Attachment Based Practice with Families

Part 2

Adolescence, Adulthood and the Family System

Independent Social Work Matters Ltd.

About this Course

This course is a professional/advanced level of training on 'Attachment Based Practice with Families', focusing on attachment based practice with adolescents and adults. It is aimed at case-holding practitioners and builds on Part 1 of the training. As with Part 1 of the course, Part 2 focuses on translating theory into principles, tools and practical strategies for understanding the functioning of adolescents and adults in families. It utilises chapters 1-8 of the course text, 'Attachment-based Practice with Adults' by Clark Baim and Tony Morrison. The follow up days focus on how to develop and link an attachment informed understanding of individual functioning to wider family functioning.

Learning outcomes:

Part 1:

- Revisit essential aspects of the Dynamic-Maturational Model of Attachment and Adaptation (DMM) across the lifespan
- Revisit how attachment strategies are formed from the family and systems perspectives and build confidence in describing contributing factors to the development of secure and insecure attachment strategies
- Understand the five key memory systems for understanding how attachment strategies develop and function
- Understand how to identify attachment strategies in speech and behaviour
- Understand how to apply theory in practice through discourse analysis of case study interviews
- Understand how the DMM connects with the emerging fields of interpersonal neurobiology and narrative medicine
- Understand the LEARN Model for promoting narrative integration and improving psychological functioning
- Understand the impact of unresolved loss and trauma and implications for assessment and intervention
- Understand what it means to be psychologically integrated and to re-organise one's mind in relation to perceived danger
- Formulate a plan to undertake some 'attachment informed' assessment work before the second part of the course

Follow up days:

- Revisit key themes and learning from the 'Attachment Based Practice with Families' Programme
- Review transcripts with the goal of developing an attachment informed understanding of the individual and consider how this links to the wider family functioning.
- Develop a plan for direct work with the individual and/or family using the LEARN model and techniques and exercises from Chapter 9 to effect change.

Programme: Day 1

9.30am	Introductions and learning outcomes
	Attunement exercise and setting learning goals
11.00am	***Break***
11.15am	Quiz: Reviewing the DMM & ABC strategies
	Sculpt exercise
1pm	***Lunch***
1.30pm	Memory Systems
2.30pm	***Close***

Programme: Day 2

9.30am	Review of Day 1
	Introduction to Type A Discourse Markers
11.00am	***Break***
11.15am	Adam
	Introduction to type C Discourse Markers
1pm	***Lunch***
1.30pm	Christie
2.30pm	***Close***

Programme: Day 3

9.30am	Review of Day 2
	Introduction to the LEARN model

11.00am *Break*

11.15am Revisiting Adam and Christie in treatment

Reorganisation, Integration and earning security

1pm *Lunch*

1.30pm Beth

2.30pm Develop a plan for 'attachment informed' assessment interview

Close

Programme: Follow up Day 1

9.30am Review of practice since Days 1,2 & 3

Setting Learning Goals

Listening for Discourse Markers-case example

11.00am *Break*

11.15am Small group review of practice transcripts

12.30pm *Close*

Programme: Follow up Day 2

9.30am *Questions from Follow up Day 1*

Small group review of practice transcripts

11.00am *Break*

11.15am *Small group review of practice transcripts*

12.00pm Next Steps. Reflection on learning and course review

12.30pm *Close*

Quiz

Working together in groups of 2 or 3, answer as many of the questions as you can. Use the book to answer any questions you can't answer.

1. Who initially developed the ideas that became known as attachment theory? What theories were drawn on and what are some of the basic ideas that underlie attachment theory?

2. Who first came up with the notion that there were patterns of attachment?

3. What's the name of the three main patterns and what sort of caregiving environment does each develop in? *Nb. Think predictability and attunement….*

4. From an attachment perspective, two sorts of information are crucial to safety and reproduction? What are they?

5. How do the different patterns of attachment vary in terms of information processing?

6. What does the DMM stand for?

7. Can you name some of the main differences between the ABCD model of attachment and the DMM? What are some of the advantages of the DMM as a theoretical framework?

DANGER SCALE
for the AAI History
(Crittenden, P. M., 2014, revised 2021)

0 Developmental event with no danger

1-2 Developmentally normal, expected dangers, from which the child was adequately protected and comforted.
Examples:
a. being hungry or tired (infancy),
b. falling over, being alone (toddlerhood),
c. skinned knees, competition with a sibling, being punished (preschool),
d. seeing parents argue, being teased, being occasionally rejected by peers (school-age),
e. being jilted, trying drugs, fighting with parents (adolescence)

3-4 Developmentally normative dangers for which one was protected, but not comforted
OR
Developmentally inappropriate dangers from which one was protected and comforted or only comforted
Examples: serious accidents/illness, divorce when parents work together to protect & comfort the children, distant family death, physical punishment of young child for dangerous behavior, familial sexual abuse by loving person

5-6 Developmentally inappropriate dangers from which one was neither protected nor comforted
Examples: serious accidents/illness requiring hospitalization, physical punishment for non-dangerous behavior, verbal abuse (especially by caregivers), acrimonious or protracted divorce, bullying, pervasively rejected/excluded from school, non-familial sexual abuse, close family (non-parent) death, mentally ill parent, foster care or sibling in foster care, substance using parent

7-8 Parentally inflicted dangers (no comfort, no protection)
Example: persistent rejection, being sent to live away from parents (>12y), physical, emotional or familial sexual abuse/neglect, deception, divorce in which the children are triangulated into the conflict through misleading or deceptive information, running away, self-harm, child in foster care, overdosing

9 Events that would be threatening to adults as well (repeated unexplained hospitalization of an attachment figure or attached person, death of a parent in childhood, death of a spouse/child, war)

10 Ongoing serious endangerment (in the present). Partner abuse, neighborhood violence involving self or family, dangerous psychosis or criminality

Gradient of Interventions

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Parent education

Parent can integrate, but needs new information.

Short-term counselling

Parent can integrate and has information, but needs another perspective and dialogue around the perspective

Parent-child intervention

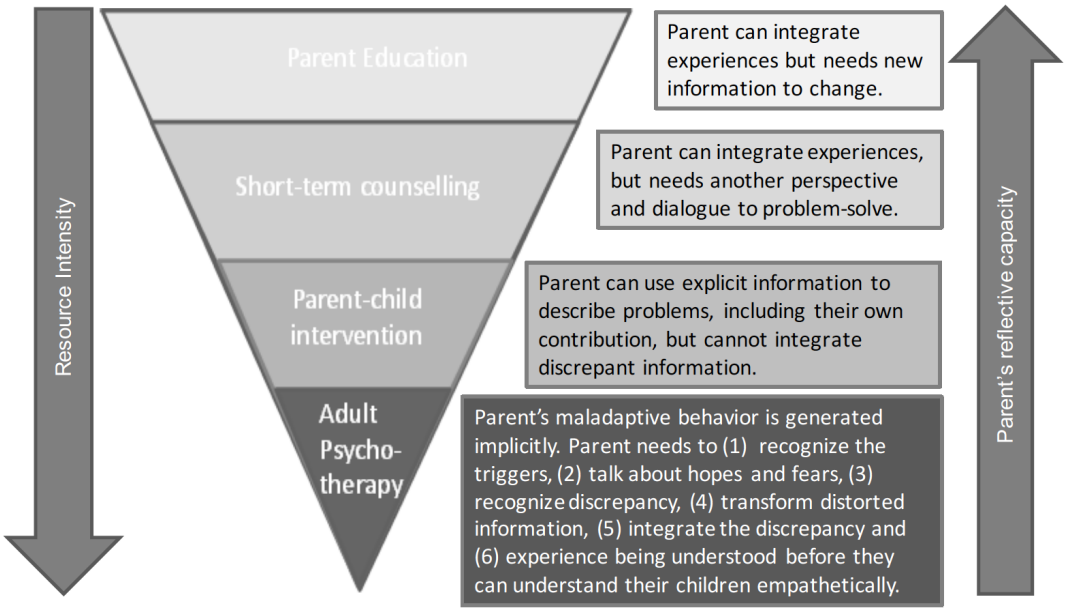
Parent can use explicit information to describe problems, including their own contribution, but cannot integrate discrepant information.

Adult psychotherapy (personal, not parenting)

Parent's behavior is generated implicitly, i.e., not consciously, and is maladaptive, sometimes dangerously so.

Parent needs understanding of implicit 'triggers', verbalization, recognition of discrepancy, integration, plus the experience of being understood empathically before they can understand others (for example, their children) empathically.

Parent is not yet ready for parenting interventions.



Levels of Family Functioning

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I. Independent and Adequate

Families in this category are able to meet the needs of their children by combining their own skills, help from friends and relatives, and services which they seek and use. Such families, like all families, face problems and crises. It is their competence at resolving these problems which makes them adequate.

II. Vulnerable to Crisis

Families in this category need temporary, i.e., six months to a year, help resolving unusual problems; otherwise the family functions independently and adequately. Examples of common precipitating crises include birth of a handicapped child, divorce, loss of employment, death of a family member, entry of a handicapped child into school, and sexual abuse in day care of a child. Because each of these crises could result in chronic problems, it is the nature of the family's response, not the nature of the crisis, which results in the vulnerable classification.

III. Restorable

Families in this category are multi-problem families who need several types of training in specific skills or therapy around specific issues. Following intervention, it is expected that the family will function independently and adequately. The period of intervention can be expected to last 1-4 years and require active case management to organize the sequence of service delivery and to integrate the services.

IV. Supportable

There are no rehabilitative services that can be expected to enable these families to become independent and adequate. With specific on-going services, the family can meet the basic physical, intellectual, emotional, and economic needs of their children. Services, and management of those services, will be needed until all the children are grown. Examples of supportable families include those with a mentally retarded mother, a depressed mother, or a parent who abuses alcohol or drugs chronically.

V. Inadequate

There are no services sufficient to enable these families to meet the basic needs of their children, now or in the future. Permanent removal of the children should be sought.

Crittenden, P.M. (1992). The social ecology of treatment: Case study of a service system for maltreated children. American Journal of Orthopsychiatry, 62, 22-34.

Levels of Parental Reasoning

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Abdication

Level 0: Parent doesn't know why they do what they do or is incoherent.

Level 0.5: Parent defers to others or echoes their views.

Egoistic reasoning

Level 1: Parent makes decisions based on self-interest (self-state).

Level 1.5: Parent tries to behave the way they would have wanted if they were the child.

Conformist reasoning

Level 2: Parent's decisions are based on normative standards.

Level 2.5: Parent modifies normative standards on the basis of some characteristic of the child (e.g., age, sex).

Individualistic reasoning

Level 3: Parent selects their own behavior in response to unique aspects of the child.

Level 3.5: Parent's reasoning includes more than one level, but is not fully individualized to child, self, and present circumstances.

Integrative reasoning

Level 4: Parent's reasoning is based on the integration of information from lower levels, including the unique characteristics of the child, the self, the immediate situation, and long-term experience and consequences.

Modified from: Crittenden, P. M., Lang, C., Claussen, A.H., & Partridge, M. F. (2000). Relations among mothers' procedural, semantic, and episodic internal representational models of parenting. In P. M. Crittenden and A. H. Claussen (Eds). The organization of attachment relationships: Maturation, culture, and context (pp. 214-233). New York:Cambridge University Press.

LEARNING LOG AND ACTION PLAN
My personal learning goals attending this course were.... 1. 2. 3.
Key areas of learning for me on this course were.... 1. 2. 3.
Aspects of the course that particularly challenged me and I wish to explore further are.....

Improvements that I want to make to the way that I work are.... By when? 1. 2. 3.
What will tell me or others that I have been successful in improving my practice? 1. 2. 3.
Who/ what will assist me in making improvements?

References and recommended reading

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Morrison, T. (1997). 'Emotionally competent child protection organisations: Fallacy, fiction or necessity?', in Bates, J., Pugh R. and Thompson, N. (eds), *Protecting Children: Challengers and Changes.* Aldershot: Arena.

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Perry, B. (2008). 'Child maltreatment: A neurodevelopmental perspective on the role of abuse in psychopathology,' in *Textbook of child and adolescent psychopathology.* Beauchaine and Hinshaw, Eds. New York: Wiley.

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Siegel, D. (1999). *The Developing Mind: How relationships and the brain interact to shape who we are.* Guilford Press.

Siegel, D. (2008). *The Neurobiology of We.* www.soundstrue.com

Tanaka, M., Kukuyama, and Urhausen, M. T. (2003). 'Drawing and storytelling as psychotherapy with children.' In C. Malchiodi (Ed.) *Handbook of art therapy.* New York: Guilford.

On line resources

- International Association for the Study of Attachment www.iasa-dmm.org
- Dr. Patricia Crittenden's website: www.patcrittenden.com (includes course information):
- Dan Siegel's website: www.drdansiegel.com
- Useful article about the neuroscience of psychotherapy: http://psychservices.psychiatryonline.org/cgi/content/full/54/10/1419