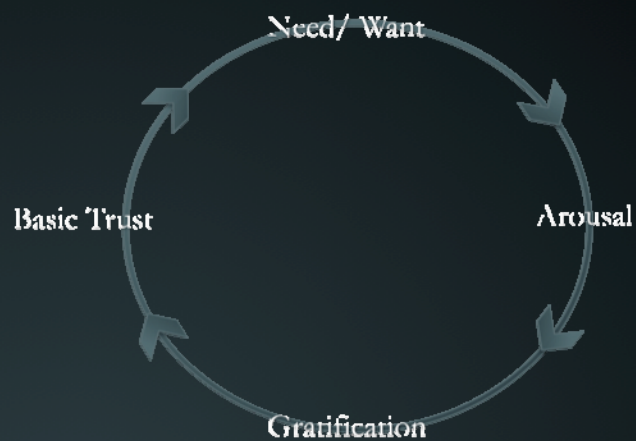


To Establish Secure Attachment, We Must Establish Basic Trust

Target for Therapy

- Identify Obstacles
- Teach skills
- New habits
- Process “stuck”
 - deficits
 - loss
 - trauma



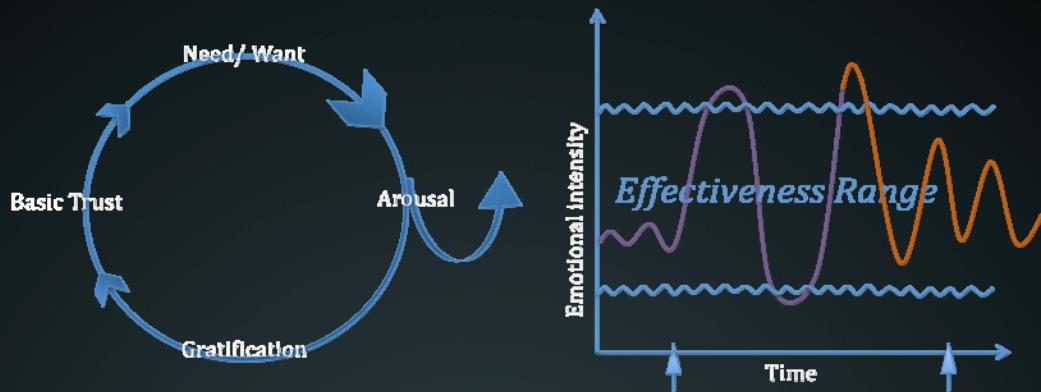
The “Good Enough” Caregiver Facilitates Internalized Security



Interactions Throughout Developmental Stages of Infancy → Adolescence :

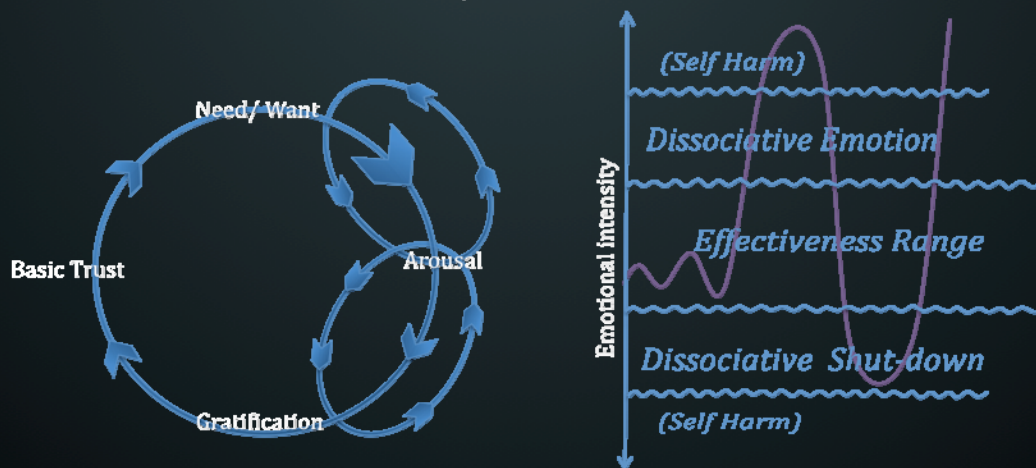
- Feeding cycles,
- Naps,
- Crawling,
- Walking,
- Tantrums,
- Socializing,
- School Challenges

What Happens When Healthy Obstacles Are Present?



- Bidirectional Limbic hierarchy = stress response system
- Attuned caregiver = stress inoculation

When Escalating Arousal Is Threatened / Left Unattended?



This same pattern of dysregulation results when arousal rarely escalates = **no stress inoculation**

Staging Requirement

- As Marsha Linehan details in her comprehensive DBT approach to treating Borderline P.D. and
- As Francine Shapiro specifies in her protocols for EMDR, as do other trauma therapy innovators:

STABILITY (arousal management) *must be secured before trauma work can be effective.*

Stage-Based Strategy

- ✓ **Borderline Personality**, actively self-harming, suicidal?
- ✓ **Major Depressive Disorder**, active escape strategies?
- Stage I = Psycho-education / Skills Training / Limits-habit
- Stage II = EMDR-RDI / Imaginal Nurturing / PAT
- Stage III = EMDR / Trauma Resolution