

# 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

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**Week Four**  
**Relational Character**  
**Strategies and the DSM-V**

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Five  
Movements  
Mindfulness



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## Let's Do A Quick Recap!

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1. The biosocial model helps explain the three critical factors of innate sensitivity, heightened reactivity and a slow return to baseline.
2. All of our clients are seeking to regulate their emotions through various coping/avoidance solutions that can be skillful or problematic.
3. The Window of Tolerance helps us to understand our survival defenses that are either hyper or hypo aroused.
4. Emotion naming begins the taming of a trauma response.
5. We must help our clients identify how their basic developmental needs intersect with trauma.
6. Recovery from trauma involves resetting emotions from survival defenses and organized storytelling.

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### Learning Objectives This Week

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**Character Strategies and Trauma in Development**

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**What are Character Strategies?**



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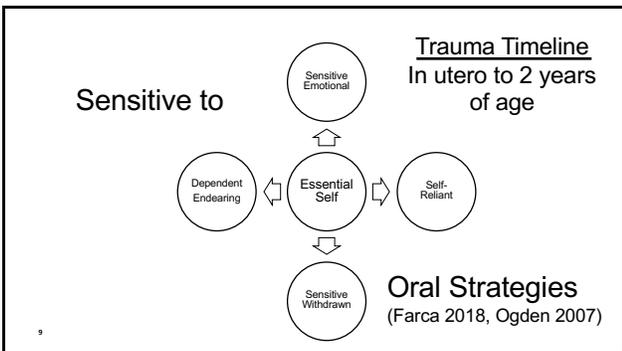
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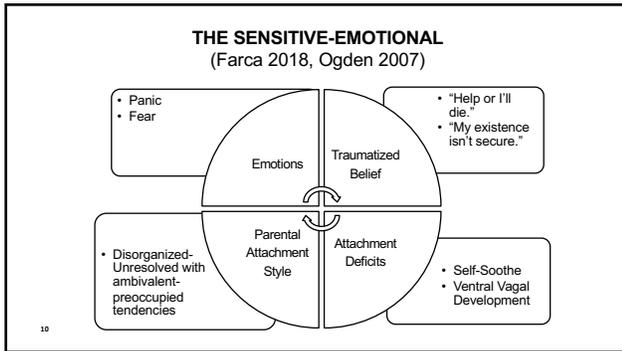
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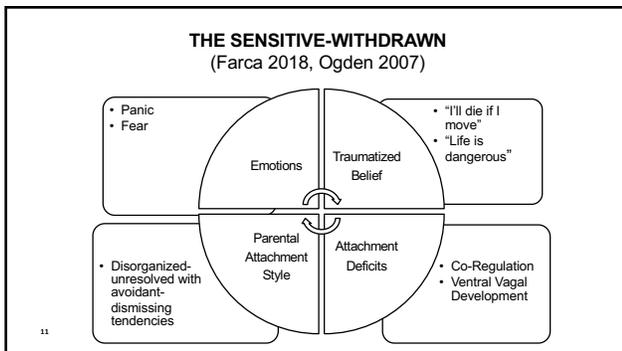
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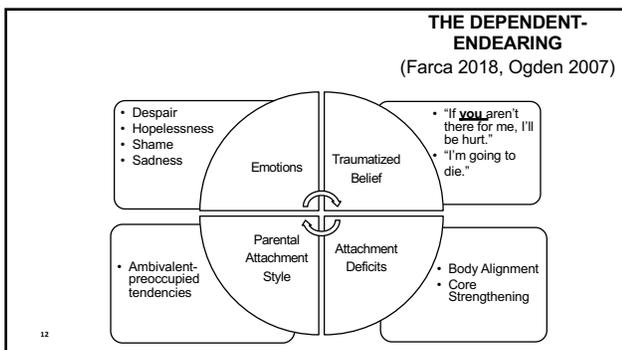
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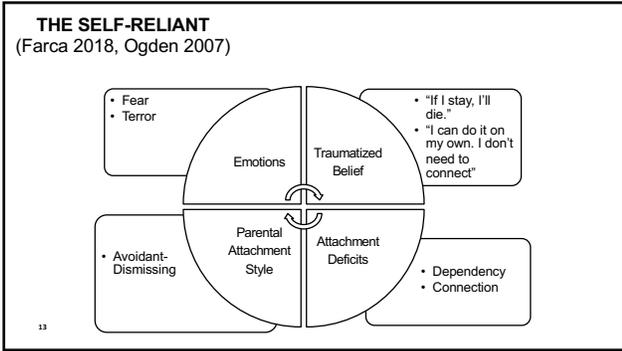
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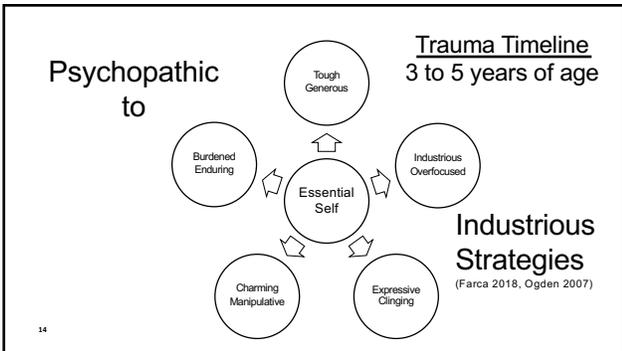
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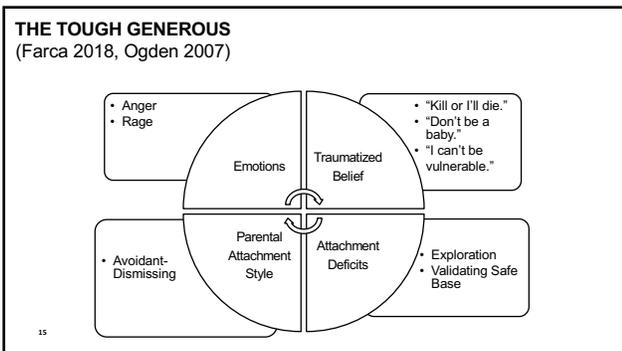
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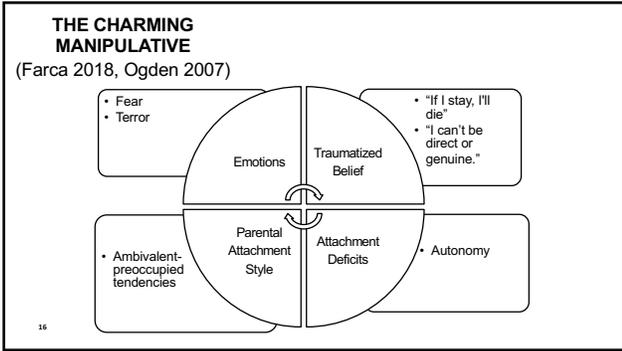
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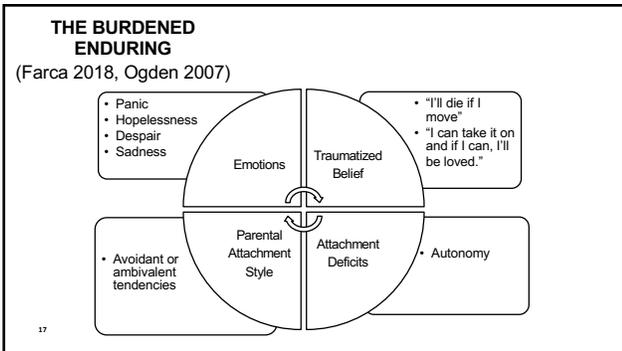
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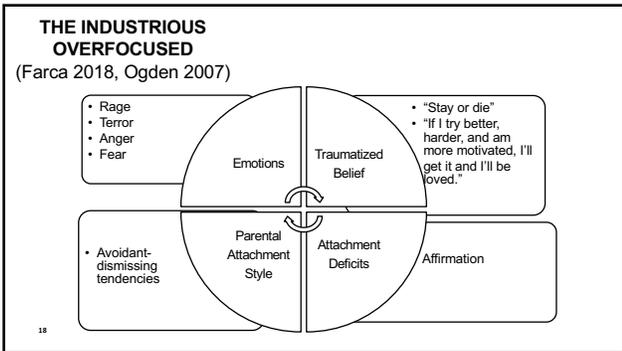
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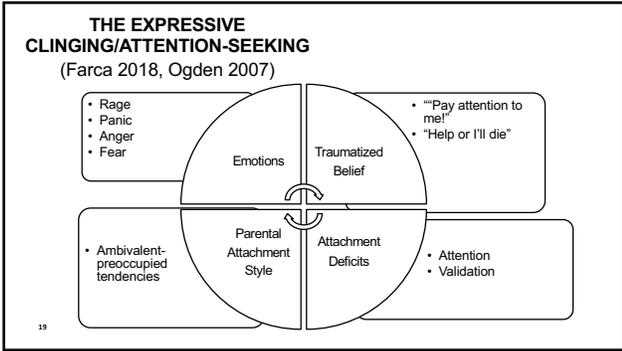
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**Key Childhood to Adult Disorders**

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**Anxiety**

- Anxiety is an adaptive response to threat (and the traumatized client expects threat)
- Validate the feelings and sensations as real and experientially work with the somatic experience that the feelings are intolerable
- Balance mindful acceptance of anxiety with relaxation and grounding skills(e.g., breathing, muscle relaxation, positive self-talk, self-soothing skills)
- Realign therapeutic environment that threatens to dysregulate your client.

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**Acute Response to Threat Study**

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

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**Attention-Deficit/Hyperactivity Disorder**

- Assess for history of Traumatic Brain Injury as recent studies indicate a correlation between trauma and ADHD (McIntosh, 2015)
- Hypervigilance resembles hyperactivity and might be easily misinterpreted (Littman, 2009)
- Focus on nutritional management strategies-hydration, omega-3 fatty acids, targeted amino acid therapy (TAAT) (Purvis et al, 2007)
- Assess for compromised parenting as impulsivity and compromised executive functioning inhibits proximity maintenance and structuring the environment appropriately (e.g. safe harbor)
- Target in-session activities that activate the observing mind and a restful mind state

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**Oppositional Defiant Conduct Disorder**

- Multifamily attachment interviews
- Bring a family therapist on the team and open up multifamily trauma skills training to all supporting family members
- If there is an extensive history of trauma, practice strategies of avoiding the word “no” as it sends the child out of his or her window.
- Keep child’s world small and predictable with immediate consequences

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### Attachment Disorders

- . Stability first! Child must have skills to tolerate distress and remain in the window (e.g., work on grounding skills, distress tolerance, and emotion regulation)
- . Incorporate emotion regulation strategies that hyper or hypoarousal patterns(e.g. aggressive connection or dissociated drifting to strangers)
- . Develop healthy connective strategies through somatic exercises
- . Teach boundaries and learning how to sense the body for child and parent

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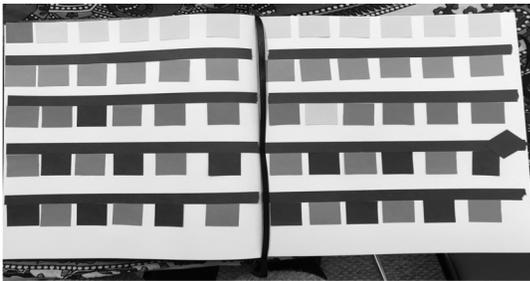
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### Trauma Timeline (Keck)



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### PTSD and Trauma

- . Utilize "parts" work in sessions to identify dissociated emotions, thoughts and memories (Fisher, 2017)
- . Embody and model mindfulness skills
- . Utilize somatic interventions should client leave the window
- . Incorporate Connected Child (Purvis, et.al, 2007) work into work regarding discipline strategies (e.g. Trust Based Relational Interventions (TBRI))

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- “In the brains of people who have been abused, the genes responsible for clearing cortisol were 40% less active”  
(Morse &Wiley, 2012)

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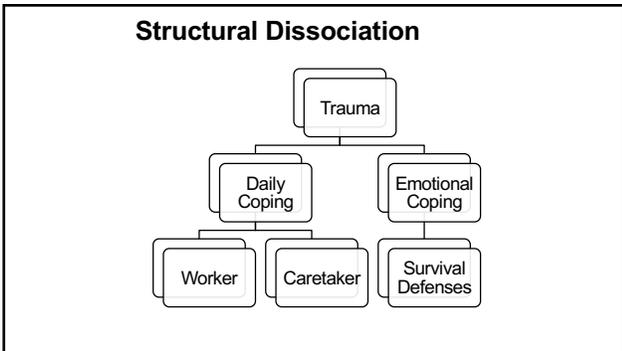
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### Eating Disorders and Alexithymia

- 2/3 report a lack of ability to identify emotions and will often somaticize experiences (Van der Kolk, 2015)
- Key Character Strategies: Oral (Dependent Endearing / Self-Reliant)
- Practice various levels of relational, emotional, psychological nourishment

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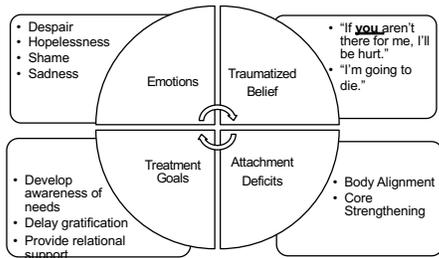
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### THE DEPENDENT-ENDEARING (Farca 2018, Ogden 2007)



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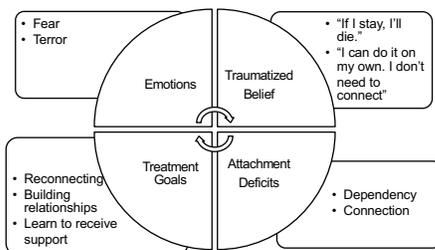
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### THE SELF-RELIANT (Farca 2018, Ogden 2007)



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### Depression

- Depression in trauma happens when survival strategies are frustrated, making hope difficult and leading to greater passivity.
- Validate the mood, especially given lack of positive experiences (reduces secondary guilt and shame).
- Focus on activating responses in the body.
  - Build mindfulness practice.
  - Build in self-care and emotion naming and resourcing skills
- Key Strategy: Burdened Enduring

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### SOUL COLLAGE CARD ACTIVITY




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### SUBSTANCE ABUSE AND DEPENDENCE

- . Validate needs and challenge means of meeting those needs
- . Increase mindfulness of urges and then shift to external focus
- . Decrease environmental triggers
- . Increase distress tolerance and emotion regulation to deal with withdrawal and urges

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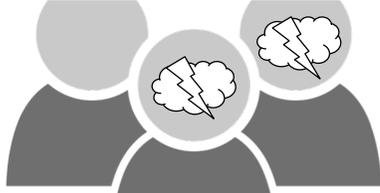
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**Addiction and Trauma**  
Approximately 2/3 of all addicts report experiencing some form of physical or sexual trauma during childhood. (Dualdiagnosis.org)

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**DBT-SUD**



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**Emotion Dysregulation: The "Core" Deficit of Personality Disorders**

- Many causes of emotional sensitivity (e.g., attachment problems, loss, trauma, invalidation)
- Connected to neurochemistry although mediated by psychological factors
- High emotional arousal predicts increased susceptibility in the future due to kindling effects
- Emotion dysregulation leads to escape and avoidance behaviors in BPD and other personality disorders

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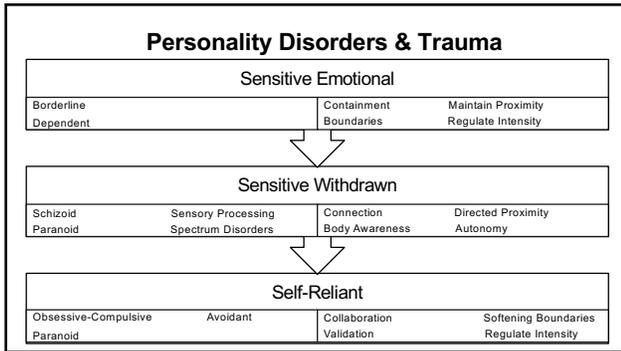
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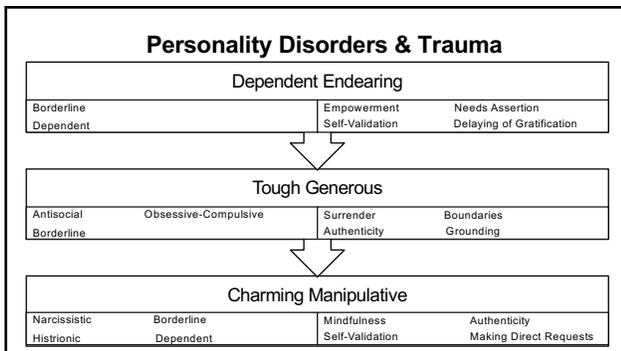
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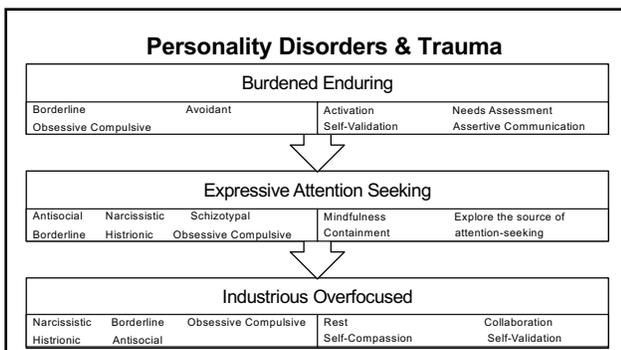
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**See You Next Week!**

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Thank-You For Your Time!

[www.thevillageofkairos.com](http://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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