

Attachment Based Practice with Families

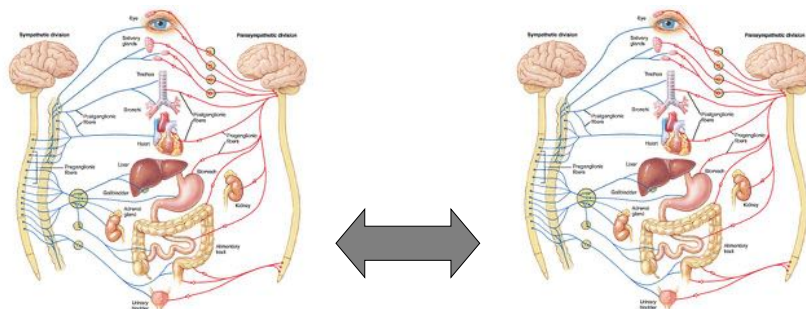
Part 2 Adolescence, Adulthood & the Family System.

Understanding strategies and promoting positive change

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The *Bio-Psycho-Social* Approach (Interpersonal Neurobiology)

we affect each other



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Four Principles of Interpersonal Neurobiology:

- The brain is a social organ linked to other brains.
- The brain is an organ of adaptation and change.
- Relationships are our primary (early) environment.
- The brain can only be understood in relation to other brains. From: L. Cozolino,

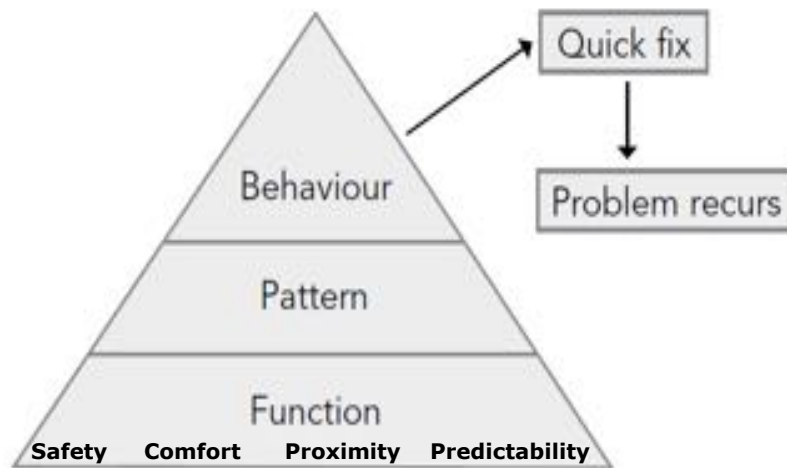
The Healthy Ageing Brain

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<p>Conscious Competence</p> <ul style="list-style-type: none"> • What I know I know and can do • Clear transferable skills • Can be transferred to others 	<p>Conscious Incompetence</p> <ul style="list-style-type: none"> • Areas of openly acknowledged gaps or weaknesses
<p>Unconscious Competence</p> <ul style="list-style-type: none"> • What I know or can do without being conscious of how I know it • Hard to explain to others • May be lost in conditions of turbulence or disruption 	<p>Unconscious Incompetence</p> <ul style="list-style-type: none"> • Things I am unaware I don't know • Others may see gaps or weaknesses but I don't • Roots of performance concerns

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Behaviour (symptom), pattern & function (meaning)

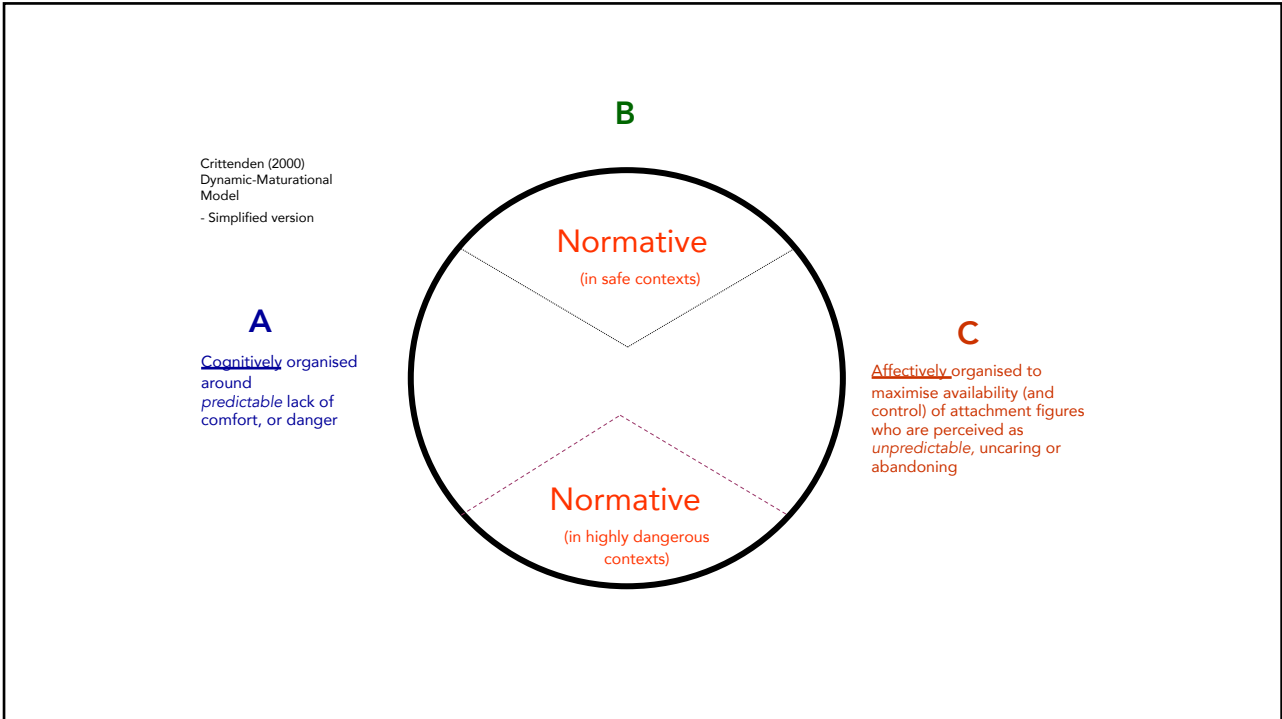


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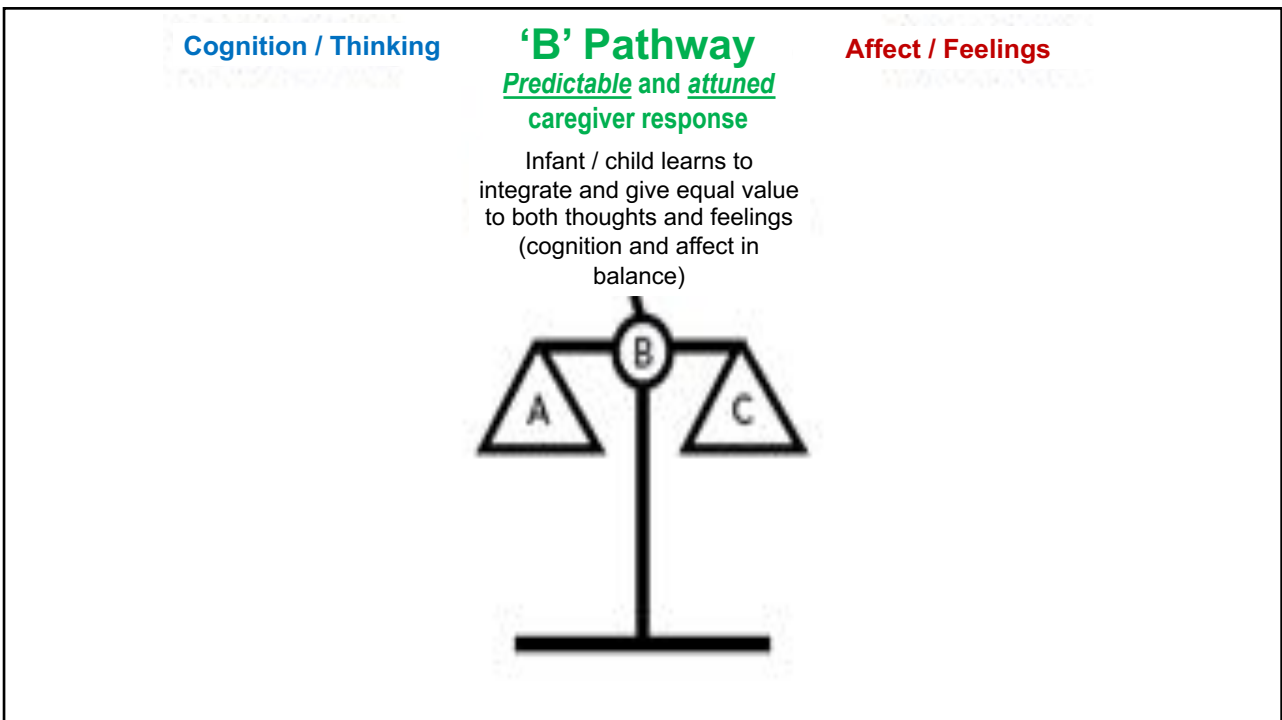
The Danger of Labelling

- Avoid use of labelling, as in 'he is avoidant' or 'he has a preoccupied attachment strategy.'
- The DMM is not based on *symptom*-based diagnoses, but rather on understanding the *function* of a person's self-protective strategies.
- Attachment strategies can only be 'diagnosed' using proven instruments and only by qualified practitioners. Remember the limitations of your knowledge!
- Even then, the attachment strategy will only be said to apply to certain situations and certain relationships. It will have specific contexts.
- Assessing attachment has to happen under situations of stress, e.g. Strange Situation, the AAI.

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Cognition / Thinking
'A' Pathway
Affect / Feelings

Predictable and unattuned caregiver response

Infant / child learns to value to thinking and cut off feelings (becomes *cognitively* organised)

Normative (age 0 +)
People-pleasing / Inhibited (adaptive in safe contexts)

Concerning (ca. 3 +)
Compulsively care-giving / Compliant (adaptive when comfort is obtainable with contingent behaviour)

Endangering (ca. 11 +)
Promiscuous / Self-reliant (adaptive when closeness = predictable danger)

Delusional (ca. 18 +)
Delusional idealisation ('Stockholm syndrome') / Externally assembled self (adaptive when life-threatening danger is predictable and inescapable)

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Cognition / Thinking
'C' Pathway
Affect / Feelings

Unpredictable and variably attuned caregiver responses

Infant / child learns to value to feelings more than thinking (becomes *affectively* organised)

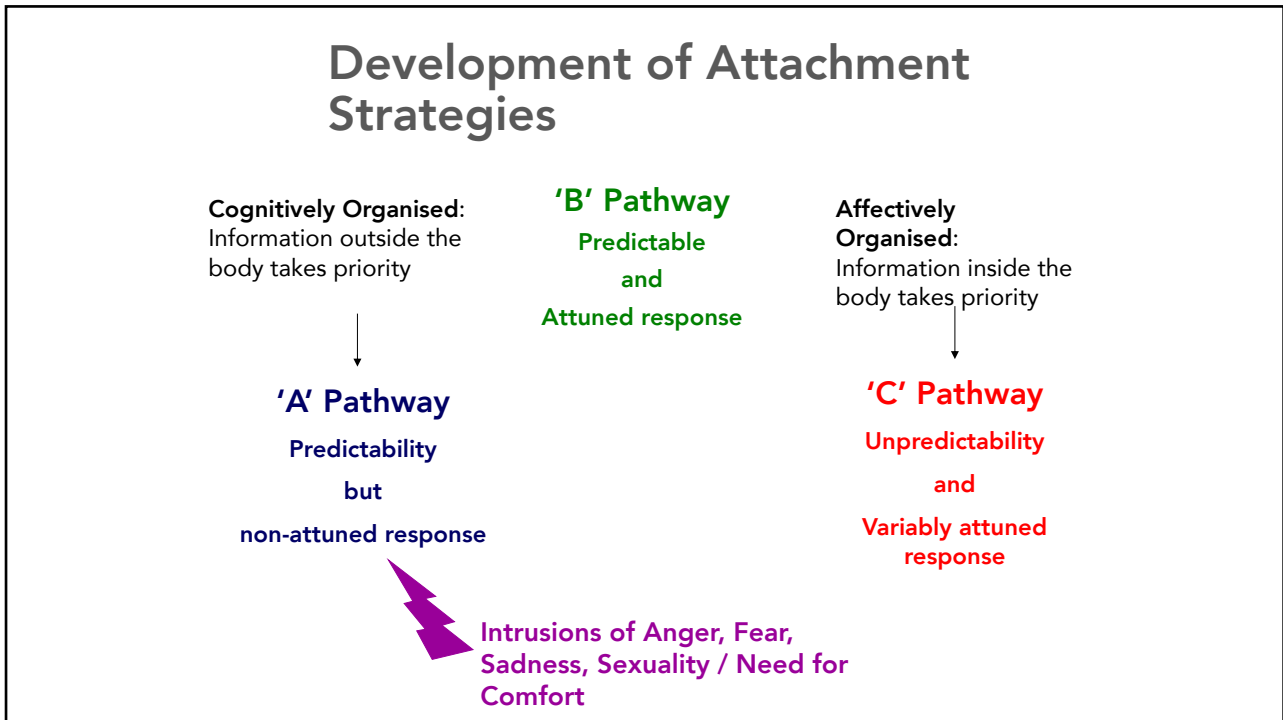
Normative (age 0 +)
Threatening / Disarming (adaptive in safe contexts)

Concerning (ca. 3 +)
Aggressive / Feigned Helpless (adaptive when comfort / protection is obtainable with exaggerated affect and ongoing struggle)

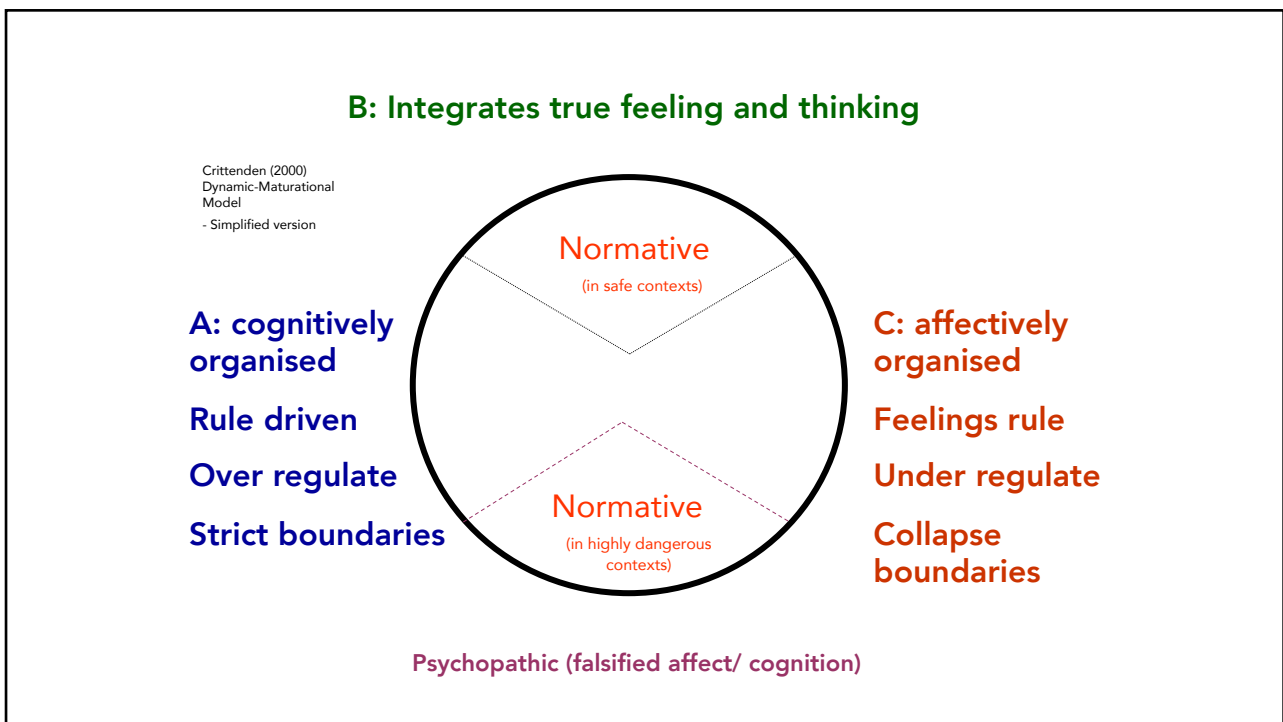
Endangering (ca. 7 +)
Punitive / Seductive (adaptive when comfort / protection can be gained through deceptive / passive aggression and / or seducing rescue)

Dangerous deception / Delusion (ca. 18 +)
Menacing / Paranoid (adaptive when life-threatening danger is ongoing, deceptive and unpredictable)

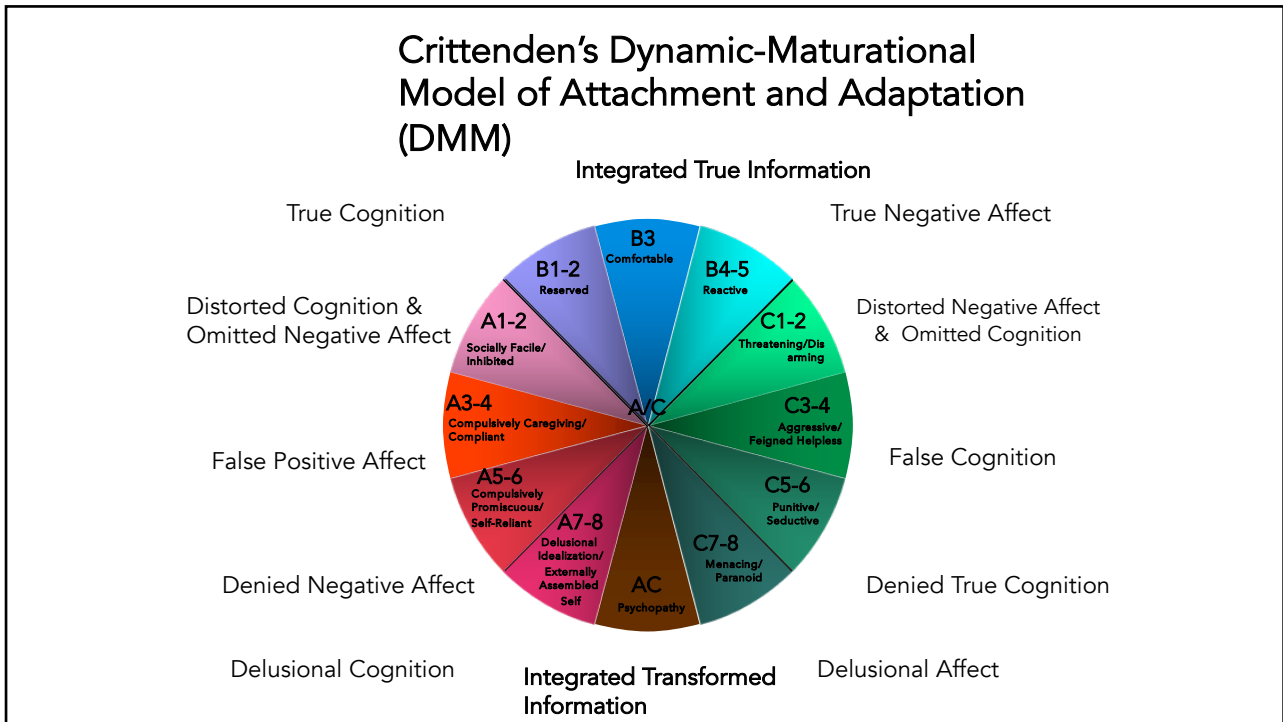
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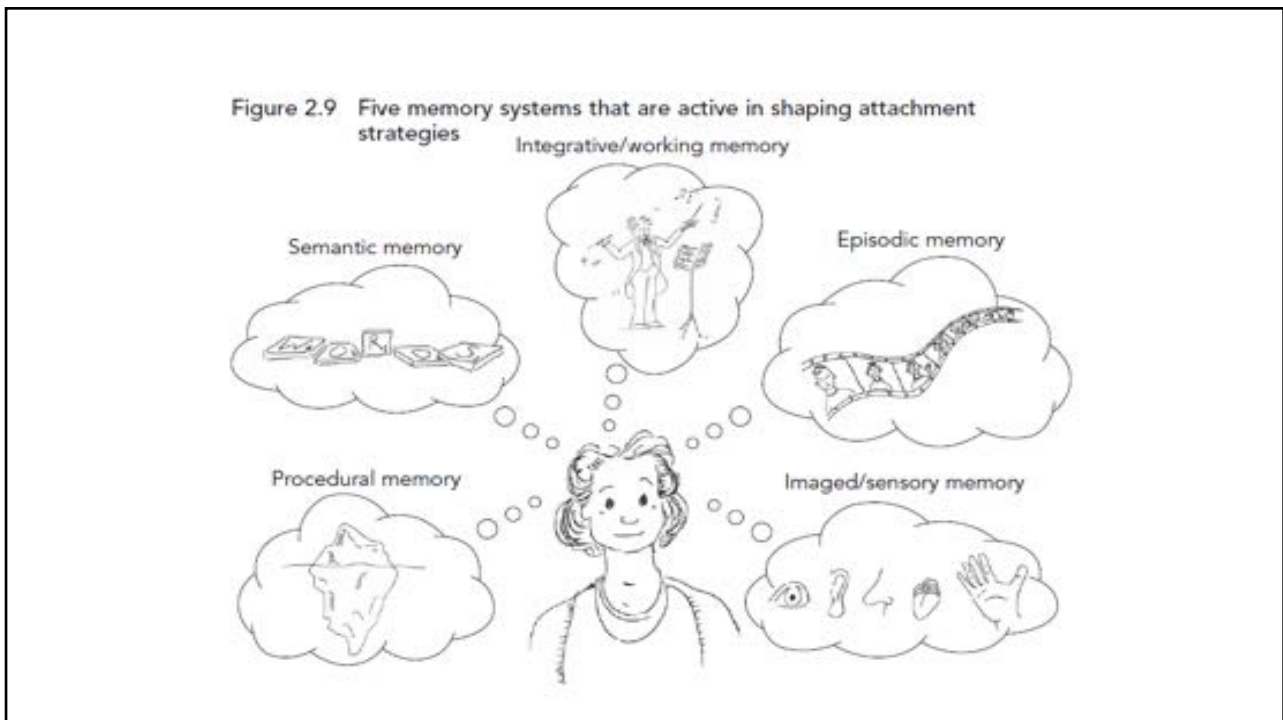
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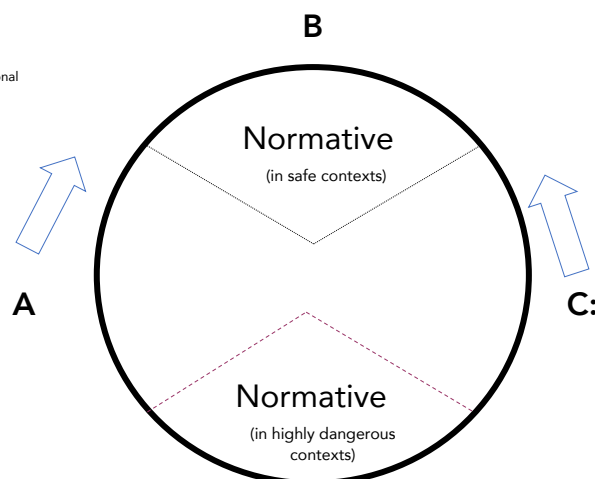
The Adult Attachment Interview (AAI)

- Series of semi-structured questions, creating some degree of stress in the speaker.
- Intention is to gain a vivid picture of the speaker's life, relationships and memories of attachment-related experiences.
- Focuses on different memory systems, e.g. procedural, imaged, episodic, semantic, integrative.
- Mary Main began to focus on **discourse markers**, e.g. verbal tics, gestures, pauses, laughter, tears, mimicry. Began to systematically record and categorise discourse markers and relate them to attachment styles.

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Treatment Aims

Grittenden (2000)
Dynamic-Maturational
Model
- Simplified version



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Key Aims of Treatment

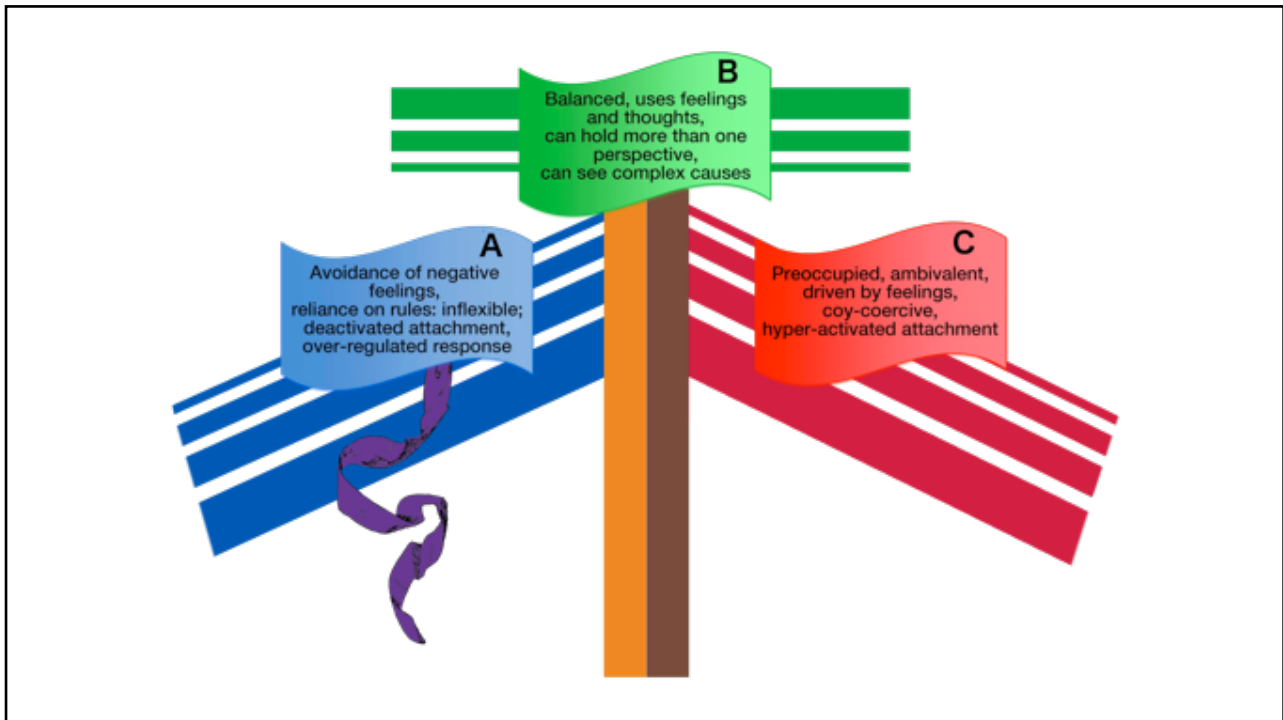
- To help the person to move beyond their problematic or harmful behaviour and develop positive ways of being with others
- Promoting meta-cognition. Moving towards 'B.'
- Resolution of trauma and loss.
- To help repair the individual's damaged sense of self.
- To help people to expand their repertoire of responses and roles, to explore alternative viewpoints, search for answers and try out new solutions.
- Developing a more adequate and psychologically sound understanding of their early family history and why their parents behaved as they did during childhood.
- Recognise the significance of attachment experiences to past and current relationship behaviour. (Crittenden 2008, Reder and Duncan 1998, Allam 2009)

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Why Bother?

- When people are cut off from ('A' strategy) or overwhelmed by ('C' strategy) these emotions, individuals can behave in damaging ways (to self and others) in an attempt to self-regulate and manage these emotions.
- In general, people using prominent A and / or C strategies do so with little awareness of or insight into the strategy, and are thus 'locked into' a narrow range of strategies.
- Thus a significant **goal of treatment** for people using concerning or endangering A or C strategies is to encourage meta-cognition, reflective function and a wider array of coping strategies to meet life's challenges.
- The goal is to help people move toward (even if they never reach) the position of 'earned B.' This will provide them with a good deal more *resilience, flexibility of mind and insight* into how they can self-regulate their emotions without resorting to harmful behaviour.

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Trauma, Loss and Disorganisation

Person's orientation to trauma / loss

More typical of A

- Dismissed
- Displaced
- Blocked

More typical of C

- Preoccupied
- Anticipated
- Imagined
- Hinted
- Delusional

Both

- *Depressed*
- *Vicarious*

Disorganised = 3 or more of the above

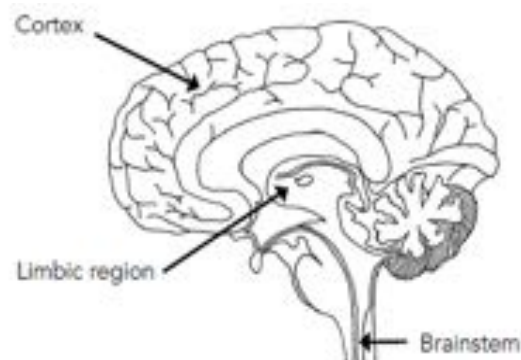
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Features of Integration

- Meta-cognition
- Integration around danger: discard elements unique to the episode / keep what is predictive.
- Allows complex causation
- Distributes responsibility accurately
- Mature emotions
- Empathy for all
- Flexibility of mind / Varied strategies
- Stable values
- Accepts negative effects of events
- Accepts that some information is ambiguous / uncertain / incomplete
- Able to arrive at difficult conclusions / experience difficult or painful feelings
- Able to find the good in others
- Able to find the good even in difficult or painful life experiences

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Our Two Speed Brain: The High Road and the Low Road



The limbic region (the 'emotional brain') elaborates processes such as fight, flight, freeze, collapse, exploration, feeding, aggressive dominance displays, and sexuality.

The emotional circuits operate up to 40 times faster than the cognitive circuits. (Hence, the *six second rule* – i.e. 'count to six')

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"Why did I do that?"

Old strategies in new contexts



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Psychological 'short cuts'



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Implications for Practice

- Key moments of change, insight and new behaviours often happen when the individual feels safe and trusting enough to allow him or herself to become genuinely vulnerable, and when they receive an attuned response that encourages them to try a new form of coping in developmentally appropriate ways.
- Intervention effectiveness depends as much on the quality of implementation as on the type of intervention. Attachment theory tells us that best practice relies on a 'secure-base' working relationship between the individual and the worker(s), in the context of consistent and predictable organisational practice.

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Implications for Practice

The skills, personal qualities and self-awareness of workers are fundamental to successful interventions, and to attachment based working:

"the capacity to be in touch with the client's feelings is related to the worker's ability to acknowledge his/her own. Before a worker can understand the power of emotion in the life of the client, it is necessary to discover it's importance in the worker's own experience..." Shulman, 1999

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The Worker-Client relationship: ingredients of a Secure Base:

- Responsiveness / Offers of comfort when distressed.
- Consistency / Reliability: Timely, predictable, appropriate responses.
- Sensitivity / Attunement / Capacity to mirror.
- Reflective functioning.
- Capacity to absorb protest.
- Security enables exploration, learning and enjoyment.
- Positive internal working model.
- Able to form a goal-directed partnership.
- Capacity to see other people as separate from self, with their own thoughts, feelings and goals.

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Components of goal - directed partnership

Recognise attachment figure (AF) possesses own thoughts, goals, plans, feelings.

- ① Can separate own and AF's point of view.
- ② Can infer what factors control AF's goals and plans.
- ③ Assess match/mismatch: own v. AF's perspective.
- ④ Influence AF's goals and plans in goal directed way.
- ⑤ Child maintains attachment via shared goals, plans, feelings: goal shifts from proximity to availability (Marvin p. 61)

Nb. Children in low risk settings achieve the above by 4yrs

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Questions for Reflection

How well do I know myself as a worker?
Discuss...

1. Do I know what hooks my 'A' or 'C' responses?
2. What do I do when I or other people get angry, sad or scared, or need comforting?
3. How able am I to function with an 'earned B' strategy when I am with clients / among colleagues / in supervision?
4. What do I tell myself is my role / 'mission' with clients? How do I want my clients to think of me? Who can give me accurate feedback?