic and supportive to others

Flexible in response to conflict

High self-esteem

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SOME LONG-TERM BENEFITS OF ATTACHMENT SECURITY

- Closer, more stable relationships with friends and romantic partners, spouse, children
- Educational and occupational attainment
- Better mental health (lower levels of depression, anxiety, feelings of personal inadequacy) less substance use, antisocial or aggressive behavior, less sexual risk-taking, less concern about loneliness and social rejection
- More adaptive coping strategies
- Better balance between autonomy and relatedness

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ATTACHMENT-BASED EMOTIONS

FOLLOW A VERY PREDICTABLE PATTERN-- AS IN INFANCY (ORPHAN STUDIES)

- Angry protest, clinging, depression, and despair occurs, culminating in detachment, inability to protect ourselves and connect meaningfully with others (Note Crying in Tx: not all tears are the same)
- OVERWHELMING EXPERIENCES THAT TRIGGER FEARS FREQUENTLY SHOW UP AS ANGER AND AGGRESSION

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CORE ATTACHMENT-BASED EMOTIONS

1. Anger: assert, defend self
2. Sadness: seek support, withdraw
3. Surprise/excitement: attend, explore
4. Disgust/shame: hide, expel, avoid
5. Joy: contact, engage
6. Fear: flee, freeze, give up goal:

Discuss: the last conflict you had with someone you love who wasn't reliable: HOW did you feel? What's your attachment narrative now? And when your needs for proximity were met?

Discuss: Is it possible in therapy to see all affect as attachment based?

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From Baby to Adult

How do early asymmetrical relationships become more reciprocal—with parents, friends, lovers?

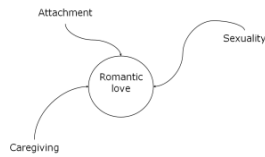
How do IWMs from early in life predict and determine the person with whom we fall in love?

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ATTACHMENT THEORY IN ADULT RELATIONSHIPS

Bowlby (1980) and Weiss (1982) suggested that the attachment system continues to play a role in adult relationships.

Shaver, Hazan, and Bradshaw (1988) argued that romantic love is an attachment process involving the integration of caregiving, sex, and attachment.



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PARALLELS WITH RESPECT TO ATTACHMENT

Shaver, Hazan, and Bradshaw (1988)

Infant-caregiver relationship	Romantic love
When AD is not available, infant is anxious, preoccupied, and unable to explore freely	When LO acts uninterested or distant, person becomes anxious, preoccupied, unable to concentrate
Child desires an exclusive relationship with AD; siblings or other parent may be viewed as a threat to the bond	Lovers often desire an exclusive relationship; acquaintances & former lovers may be viewed as a threat to the bond
When afraid, distressed, sick, threatened, etc., infants seek physical contact with AD	When afraid, distressed, sick, threatened, etc., lovers would like to be held and comforted by LO
Distress at separation or loss: crying, calling for AP, trying to find AD, becoming sad and listless if reunion seems impossible	Distress at separation or loss: crying, calling for LO, trying to find LO, becoming sad and listless if reunion seems impossible

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PARALLELS WITH RESPECT TO CAREGIVING

Shaver, Hazan, and Bradshaw (1988)

Infant-caregiver relationship	Romantic love
The AD is sensitive to the infant's physical and psychological needs	The LO is sensitive to his or her lover's physical and psychological needs
An AD will frequently forsake his or her own needs and activities in order to protect or tend to his or her child	A LO may forsake his or her own needs or plans in order to accommodate those of his or her lover
An AD will sometimes put his or her life at risk to protect the well-being of the child	A LO will sometimes sacrifice him- or herself for the protection of the lover
An AD will feel empathetically uneasy or anxious if the child is at risk, ill, etc.	A LO will feel empathetically uneasy or anxious if lover is at risk, ill, etc.

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PARALLELS WITH RESPECT TO SEXUALITY

Shaver, Hazan, and Bradshaw (1988)

Infant-caregiver relationship	Romantic love
Infant may feed from AD's breast; nibble or suck on skin, fingers, toes	Lovers may "feed" from breasts, nibble on earlobes, suck on skin ("nickey"), kiss
Infant and AD frequently engage in eye contact; infant seems fascinated with AD's physical features and enjoys touching nose, ears, hair, etc.	Lovers frequently engage in eye contact and seem fascinated with each other's physical features and like to explore noses, ears, hair, etc.
Infant coos, "sings," talks baby talk, etc.; mother talks a combination of baby talk and "motherese," much nonverbal communication	Lovers coo, sing, talk baby talk, use soft maternal tones, etc., and much of their communication is nonverbal
prolonged ventral-ventral contact, sleep in same bed	prolonged ventral-ventral contact, sleep in same bed

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Attachment Theory as Applied to Adult Relationships

In short, the dynamics of romantic relationships are theorized to be driven by the same behavioral systems that drive infant-caregiver bonds.

This suggests that the same kinds of individual differences that characterize infants might characterize adults.

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LINK BETWEEN SEXUAL BEHAVIOR AND ATTACHMENT PATTERNS

- Sexual activity involves some degree of exploration, novelty, and curiosity.
- According to attachment theory, the degree to which people liberally explore their environments is facilitated by security.
 - Traumatized teens, esp w sexual trauma, have additional challenges with exploration, novelty, curiosity here—what is “safe sex” in this context?

- Exploration, of course, also entails risk, and the defenses people use to avoid threat may manifest themselves in the way they think about sexuality.
- Not uncommon for the kids we treat to engage in highly dissociated sexual activity
 - These are old insecure attachment scripts compounded by actual experience of dangerous enactment

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Psychological Needs

Sexual behavior can also serve attachment needs.

“Make up sex,” for example, is a means for people to reestablish proximity and to build a sense of security following a relationship conflict.

The “need” to be held afterwards—can be costly. Proximity seeking in another guise

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TRANSLATING THESE IDEAS INTO THERAPY

THERAPY IS AS SPECIFIC AS ANY OTHER ATTACHMENT RELATIONSHIP—YOUR CLIENTS ATTACH TO YOU, SPECIFICALLY YOU!

AND TO THE EXTENT THERE IS FAMILY AVAILABLE TO INVOLVE, YOU ARE NOT REPLACING THEM BUT SUPPLEMENTING AND EXPANDING THE TEEN’S (AND FAMILY’S) ATTACHMENT NARRATIVES

BOWLBY’S FIVE ESSENTIAL CHARACTERISTICS OF SECURE ATTACHMENT BONDS—IN THERAPY, CLIENTS

- 1) REGARD THEIR THERAPIST AS STRONGER AND WISER
- 2) SEEK PROXIMITY THROUGH EMOTIONAL CONNECTION AND REGULAR MEETINGS
- 3) RELY ON THERAPIST AS “SAFE HAVEN” WHEN THEY FEEL THREATENED
- 4) DERIVE A SENSE OF FELT SECURITY FROM THE THERAPIST, WHO SERVES AS A SECURE BASE FOR PSYCHOLOGICAL EXPLORATION
- 5) MAY EXPERIENCE SEPARATION ANXIETY WHEN ANTICIPATING LOSS OF THERAPIST

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ADDED STRESS FOR/WITH CAREGIVERS

Caregivers may interpret adolescent challenges as a threat to their relationship.

Insecurely attached adolescents and their parents may become overwhelmed by affect associated with even normal developmental tasks, which, in turn, contributes to conflict.

Insecurely attached adolescents may become easily frustrated because they do not expect to be heard or understood by their parents. IWMs reinforced

Caregiver seems to demonstrate more rejecting/controlling behaviors toward adolescent.

Adolescent demonstrates more anger at home than in the other settings.

CREATE A SAFE HAVEN AND SECURE BASE

Talk about talk – what it is OK to talk about and what it is not safe to communicate about.

- Ask how you'll know if you've overstepped
- Ask for feedback often and systematically (when you see a rupture, and each time at end)

Accepting stance, no blame, slow PACE (Hughes)

- **PLAYFUL:** Engage to encourage spontaneity, curiosity, exploration. Don't get heavy fast. Engage fully w body and voice and spirit to join in teen's affective and creative life. Playful=enjoy being together as most important element.
- **ACCEPTING:** Unconditional positive regard for them. Validating, seeing the frightened kid under the behaviors. Honoring
- **CURIIOUS:** Keep that non-judgmental beginners' mind—what is it like being them, what is their experience, how have they come to manage in the world this way. It's a stance as much as a form of inquiry.
- **EMPATHIC:** "Unflinching empathy" keeps up emotionally attuning to the felt experience in the room in real time. Our super-power

CREATE A SAFE HAVEN AND SECURE BASE

Focus on competencies, externalize problems: **THE PERSON IS NOT THE PROBLEM—THE PROBLEM IS THE PROBLEM**

Convey reassuring stance – therapy as containment – stance that can hold painful feelings, therapist as being secure enough. **THERAPIST HOPE AND CONFIDENCE MORE IMPORTANT THAN TECHNIQUE.** "I know this is hard. Together we can tackle it."

Map the support systems, strengths:

- Be a part of a team—what are the teen's internal and external resources?
- Helping hand exercise

Show a recognition and acknowledgement of the cause of problems and distress.

Show an appreciation of what this feels like – a mirroring of the feelings.

Containment – convey that feelings, though sometimes painful and frightening, are manageable and will not overwhelm or drive you away.

Mr Rogers: "If it's mentionable, it's manageable"

BUILDING THE WEB OF RESOURCES

HELPING HAND EXERCISE: HAVE TEEN TRACE HAND AND PUT NAME OF CARING ADULTS ON EACH FINGER (AND CONTACT INFO). IF YOU CAN'T COME UP WITH FIVE PEOPLE, THAT'S PART OF THE JOB!

DEVELOPING RESOURCES (ADAPTED FROM OGDEN AND FISHER)

• Take inventory of internal and external resources. Categorize them with teens and see if they can identify more helpful/useful categories.

"Internal resources refer to capacities, developed over time, that reside within us" (Ogden & Fisher, 2015, p. 281).

"External resources reside outside us, in the environment" (Ogden & Fisher, 2015, p. 281).

Resource categories:

• Relational	• Somatic	• Emotional
• Intellectual	• Material	• Psychological
• Spiritual	• Nature	• Artistic/Creative

Internal and external can exist within every category. (Ogden & Fisher, 2015, pp. 283-284)

IN ADOLESCENCE, THE PEER GROUP—AND THE TEEN'S CAPACITY TO FORM AND SUSTAIN CONNECTIONS WITH AGE MATES—CAN BECOME A SIGNIFICANT RESOURCE. FAMILY OF CHOICE, TRIBE.

General Intro to Intervention Strategies

- BEGIN WITH SAFETY, STABILIZATION, SKILL BUILDING AND ALLIANCE. NOTHING ELSE POSSIBLE BEFORE THESE ARE ESTABLISHED
- Patterns of comforting (foster successful dependence)
 - Up or Down Regulation?
 - Stay Present and Try Again
 - Ask for Feedback
- Identify key moments of emotion—notice changes in energy moment-to-moment
- Encourage coherence "Am I following?" "I'm confused; can I ask a couple questions?"

General Intro to Intervention Strategies (2)

SAFETY, SAFETY, SAFETY

- IN SESSION—SETTING AND MAINTAINING FRAME
- OUTSIDE: HOW SAFE DOES A TEEN HAVE TO BE FOR THERAPY TO BE EFFECTIVE?

• REFLECTION, VALIDATION, NORMALIZATION

• THIS IS WHAT I HEAR. IT DOESN'T SOUND CRAZY TO ME. YOU HAVE BEEN THROUGH A LOT. I CAN UNDERSTAND WHY YOU MIGHT BE RELUCTANT TO GIVE THIS A TRY

• EMPATHIC INFERENCE

- KEEP LISTENING WITH YOUR HEART
- OFFER TENTATIVE, CURIOUS SUPPORT "THAT SOUNDS REALLY FRUSTRATING? DO I GET THAT RIGHT?"

• MINOR MAGNIFICATION

- MIRRORING BACK AN AFFECT A LITTLE BIT EXTRA—CAREGIVERS WITH BABIES
- GO DEEP INTO THEIR STORIES WITH YOUR OWN AFFECT—"YOU ARE KIDDING ME! YOU SAID THAT? WHAT HAPPENED NEXT?"

• PSYCHOEDUCATION LITE

- AT BEGINNING, MAYBE JUST A BRAIN DIAGRAM OR TWO
- A FEW LINES ABOUT THE EFFECTS OF EARLY DISRUPTION ON DEVELOPMENT AND MEMORY IN THE BODY

And In Conclusion... Remember

PRIMARY STRATEGY is attachment behavioral system—safe haven, secure base: Proximity is natural antidote to feelings of anxiety and vulnerability—A.R.E. you there?

SECONDARY STRATEGIES emerge without secure love: Fight, Flight. Freeze, Flock stress responses

When primary strategy doesn't work then secondary options: Hyperactivating (up-regulated) or Deactivating (down-regulated), Overwhelmed (combination/dissociation)

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WRAPPING UP

THERE IS JUST ONE BIG QUESTION: CAN I DEPEND ON YOU WHEN I NEED YOU?

DEPENDENCY OVER THE WHOLE LIFE-SPAN, INCLUDING ADOLESCENCE, IS GOOD.

SECURE LOVE IS ASSOCIATED WITH THE BEST DEVELOPMENTAL OUTCOMES.

ATTACHMENT STYLES CAN CHANGE AND TRAUMATIZED TEENS CAN "EARN" SECURITY.

THERAPY WITH A RELIABLE, SAFE, SECURE ADULT CAN BE TRANSFORMATIVE IN FOSTERING NEW INTERNAL WORKING MODELS OF SELF, OTHERS, AND RELATIONSHIPS.

THOUGHTS, COMMENTS, QUESTIONS? I'D LOVE TO TALK WITH YOU!

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