

**Introductory Workshop on
Attachment Based Family Therapy**

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**ATTACHMENT BASED FAMILY
THERAPY FOR DEPRESSED and
SUICIDAL ADOLESCENTS**

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Over view

- Generally 12 to 16 sessions
- Empirically informed and supported
- Built around 5 distinct yet interrelated treatment "tasks"
- Manual is focused but flexible
- Based in attachment theory and Structural Family Therapy

Why Theory

- Framework to guide decision making
- Vision of ideal outcomes and process
- Frame of reference from which to assess your work.

What theory do you need to know?

- Adolescent attachment
- Attribution process: how what we think determines what we do
- Emotional development and processing
- Trauma and prolonged exposure
- Forgiveness as a therapeutic process

Attachment in Adolescence: Old View

- Quality of the adolescent-parent relationship.
- Public perception of parent- adolescent relationships- Storm and stress (G. Stanley Hall).
- Old Developmental theory: second individuation, time of disengagement (Blos, Psychoanalytic Perspective)

Attachment in Adolescence: Modern Understanding

- Developmental, empirically-based description of normative adolescent-parent relations (Steinberg, L.)
 - Sustained engagement
 - Respect of values and admiration
 - Mild to moderate conflicts (re: curfew, clothing, friends)

Importance of Conflict

- These mild perturbations are natural and serve important functions
 - Practice formulating and expressing ideas and feelings
 - Development of negotiation and problem solving skills
 - Identity development (How am I different from my parents?).

A Balance of Attachment and Autonomy

- All-in-all, normative adolescent development occurs in the context of loving, respectful (though sometimes frustrating and tense) parent-adolescent relations.
- Thus, sustained adolescent-parent engagement during the adolescent years remains essential.

What characterizes Secure Attachment

- Optimal adolescent-parent relations
 - The adolescent feels cared about
 - The adolescent feels emotionally and physically protected
 - The adolescent feels heard and understood.
 - Parent is available in times of need.

Attachment in adolescence

- Securely attached adolescents can:
 - Speak to their parents about topics which are embarrassing or difficult without feeling that they will be rejected, abandoned, ridiculed, or controlled.
 - Speak more maturely and directly about concerns, criticisms, or emerging autonomy desires without fear of a) burdening parents and b) being dismissed by parents.
- Have better mental health, social relations, school performance, satisfying relationships in adulthood.

Family Processes that Rupture Attachment

- High conflict/Low cohesion
- Parental high control, low affection
- Parental criticism
- Parental psychopathology
(e.g., depression, substance use, etc)
- Negative family life events
(e.g., divorce, abandonment, abuse, neglect)

Reciprocal Interaction

- Negative family environments can lead to adolescent distress
- Difficult temperament or emerging behavioral emotional problems can lead to family dysfunction.

Consequence of Attachment ruptures

- **Anxious/pre-occupied** attachment
 - Adolescent vacillates between demanding care and protection and criticizing parents unavailability. Preoccupied with parents failure.
 - Behaviors intended to keep or get parents engaged.

Consequence of Attachment ruptures

- **Dismissive** attachment
 - Adolescent appears to no longer need parents. Parents are unimportant and or ignored.
 - Protection from further hurt and disappointment.

Why Family Treatment: Family As Safety Net

- Reestablishment of the normative developmental context: a secure base.
- Reestablishment of parental control and love has the most potential for deeply influencing adolescent development
- For depression and suicide, parents are the only people who can provide daily monitoring of suicidal ideation.
- It is not a “blame the family” model. But how to get the family back onto the appropriate developmental track.

Crisis as Therapeutic Opportunity

- Crisis as adolescent’s call for help
- Life threatening problems activate caregiver’s protective instincts and adolescents’ desire for protection (e.g. suicide, arrest).
- If effectively used, crisis creates an opportunity for a *“corrective attachment experience”*

Corrective Attachment Experiences

- When adolescents are able to express their attachment related feelings and needs (positive or negative) in a direct and regulated manner, and parents respond with care, respect, and authority, families have a moment of experiential learning about family competency.

Enactment of Effective Attachment: Adolescents

- Identification of core family conflicts and disappointments
- Increase capacity to put feelings into words
- Increase tolerance and ability to manage high emotional arousal
- Increase expectation of fairness in interpersonal relations
- Enhance capacity for insight and perspective taking.

Enactment of Effective Attachment: Parent

- Resuscitate or revitalize parental commitment
- Enhance empathic sensitivity toward own and child's attachment losses
- Adopt a developmentally appropriate view of parenting: balancing attachment and autonomy
- Increase sensitivity to emotional development
- Improve behavioral management skills

What is ABFT?

- Series of in-session episodes that prepare for and facilitate corrective attachment experiences.
- As parents demonstrate a caring, non-critical, open, and supportive manner, adolescents begin to perceive and use their parents as caring, safe, protective attachment figures.

Initial Move the Adolescent

- Yes, with adolescents, the most powerful moments of change are usually initiated through the parents.
- But once adolescents feel heard and their views respected, the battle for recognition is over. Tension goes down, and cooperation goes up. Then you can challenge them more.

Psychological Result of Corrective Attachment Experience

- Reduces adolescent's fear and avoidance of interactions with parents
- Generates intimacy and sense of being cared for thus increasing adolescents' approach behavior
- Repeated positive interactions serve to change adolescents' fundamental attachment schema
- Parent becomes source of validation, support, protection and guidance in adolescent's life (and in times of stress, a buffer against depression and distress)

ABFT Treatment manual

- Not a curriculum but a road map
- Not a set of rules but a set of principles
- The self of the therapist remains central
- Intentionality, intentionality, intentionality
- Goals, decision rules, and outcomes
- Self accountability and supervision

**We stand on the
shoulders of giants**

- Structural family therapy Salvador Minuchin
- Multidimensional FT Howard Liddle
- Emotionally focused therapy Leslie Greenberg and
Susan Johnson
- Contextual family therapy Ivan Boszormenyi-Nagy
- Attachment theory John Bowlby

Five Treatment Tasks

- Relational Reframe
- Alliance with the Adolescent
- Alliance with the Parent
- Reattachment Task
- Promoting Competency Task

Targeted Problem Areas

- Family criticism and cohesion
- Adolescent motivation and commitment to treatment
- Parental stress/ineffective parenting
- Family trust/trauma resolution
- Negative self concept

Definition of Task-based therapy

- Derives from Change Event Process Research (Greenberg).
- Therapy contains core ingredients or mechanism (tasks)
- There is an ideal progression of processes within a task
- There may be several tasks that build on or interact with each other

Within Each Task are Three Guiding Principles

- **Intention:** Why am I doing this?
What do I want to accomplish?
- **Intervention:** How do I achieve this?
Is this working?
- **Outcomes:** What will I see or hear?
How do I know when I have it?
How will I know when I am finished?

Three Levels of Assessment

- Is this the right content?
- Is this the right affect?
- Does the process support or undermine my goals?

Task #1: Relational Reframe

- Task #1 Overview: Relational Reframe**
- Building Alliance
 - Reframing the Problem/ Solution
 - Establishing a Treatment Contract

- Task #1: Relational Reframe
- Shifting from patient's symptoms as the problem to improving family relationships as solutions.
 - Shifting from parents as powerless to parents as the medicine.
 - Shifting from adolescent as isolated or independent to adolescent as lonely or alone.

Opening Goals

- Establish leadership
- Show competency and authority
- Provide focus
- Demonstrate that you have a plan
- Interested in other parts of people besides just their problems.

Alliance Building: Joining with the Adolescent

OVERALL: Talk with the adolescent as if he or she were healthy, focus on strengths.

- Ask about hobbies, activities, school, friends, who is in the home
- Identify strengths and unique qualities that have been forgotten or ignored by the family
- Convey to the adolescent that you want to take his or her thoughts and feelings seriously
- Explain that you will at times take their side on things and help them get more of what they want in the family
- Ask what the adolescent would like to get out of treatment

Alliance Building: Joining with the Parent

- Ask about work, hobbies, friends, relationships, church
- Assess the parent's degree of commitment to the patient
- Assess and address the parent's degree of hopelessness
- Empathize with the parent's struggle
- Identify the parent's competency
- Ask what the parent(s) would like to get out of treatment

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Expanding the System

- Who referred the family to treatment?
- Are family members involved in church or other community organizations?
- Have the problems extended into the school setting? Have the parents been working with the school personnel?
- Has any previous psychological or psychiatric testing been completed?
- Has the adolescent or family had any previous contact with mental health services? Medications, and if yes, with who.
- Is the juvenile justice or social welfare system involved? If so, what are the names of those involved?
- Have any neighbors or peers been helpful to the patient or family?
- Is the family involved in the church or other religious/community structures.
- Does the patient have as much difficulty with all adults and peers? (mother vs. father, parent vs. sibling/teachers, etc.)

Rules to follow

- You do not need every detail. You just need the essential details. Don't get derailed by a long story.
- Get a few examples and punctuate "so it sounds like things have been very hard at school."
- Be polite, but be directive.
- You will have more time to get to know the family and the details in future sessions.

Opening Questions for Reframing

- *"We have been talking a lot about the problems that have been going on in your family. I think I have a pretty good beginning idea of how hard things have been. But let me change the focus a bit. Rather than tell me "what" has happened, tell me "why" you think things are so difficult. What is your theory about why your child is doing/feeling so bad?"*

Guidance: Defining Characteristics of a Reframe

- Less on collecting information and more on interpreting the information.
- Generate or test hypotheses about "why" the behavior is occurring rather than "what" behavior is happening.
- Define the individual patient's symptoms as reflective of, or reinforced by, interpersonal problems between family members.
- Shift away from behavioral problems and focus on interpersonal problems. A clear shift in intention. Behaviors are the symptom.

Reframe: Opening Statements

STATEMENTS TO THE PARENT

- When your son feels so suicidal, why doesn't he come and talk to you about it?
- Why has your child become afraid of you?
- What has gotten in the way of you being a resource to your daughter?
- People in this family seem very sad! Why do you think this is so?

STATEMENTS TO THE ADOLESCENT

- Why have you lost trust in your mother?
- People in this family seem very sad! Why do you think this is so?
- Why have you fired your parents? You won't let her be your mother.
- What gets in the way of going to your mom for help when you are so depressed and suicidal?

Working with the Reframe

- Therapist remains focused on the relational theme in a consistent yet appropriate manner.
- Therapist elicits family member's feedback about the reframe and is willing to incorporate this information into a modified version of the reframe.
- Therapist identifies and works with family member's subtle or overt negative responses to the reframe.
- Therapist attempts to alter the affective mood in order to better match or facilitate the reframe.
- Therapist guides family members to discuss among themselves the reframe.

Strategies

- Punctuate the things that will strengthen your case.
 - "You seem very disappointed that you and your son are not closer."
- Acknowledge, but avoid topics that will derail the conversation.
 - "Johnny, I know you are very angry at your mom, but I also hear that you miss being close to her."

Contracting for Relationship Building

- “ You know, this seems really tragic. You all seem to have such love for each other and such desire for a connection but you actually all seem quite lonely in this family. It does not need to be this way. In fact, my experience is that if we can strengthen the bond between you, that many of the problems you are struggling with may go away or at least the struggle will be easier.”
- “I wonder if you’d be interested in spending the first part of this therapy working through the things that have gotten in the way of your child trusting you. If we can accomplish that, I think he will want you to be more helpful to him with the challenges that he is facing. Would you be willing to make that the first goal of our therapy together?”

What do we mean by trauma?

In some families, the family trauma is the problem: abuse , neglect, abandonment.

- In some families, poor organization and communication skills are the problem.
- And in some families, the depression had put tremendous stress on the family

But this is not a catharsis model

- Working on and solving family trauma creates a learning context. An emotionally charged, meaningful conversation where
 - Problems important to the adolescent are addressed
 - New interpersonal problem solving skills are practiced
 - Emotional arousal is high enough for learning to occur
 - A corrective attachment experience can be generated

The target of the relational reframe

- The trauma, or attachment rupture serves to engage the adolescent in treatment by organizing therapy around goals that are meaningful to them. But then uses these “hot topics” as a crucible to challenge the adolescent to learn new interpersonal skills.

Task #2: Alliance Building with the Adolescent Alone

Three Phases of Adolescent Alone Session

1. Bond – Client moves from suspicion to comfort
 - Identify Strengths
 - Engage adolescent in order to reduce tension
 - Establish self as an Ally vs. Authority
 - » “At time I’ll be on your side and at times I’ll be on mom’s side.”
2. Goals – Identify meaningful goals for the adolescent.
Link problems to family relationships.
 - Get adolescent on record saying: “I’m miserable, my parents and I fight all the time”.
3. Tasks – Set foundation for re-attachment task.

BOND Intervention

- Content:
Let's talk about the good things in your life.
 - Ask about- friends, hobbies, school, boyfriends/ girlfriends, sex, drugs
- Process:
 - Therapist shows interest, curiosity, admiration, empathy
 - Therapist punctuates key themes that set foundation for next phase
 - Identify Strengths
 - Engage adolescent in order to reduce tension
 - Establish self as an Ally vs. Authority

GOALS Intervention

- Content:
 - *Let's talk about the things you are unhappy with in your life.*
 - If you thought things could be better, would you like less conflict and less depression?
 - Ask adolescent about depression, exploratory questions.
 - What do you think caused your depression?
 - How would things be different in your family
 - Who do you go to when you're upset?
 - Why don't you go to your parents?
- Process:
 - Punctuate family conflict and patient's unhappiness with parents and familial relationships.
 - Punctuate the link between family conflict and depression, how this type of interplay leads to feeling sad.

TASKS Intervention Getting the Sign on

- Content:
 - Have you ever told your parents these things?
 - NO: Why not?
 - How do you think they'd respond?
 - YES: What happened?
 - If I could get them to listen, would you be willing to tell them?
- If the adolescent is concerned about burdening their parent:
 - Why don't you deserve to have these things addressed?
 - These things are killing you, they are driving you to self-destruction, you deserve to be heard.
 - What you are doing is causing your parents more pain. Your parent will grieve for the rest of his/her life if you take yours.
- If the adolescent is concerned his/her parent won't listen:
 - You've never tried it with me. I can make it different. I can make her listen. I will protect you.

TASK Intervention cont'd

- Once the adolescent agrees, he/she must be prepared:

- Questions in preparing the adolescent:
 - Let's talk for a moment about how it might go.
 - What do you want to say?
 - How do you think they'll respond?
 - How can I be helpful?
 - Here are some ideas of mine...
 - This may be painful, but ultimately very helpful.

Task #3: Alliance Building with the Parent

THREE PHASES OF PARENT SESSION

1. Bonding
 - Current Stressors
 - Intergenerational Exploration

2. Goals
 - Parental commitment to be there for their adolescent in a different way.

3. Task
 - Preparation for this conversation
 - Emotion Coaching

BOND: Outcome Goals

1. Build alliance with parent
 - have parent feel appreciated
 - have parent see therapist as a resource
2. Look for obstacles that inhibit relationship building
3. Look for strengths that facilitate relationship building

BOND: Current life stressors

CHOOSING CONTENT

1. Biggest problem for parent
2. Problems related to adolescent
3. What therapist knows is a problem

TOPICS OF FOCUS

- Mental and physical health
- Substance abuse
- Family relationships
- Marital relationships
- Stressful life events
- Social supports
- Coping skills
- Employment/ worklife
- Financial Stability

TRANSITIONAL STATEMENTS

- How do you think these things have impacted your parenting?"
- It must be hard raising an adolescent, let alone a depressed one, when you have these other kinds of things to contend with.
- Wow, you are dealing with all this and your son. No wonder you are not being the kind of parent you want to be.

Strategy

- Reduce self blame
- Reduce defensiveness
- Show some compassion
- Build empathy
- Promote strengths

BOND: Intergenerational Strategies

Explore parent's own childhood and relationships, look for reoccurring intergenerational themes:

- What was your relationship like with your parents?
 - "It was good." Then it must be disappointing that you do not have that with your daughter.
 - "It was Bad." Then you must know how painful it is to not have your parents available to you.
- Tell me about your childhood.
- Where you close to your parents?
- Could you go to them when you were having problems.
- What got in the way?
- How did that make you feel?
- Did you have any one to turn to?

Transitions

"Sounds like you experienced some of the same things you daughter is talking about now. Like you two have some shared experiences."

"Would you be interested in protecting your daughter from some of the same pain that you experienced as a child?"

"Would you like to be the one to interrupt this multiple generation of pain and abuse?"

"I can help you be there for your daughter in ways your mom wasn't there for you. Would you be interested in that?"

Mechanism of Change

- Help the parents develop empathy for their own attachment losses.
- In that vulnerable, softened state, have them reconsider how their child is feeling.
- Help them look below the anger and rejection.

TASK: Preparing the Parent for the Conversation

TYPICAL QUESTIONS:

- How do conversations usually go for the two of you?
- What would be some of the challenges for you in having this conversation?
- What might go wrong?
- What if your daughter makes you angry or hurts your feelings?

THERAPIST SUPPORT:

- I'll be there to help
- I will keep us focused.
- I have talked to her and I think she is ready to share some things.

Shuttle Diplomacy

- Both mother and daughter are:
 - Prepared for the conversation.
 - Have identified important content areas.
 - Have accessed more effective emotional states.
 - Have agreed to have the conversation.

Emotion Coaching The Five Steps

1. Being aware of child's emotions
2. Recognize emotion as chance to get closer and to teach
3. Listening empathetically and validating child's feelings
4. Helping child verbally label emotions
5. Begin problem-solving only after child feels understood

Emotion Coaching: Step 1

Being aware of child's emotions

- Learn about your child's
 - body posture
 - facial expressions
 - words child uses

Emotion Coaching: Step 2

Recognize emotion as chance to get closer and to teach

- Child needs you most when sad or angry or afraid
- Ability to soothe upset child is when you feel most like a parent
- Acknowledging emotions helps children learn skills for soothing themselves
- You can practice listening and problem-solving when it is easier with less intense feelings

Emotion Coaching: Step 3

Listening empathetically and validating child's feelings

- Pay attention to child's body language, facial expression and gestures
- Sit at child's level, take a deep breath, relax and focus
- Paying attention lets child know take his concerns seriously and willing to spend time
- As child reveals feelings, reflect back what you hear and notice
- Don't discount feeling, tell them how should feel, use logic or try to fix it now.
- Share what you notice about your child rather than asking questions
- Avoid questions you know the answer to – waiting or catching a child in a lie
- Share examples from own life shows understanding

Emotion Coaching: Step 4

Helping child verbally label emotions

- Help child find words for what they are feeling- give examples (frustrated, upset, sad)

- Don't tell kids how they ought to feel

- You can tell your child it is okay to feel 2 ways at once

Emotion Coaching: Step 5

Begin problem solving only after child feels understood

1. *Identify goals*
 - What is the problem they are trying to fix?
2. *Think of possible solutions*
 - Brainstorm – no idea is too silly or stupid to consider
 - Write them down
 - Remind your child of past success and how they handled it
3. *Evaluate proposed solution based on family's values*
 - Is solution fair?
 - Will it work?
 - Is it safe?
 - How am I likely to feel?
 - How will other people feel?
4. *Help your child choose a solution*

When Emotion Coaching Is Not Appropriate

- When you are pressed for time
- When you have an audience
- When you are too upset or tired for coaching to be productive
- When you need to address serious behavior

TASK #4: Reattachment Task

Task 4

- Phase 1:** Attachment Task Marker
- Phase 2:** Adolescent Anger
- Phase 3:** Adolescent Vulnerable Emotions
- Phase 4:** Adolescent Cognitive Attributions
- Phase 5:** Parent Disclosure and Apology
- Phase 6:** Adol. Ambivalence, Deeper Vuln. Emotions
- Phase 7:** Relational Reframe
- Phase 8:** Deepening of Forgiveness Process
- Phase 9:** Wrap-up

Reattachment

- **Step 1:**
 - Adolescent discloses trust-damaging conflict
 - Content: abandonment, neglect, betrayal
 - Affect: anger, disappointment
 - Therapist coaches adolescent disclosure
 - Elicit details, sustain discomfort, probe attributions, elicit anger
- **Step 2 :**
 - Parent non-defensively listens
 - Sustain receptivity, provide reassurance, therapist remains non-central
 - Therapist coaches parent listening
 - Just listen, ask questions, express curiosity
 - Suspend explanation and justification
- **Step 3:**
 - Adolescent expresses vulnerable emotions
 - Sadness, fear, disappointment
 - Therapist coaches adolescent vulnerable emotions
 - Name core emotions, elicit deeper emotions

- **Step 4:**
 - Parent validates adolescent experience
 - Express empathy, acknowledge/validate, apologize/accept responsibility for parenting failures
 - Therapist coaches parent acknowledgement
 - Show empathy, give encouragement, keep focus
- **Step 5:**
 - Adolescent dialogues with parent
 - Content: complex interpersonal failures
 - Affect: more animated, articulate
 - Adolescent: accepts responsibility for own contribution, take parent's perspective
 - new themes, feelings emerge.
 - Parent dialogues with adolescent
 - Tell own side of story
 - Express vulnerable emotions

Skills utilized

- **Set up task**
 - Check-in with each that they are ready to engage in the task
 - Identify the topic to be discussed
- **Enactment**
 - Orient family members toward one another
 - Direct conversation between participants rather than between participants and therapist
- **Balance**
 - There is a balance between making the enactment perfect and staying out of it as much as possible
- **Process the experience and what was different after the reattachment task is complete**

Task #5: Competency Promoting

Promoting Competency

- Self esteem is seen as a buffer against stress
 - Identify appropriate challenges
 - Rebuild adolescent's social world
- Parent's are now viewed as a secure base and should be used to support the adolescent in building competency and set reasonable expectations
