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Quality workshops & community resources

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-

Eboni 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 Six
Critical Interventions:
Building the Therapist's
Resource Toolkit

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Proximity
Exercise

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Let's Do A Quick Recap!

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1. It is critical to identify and expand our client's available resources.
2. Resources have both internal and external properties.
3. Validation is essential to establish the foundation of felt safety and security in the therapeutic space.
4. Mindfulness must be practiced in the moment and throughout the therapeutic session.
5. Emotion regulation is crucial for self-regulation and care of the body.
6. Distress Tolerance provides a ready toolkit of replacement behaviors for survival strategies.
7. Interpersonal Effectiveness identifies a safe community to order to heal and rest.
8. Examining our clients dialectical dilemmas can help them move away from extremes in thinking and action.

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Learning Objectives This Week

1. Learning how to work proximity maintenance: Restructuring boundaries
2. Define Prosody: Modulating vocal intensity
3. Learn how to create a safe therapeutic haven
4. Learn how to communicate validation: Connection before Redirection

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Boundaries

Authoritative Therapy: Proximity Maintenance

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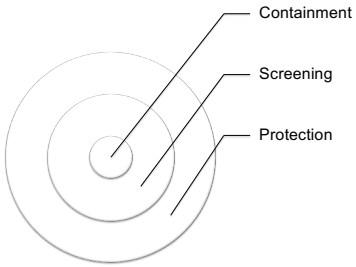

Envision the Human Cell

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Boundaries (Limits) Core Assumptions (Pederson, 2011)

- Clients often don't recognize boundaries
- Ineffective boundaries can create dysfunction in relationships
- Ineffective boundaries can create ineffective responses in therapists
- Clients want to learn about and practice effective boundaries for themselves
- Clients need to learn about and recognize the boundaries of others
- Therapists need to model effective boundaries

Common Types of Boundaries (Pederson, 2011)

- Physical: body and surrounding space, what is consumed or otherwise touches or enters our bodies, including sexual practices
- Psychological: topics of conversation, our "mental" space, our "information," our values, who we "are" and what we share
- Emotional: our feelings, if and how they are shared, and their ability to be leveraged or manipulated
- Spiritual: ability to choose our own connections (or lack thereof)
- Anything that defines and differentiates you as separate from others (and others from you)
- Anything that keeps you healthy and "safe" interpersonally and in the world

Boundaries (Pederson, 2011)

- Clients benefit from exercises that help them define their boundaries
- Clients need education about individual differences
- Clients often need to radically accept individual differences and to learn not to take differences "personally" (also a boundary)
- Effective teaching will result in healthier connections with less enmeshment, disengagement, and extremes

Boundary (Pederson, 2011)

Be aware
Observe others
Understand limits
Negotiate sometimes
Differences exist
Always
Remember your values
Your safety first

Prosody

Authoritative Therapy:
Attuned and Moderate Communication

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What you do speaks so loudly that I cannot hear what you say."

— **Ralph Waldo Emerson**

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Prosodic Communication

- **Pitch**
- **Intonation**
- **Rhythm**
- **Loudness**
- **Tempo**
- **Stress**

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The Therapeutic Space

Authoritative Therapy:
Creating a Safe Haven

The Therapeutic Space

Seating
Windows
Lighting
Smells
Fidgets
Food
Weighted blankets
Spacing

Validation
The Keys to the Kingdom

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VALIDATION (Pederson, 2011)

- Value Others: Seeking the inherent value in others is essential to validation.
- Ask Questions: Use questions to draw out others' experience.
- Listen and Reflect: Listen to others' answers to your questions and reflect back the major themes.
- Identify with Others: Work to see the world through the eyes of others.

VALIDATION (Pederson, 2011)

- Discuss Emotions: Talk about others' feelings and how they affect them from their perspective (not how it affects you).
- Attend to Nonverbals: Notice others' nonverbal communication to give you information about their experience.
- Turn the Mind: Validation does not mean that we agree with others. Turning the mind is especially important when it is difficult to relate and during conflicts.
- Encourage Participation: Validation can be a difficult process at times, so we need to encourage ourselves and others to be engaged with each other.

Levels of Validation

(Linehan, 1997)

- Level 1: Being acutely attentive
- Level 2: Reflecting verbal communication
- Level 3: Describing non-verbal communication
- Level 4: Expressing how experience makes sense given history or biology
- Level 5: Expressing how experience makes sense in the present moment and context
- Level 6: Being in genuine, human contact

VALIDATION PRACTICE

"I went to the store yesterday and I saw these Red Hot candies. I completely lost it and forgot what I went into the store to get. It reminded me of when I was little and my mom wanted to teach me about waiting. I had asked for some of those candies and she said no, but when she tucked me in that night, she forced me to eat a huge bag until my mouth and eyes burned. I thought I was past that, but I am having urges to cut myself again. I get so angry with myself. I keep myself from eating. If I had any pills, I'd take them…you know, just to numb out."

Levels of Validation

(Linehan, 1997)

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- Level 6: Being in genuine, human contact

Reciprocal Communication

- Engaging and responsive, taking clients wants and needs seriously
- Being authentic and genuine, not staying in a "therapist" role
- Using self-disclosure thoughtfully in the service of therapy

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Reciprocal Communication: Self-involving disclosure

- Sharing "benign" and human examples of skill use and practice
- Using examples of how you have approached and solved a problem
- Sharing when you would have felt, thought, or responded similarly to how a client reports in a given situation
- Sharing your reactions to the client in the moment, providing information that manages relationship contingencies (creating new learning)
- Letting the client know about the current state of the relationship, to manage contingencies or address feared reactions

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Self-disclosure of Personal Information

- Personal information may not relate to client or the therapy; if it is not relevant, do not share it as a rule
- Observe and disclose your limits in regard to personal information when needed (ok to explore what personal inquiries mean to the client)
- Never share personal problems/issues!
- Does it pass the "public" test? In other words, would you share it in front of an audience of your colleagues?

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LET'S REVIEW SOME CONCEPTS

Trauma

Is broad, self-perceived, and activates survival defenses to cope. It can come in multiple forms including single-incidents and developmental.

Character Strategies

We learn how to receive "relational goodies" from our care providers via character strategies. All can be indicative of trauma but the sensitive strategies are always indicative of trauma.

Stress Response

Dysregulation is a learned response that is neurobiologically driven and socially maintained.

Whole Body Healing

We must seek healing of the body in order to heal the mind. Our functioning isn't either or but both and.

Attachment

Human survival and attachment is dependent on communication, eye-gazing, and finding a way to "fit." It is essential when working with trauma to see behaviors as "attachment-seeking behaviors"

Complex Treatment Strategies

Treatment must be multifaceted including top-down and bottom-up processing techniques. DBT, EMDR, SP, and somatic therapies must be utilized to address the lasting impact of trauma.

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The impulse to heal is real and powerful and lies within the client. Our job is to evoke that healing power, to meet its tests and needs and to support it in its expression and development. We are not the healers. We are the context in which healing is inspired.

Ron Kurtz

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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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