

# 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-

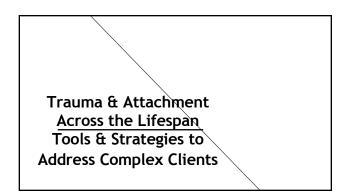


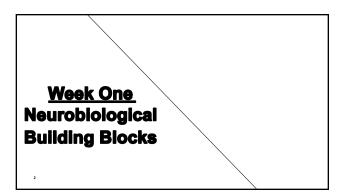
**Eboni Webb**, **Psy.D.**, **HSP** is a licensed psychologist and serves as an advisor to the Dialectical Behavior Therapy National Certification and Accreditation Association (DBTNCAA).

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).





Breath Count Mindfulness

After the out-breath you count one, then you breathe in and out and count two, and so on up to ten, and then you start again at one.

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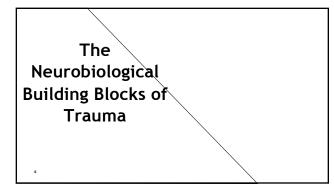
Understand how to establish a safe therapeutic environment that reestablishes healthy

<sup>4</sup> boundaries, connected communication and validates a client's survival journey.

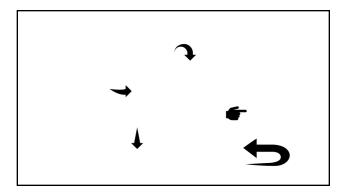
Often and often afterwards, the beloved Aunt would ask me why thad never told anyone how I was being treated. Children tell little more than animals, for what comes to them they accept as eternally established.

Rudyard Kipling

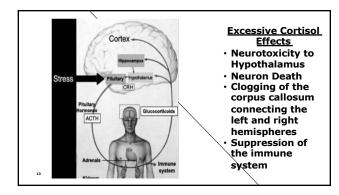
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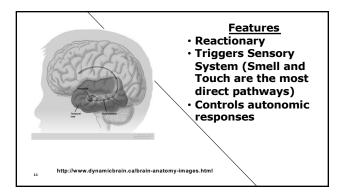


The vagus nerve is the largest nerve in the body and controls our body's ability to detect danger, sense safety, experience rest/relaxation, and connect socially. It is refined through connection from birth and innervation of touch. The Polyvagal Theory (Porges, 2011)



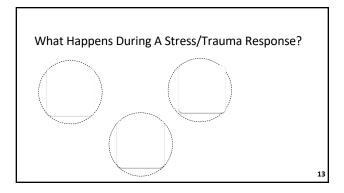




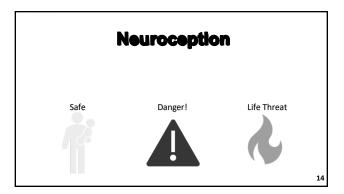


Hyperaroused Continuum	Rest (Male Child)	Vigilance (crying)	Resistance (Freeze)	Defiance (posturing)	Aggression (hitting, spitting)
Dissociative Continuum	Rest (Female Child)	Avoidance (Crying)	Compliance (Freeze)	Dissociation (Numbing)	Fainting (checking ou mini- psychosis)
Primary Brain Areas	Neocortex	Subcortex	Limbic	Midbrain	Brainstem
Cognition	Abstract	Concrete	Emotional	Reactive	Reflexive
Mental State	Calm	Arousal	Alarm	Fear	Terror

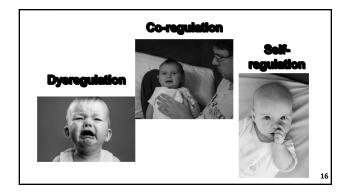








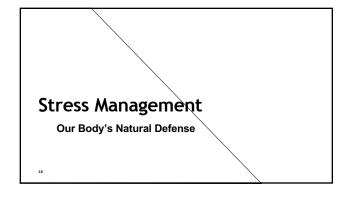
Essential Developmental Target: Self-Regulation

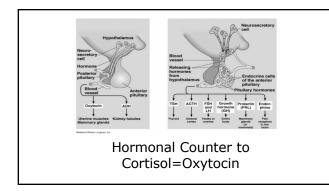


## Social Engagement System

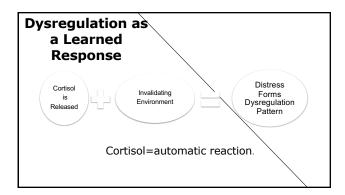
Eye-gazing Language Prosody Touch Proximity

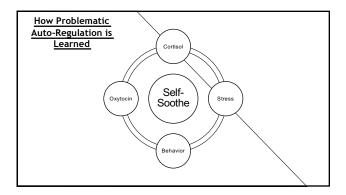


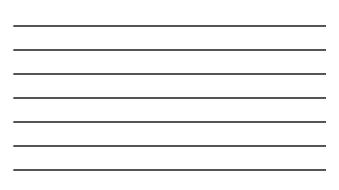












<u>Treatment Targets to Increase</u> Oxytocin Without Problem					
	Behaviors				
Activities					
Activi	lies				
. Hugs	<ul> <li>Make positive eye contact</li> </ul>				
<ul> <li>Sing in a choir</li> </ul>	Breath work				
Give a back rub/foot rub	<ul> <li>Listen without judgment</li> </ul>				
. Hold a baby	Positive touch				
<ul> <li>Stroke a dog or cat</li> </ul>	Proximity				
<ul> <li>Perform a generous act</li> </ul>	Laugh/Dance				

- . Pray

