An Introductory Workshop

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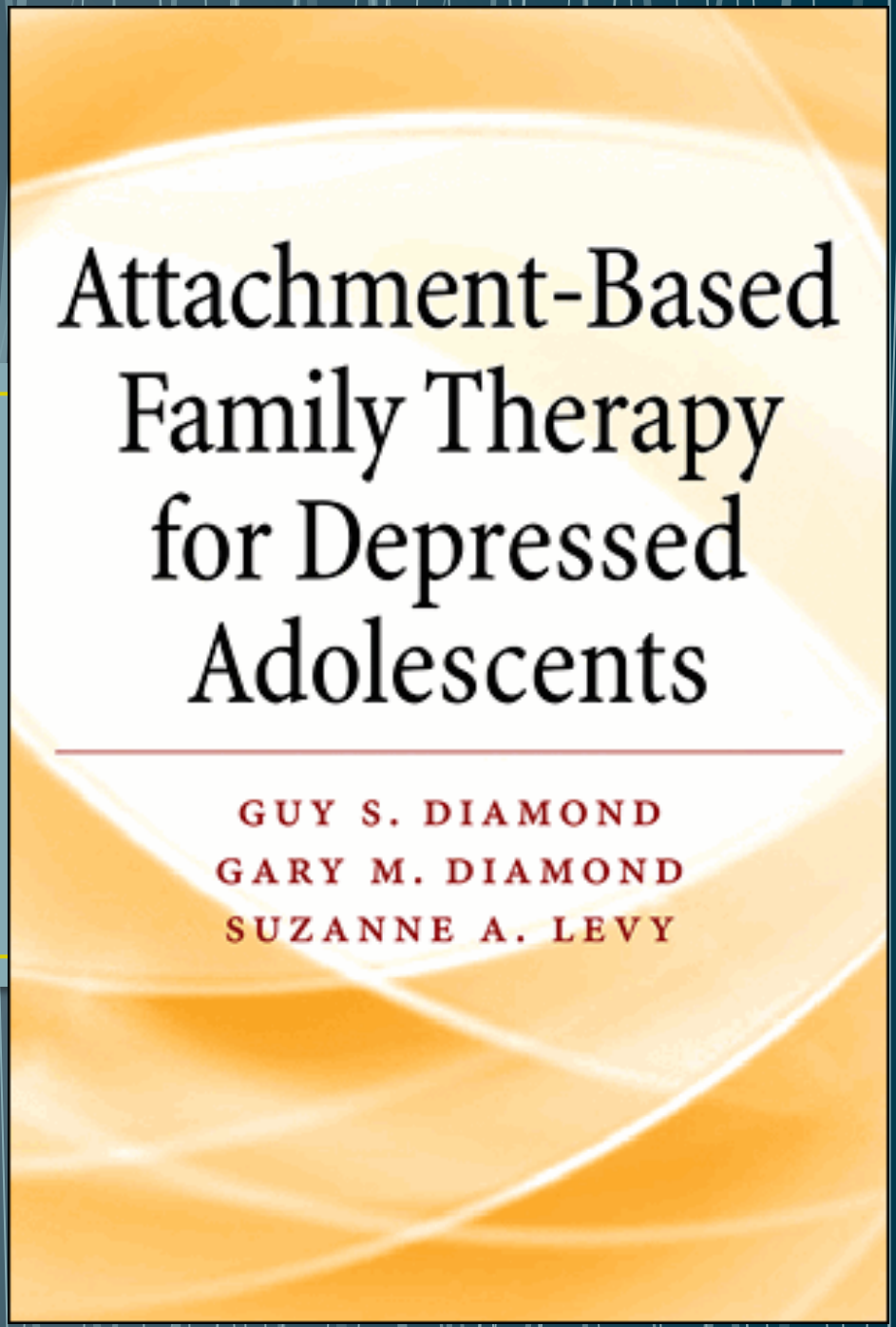


Overview of ABFT

- Studied as a 12 to 16 week treatment
- Developed for depressed and suicidal adolescents
- Built around 5 distinct yet interrelated treatment "tasks"
- Manual is focused but flexible
- Based in Attachment Theory and Structural Family Therapy
- The **National Registry of Evidence-based Programs and Practices (NREPP)** has determined that ABFT meets the NREPP requirements.
- ABFT is classified as a "proven practice" on the **Promising Practices Network (PPN)** run by the Rand Corporation
- Listed in the **Swedish Guidelines** for treatment of depression
- **CYP IAPT** recommended evidenced based treatment in **England**

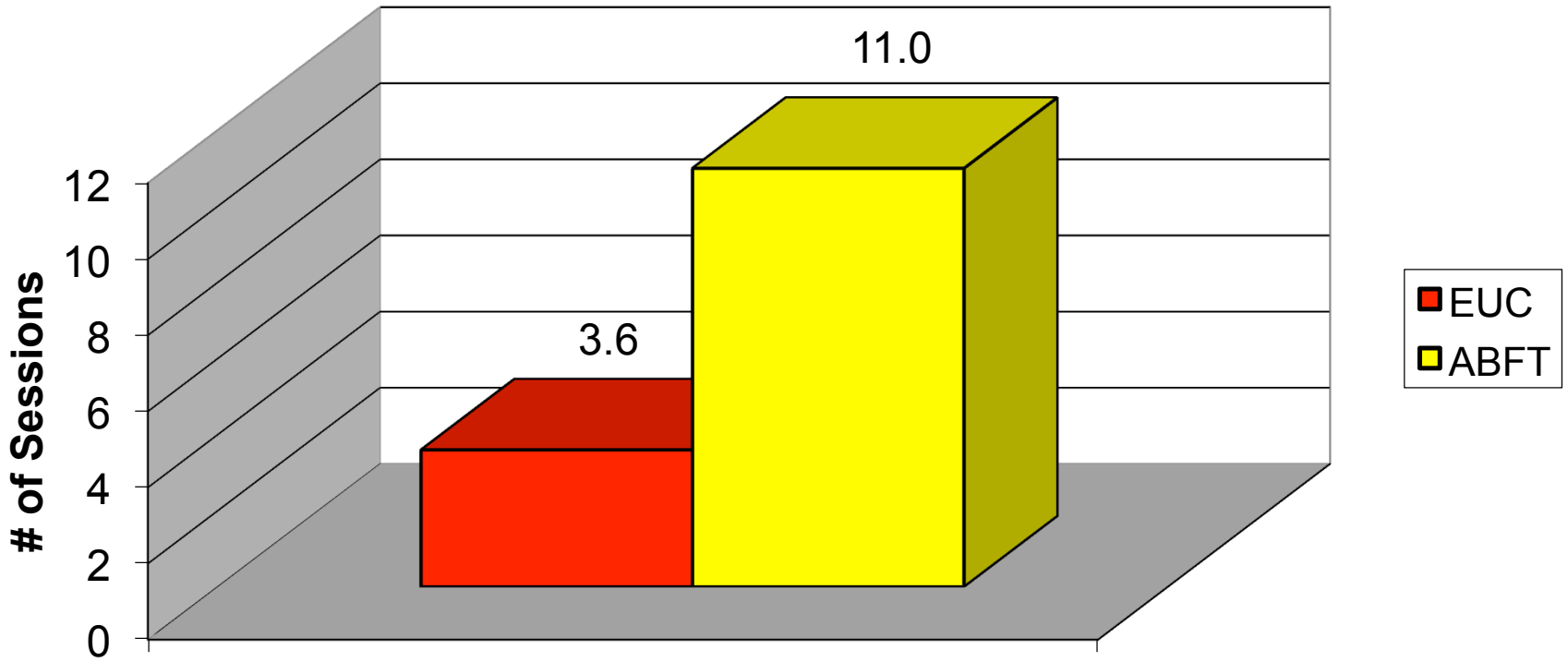
Empirical Support

ABFT for Youth Suicide

- CDC funded randomized clinical trial
- Randomized to ABFT or Enhanced Usual Care (EUC)

Sample Size	**66**
Female	70%
African American	80%
Previous attempts	50%
MDD	30%
Anxiety	80%
History of sexual abuse	50%

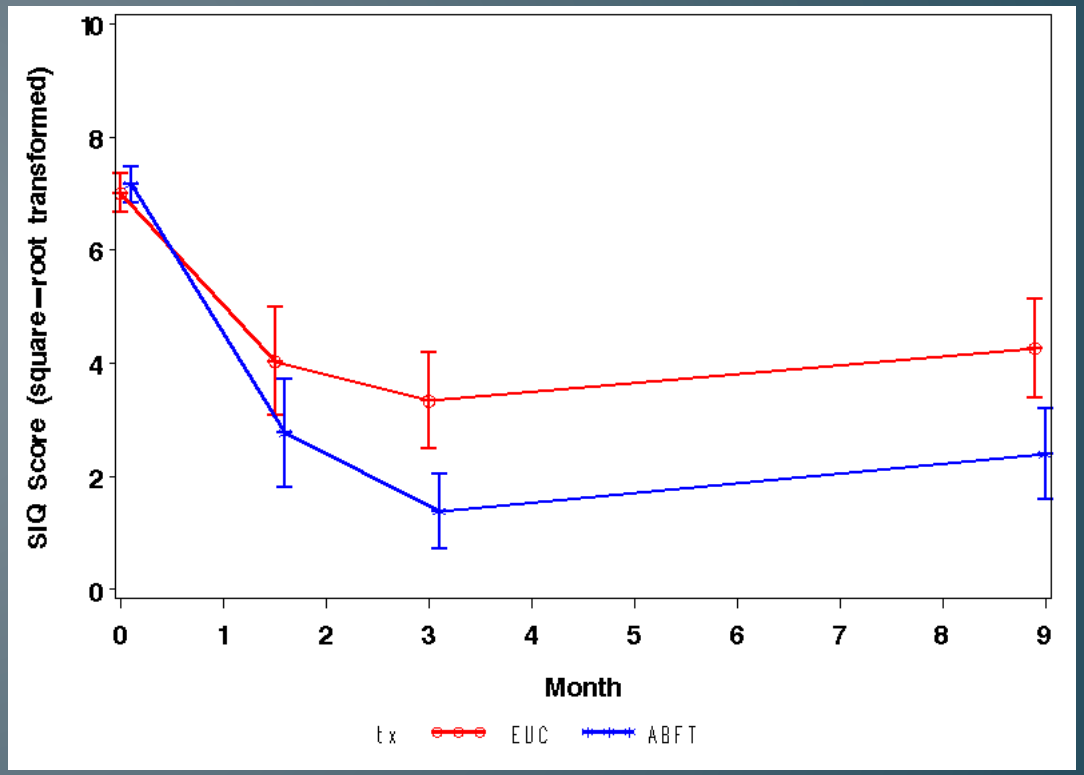
Total Number of Therapy Sessions



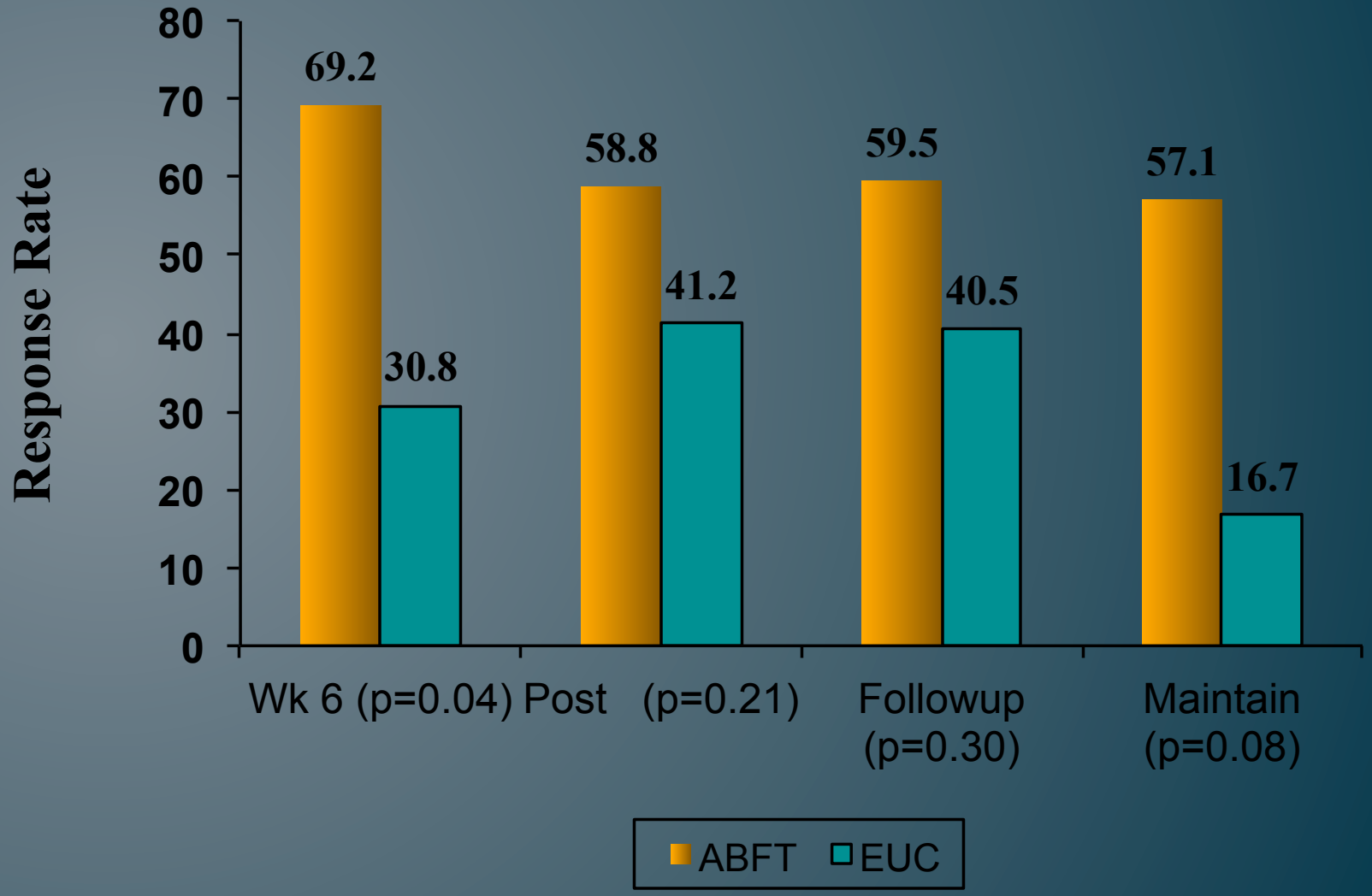
Standard Deviations: 4.1 EUC; 4.2 ABFT

$p < .001$

Suicide Ideation (SIQ)



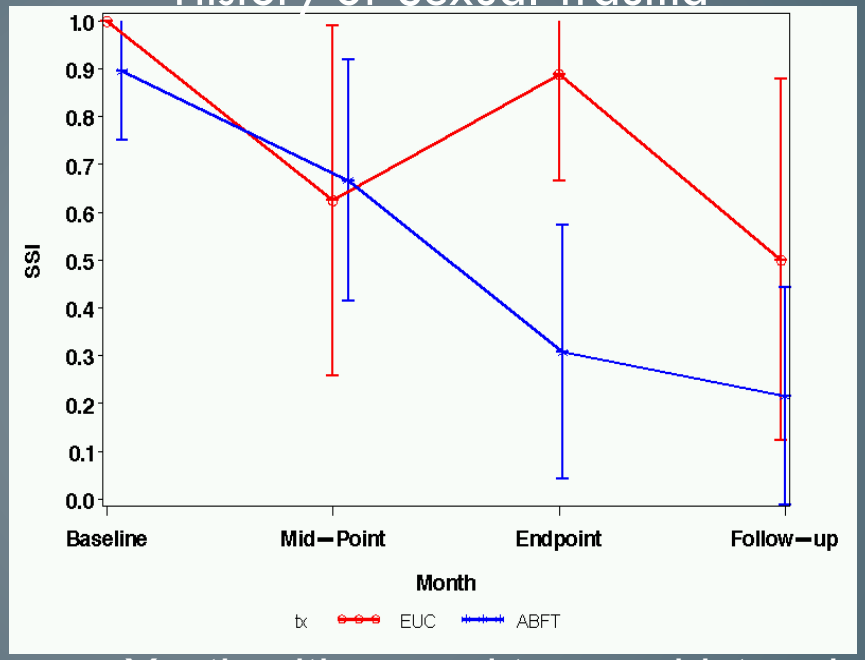
BDI Response: 50% Reduction from Baseline



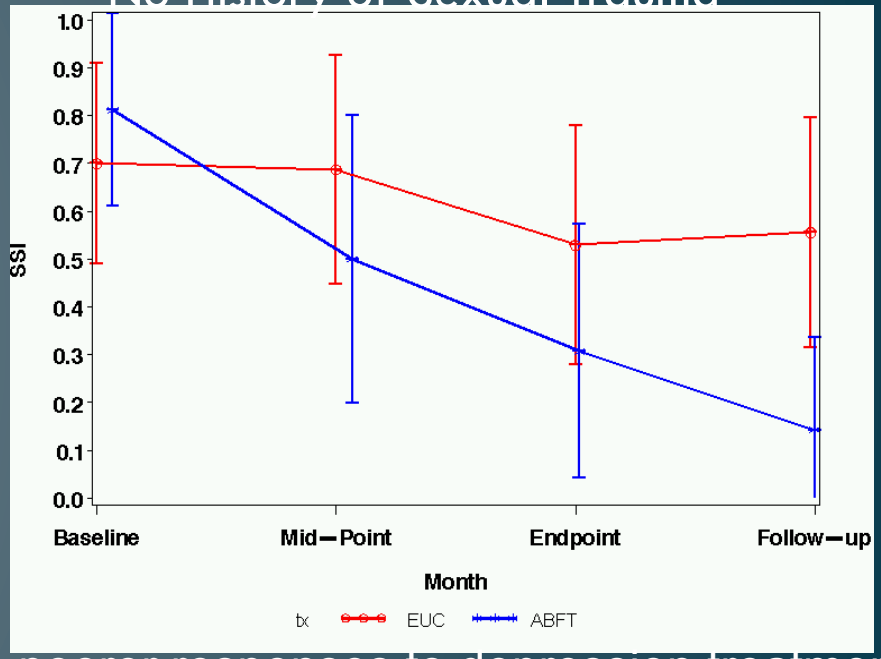
Sexual Trauma & Response to Treatment

Rate of Change on SSI

History of Sexual Trauma



No History of Sexual Trauma



- Youth with sexual trauma history have poorer responses to depression treatment (Asarnow et al., 2009; Barbe et al., 2004; Lewis et al., 2010)
- ABFT superior to EUC regardless of sexual trauma history
- Sexual trauma history did not moderate ABFT's effect on suicidal ideation
- No interactions over time

Other Research Studies

- Treatment of LGBT youth with suicide ideation (Diamond et al, 2012)
- Aftercare for adolescents leaving the psychiatric hospital after a suicide attempt
- ABFT compared to individual EFT for young adults with unresolved anger towards parents.
- Training of therapists in a community agency in Norway. (Israel & Diamond, 2012)
- Over 15 process research studies looking at the within session processes associated with change

Dissemination Efforts

Internationally in:	Nationally in:	
• Australia • Belgium • Canada • England • Germany • Iceland • Ireland • Israel • Norway • Sweden	• California • Colorado • Delaware • Georgia • Illinois • Indiana • Kansas • Massachusetts	• Minnesota • New York • Oregon • Pennsylvania • Texas • Virginia • Washington D.C

Current Studies

- ABFT versus Non-Directive Supportive Therapy (Brent and Kolko, 1997) for suicidal youth (5 year funding from NIMH). Using the Adult attachment Instrument and family interaction data to test
  - Are internal working models of attachment and family interaction changing?
  - Do these changes mediate symptom reduction?

Attachment Theory

Can we repair insecure attachment?

- How stable are internal working models, or attachment schemas?
- Attachment can move from secure to insecure (e.g. child sexual abuse).
- Can attachment move from insecure to secure?
  - Can we repair and refurbish ruptured parent/child relationships?
  - Not behavioral change but the renegotiation of trust

Earned Security(Main & Goldwyn, 1988)

- Main proposed that through positive relationships as an adult, one could earn back a secure attachment style:
  - Good marriage, psychotherapy, etc.
  - An internal psychological working through, coming to terms, gaining perspective, forgiving process.
  - Where the therapist provides the safe haven

- But what about actually changing the real the relationships?

Family treatment as unique learning environment

- Having conversations about attachment ruptures with one's parents has an unique existential potency
  - Acknowledgment from those causing the rupture
  - Opportunity for apology and forgiveness
  - Corrective attachment experiences
  - Direct challenge to relational expectations
  - Depression and suicide as relational events

The ABFT Model

We stand on the shoulders of giants

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

ABFT Treatment manual

- Not a set of rules but a set of principles
- Goal Driven
  - Flexible in how one reaches the goal
- Intentionality, intentionality, intentionality
- The self of the therapist remains central
- Not a curriculum but a road map

Clinical Stance

- Client respectful, not client centered
- Scientist-Practitioner approach: we use our knowledge of psychological science and family psychology to guide our interventions
- Research on ideal parenting and specific processes guide our work.

Five Treatment Tasks

1. Relational reframe
2. Adolescent Alliance
3. Parent Alliance
4. Repairing Attachment
5. Promoting Autonomy

Suicide Management

- Several measures used to assess suicide risk at intake (SSI, SIQ, CSSRS, SIS, Reasons for Suicide, Lethality Scale)
- Clinical measures used during the course of therapy (SIQ, BDI, CSSRS if increased risk).
- Family generated Safety Plan completed at intake and updated as necessary
- If there is a safety concern, family is involved in maintaining safety
- Suicide ideation discussed during various tasks of therapy

Task 1: Relational Reframe

Three Phases of the Relational Reframe Task

- Phase 1: Joining and Understanding the Depression and/or Suicide Narrative
- Phase 2: Shifting to Attachment Themes
- Phase 3: Contracting Relational Goals
- Safety plan review

Joining and Understanding the Depression

- Joining
  - Strengths of family members
  - Context of the adolescent's life (e.g., demographics, family, school, peers, etc.)
- Assess the depression and/or suicidal ideation
  - Get the adolescent on record as feeling miserable
  - Need some details, but not a lot at this point and do not get at all into problem solving.

Shifting to Attachment Themes

- The mechanism of this Task: Relational Reframe
- Shifting from patient as problem to family relationships as solution
  - New content: Relational rupture and repair become the focus of treatment
  - New Affect: From blame and anger to longing and empathy
  - New expectations: All family members must make contributions to change

Relational Reframe

- Typical logic that focuses the therapy on attachment security:
  - Identify ruptures
    - "Do you go to your parents for help when you feel so bad"
    - "Why not?"
  - Mark the consequences
    - "Mom, it must be upsetting that he does not come to you. "
  - Amplify longing for connection
    - Johnny, I know you are (mad, sad, guarded), but I bet part of you misses your mother as well."

Phase 3: Contract for Relational Repair

- The session ends with a confident statement of hope
  - " I can help you two rebuild love and trust"
- And a clear request for agreement on a treatment plan initially focused on relational repair and enhancement
- When the therapist helps family members connect to their natural drive for connection and love, it motivates family members to accept the treatment plan.
- Explore resistance and scale back goals if needed.

Safety Plan review

- Safety plan is reviewed at the end of Task 1 with the family http://www.sprc.org/sites/sprc.org/files/SafetyPlanTemplate.pdf
  - Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing?
  - Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity)?
  - People and social settings that provide distractions?
  - People whom I can ask for help?
  - Professionals or agencies I can contact during a crisis?
- Therapist assess use of safety plan
  - Remove items that have not been helpful
  - Add items that may be helpful

Task 2: Adolescent Alliance

Task 2

- Bond: Getting to know the adolescent
- Goals: Identifying relational ruptures and amplifying entitlement to address felt injustice
- Task: Prepare adolescent for attachment task

Task 2: Bond

- Client moves from suspicion to comfort
  - Explore adolescent's life (romantic relationships, sexuality, drugs, peers, hobbies, friends, also – values, beliefs, hopes, dreams, etc.)
  - Highlight strengths and competencies as appropriate.

Task 2: Goals

- Explore and understand the adolescent's depression and/or suicide narrative.
  - History, precipitants, causes, solutions
  - This includes exploration of if and how discrimination has contributed (e.g., Bi racial or LBGTQ client)
- Identify relational ruptures.
  - What gets in the way of using your parents as support?
  - Connect the ruptures to larger "attachment" themes (trust, protection, abandonment, etc.)
  - Identify the consequences of the rupture

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."

Adolescent Motivation

Link Attachment Injury to depression

Identify Primary Emotions of Hurt and Disappointment

Revive Hope, Amplify Entitlement

Reactivate Attachment System: Desire for love and protection. Supports agreement for the attachment task

Working with Resistance

- 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 2: Task

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

- Choose, discuss & practice content for attachment task
- Prepare for negative reactions
- Setting realistic expectations

Anticipation of failure

- This may not happen in this session or at all
  - Therapist helps the adolescent prepare for the possibility that the parents fails to engage in the attachment task effectively.
  - Therapist helps the adolescent understand why it is important that they engage in the attachment task, even if their parent cannot do it well

Task 3: Parent Alliance

Task 3: Alliance With the Parent

- Bond: Getting to know the parent better
- Goals: Parental commitment to be there for their adolescent in a different way
- Task: Prepare the parent for the attachment task.

BOND: Outcome Goals

- Build trust with parent
  - have parent feel appreciated
  - have parent see therapist as a resource
  - Assure parent will not be blamed
- Look for obstacles that inhibit relationship building
- Look for strengths that facilitate relationship building

Bond: Exploring Current Stressors

- Explore sources of parental stress (e.g., divorce, marriage, unemployment, health issues, discrimination)
  - including their experience of managing a suicidal teen.
- Examine impact of parent's personal stress on their parenting practices
- Examine impact of parent's stress on the adolescent

- Goal: Reduce parent blame and guilt by putting parent-adolescent conflicts into context.

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 so many other stressors in your life."
- "Wow, you are dealing with all this and your son. No wonder you are not being the kind of parent you want to be."

Bond: Intergenerational Strategies

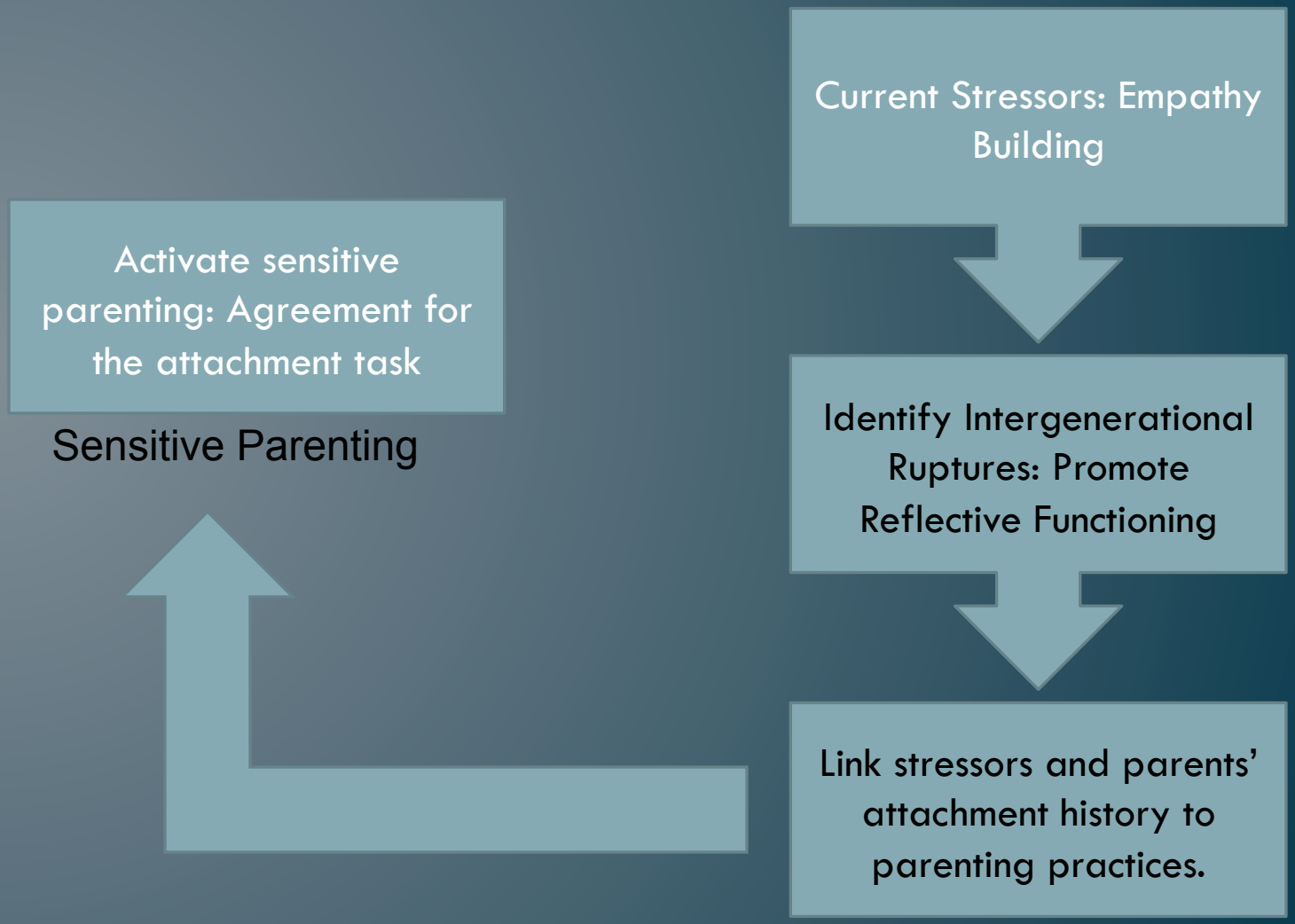
- Explore parent's childhood relationships with their parents.
- Look for reoccurring intergenerational themes.
- What was your relationship like with your parents?
  - "It was good." Then it must be disappointing that you do not have that with your daughter.
  - "It was Bad." Then you must know how painful it is to not have your parents available to you.

Linking parents attachment ruptures to parenting

- Help the parents develop empathy for their own attachment losses.

- In that vulnerable, softened state, have them reconsider how their child is feeling.

Parenting Motivation



TASK: Preparing the Parent for the Conversation

- Define the structure of the attachment task
- Prepare for reactions
- Orientation to emotion coaching skills
  - Reflective Listening
  - Validating
  - Labeling emotions
  - Being curious rather than problem-solving
- Obtain permission to intervene and coach parents

Task 4: Attachment Task

Shuttle Diplomacy

- Both parent(s) and adolescent are:
  - Prepared for the conversation.
  - Have identified important content areas.
  - Have accessed more effective emotional states.
  - Have agreed to have the conversation.

Attachment Task

- Goal: Engineer a corrective attachment experience.
  - **Adolescent** experiences the parent as a positive attachment figure which means someone who is caring, empathic, protective, and strong.
  - **Parents** experience their child as having legitimate concerns and being competent and regulated.
- Task: Facilitate discussion about core attachment ruptures
- Process: adolescent uses new affect regulation and interpersonal problem solving skills; parents use more emotional coaching.

Mechanism of change: Enactment (Process)

- In-vivo, experiential, real time conversation between family members.
- Not teaching, not problem solving
- Therapists are as minimally involved as possible.
  - If you have to help, get in and get out
  - But you are sculpting the conversation: the content, the affect and the process

Content is important

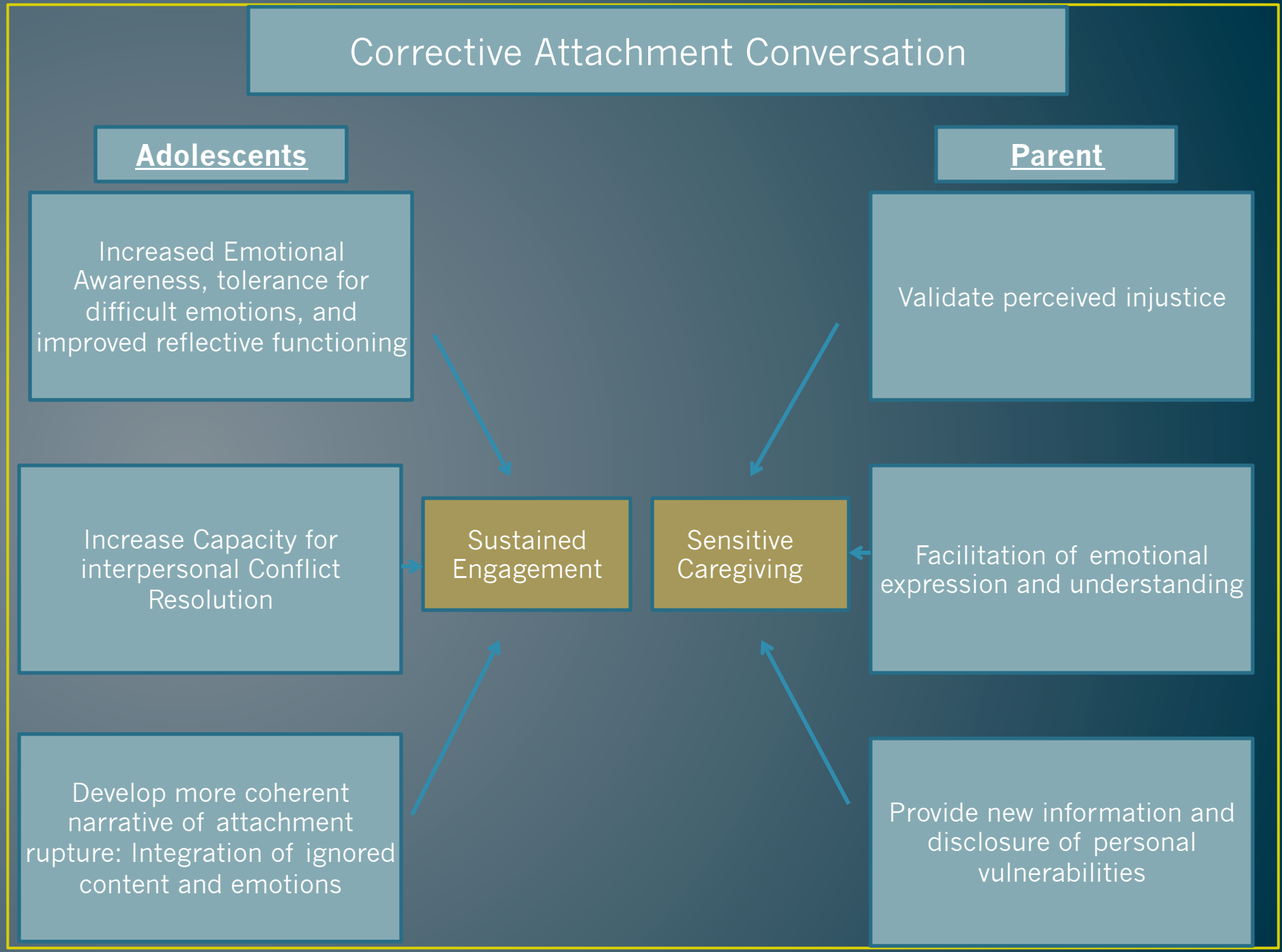
- Focus the conversation on the identified core interpersonal or attachment ruptures
- Don't shy away from deep and difficult topics. Believe in the family's ability to apply what you taught them.
- Trust in the profound power of attachment instincts and love to guide them.

Affect is important

- Guide the family toward more primary emotions.
- Therapy is more productive when the “fear structure” is activated. The emotions that the adolescent or the parents want to avoid the most: hurt, sadness, appropriate anger, disappointment

Sustain the Emotional Moment

- Exposure: patient and parents learn to tolerate emotional arousal (habituation), and gain new information that challenges the fear structure
- Affect regulation: family members practice managing intense emotions


Corrective Attachment Conversation
Adolescents
Parent
Increased Emotional Awareness, tolerance for difficult emotions, and improved reflective functioning
Validate perceived injustice
Increase Capacity for interpersonal Conflict Resolution
Sustained Engagement
Sensitive Caregiving
Facilitation of emotional expression and understanding
Develop more coherent narrative of attachment rupture: Integration of ignored content and emotions
Provide new information and disclosure of personal vulnerabilities

Task 5: Promoting Autonomy Task

Promoting Autonomy Goals

- Re-vitalize a goal corrected partnership (Bowlby)
  - Cooperation emerges from desire to maintain connection
  - Parents are now viewed as a secure base
- Build competency in communication skills between parents and adolescent
- Other family members are brought in if appropriate.
- Therapist mobilizes other mental health services if needed.

Promoting Autonomy Topics

- Other factors contributing to the depression and suicide ideation
- Emerging maturity in the home
- Competency outside of the home
- Re-engage adolescents in social world/activities
  - Self esteem is seen as a buffer against stress
- Identity Development
  - Romantic relationships, sexuality, ethnicity, race, class, religion, spirituality, etc.
- Is suicide still a coping mechanism for the adolescent?

Autonomy Promoting Task

- More client-centered
  - Family generates important topics
- Usually occurs after all attachment ruptures are addressed
  - May occur earlier if needed
- Majority of sessions should be family sessions, but some individual sessions may be necessary
- As sessions progress, therapist should need to do less coaching.

Final thoughts for you…

- Trust yourself: work deeply sooner
- Make relationship building the initial goal of treatment
- Follow and facilitate emotions that will lead you to the heart of attachment needs and desires
- Have a structure, a model, a theory, and apply it with great artistry.
- Don't be afraid of suicide. The family already is. This crisis can be an opportunity.

Center for Family Intervention Science and ABFT Training Program

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  - www.ABFTtraining.com
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  - http://www.bgupsychotherapyresearch.org/
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Thank you!

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