

1. **Attachments:** a framework or meta-model for counseling.
2. **Attachment beliefs** are core beliefs about whether or not you can get what you really need from people. Also, core beliefs about if you fit with people, if you really belong.
3. **Attachment theory** is a theory of relationships and a theory of emotions. Attachment beliefs are core beliefs about how to handle emotions and how to do relationships.
4. **Characteristics of an attachment relationship:**
 - a. Believing that your “caregiver” (or attachment figure) will be there for you, a belief that creates a secure base from which to explore the world around you.
 - b. This security produces a freedom to be creative.
 - c. When under stress you will seek closeness with the caregiver, and when you get that closeness you experience calmness or soothing. The relationship with the attachment figure is a safe haven. Anxiety is diminished and you can return to exploring the world around you.
 - d. The threat of being separated from your attachment figure produces an intense level of anxiety and anger.
 - e. The loss of that attachment figure brings intense grief.
5. The **attachment bond** that occurs in the first years of life is a factor that shapes the proper development of the brain. The attachment bond itself is the shaping factor.
6. Learning how to do key relational behaviors are involved: (*brain-based capacities*)
 - a. learning how to experience your emotions.
 - b. how to calm yourself.
 - c. how to delay gratification.
 - d. how to respond appropriately in social contexts.
 - e. how to work through situations to a solution.
 - f. how to keep going in times of emotional trouble.
7. Some kids learn to under-regulate their emotions and act them out aggressively. Other kids learn to over-regulate their emotions (suppress them).
8. **Orbital Frontal Cortex:** a center in brain that is like a “muscle” in that its development is dependent upon being “exercised” by practice and repetition. It works at the biochemical level and its job is to help with various behavioral and internal functions related to:

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- a. labeling experiences in terms of how you feel (recognizing and labeling emotions).
 - b. regulating the internal world by managing impulses.
 - c. The ability of recognized and label events in the internal world is the necessary foundation for empathy (the ability to estimate what is happening emotionally in someone else).
 - d. the ability to have empathy correlates to the basic belief that words can have an effect in the world around them. Without that belief kids will resort to behavior to get results (acting out their feelings).
9. When development in this area is problematic it can result brain-damaged kids at the physiological level.
10. Lack of attachment as well as abuse can produce this brain-damaged effect.
11. Although this is a very serious effect it does not necessarily determine the child’s course in life and can be changed. However, when this has happened, corrective development in these areas (see #8) is much more difficult.
12. **Core beliefs about the self:** “Am I worthy?” “Am I worthy of being loved?” “Am I capable of getting the love that I need when I need it?”
13. **Core beliefs about others:** “Can I count on other people?” “Will they be there?” “Are they reliable?” “Are they accessible?”
14. The nature of core beliefs are that they lay dormant when things are okay but become visible in times of stress, relationship stress.
15. These **core beliefs form a grid or template** that is stable and lasting over time.
16. The family is the crucible that these basic beliefs are formed in.
17. **A system of attachment behaviors:** How you love and how you are loved, and how you deal with your feelings. (See Bowlby)
18. (See charts from web site)
19. A beginning point about primary attachment figure: *Is my attachment figure significantly near and available to me?* If the answer is...
- YES: This is the basis for security.
- NO: Basis for anxiety and fear. The child’s *system on attachment behaviors* is initiated when the child feels anxiety and fear. These behaviors are believed to

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- get a sense of safety or nearness from the care giver to resolve the anxiety and fear.
21. When the relationship with the primary care giver is chronically insecure (the above question is chronically “no”), defenses develop that, once established, become stable and long lasting.
 22. The Avoidant Defense
 23. The Ambivalent Defense
 24. These defenses become “templates” through which we interpret the present and the future, based on our past experience.
 25. Stages (by Bowlby) the child goes through when the child is separated from the mother:
 - (First Phase) Protest
 - (Second Phase) Despair or depression (after prolonged separation)
 - (Third Phase) External appearance of looking adapted but showing little interest in the person and a lot of interest in things, substituting material things for the person.
 26. Genesis of addiction: Using things or experiences to satisfy relational needs. Self-soothing with things or experiences.
 27. The 3rd phase kids showed a sustained inability to connect or bond.
 28. Mary Ainsworth: (4) patterns or styles of attachment....
 29. **The essence of attachments:** how a child deals with emotions when separated from the mother and also how the child responds to their emotions when reunited with the mom.
 30. **The secure style:** After a moment of separation would get upset. But when reunited with mom would expect to be soothed and calmed down, in fact would be calmed—and then would go back to exploring the world. Safety was restored and the child could launch out again.
 31. Parents were generally found to be sensitive, responsive and met needs.
 32. **The anxious/ambivalent style:** These kids got very upset when separated from mom. When mom came back into the room, the child did know if they wanted to be picked up and comforted or if they wanted to punish mom because they were so angry. They were anxious and upset and didn’t know how to allow mom to comfort and sooth them.

33. These moms were found to be unreliable in that some days they were good and other days they very unresponsive to their kids. And there was even a role reversal where there was an expectation for their kids (toddlers) to take care of them.

34. The avoidant style: They looked calm on the outside but when tested showed even more stress going on inside than the ambivalent kids when mom was gone. They appeared emotionally flat and moved away from the mom when she returned.

35. The disorganized style: They didn't any of the first 3 patterns. When mom returned they would maybe run to mom, but not want to be picked up by mom, would fall flat and stare or be very upset.

36. These kids generally came from homes where there was abuse and the parents were both the source of distress and the source of comfort. The family environment was chaotic. Screaming homes were the kids could not organize their learning and turned anger in on them selves.

37. *Correlations exist between attachment style when kids are between 1 year or 18 months old and when they are 18 years old.*

38. When these kids grow up: (looking at these attachments styles in young adults)

39. The avoidant attachment style: An over-blown sense of confidence about the self and a basic core belief about the unreliability of others. Material things are over emphasized and more valued than relationships. Can be classic workaholics who give everything to work but has nothing left over for relationships. Or there can be other forms of addictions where the object of the addiction takes priority over relationships. This person's addictions anesthetize what is missing relationally by substituting things that are more in line with the core belief of what is reliable (*“things or objects of addiction are reliable, people and relationships are not”*).

Their deepest feelings are put away and there are barriers preventing access to those feelings. When pressed for feelings they substitute actions for feelings. (Note, when feelings are keep away, people are keep away – *how you do feelings is how you do relationships*). There may be a lot of people in their lives but the quality of the connections is superficial.

40. The anxious/ambivalent attachment style: Core beliefs are that they feel unworthy and flawed. They over idealize and have an unrealistic view of how others can or could

meet their needs. They may be clingy out of their sense of unworthiness and neediness. This can drive people away. They have a lot of feelings and they are very sensitive to their feelings. Their feelings are all over the place. Opposite to the avoidant style where feelings are over-regulated and shut down, the anxious/ambivalent under-regulates their feelings and rev them up, scaring people away. Their relationships are unstable and all over the place.

41. The disorganized attachment style: They have a negative view of themselves. They want to be loved but believe they are too flawed. They feel unsafe. They can cycle back and forth with an ambivalent style and an avoidant style. They are disorganized with their emotions which are all over the place. They can be prone to severe forms of dissociation such as is found in *borderline personality disorder*. **INWARDNESS:** When you come from very invalidating and abusive backgrounds you tend to turn inward, to fantasy to satisfy their needs rather than relationships. Internal self talk can be more than just defeating, it can be vicious. They are on the extreme end of the spectrum of distress and can be at risk “micro-suicide behavior” (driving too fast, drinking too much, engaging in high risk behavior) and for suicide. The internal statements are “You don’t deserve to be alive.” “Why are you here?” “The world would be better off without you.” These people are disconnected from the world around them and use mainly fantasy and isolated in an attempt to self soothe. These people are extremely challenged to self soothe.

42. Issues regarding healing..

43. People need *experiences* with consistent and safe relational closeness. This can be found both through spiritual means and interpersonal means. There is an imperative need to develop a felt belief that there is a caring person whose support is near and accessible, and this belief needs to remain intact in the presence of boundaries and limits. This new belief is meant to go deep and challenges old core beliefs.

44. This new core belief is to be accompanied by new behaviors, new practices to be practiced in the context of safe, secure relationships.

45. The tools for change can be found in spiritual practices, cognitive behavior practices and in support systems, and in a therapeutic relationship that is effective and trustworthy enough to access the feelings that go with old beliefs.

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46. Changing old beliefs can be severely impeded if emotions can't be changed and dealt with.
47. Change occurs in the context of healthy relationships, both horizontal and vertical relationships.
48. Experiencing these relationships is the heart of change.
49. The development of *hope* is crucial key for signaling progress and recovery.