

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).





Sit and breathe

- Wait for any sense of discomfort (e.g. restlessness, an itch)
- Note the desire to move and resist it
- Notice thoughts that arise. These thoughts are just thoughts. So gently bring your attention back to your breath and bodily sensations. Note the changing position, shape and quality of the discomfort over time. Be interested in feeling it as precisely as you can. Notice how the shape and intensity changes with the cycle of the breath.
 Is it stronger during the in breath or during the out
- breath?





1. Trauma is self-defined based upon both developmental and attachment factors. 2. There are numerous sources for a human being to experience trauma,/ experience trauma.
3. Invalidation is a potential source of trauma.
4. Authoritative parenting has the best developmental outcomes.
5. The parents that often choose to seek out troubled adoptions have an avoidant/dismissing or anxious/ambivalent attachment style. 6. Recovery from trauma involves naming and rebuilding the self.

Learning Objectives This Week Define and learn the biopsychosocial model from the therapeutic lens of Dialectical Behavior Therapy (DBT) Define and learn the biphasic arousal model from the therapeutic lens of Sensorimotor Psychotherapy and neurobiology. Learn how to integrate these models into treatment planning and strategies. Identify the key universal emotions and their functions. Identify the universal human needs and their impact on emotional and celational states. Learn the strategies to develop an earned secure attachment. 59

Borderline Personality Disorder & Reactive Attachment Disorder			
Key Characteristics	Attachment Disturbances		
Pattern of Impulsivity	Instability in interpersonal relationships		
Instability in life	Hypersensitive to abandonment		
Unstable self-image and emotions	Pattern of undermining success in relationships		

Overview



- Clients suffer from emotional vulnerabilities Emotional vulnerabilities can come from
- many sources (e.g., attachment issues, loss, trauma), but is often assumed to be biological Chronic and consistent invalidation
- Chronic and consistent invalidation exacerbates emotional vulnerabilities
 An ongoing, reciprocal relationship exists
- between emotional vulnerabilities and environments

The Biosocial Model

- Emotional vulnerabilities are characterized by:
- Emotional sensitivity
- Emotional reactivity
- Slow return to emotional baseline
- Over time emotions get sensitized, leading to a "kindling"
- effect
- This emotionality (and associated invalidation) is associated
- with many problems (disorders) Emotionality leads to escape and avoidance that leads to
- chronicity













Biosocial Theory Coherently Guides Treatment Targets and Strategies

- Validation is a primary intervention to:
- Reduce acute emotionality Provide gentle exposure to emotions
- Provide a corrective validating environment (and new learning)
- Create a bridge to learning self-validation
- Open the client up to change interventions Emotion regulation is taught to:
- Understand how emotion happen
- Reduce vulnerability to intense emotions
- Increase opportunities for positive emotions
- Assist in stepping out of ineffective mood-congruent behaviors

Biosocial Theory Coherently Guides Treatment Targets and Strategies

- . Mindfulness (non-judgment and acceptance) is taught to:
- Reduce amplifying emotions
- Reduce escape and avoidance of emotions
- Create qualitatively different and effective experience of emotions
- Distress Tolerance is taught to:
- Provide healthy ways of coping with emotions when needed
- Use the theory to conceptualize the purpose of the interventions used



Emotion	Function	Action Urge
Anger	Boundary, Identity, Injustice	Attack, Define a boundary
Disgust	Protect from contamination/influence	Reject, Separate
Envy	Obtain something not currently possessed	Obsess, Aspire
Fear	Survival, Life Threat	Survival Defenses
Guilt	To signal a threat to personal morality	To make amends or apologize
Happy	Connect with pleasure	Maintain
Jealousy	To signal a threat to an important relationship	Possess, Posture, Protect
Love	Connect relationally	Connect, Sustain
Sadness	To signal a loss (relationship or expectation)	Isolate, Withdraw
Shame	To signal a threat to social standards/expectations	Hide, Conform







Bovelegment of Universal Noods (Adapted from Kealing, 1995)				
Need	Age of Development	Healthy Development	Unhealthy Development	Key Emotions Impacted
Survival	0-2	Emotions	Threat Response	Fear, Happy, Ange
Security	2-3	Self in Relationship	Diffuse Boundaries	Fear, Jealousy, Love
Pleasure	0-3	Body-Self Development	Body Shame	Shame, Disgust, Envy, Love, Guilt
Affection	4-5	Capacity for love, sense of love and belonging, worthiness	Inhibition from autonomous connection	Love, Anger, Envy Jealousy
Esteem	5-6	Recognition, Acknowledgement, Self-Acceptance	Lack of trust in self	Sadness, Shame, Guilt
Control	3-7	Choice	Compulsion, Impulsivity	Jealousy, Anger, Fear
Power	7+	Intention	Invulnerability	Envy, Guilt, Fear









ORGANIZED STORYTELLING

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Sensations		
 Calm Cool Relaxed Light Releasing Expanded Expansive Floating Draining Tense Constricted Hot 	 Sweaty Frozen Disconnected Heavy Block Contracted Numb Hollow Tight Nauseous Shaky Dizzy 	 Tingling Twitchy Burning Radiating Itchy Suffocated Blocked Blocked Spacious Warm Clenched Knotted Full

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Emotions (Linehan, 2014)

- - Anger Disgust
- Envy . Fear .

- Guilt Happy/Joy
- Jealousy . Love

Sadness Shame

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Thoughts Conjecture Contemplation Judgement Prediction Abstraction Analogical Analytic Creativity Rationality Reasoning Induction Critical Biases Generalization Situational Introspection Logic Awareness Concepts Intuition Social Simplicable.com 82









