

TRAUMA AND ATTACHMENT ACROSS THE LIFESPAN

ON DEMAND

WORKSHOP AGENDA

Week One

I. Neurological Building Blocks

Neurotransmitters of connection
Cortisol vs. Oxytocin
The importance of touch
The Polyvagal system
Healthy attachment

Week Two

II. Defining trauma and attachment

Developmental vs. attachment trauma
Single-incident trauma
Common sources of trauma
Parenting Styles
Attachment Styles

Week Three

III. Trauma and Brain Development

Biopsychosocial model
Biphasic arousal model
Core organizers of experience

Week Four

IV. Relational Character Strategies and the DSM-V

Sensitive Strategies
Oral Strategies
Psychopathic Strategies
Industrious/Organizational Strategies

Week Five

V. Building the Resource Toolkit

Internal and External
Survival resources
Somatic resources
Creative resources

Week Six

VI. Critical Interventions

Proximity maintenance: Restructuring boundaries
Prosody: Modulating vocal intensity
Creating a secure therapeutic base
Creating a safe therapeutic haven
Validation: Connection before Redirection

LEARNING OBJECTIVES

- Learn the impact of trauma on the developing mind.
- Identify the key features of healthy attachment and its impact neurologically.
- Identify the key defensive survival strategies in trauma.
- Learn how relational character strategies are formed that can be effective adaptations to relationship disturbances.
- Develop strategies to address key disorders across the lifespan that are influenced by trauma and attachment disturbances (ADD/ADHD, Anxiety, Depression, PTSD, etc.)
- Develop strategies to address key personality disorders across the adult lifespan that are influenced by trauma and attachment disturbances (Antisocial, Borderline, Obsessive Compulsive Personality, etc.)
- Understand how to establish a safe therapeutic environment that reestablishes healthy boundaries, connected communication and vali-



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Ebony Webb, Psy.D., HSP is a licensed psychologist and serves as an advisor to the Dialectical Behavior Therapy National Certification and Accreditation Association (DBTNCAA).

She has practiced in numerous community settings including clinics that treat underserved communities of color, clients with developmental disabilities, and clients suffering from severe and persistent mental illness. She worked at the largest mental health clinic at the time in the Minneapolis/St. Paul area that specialized in treating clients diagnosed with Borderline Personality Disorder (BPD) with Dialectical Behavior Therapy (DBT). She has practiced DBT in community mental health centers and developed two special DBT-oriented treatment programs for clients with developmental disabilities and borderline-intellectual functioning.

Dr. Webb currently resides in Nashville, TN where she has been serving clients in her private practice, Kairos. She continues to specialize in individual and group DBT as well as cognitive-behavior strategies that address a myriad of clinical issues. She also offers special group therapies for adults and a dual-track of teen skills training that includes their parents.

She is currently working to adapt DBT for clients with severe and persistent mental illness (e.g. psychotic-based disorders).

Trauma & Attachment
Across the Lifespan
Tools & Strategies to
Address Complex
Clients

Week Two
**Defining Trauma and
Attachment**

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Sitting Mindfulness

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Let's Do A Quick Recap!

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1. All humans enter the world dysregulated.
2. An early developmental task is to provide co-regulation to promote self or auto regulation.
3. The pathways for cortisol are open in the brain for the first 6 months of life.
4. Stress responses are automatic and independent of our conscious control.
5. Our brains are wired for our survival from real or perceived dangers.
6. The polyvagal system is wired into our bodies to detect danger and connect with the world around us.
7. Oxytocin can counter cortisol and refine the vagus nerve and body systems.
8. Oxytocin is responsive and connected to touch.

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Learning Objectives This Week

- Define trauma and attachment.
- Learn the difference between developmental and attachment trauma.
- Define single-incident traumas and its impact.
- Identify the common sources of trauma.
- Learn the different parenting and attachment styles with their corresponding dilemmas and strategies.

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Developmental vs. Attachment Trauma



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Sources of Traumatic Stressors



- In utero assaults
 - Delivery difficulties
 - Health of both parents during conception
 - Mental illness
 - Abandonment via adoption
 - Learning difficulties
- Divorce
 - Prolonged separation from parents and/or siblings
 - Frequent moves
 - School transitions
 - Bullying (Cyber, physical, etc.)
- Identity disturbances
 - Racial issues
 - Inside threats
 - Sexual assaults
 - Accidents (falls, vehicle, etc.)


Common Types of Invalidation

- Abuse and neglect
- Open rejection of thoughts, feelings, and behaviors
- Making "normal" responses "abnormal"
- Failing to communicate how experience "makes sense"
- Expecting behaviors that one cannot perform (e.g., due to developmental level, emotionality, or behavioral deficits)


What is your
Attachment
style?

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Democratic-Authoritative Parenting.
High nurturance, expectations,
and control
Moderate communication

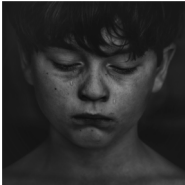


Abusing-Authoritarian Parenting.
High expectations and control
Low nurturance and communication




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Neglecting-Uninvolved Parenting.
Low nurturance, expectations,
control and communication



Indulgent-Permissive Parenting.
High nurturance, moderate
communication,
low expectations, and control



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Parent Attachment Style & Adoption

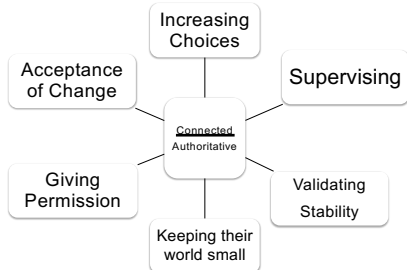
Parent Attachment Style	Childhood Attachment Type	American Population %	% of Low-Risk Adoption	% of Troubled Adoptions (e.g. trauma, abuse, illness)
Autonomous/Free (Authoritative)	Secure	15%		
Dismissing (Authoritarian/Uninvolved)	Avoidant		20%	42%
Entangled (Permissive/Anxious)	Ambivalent		20%	42%
Unresolved (Authoritarian/Neglecting)	Disorganized	1-2%		

TCU Institute of Child Development . (Producer). (n.d.). *Attachment Dance* [DVD]. Available from TCU.

Attachment Style: Child (Chara, 2005)

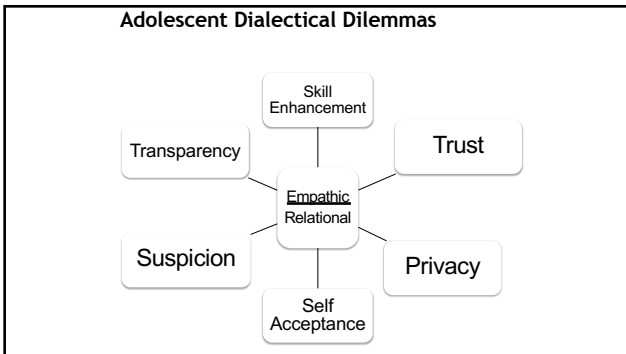
Characteristics	Secure	Avoidant-Insecure	Ambivalent Resistant Insecure	Disorganized Insecure
Reaction to caregivers' absence	Moderate Distress	Little Distress	Strong Distress	Confusion and Distress
Reaction to caregivers' presence	Seeks comfort and contact	Comfort and contact not strongly desired	Desires, but often rejects, comfort and contact	Desires, but wary of, comfort and contact
Caregiver's typical interactive style	Loving, involved, disciplining	Rejecting and unavailable	Inconsistent in meeting child's needs	Neglectful or abusive

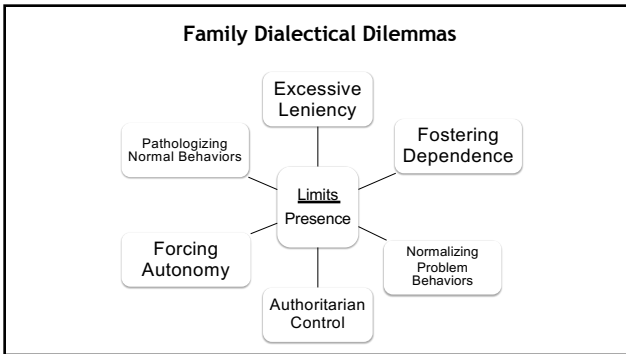
Child Dialectical Dilemmas



**Attachment Style: Adolescent
(Chara, 2005)**

Characteristics	Secure	Avoidant-Insecure	Ambivalent Resistant Insecure	Disorganized Insecure
Predominant Emotions	Optimism; mature emotionality	Detachment; callousness	Anxiety, anger	Fear, doubt
Ability to Trust	Desires trust; finds it easy to trust	Indifferent toward trust mistrustful of others	Desires trust; but mistrustful of others	Desires, but wary of trust, suspicious of others
Ability to be Intimate (mutual self-disclosure)	Desires intimacy; able to be intimate	Avoids intimacy; difficulty being genuinely intimate	Desires intimacy, but doubtful intimacy is sincere; difficulty being intimate	Intimacy desires mixed with fear and doubt; difficulty being intimate
Fear of Abandonment	Low; finds security in relationships	Low; indifference born of self-reliance	High; fears being rejected	High; strong fears of rejection






**TRAUMA
RECOVERY
VISION #1
REGULATION**

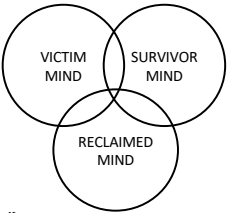
How do we
intervene with these
areas of
“ dysregulation?

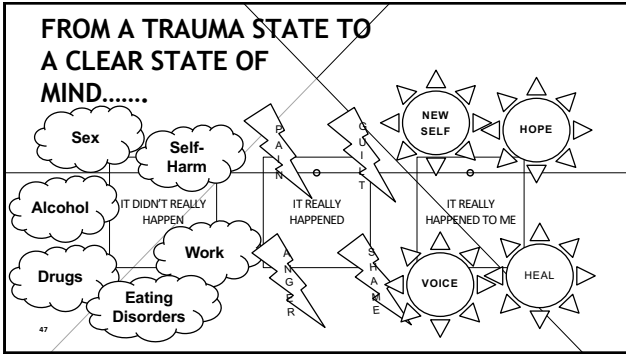
Types of Dysregulation

- Emotional
- Interpersonal
- Self
- Behavioral
- Cognitive



**TRAUMA RECOVERY
VISION #2
MENTAL CLARITY**





TRAUMA RECOVERY VISION #3
RELATIONAL SURRENDER
 WHAT DOES IT LOOK LIKE TO SURRENDER AFTER TRAUMA?

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BODY CENTERED AND GROUNDED

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**EMOTIONALLY
REGULATED**

“

We cannot selectively numb emotions, when we numb the painful emotions, we also numb the positive emotions.

Brene Brown

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**See You Next
Week!**

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Thank-You For Your Time!

www.thevillageofkairos.com

The Village of Kairos is a privately owned practice located in Nashville and Franklin, Tennessee. Trauma and other developmental wounds often show up as anxiety, depression, personality disorders, and a variety of diagnosis. At The Village of Kairos, our therapists are master-doctoral practitioners specializing in trauma-focused therapies and interventions so that our clients find hope, help and how-to's in order to build a life worth living.

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