

Introduction to Attachment-Based Family Therapy Webinar



Suzanne Levy, Ph.D
ABFT International Training Institute

©ABFT Training. Please do not reproduce slides without permission.

1

Disclosure



No individuals who have the ability to control or influence the content of this webinar have a relevant financial relationship to disclose with ineligible companies, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers.

Dr. Suzanne Levy has received salary support via grants from the National Institute of Mental Health, American Foundation for Suicide Prevention, royalties from *Attachment-Based Family Therapy* (ABFT; 2014) book sales and honoraria and salary support for ABFT trainings and supervision. Dr. Levy is co-owner of ABFT International Training Institute.

2

Center for Family Intervention Science ABFT Training Program



Guy Diamond, Ph.D., Director

- Center for Family Intervention Science, Associate Professor, College of Nursing and Health Professionals, Drexel University



Gary Diamond Ph.D.,

- Professor and Chair of the Department of Psychology, Ben Gurion University, Israel; <http://www.bgu.psychotherapyresearch.org/>



Suzanne Levy, Ph.D.,

- ABFT International Training Institute, Co-owner;
Suzanne.Levy@abftinternational.com

Websites

www.abftinternational.com

www.facebook.com/Attachment.Based.Family.Therapy

Follow us on Twitter and Instagram (@ABFTtraining) and Youtube

ABFT Belgium Training Center: <https://ppw.kuleuven.be/ogop/abft>



3

Overview of ABFT

Brief Treatment

Developed for: Depressed and Suicidal youth

Developed with minority adolescents from low income, inner city settings

5 distinct, yet interrelated tasks

Manual, focused but flexible

Based on: Attachment Theory and Structural Therapy

Listed on International and National Registries

4

Adolescence and depression

Adolescence – critical period:

- Normal process of maturing
- Peer and romantic relationships
- School problems (relational or academic)
- Changes in family relations

11% of adolescents have a depressive disorder by age 18 (NIMH, 2018)



5

Adolescence and Suicide



Suicide – US- 2nd leading cause of death for young people ages 15 to 24 yrs old (CDC WISQARS, 2019)

30% of female and 14.3% of male 9-12th grade students report seriously considering suicide, 23.6% of female and 11.6% of male students report creating a plan, and 13.3% of female and 6.6% of male students report trying to take their own life in the previous 12 months (Gaylor et al., 2021)

When you consider non-lethal attempts, approximately **two million teenagers attempt** suicide each year (AACAP, 2001)

6

Theory of Healthy Functioning



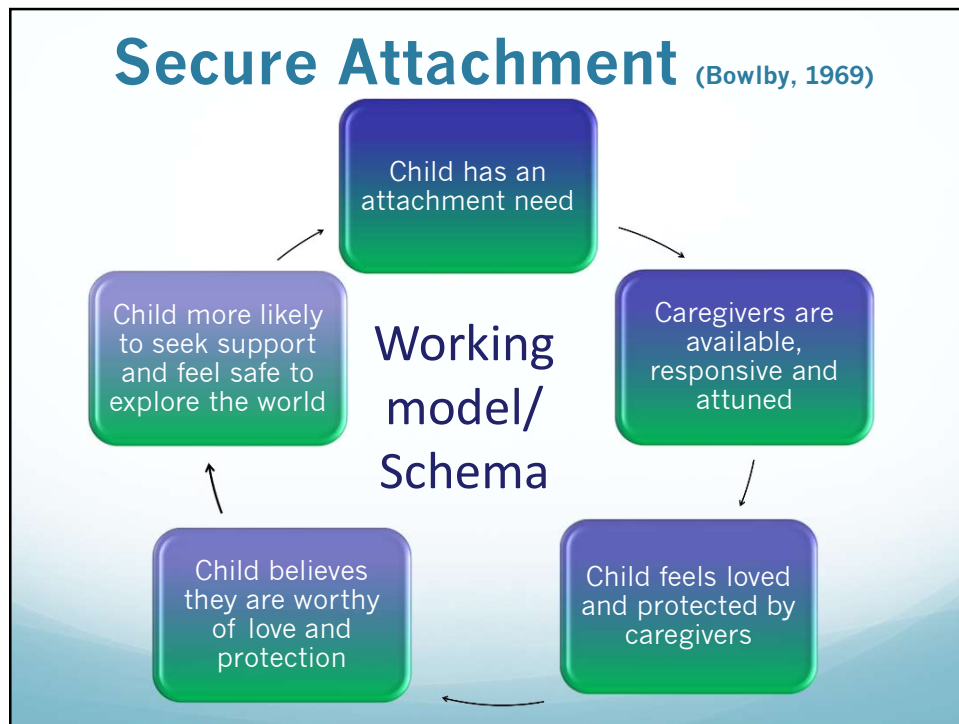
7

Theory of Healthy Functioning



ABFT
International

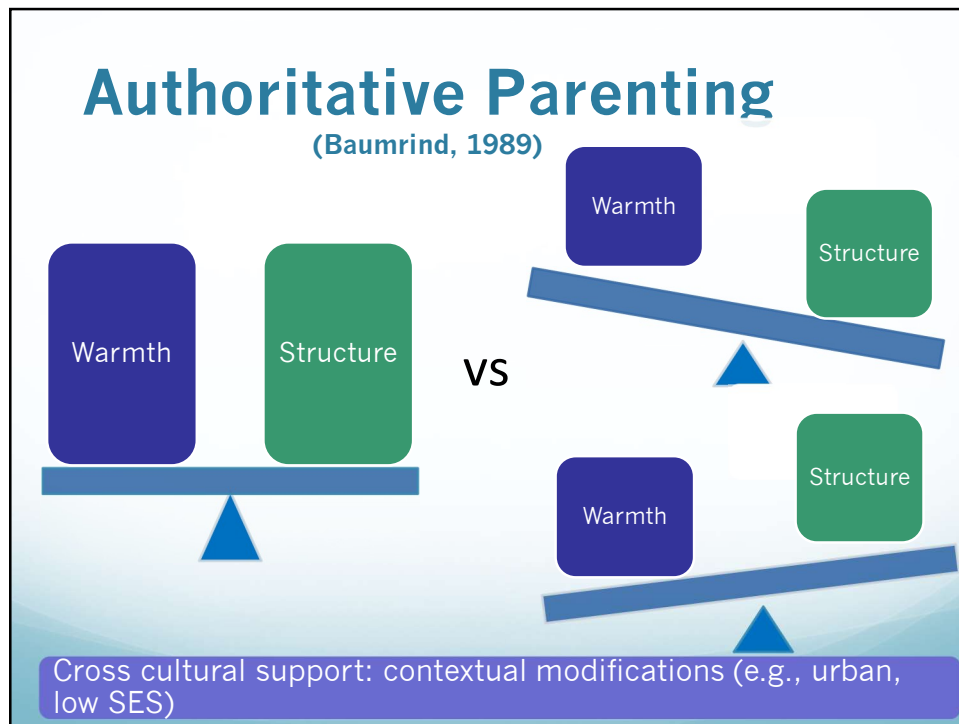
8



9



10



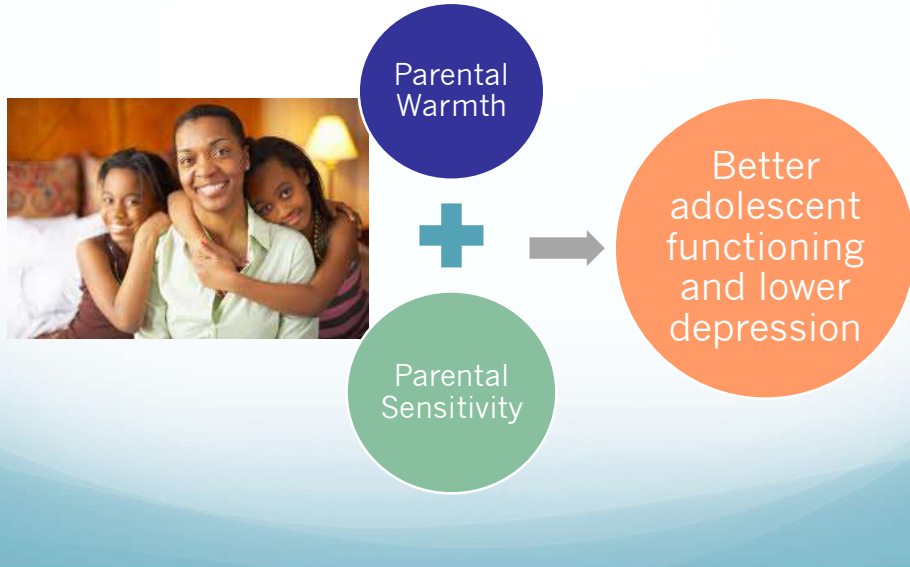
11



12

Family as protective factor

(Kaslow, et al., 1994; Restifo & Bogels, 2009)



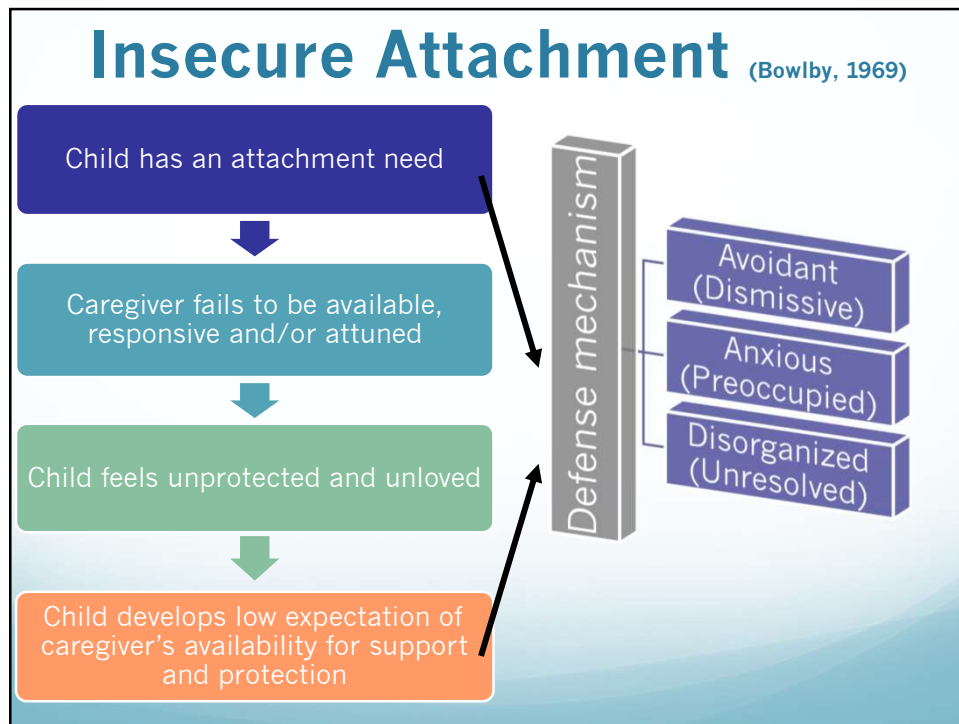
13

Theory of Pathology

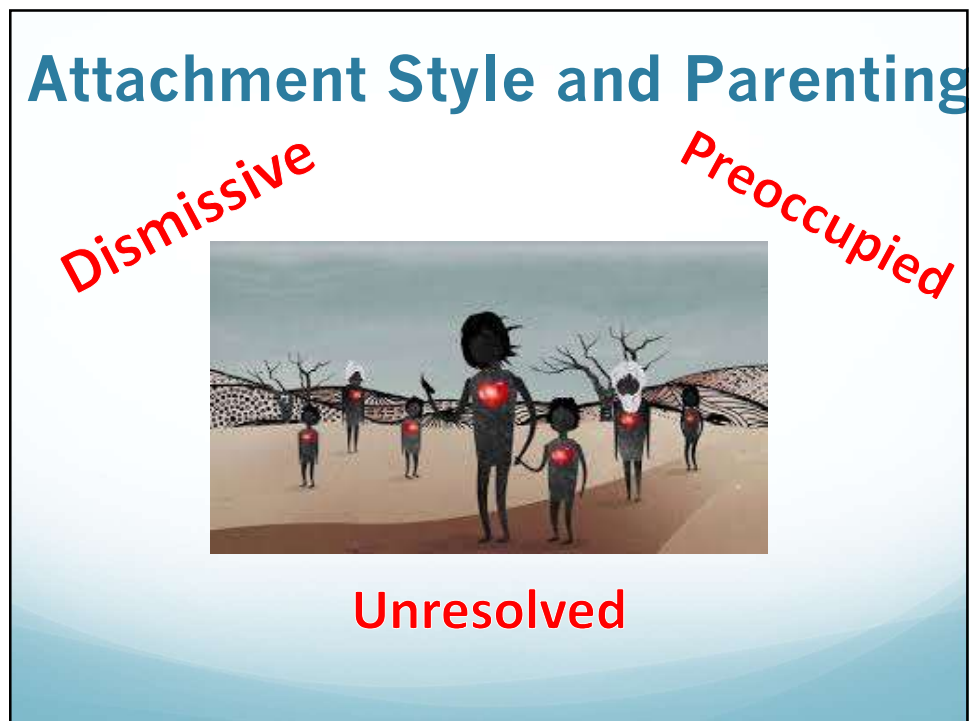


ABFT International
Training Institute

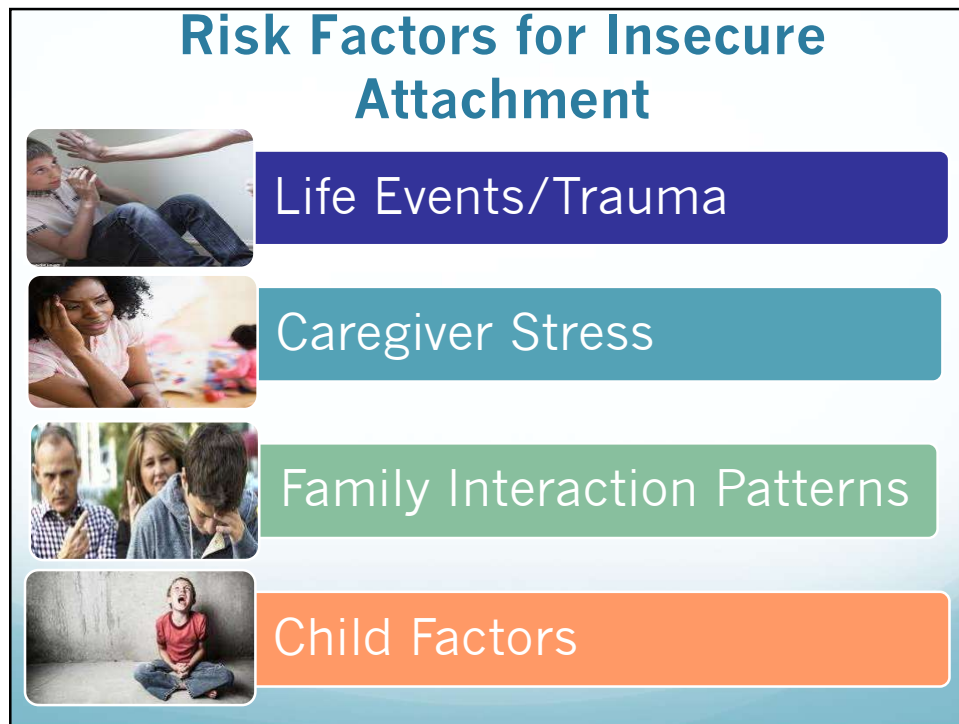
14



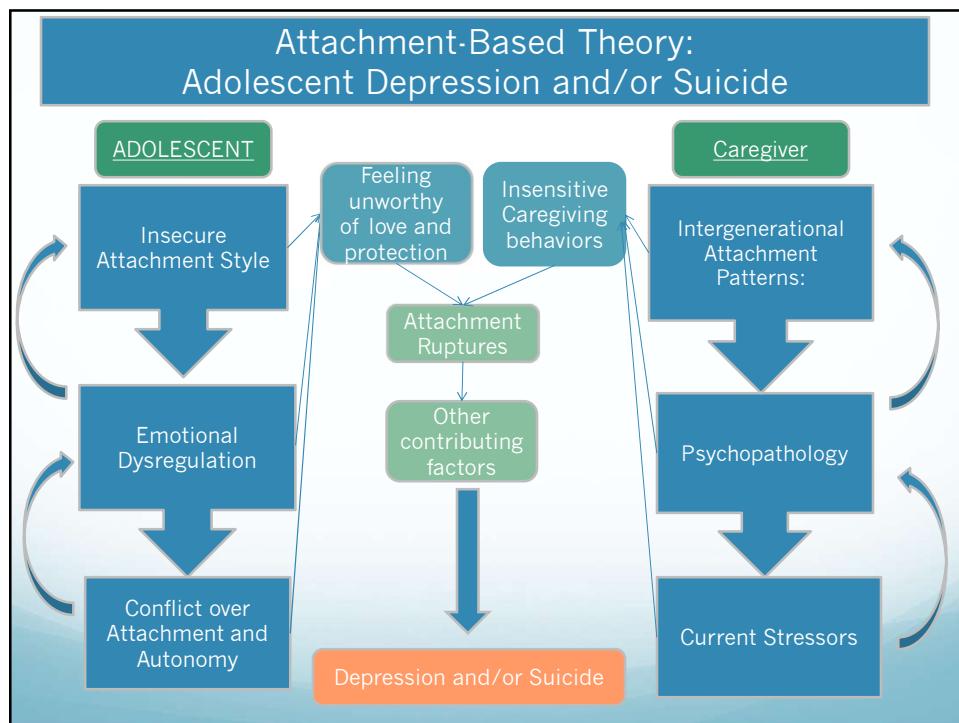
15



16



17



18

Family as Safety Net



Strengthening families

19

Empirical support

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

- Open trial (N=15): significant decrease in depression/suicidal ideation (Diamond et al., 2002)
- ABFT vs. wait list (N=32): significant reduction in depression, suicidal ideation and anxiety. Increase in family attachment (Diamond et al, 2002)
- ABFT vs. Enhanced Usual Care (N=66): Significant reduction in depression/suicidal ideation, lower attrition (Diamond et al, 2010)
- ABFT vs. Nondirective Supportive Therapy (N=130): Significant reduction in suicidal ideation/depression, superior to NST when higher youth reported disengagement, significant reduction in family conflict vs. NST (Diamond et al, 2019)

20

Dissemination Efforts

Internationally in:

- Australia
- Belgium
- Canada
- Croatia
- England
- Germany
- Iceland
- India
- Ireland
- Israel
- Italy
- Korea
- Netherlands
- Norway
- Sweden
- Turkey

Nationally in:

- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Georgia
- Illinois
- Indiana
- Kansas
- Maine
- Maryland
- Massachusetts
- Minnesota
- Missouri

- Nebraska
- New Jersey
- New York
- North Carolina
- North Dakota
- Oklahoma
- Oregon
- Pennsylvania
- South Carolina
- Texas
- Utah
- Virginia
- Washington
- Washington D.C
- Wisconsin

21

Clinical Model



ABFT
International

22

Safety Plan Core Elements

Safety plan is developed at intake and reviewed as necessary with the family
<https://suicidesafetyplan.com/forms/>

(Apps: Stanley-Brown Safety Plan or My3-Support Network)

- Content
 - Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing?
 - Internal coping strategies?
 - People and social settings that provide distractions?
 - People whom I can ask for help?
 - Professionals or agencies I can contact during a crisis?
- Making the environment safe
- Assess deterrents
- Assess Likelihood of using the plan
- Therapist assess use of safety plan
 - Remove items that have not been helpful
 - Add items that may be helpful

23

Why involve the caregivers in safety planning?

- Caregivers are essential in making sure the environment is safe
- Many items used to cope with suicidal thoughts are the same items used to punish youth
- Caregivers can provide input on coping mechanisms, internal and external
- Caregivers can learn about warning signs of a suicidal crisis
- Having a plan can help manage caregivers anxiety

24

ABFT Treatment manual

Principle Based



Goal-driven but flexible



Intentionality

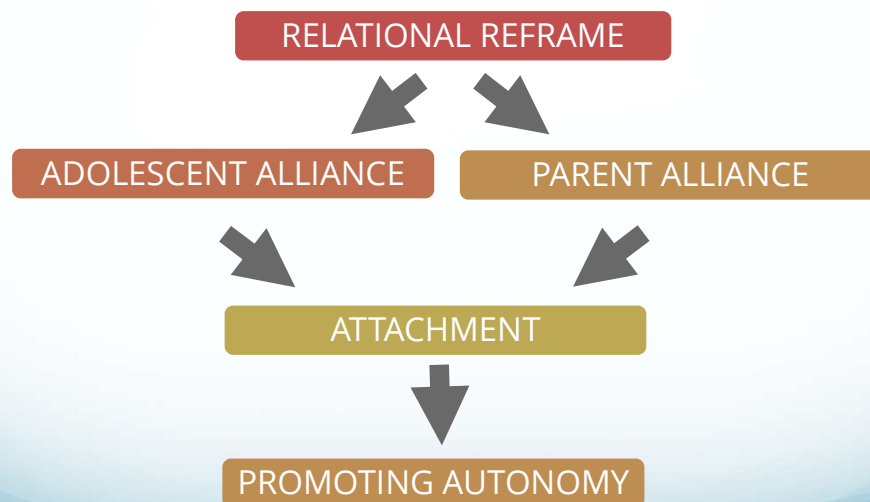


Person-of-the-therapist



25

Five Treatment Tasks



26

THE 5 TASKS

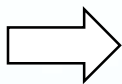


ABFT International
Training Institute

27

Task 1: Relational Reframe

Goal



Shift from patient as the problem to family
relationships as the medicine

28

Task 1: Relational Reframe - Joining and Understanding the Presenting Problem

Joining

Assess the presenting problem (e.g., depression and/or suicidal ideation)

- Need some details, but do not get at all into problem solving.
- Get the adolescent on record as feeling miserable

29

Task 1: Relational Reframe

GOAL



Highlight: ruptures and consequences

- *Adolescent: "When you are feeling like you want to die, why don't you go to your parents for help?"*
- *Parents: "It must break your heart that he did not come to you"*

Establish Longing for reconnection

Responsibility of change on all family members

30

How to start Task 1 Relational Reframe

- **T:** I'm wondering, when you are struggling so much, when you are feeling so hopeless about your future, why don't you go to your parents for help?
- **A:** *They don't understand me. You saw them here today, they just blame my friends.*
- **T:** It sounds like you don't trust that they will understand you and what's going on with you?"
- **A:** *(pauses – replies with lower tone) "Yeah"*
- **T:** So not being able to trust that they will understand you is part of the reason you don't go to them?
- **A:** *(agrees).*

31

- **T:** *(to mother)* Jennifer, what do you think about what James is saying? Did you know that he doesn't feel understood by you?
- **M:** *Well, he's right I guess. I don't understand him. I want to, but I don't understand why he's using drugs. He won't let me in. He doesn't talk to me anymore like he used to before we moved.*
- **T:** I hear how painful this is for you Jennifer. It's hard for you when you don't understand what your child is doing and feel shut out of his life. Clearly, you are worried about James. It seems like moving to Philadelphia not only impacted James, but also your relationship.
- **M:** *(agrees)*

32

- **T:** *(to father)* Henry, how do you understand your son not coming to you?
- **F:** *He's right. I don't understand him. I've worked hard to provide him a good life, a better life than I had growing up. I don't really understand why he's so upset.*
- **T:** It can be really hard to understand someone else's pain when you've worked hard to make their life easier. No doubt you've worked so hard because you love your son Henry. *(talking to all 3)* It seems like all of you are in agreement that the reason *(looking at James)* James you don't go to your parents is because *(looking at parents)* Jennifer and Henry you really don't understand why James is feeling the way he is. What strikes me is that it seems as though Jennifer that you felt like you did understand your son more before moving here and James you felt like at least mom understood you better. Is that right?

33

Task 1: Relational Reframe - Contract

Task



Establish Relationships Repair as the Treatment Contract

34

Task 2: Alliance with Adolescent

Bond

Task

Goal



35

Task 2: Bond

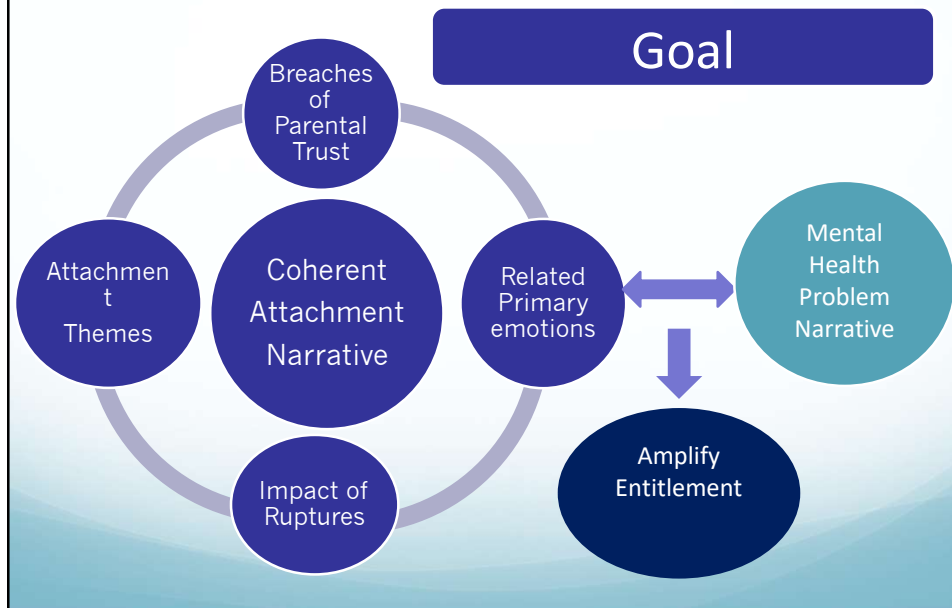


Client moves from suspicion to comfort

- Meet alone with the adolescent
- Explore adolescent's life.
- Explore adolescent's presenting problem narrative

36

Task 2: Alliance with Adolescent



37

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."*
- *"My parents don't understand me and try to solve my problems."*



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."*

38

Task 2: Alliance with Adolescent -Prepare

Prioritize content for attachment task

Prepare for negative reactions

Therapist as a secure base



39

39

Task 3: Alliance With the Parent/Caregiver

Bond

Task

Goal



40

Task 3: Bond

- Meet alone with caregivers
 - Determine who comes to session
- Understand psychological, historical, and social forces that impact parenting



41

Task 3: Alliance with Caregiver/Parent



"It's hard raising an adolescent, let alone a depressed one when you are juggling so much. How has that impacted your parenting?"

"Nobody was there for you when you were growing up, and now you don't know how to be there for your son"

42

Task 3: Alliance with Caregiver - Prepare

Define the structure of the attachment task

Prepare for negative reactions

Orient to Emotion Coaching Skills

Obtain Permission to Coach



43

43

Task 4: Attachment Task – Shuttle Diplomacy

Both caregiver(s) and youth are:

- Prepared for the conversation.
- Have identified important content areas.
- Have accessed more effective emotional states.
- Have agreed to have the conversation.



44

Task 4: Attachment Task



45

- **A:** Okay, well i guess dad that I've never felt good enough for you. I don't feel like I can do anything right in your eyes.
- **F:** I think that's a bit of an exaggeration James. And what about your part in all of this? I mean am I supposed to be okay with you using drugs?
- **T:** Henry I know this is hard to hear and I know how concerned you are about James drug use. I promise you we are going to have an opportunity to talk about that more. But before we can do that – we need to address the issues in your relationship. Talking about the drug use requires trust. We need to build that here.
- **F:** Okay.

46

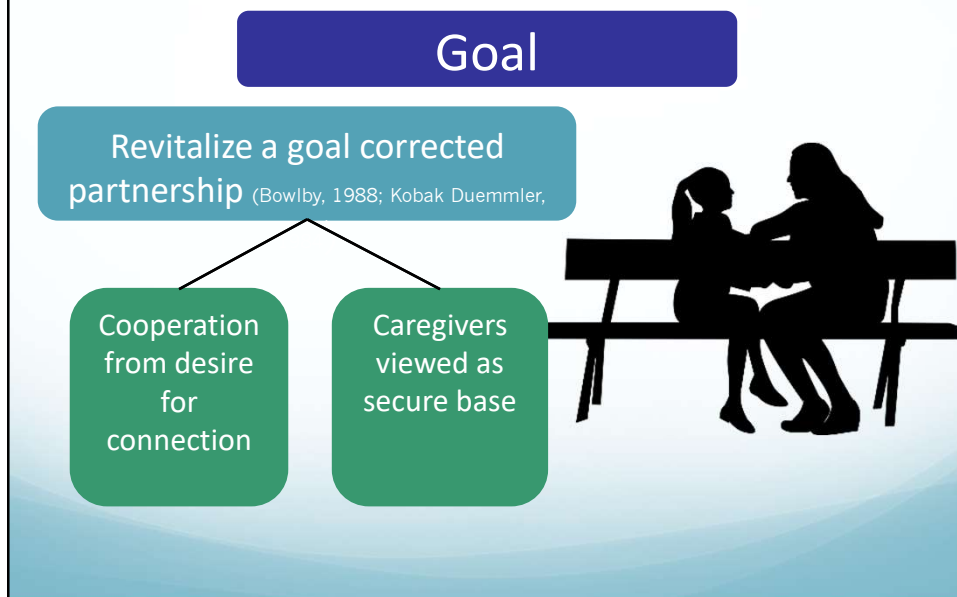
- **T:** Henry can you find out from James what has happened that has made him feel as though he can't do anything right in your eyes? Perhaps when it all started?
- **A:** You used to make comments all the time about my school work and
- **F:** I know it upset you, that's why I stopped doing it, but I was just trying to motivate you!
- **T:** Hold on Henry – you just said something really important. You said you know how upset it made him. You and I talked about how you felt like you couldn't measure up to your own dad. You know how he's feeling.

47

- **F:** Yeah, you're right.
- **T:** Jennifer, can you help Henry here?
- **M:** Um...okay, Henry maybe you can find out what it was like for James when you commented on his struggles at school.
- **F:** What was it like for you?
- **A:** When you would make comments it would make me feel like a failure. I started thinking I was dumb. I also felt like you didn't like me.
- **F:** How did you feel back then?
- **A:** It made me feel worthless.
- **F:** I know what that's like.

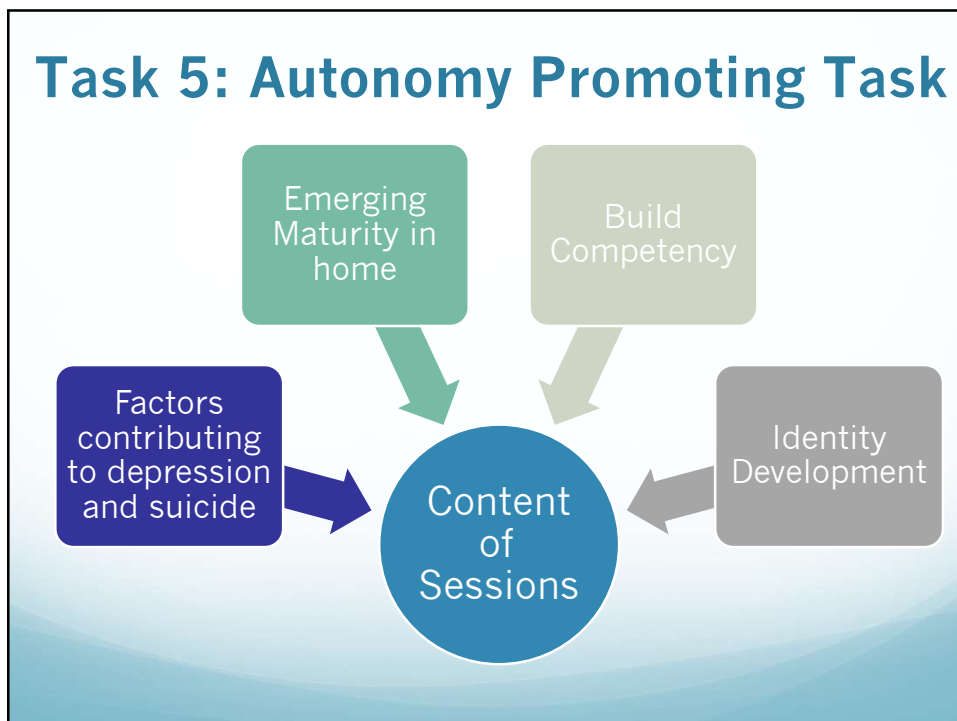
48

Task 5: Autonomy Promoting Task



49

Task 5: Autonomy Promoting Task



50

Closing Statements



ABFT is all about relationship building!

Focusing conversations on the relationship is more engaging for the family

You can have a structure, theory, a model and apply it with great artistry.

51



TZK Seminars

- Live Webinars
 - Cheaper
 - More comfortable
 - No travel
 - Increased access to national experts
 - 30-40 live webinars each month
- Recorded Webinars
 - Watch right away, no DVD's mailed to you
 - Our speakers do their webinars repeatedly. So, all of the webinars in our Live Webinar Schedule have already been recorded.
 - Watch in your own time

52



To Get Your CEU Certificate

- Go to our website: tzkseminars.com
- Click “My Seminars”
- Sign in using your email address and password
- Click the “Completed Live Webinars” tab
- Complete the validation test and webinar evaluation
- Download your certificate

53