

Attachment-Based Family Therapy



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Program Developers

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- Psychotherapy development, evaluation and dissemination
- Web-based mental health screening for adolescents in ambulatory care (ED and Primary care)
- Ph.D. Program; Couple and Family Therapy



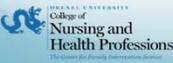
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Empirical Support

ABFT has shown to be effective with depressed and/or suicidal adolescents in 5 studies



- Classified as a “proven practice” on the Promising Practices Network run by the Rand Corporation
- ABFT is now included in SAMHSA’s National Registry of Evidence-based Programs and Practices



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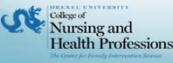
Theoretical Foundation



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Secure Attachment

- Attachment Theory (Bowlby):
 - When children experience parents as available, responsive, and attuned to their emotional needs, they feel more confident that
 - a) *Parents will love and protect them.*
 - b) *They are worthy of love and protection.*
 - Over time, the child's expectation of the parents' availability becomes internalized as a working model or schema of what to expect in relationships.



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Attachment is Activated When a Child Feels Threatened

Child feels scared or threatened → Attachment needs get activated → Turn to parents for protection → Child's fears are calmed

Over time, self soothing is internalized,
thus promoting emotional regulation skills

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Insecure Attachment

- Low expectation of parental availability for support and protection
- Develop relational styles that defend against further disappointment
 - **Avoidant (Dismissive):** Deny the need for love and comfort
 - **Anxious (Preoccupied):** Excessive concern with closeness yet strong fears of abandonment
 - **Disorganized:** No clear or cohesive strategy for regulating attachment needs.

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Risk Factors for Insecure Attachment

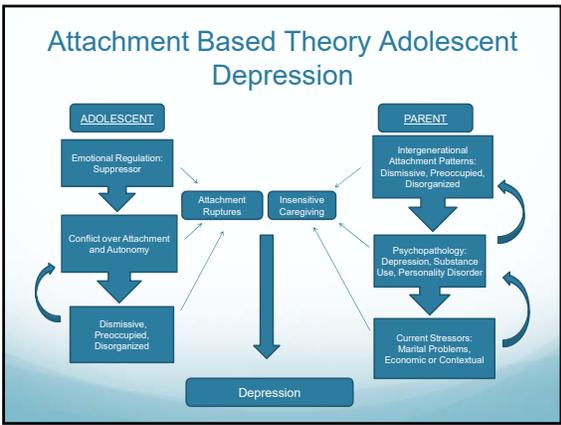
- **Life events - trauma**
 - Neglect, abandonment, physical or sexual abuse, loss, illness
- **Parental Stress (decreases parental availability)**
 - e.g., Poverty, psychopathology, marital stress, discrimination
- **Negative Family Interactions**
 - Parental criticism, high conflict/low cohesion, high control/low warmth
- **Child temperament, psychopathology, medical illness**

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Attachment in Adolescence

- Normative adolescent development occurs in the context of supportive and respectful adolescent-parent relations.
- Central task of adolescence: Develop autonomy while maintaining a backdrop of attachment.
- Moderate degree of conflict is normative and serves to promote identity formation when it does not threaten the secure base.

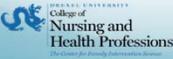




Family as Safety Net

- We don't blame families
- We we strengthen them

- **Family as the medicine**



Clinical Model



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Overview

- Generally 16 to 20 sessions.
- Empirically informed and supported.
- Proven effective with adolescent depression, suicide and suicidal youth with sexual abuse.
- Provides principles and treatment strategies but allows for flexibility and creative adaptation to the individual family needs.



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Organized by Five Tasks

- Tasks represent core challenges and processes that build on each other and lead to change
- Organizes treatment planning and goals of each session
- Gives therapist intentionality
- Gets to core conflicts quickly



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Task 1: Relational Reframe

- Goal: Reframe
 - Shift from patient as problem to family relationships as solution
- Highlight the relational rupture
 - “When you are feeling so sad or afraid, why don't you go to your mom or dad for support?”
- Put responsibility for change on all family members
- Task: Establish a treatment contract:
 - Could we work on repairing relationships first?



Task 2: Alliance with Adolescent

- Meet alone with the adolescent.
- Develop a more honest attachment rupture narrative.
 - Identify breaches of parental trust.
 - Access vulnerable emotions or assertive anger associated with these ruptures.
 - Link depression/suicide to these ruptures.
 - Amplify entitlement and skills to express these disappointments directly to parents in a regulated manner.
- Task: Prepare adolescent for the attachment task.



Examples of Ruptures

- Traumatic events
 - “My mom didn't protect me when dad was abusing us. How can I trust her now?”
- Negative family interactions
 - “My dad does not accept me.”
 - “My mom is critical and controlling.”
- Parental psychopathology
 - “My mom freaks out (anxious) when I tell her my problems.”
 - “I don't want to burden my mom, she has enough on her plate.”



Task 3: Alliance with Parent

- Meet alone with parents
 - In two parents families, some times we meet with parents together, some times each alone....depending on the clinical presentation
 - Understand psychological, historical, and social forces that impact parenting
 - Attachment history
 - Current stressors
- Activate parents' caregiving instinct
- Preparation for attachment task



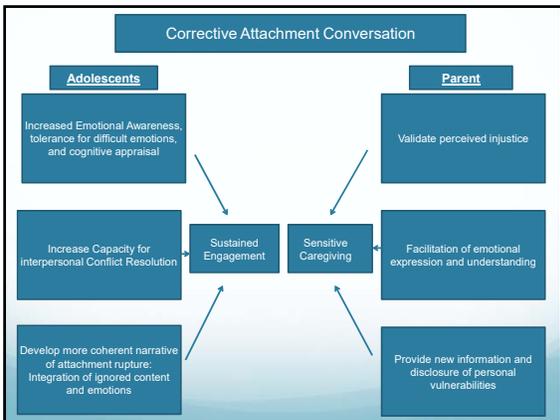
Task 4: Attachment Task

- Organize a conversation about core attachment ruptures
 - Initially, adolescent talks; parents listen
 - Adolescent feels free to talk about difficult and vulnerable issues and parents are receptive and available

Change Mechanism

- Resolves conflicts
- Increases adolescents confidence that parents can be sensitive and available
- Adolescent practices new conflict resolution and emotion regulation skills
- Parents practice new emotion focused parenting skills





Task 5: Autonomy Promoting Task

- Re-vitalize a goal corrected partnership (Bowlby)
 - Cooperation emerges from desire to maintain connection
- Content
 - Work on stressors other than attachment ruptures, that contribute to depression and suicide
 - Build adolescent competencies as a buffer against stress
 - Academic, social, hobbies, etc.
 - Identity Development
 - Romantic relationships, sexuality, ethnicity, race, class, religion, spirituality, etc.



Our ABFT Book

Diamond, G, S, Diamond, G.M, & Levy, S (2014)
Attachment Based Family Therapy for Depressed Adolescents.
American Psychological Association Press



For more information:

- For more information on ABFT trainings, please contact Suzanne Levy at slevy@drexel.edu or visit our website: www.drexel.edu/abft or www.abfttraining.com
