'Attachment Based Practice in a Fostering Service'

Part 2

Adolescence, Adulthood and the Family System

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About this Course

Part 2 of the training focuses on attachment based practice with adolescents and adults. It builds on Part 1 of the training. As with Part 1 of the course, Part 2 focuses on translating the 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 an attachment informed understanding and plan from assessed difficulties and strengths of individuals.

Learning outcomes. At the end of the course participants will:

- 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 follow up days of the course

Follow up days:

- Revisit key themes and learning from the 'Attachment Based Practice in a Fostering Service' Programme
- Review assessment work undertaken (transcripts of assessment sessions), with the goal of synthesising understanding to develop an attachment informed understanding and plan.
- Develop a plan for direct work with the assessed individual using the LEARN model and techniques and exercises from Chapter 9 to effect change based on the formulation of any difficulties.

Participants will be asked to bring a piece of assessment work (audio or video recorded) with an adult to the follow up days ready for review.

Programme: Day 1

9.30am	Introductions and learning outcomes
	Attunement exercise
	Setting learning goals
11.00am	*Break*
11.30am	Quiz & Reviewing the DMM
	Introduction to Memory Systems
1.15pm	*Finish*

Programme: Day 2

9.30am	Group Reflection
	Introduction to Type A Discourse Analysis Anne
11.00am	*Break*
11.30am	Introduction to Type A Discourse Analysis - Anne
1.15pm	*Finish*

Programme: Day 3

9.30am	Group Reflection
	Introduction to Type C Discourse Analysis - Christie
11.00am	*Break*
11.45am	Introduction to the LEARN model
1.15pm	*Finish*

Programme: Day 4

9.30am	Group Reflection
	Revisiting Anne and Christie in treatment
	Reorganisation, Integration and Earned Security
11.00am	*Break*
11.30am	Beth
	Planning for 'attachment informed assessment work'
1.15pm	*Finish*

Programme: Follow up Days

9.30am	Review of practice experience
	Small group review of assessment work including planning for future work
11.00am	*Break*
11.30am	Small group review of assessment work including planning for future work
1.15pm	*Finish*

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?

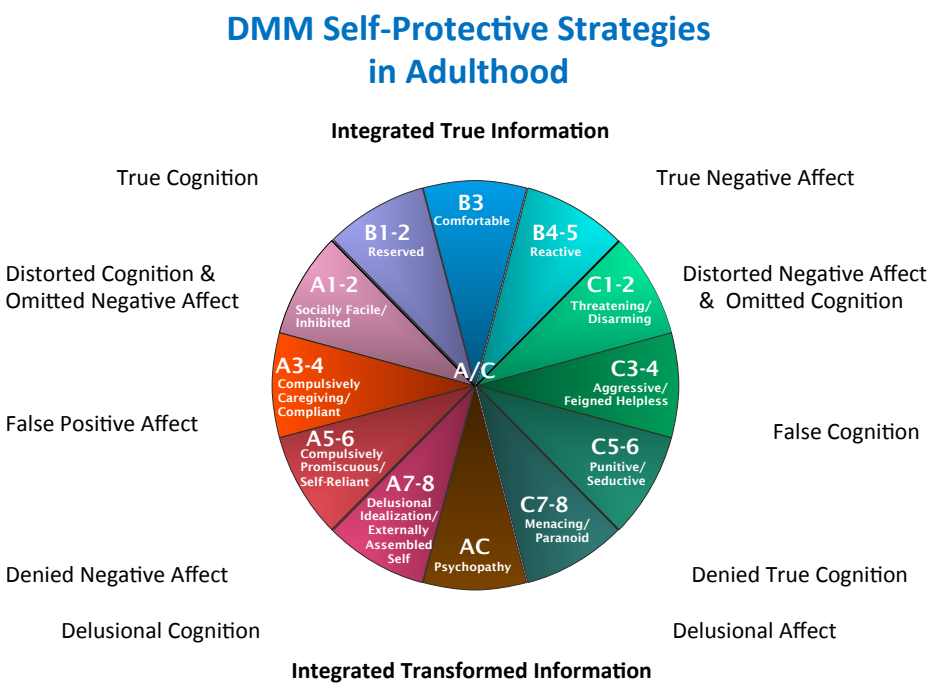
An Introduction to the ABC patterns of Attachment

Secure: Parents are interested in and alert to infant's state of mind-are anxious to understand their child and to be understood by them ➔child develops an internal model of the self as loveable and psychologically intelligible➔child will mentally represent others as potentially interested available and responsive at times of need➔at times of stress the child will have a positive view of others as a resource

Insecure A: Parents feel anxious and irritated when the child makes emotional demands and will distance themselves when child signals distress. Rather than attempt to understand the child-will impose their view of what a "good child" is➔child adapts to rejecting caregiver by downplaying (over-regulating) negative emotions-children get most attention when hey behave in the way the parent wants them to behave (Compulsive A)➔Intimacy will be avoided➔when stressed will feel anxious-has not learnt how to elicit sensitive care and protection

Insecure C: Under involved carers-more interested in whether child loves them than in the child's needs-slow to respond to distress➔child increases displays of distress to overcome caregiver's insensitivity-feels angry that parental care cannot be taken for granted-seems to be no relationship between their behaviour and whether the carer will respond (coercive)➔child can become distressed at being left alone, poor concentration, moody. Tries to control other people's unpredictability through coercive behaviour ➔others give up, confirming fear that others let you down

Disorganised (in ABC+D model) A/C or A+ & C+ in DMM: When carer is source of fear-highly organised strategy to deal with it➔if parents are rejecting and physically abusive➔compulsively compliant or if parents needy/unable to look after themselves➔compulsive caregiving. If parents abusive and neglectful ➔child seeks to be in control rather than be controlled➔bossy aggressive, violent self abusive



Dynamic-Maturational Model Self-Protective Strategies

Patricia M.Crittenden, Ph.D.

The descriptions below accompany and elaborate the circular model of self-protective strategies.

Type B strategies integrate cognitive and affective information in a balanced and flexible manner.

B3: The Type B strategy involves a balanced integration of temporal prediction with affect. Individuals using the Type B strategy show all kinds of behaviour, but are alike in being able to adapt to a wide variety of situations in ways that are self-protective, partner-protective, and progeny-protective. As often as possible, they cause others no harm. They communicate directly, negotiate differences and find mutually beneficial compromises. They distort information very little, especially not to themselves. They display a wider range of individual variation than people using other strategies-who must constrain their functioning to employ their strategy. This strategy functions in infancy. By adulthood, two sorts of Type B strategies can be differentiated. Naïve B's simply had the good fortune to grow up safe and secure. Mature B's, on the other hand, 1) have reached neurological maturity (in the mid-30's), 2) function in life's major roles, e.g., child, spouse, parent, and 3) carry out an on-going process of psychological integration across relationships, roles and contexts. Where naïve B's tend to be simplistic, mature B's grapple with life's complexities.

B1-2: Individuals assigned to B1-2 are a bit more inhibited with regard to negative affect than B3s, but are inherently balanced.

B4-5: Individuals assigned to a B4-5 exaggerate negative affect a bit, being sentimental (B4) or irritated (B5), but are inherently balanced.

Type A strategies emphasise cognitive contingencies while inhibiting display and awareness of feelings.

A1-2: The A1-2 strategy uses cognitive prediction in the context of very little real threat. Attachment figures are idealised by over-looking their negative qualities (A1) or the self is put down a bit (A2). Most A1-2s are predictable, responsible people who are just a bit cool and business like. Type A strategies all rely on inhibition of feelings and set danger at a psychological distance from the self. This strategy is first used in infancy.

A3: Individuals using the A3 strategy (compulsive caregiving, cf., Bowlby, 1973) rely on predictable contingencies, inhibit negative affect and protect themselves by protecting their attachment figure. In childhood, they try to cheer up or care for sad, withdrawn and vulnerable attachment figures. In adulthood, they often find employment where they rescue or care for others, especially those who appear weak and needy. The precursors of A3 and A4 can be seen in infancy (using the DMM method for the Strange Situation) but the strategy only functions fully in the preschool years and thereafter.

A4: Compulsively compliant individuals (Crittenden & DiLalla, 1988) try to prevent danger, inhibit negative affect and protect themselves by doing what attachment figures want them to do, especially angry and threatening figures. They tend to be excessively vigilant, quick to anticipate and meet others' wishes, and generally agitated and anxious. The anxiety, however, is ignored and downplayed by the individual and often appears as somatic symptoms that are brushed aside as being unimportant.

A5: A5 individuals use a compulsively promiscuous strategy (Crittenden, 1995) to avoid genuine intimacy while maintaining human contact and, in some cases satisfying sexual desires. They show false positive affect, including sexual desire, to little known people, and protect themselves from rejection by engaging with many people superficially and not getting deeply involved with anyone. This strategy develops in adolescence when past intimate relationships have been treacherous and strangers appear to offer the only hope of closeness and sexual satisfaction. It may be displayed in a socially promiscuous manner (that doesn't involve sexuality) or, in more serious cases, a sexual promiscuity.

A6: Individuals using a compulsive self-reliant strategy (Bowlby, 1980) do not trust others to be predictable in their demands, find themselves inadequate in meeting the demands or both. They inhibit negative affect and protect themselves by relying on no one other than themselves. This protects the self from others, but at the cost of lost assistance and comfort. Usually this strategy develops in adolescence after individuals have discovered that they cannot regulate the behaviour of important, but dangerous or non-protective caregivers. They withdraw from close relationships as soon as they are old enough to care for themselves. There is a social form of the strategy in which individuals function adaptively in social and work contexts, but are distant when intimacy is expected, and an isolated form in

which individuals cannot manage any interpersonal relationship and withdraw as much as possible from others.

A7: Delusionally idealising individuals (Crittenden, 2000) have had repeated experience with severe danger that they cannot predict or control, display brittle false positive affect and protect themselves by imagining that their powerless or hostile attachment figures will protect them. This is a very desperate strategy of believing falsely in safety when no efforts are likely to reduce the danger (cf., the "hostage syndrome"). Paradoxically, the appearance is rather generally pleasing, giving little hint of the fear and trauma that lie behind the nice exterior until circumstances produce a break in functioning. This pattern only develops in adulthood.

A8: Individuals using an A8 strategy (externally assembled self, Crittenden, 2000) do as others require, have few genuine feelings of their own, and try to protect themselves by absolute reliance on others, usually professionals who replace their absent or endangering attachment figures. Both A7 and A8 are associated with pervasive and sadistic early abuse and neglect.

Type C strategies emphasise feeling states in contexts where contingencies are complex of information is ambiguous or incomplete.

C 1-2: The C 1-2 (threatening-disarming) strategy involves both relying on ones own feelings to guide behaviour and also using somewhat exaggerated and changing displaying negative affect to influence other people's behaviour. Specifically, the strategy consists of splitting, exaggerating, and alternating the display of mixed negative feelings to attract attention and manipulate the feelings and responses of others. The alternation is between presentation of a strong, angry invulnerable self who blames others for the problem (C1, 3, 5, 7) with the appearance of a fearful, weak, and vulnerable self who entices others to give succorance (C2, 4, 6, 8). C1-2 is a very normal strategy found in people with low risk for mental health problems and a great zest for life. Infants display the C1-2 strategy.

C3-4: The C3-4 (aggressive-feigned helpless) strategy involves alternating aggression with apparent helplessness to cause others to comply out of fear of attack or assist out of fear that one cannot care for oneself. Individuals using a C3 (aggressive) strategy emphasise their anger in order to demand caregivers' compliance. Those using the C4 (feigned helpless) strategy give signals of incompetence and submission. The angry presentation elicits compliance and guilt in others, whereas vulnerability elicits rescue. The precursors of this strategy can be seen in infancy (using the DMM method for the Strange Situation), but the strategy only functions fully in the preschool years and thereafter.

C5-6: The C5-6 strategy (punitively obsessed with revenge and/or seductively obsessed with rescue) is a more extreme form of C3-4 that involves active deception to carry out the revenge or elicit rescue. Individuals using this strategy distort information substantially, particularly in blaming others for their predicament and heightening their own negative affect; the outcome is a more enduring and less resolvable struggle. Those using a C5 (punitive)

strategy are colder, more distant and self-controlled, and deceptive than people using C3. They appear invulnerable and dismiss other people's perspectives while forcing others to attend to them while misleading others regarding their inner feeling of helplessness and desire for comfort. Individuals using the C6 (seductive) strategy give the appearance of needing rescue from dangerous circumstances that are, in fact, self induces. C6 individuals mislead others regarding their anger. This alternating pattern is often seen in bully-victim pairs, within gangs, and in violent couples where the hidden half of the pattern is usually forgotten or forgiven-until the presentation reverses. This strategy develops during the school years, but does not fully function fully until adolescence.

C7-8: C7-8 (menacing-paranoid) is the most extreme of the Type C strategies and involves a willingness to attack anyone combined with fear of everyone. Type C strategies all involve distrust of consequences and an excessive reliance on ones own feelings. At the extreme, this pattern becomes delusional with delusions of infinite revenge over ubiquitous enemies (a menacing strategy, C7) or the reverse, paranoia regarding the enemies (C8). These two strategies do not become organised before early adulthood.

<u>Type A/C strategies alternate or blend Type A and Type C strategies.</u>

A/C: A/C strategies combine any sub-patterns. In practice, most A/C's consist of the more distorted patters, i.e., A3-4 or higher and C3-4 or higher. Individuals using these strategies display either very sudden shifts in behaviour (A/C) or, in the case of the blended strategies (AC), they show very subtle mixing of distortion and deception. The extreme of the blended form is psychopathy.

Four aspects of the 'A' strategy

Functions of the strategy for the person	**Cognitions or pre-conscious mental 'rules'** (normative to endangering)	**Behaviours** (normative to endangering)	**The 'story' that accompanies the 'A' strategy** (normative to endangering)
Over-regulate/control own negative emotions and **deactivate** attachment behaviours in order to…..	Be good.	Superficial/socially facile/ people-pleasing	I didn't need comfort-everything was fine
increase attachment figure's acceptance, proximity and responsiveness, via…	Follow the rules	Inhibited/ withdrawn	My childhood was perfect, but don't ask me for examples
compliance, care-taking or self-sufficiency Plus: Use self-representations that self is **strong** and **invulnerable,** and **defensively exclude** internal world (feelings and emotions) in order to…	I'm responsible	Compulsive care-giving	There was a problem in my childhood but my parents were not to blame
	Don't ask, don't challenge, don't feel. (Feelings are dangerous)	Compulsive compliance	I solved the problems because I looked after my parents or by being such a good boy/girl
	You can't hurt me/I don't need comfort/This is just business/Just sex	Compulsive social or sexual promiscuity (can lead to emotionally callous behaviour)	There were problems and my parents were lousy, but I left home and decided I could go it alone
avoid negative emotions that create discomfort	I don't need other people/Do as I say and don't cause me to feel uncomfortable emotions	Compulsive self-reliance (can lead to bullying/ controlling behaviour to minimise and avoid negative feelings)	There were serious problems, but I protected myself by anticipating every danger (because no-one else was there to protect me)

Treatment implications for clients using an 'A' strategy:

Client's stance

- A core dilemma underpinning the A strategy is fear of emotional intimacy versus fear of isolation.
- More concerned with *what happened* than *how they felt about it.*
- Core concept: 'My thinking will keep me safe and help me survive.'
- Over-arching strategy: an exterior presentation that inhibits negative affect.

Worker's stance

- Central therapeutic challenge: to hear and work with the *fearful* (desiring comfort and protection), *sad or angry person* beneath the outwardly positive, neutral or distancing exterior.
- Build trust to overcome suspicion.
- Beware of trying to find a quick fix. Be prepared to stay in 'for the long haul'.
- Honour the client's story whilst eliciting more balanced stories, including painful or difficult emotions.

Approaches that might help

- Encourage 'I' statements.
- Don't 'attack' their idealised attachment figure – this will usually cause the client to defend them.
- Give 'permission' to the client to reveal their 'shadow' emotions and impulses, without fear of reprisal.
- Unpick the client's assumptions, errors, omissions, distortions and self-deceptions (ie. related to thinking and feeling).
- Help client to express true affect, e.g. fear, anger, sadness or need for comfort.
- Help client to use active or projective methods (e.g. objects, drawing) to externalise issues like shame, guilt and remorse. The 'A' strategy often carries with it a burden of shame, and it may help the client if they are able to 'place' the shame outside of themselves, and perhaps 'give it back' to whom it belongs.
- Encourage client to show him or herself self-compassion.
- Help client to accurately distribute responsibility for events in their past and present.
- Help client to develop intimacy skills, especially skills such as asking for care or comfort, and expressing feelings.
- Help client to develop the skills of mentalisation, self-reflection and emotional self-awareness.
- Teaching problem-solving skills.
- Help client to develop skills of reciprocity in relationships (the goal-directed partnership).
- Help client to identify strengths and build self-esteem.
- Help client to appraise themselves from their own perspective, not that of others.

Four aspects of the 'C' strategy

Functions of the strategy for the person	**Cognitions or pre-conscious mental 'rules'** (normative to endangering)	**Behaviours** (normative to endangering)	**The 'story' that accompanies the 'C' strategy** (normative to endangering)
Hyper-activates attachment behaviour via…..	Feelings rule, and I am angry!	Threatening	I cannot predict other people's behaviour or control my own
exaggerating 'poor me' feelings (cry, whine etc.) or anger in order to…	It's not my fault. Things happen to me	Dismissing/sulking/ clingy/coy	Let me tell you everything I can think of. It's too complicated, so I cannot draw conclusions about responsibility
increase attachment figure's predictability, and **availability**	Pay attention to me or else I will….	Aggressive/ coercive	There was a problem and my parents are to blame
whilst feeling **resentful** at attachment figure's unpredictability	Look after me or I will be hurt by….	Feigned helpless	I am angry/helpless because I am still waiting for them to fix it
Plus:	How dare you….	Punitive/defiant/ oppositional	Other people can't help me, or they hurt me and must be punished (including you)
Anxious that attachment figure will withdraw, but **resists comfort and so…** remains in **under-regulated, emotionally aroused** state and… **cognitively** disconnects: no link between attachment figure, words and actions	Don't hurt me….	Seductive/bullied	Here is a pseudo-problem that I want you to struggle with (not the real problem) and that can never be solved, but I need people attentive to me. I will seduce or tantalise or scare you into not giving up on me

Treatment implications for clients using an 'C' strategy:

Client's stance

- A core dilemma underpinning the 'C' strategy is fear of abandonment versus fear of losing autonomy.
- Less concerned with *what happened* than *how they felt about it.*
- Core concept: 'My feelings will keep me safe and help me survive.'
- Over-arching strategy: To exaggerate the display of genuinely felt fear or sadness and alternate it with the display of anger (with varying degrees of one presentation being dominant) in order to involve the other person (eg. their attachment figure) in an ongoing, unsolvable, everlasting struggle.

Worker's stance

- Central therapeutic challenge: when the outward presentation is *fear and desire for comfort*, to hear and address the underlying *anger*. When the outward presentation is *anger,* to hear and address the *underlying fear, vulnerability and desire for comfort.*
- In both cases, to also help the person to organise their thinking about people and relationships and how they think and behave when they feel stressed or threatened in relationships.
- Build trust to overcome suspicion.
- Beware of trying to find a quick fix.
- Honour the client's story whilst helping client to arrive at a more coherent story from uncontained emotion and unstructured narrative. Help client to include a balance of true cognition and affect.
- Avoid colluding with stories that blame others and / or characterise their attachment figures as 'all good' or 'all bad'. This will reinforce the 'C' strategy.

Approaches that might help

- Create structures and clear boundaries.
- Unpick the client's assumptions, omissions, errors, distortions and self-deceptions (ie. related to thinking and feeling).
- Help client to separate their own feelings from those of other people.
- Help client to develop accurate perspective-taking and a view of other people that balances different perspectives.
- Help client to identify exceptions, eg. when their attachment figure behaved differently.
- Help client to make accurate links between their feelings and the events they describe
- Help client to accurately distribute responsibility for events in their past and present.
- Help client to develop intimacy skills work, especially skills such as asking for care or comfort, and talking about feelings.
- Help client to develop the skills of mentalisation, self-reflection and emotional self-regulation.
- Encourage client to show him or herself self-compassion.
- Help client to develop problem solving skills.

Assignment Sheet

In order to increase your confidence with and application of the materials and learning from the 'Attachment Based Practice in a Fostering Service' programme, please do the following before we meet for the follow-up days:

1) Pair up with someone in the group, make a date to meet / discuss how you are using the material and hold each other to account for undertaking the homework task.
2) **Complete the assessment exercise** as detailed below (this is a large task, but very well worth doing).

When we meet again for our follow-up days, you will be asked to discuss the following questions to reflect on and process the learning:

1) How did the assignment task go, and what did you learn from it?
2) Overall, what have been the main learning points for you from this course?

Assessment Exercise

The assessment assignment is a structured opportunity to look at examples of live work using the frameworks for attachment and interview analysis taught on the course. Previous participants have found this task very useful in making the theory to practice link.

You are asked to undertake a piece of attachment informed assessment work. This could be an interview with an adult in which you help them reflect on their own history and how it impacts on them now, or a piece of direct work with a child or young person.

Please make sure the transcript of the interview or direct work is in a format that can be shared so you can work together when we come back together for the follow up days. The purpose will be to look at discourse markers and the process of the interview, discuss the strengths shown by the interviewer and the challenges they faced in the interview. This can lead on to looking at ways that interviewers can improve their techniques as well identifying therapeutic issues to explore with clients.

Some general points about the transcripts:

- Please listen to the interview and identify a particular section that you would like to share and get feedback on. This should be the section of the interview that you transcribe.
- *Please provide only 3 – 5 pages of transcript.* This may represent approximately 5 to 10 minutes of interview time only, so it is important that you choose a section that you are particularly interested in gaining feedback about.

- Also important: The transcribed section should be one where the attachment responses of the interviewee have been activated (i.e. there is some moderate stress generated by the questions in that they touch on early memories, significant early / family / intimate relationships, stressful memories, troubling events, difficult or painful emotions, etc.). On pages 139-140 of *Attachment-based Practice with Adults* (the course text) you can find a list of sample topics that touch on attachment-related themes, or you can use the suggested format below. If you are undertaking direct work with a child, use a story based interview technique or a family drawing or sculpt.
- When doing the transcription, please use square brackets and specify non-verbals, including coughs, gestures, laughs, grimaces, staring, standing up, shifting in chair, sudden raising or dropping in voice, angry expression or other marked expression on face. Please include any other explanations of the process that will help us understand what was happening. Silences should be indicated by one full stop for each second of silence. Rounded brackets should be used for paraphrasing what the person said which might have been unclear on the tape, or an intended meaning that was clear to you but which would otherwise not come across in the transcript.
- In the transcript, please transcribe your questions in the same way, so we can better understand the process between you and the interviewee.
- Please put your words in bold font and the interviewee's in regular font. Please use 12 point font, double spaced.
- If you have an administrator or other person type the transcript from the audio recording, please be aware that you will have to review the transcript to ensure that the non-verbals are properly noted and that the transcript has not been 'tidied up.'
- If at all possible, it is useful to do the transcription within one or two days of the interview, as you will remember far more of the non-verbal communication.

Confidentiality and consent

- You will need to obtain the person's permission to record the session. You will also need to anonymise any identifying details in the transcript (e.g. names, specific locations).
- Please follow your agency's protocols for seeking a service user's consent for the recording and sharing of the interview for training purposes. We suggest that, after having obtained initial consent to record the session, you re-check afterwards in case the service user feels that parts of the discussion should not be used.
- When explaining the purpose of the recording, it should be explained that the purpose is to help us to improve our skills and sensitivity. Please do not promise to offer the person feedback about what was said about them in the small group. It should be characterised as an opportunity for feedback / training for you.

Suggested questions for the transcript task

Overview of the speaker's childhood family

- Before we begin, can you give me a brief overview of your childhood family? For example, where you were born, who was in your family, where you lived, what your parents did for a living, and whether you moved around much - things like that.
- Did you know your grandparents when you were a child?
- Were there any other people to whom you were close when you were young?
- What is the earliest memory that you have as a child? Tell me as much as you can remember about it.

The relationships with attachment figures

- I'd like you to describe your relationship with your mother, as far back as you can remember.
- Now, I'd like you to choose three words or phrases to describe your relationship with your mother when you were young.
- You said that relationship with your mother was _____. Can you tell me about a specific occasion when your relationship was _____? Try to think back as far as you can. [Repeat this follow on question for each of the words given]

- Could you now describe your relationship with your father, going as far back as you can.
- Now, I'd like you to choose three words or phrases that describe your relationship with your father when you were young.
- You said that relationship with your father was _____. Can you give me a memory of a specific occasion when your relationship was _____? Try to think back as far as you can. [Repeat this follow on question for each of the words given]

- To which parent did you feel closest as a child?
- Why do you think you felt closer to _____?
- Why isn't there this feeling with _____ (the other parent)?

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

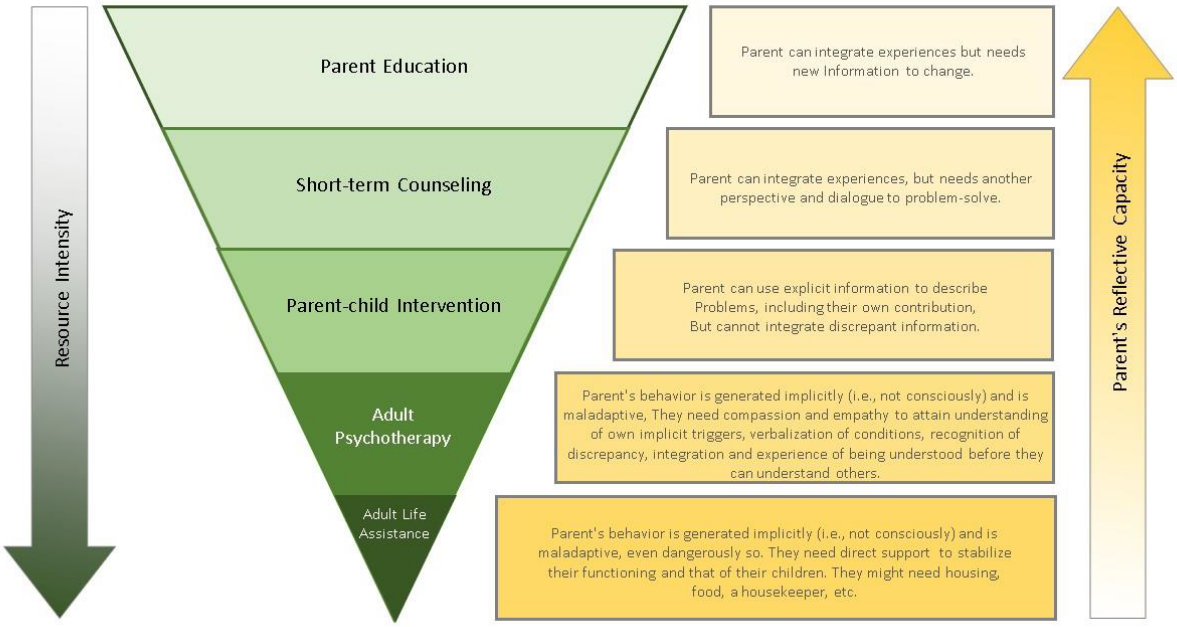
Parent can use explicit information to describe problems, including their own contribution, but cannot integrate discrepant information.

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.

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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

LEARNING LOG AND ACTION PLAN
The purpose of this log is to capture the learning at the end of a course and record any actions you may wish to take before the business of everyday life takes over. You may wish to use this document in supervision or as part of your record of continual professional development.
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 were:
Areas I wish to explore further are?
One thing that I will take away from the training that I will do differently and will make a positive difference to service users is....
Other improvements that I want to make to my work By when?
What will tell me or others that I have been successful in improving my practice?
Who/ what will assist me in making improvements?