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Center for Community Health

Attachment styles: A deep dive into supporting and developing healthy attachment through therapeutic interventions

February 13, 2026

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Agenda

- Attachment styles
- Supportive strategies for healthy attachment at home and school
- Attachment based family therapy
- Questions/Evaluation

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Learning Objectives

- Describe attachment styles and identify your personal attachment style
- Review characteristics of healthy attachment across the lifespan
- Identify symptoms of disrupted attachment
- Summarize at least 2 approaches to support healthy attachment styles at home and school
- Describe attachment based family therapy

CEUs

- To obtain Certificate of Attendance/CEUs:
  - An online evaluation will be sent to the email that was used when signing in to the Zoom Webinar.
  - Complete the online evaluation.
  - A certificate will be sent to your email address so you can view and print at a time that is convenient for you.

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Attachment styles and why they matter

Adrienne Marshall, LMFT

Steady Heart Counseling

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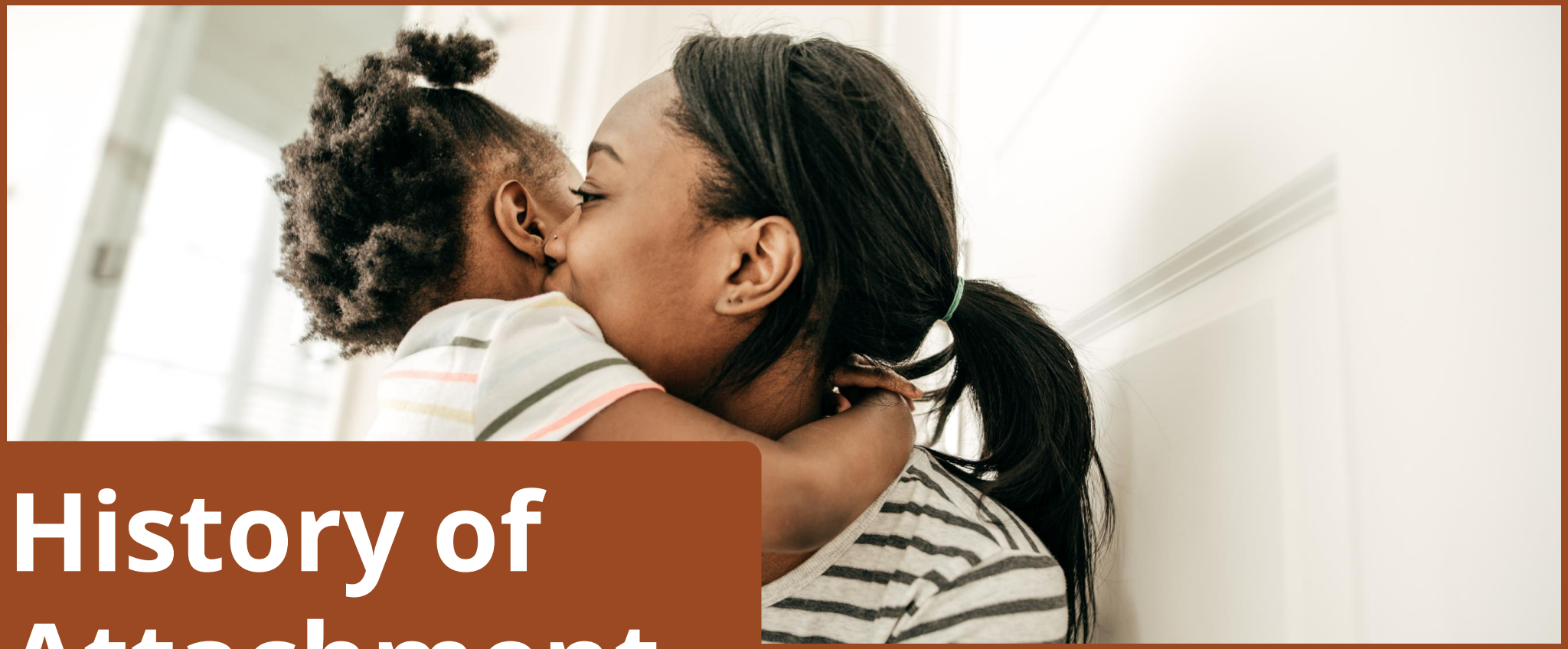
Attachment Theory

STYLES, LIFE SPAN IMPACTS, AND TECHNOLOGY IMPLICATIONS

Presented by: Adrienne Marshall, LMFT, NACC

Agenda

1. History of Attachment
2. Attachment Styles
3. Attachment Style Quiz
4. Attachment in Childhood, Adulthood, and Parenting
5. Write your agenda point



History of Attachment

History of Attachment

John Bowlby and Mary Ainsworth

The “strange situation” research in the 1970s

Attachment theory asserts that a child’s early relationships with their caregivers shapes the way they approach social interactions and relationships throughout their life

When we are born, our caregivers are the first social bonds that we create and our brain starts to form a perception of their own social bonds and interactions.

Secure and Insecure Attachment

As infants and children we are completely dependent on our caregivers, as they are responsible for child's primary physiological needs (food, shelter, safety, and so on), as well as their emotional ones (love, care, support, and so on).

When we feel that our caregivers are safe, reliable, and do their best to satisfy our needs and provide us with a warm nurturing environment, we create a secure attachment.

When we do not feel that our caregivers are safe or able to meet our needs, we feel unsafe and/or unstable, and insecure attachments can form.

Attachment Styles

SECURE

ANXIOUS

AVOIDANT

DISORGANIZED

Secure Attachment

- Most common type in western society - Research suggests that around 66% of the US population is securely attached.
- Results when caregivers provide a safe, nurturing environment where a child's needs are met.
- Evidenced by: being self-content, confidence, being social, warm and inviting, and easy to connect to, aware of and able to express their feelings, and build deep, meaningful, and long-lasting relationships

Insecure Attachment Styles

1. Anxious
2. Avoidant
3. Disorganized

Anxious Attachment

Referred to as Anxious Ambivalent Attachment in children

Results when:

- caregivers are inconsistent: being supportive and responsive at times, but often are misattuned to the child's needs. The child can interpret this as confusing or getting mixed signals.
- physical or psychological abuse is present
- there is early separation from caregivers
- "emotional hunger" of the caregivers is present

Avoidant Attachment

Referred to as Anxious-Avoidant Attachment in children

Results when:

- caregivers are strict and emotionally distance
- caregivers do not tolerate expression of feelings and emotions
- child is expected to be independent and tough
- caregivers tend to avoid intimacy
- caregivers are not attuned to the child’s emotional needs

Disorganized Attachment

Referred to as Fearful-Avoidant Attachment in children

Results when:

- There is a childhood of perceived fear of the caregiver, often from childhood abuse or trauma
- there is severe inconsistency from caregivers
- a child witnesses a traumatizing experience that involved an attachment figure

This can be the most difficult to treat as it includes both Anxious and Avoidant attachment styles

What makes this style different is that it implies a lack of coherence in the individual's social behavior.

Attachment Style Quiz

Quiz

Breakout Questions

01

What was your reaction to your results?

02

What stands out to you about your style?

03

Would your style have been different at other points in life?

Attachment Across the Lifespan

Anxious Attachment

CHILDHOOD

Very sensitive and responsive to other's needs, often at their own expense; experience distress when their parents leave and are difficult to soothe when parents return; often on edge, and difficulty trusting

ADULTHOOD

Low self esteem (thinking high of others but not of self), strong fear of rejection or abandonment, clinginess in relationships, needing constant reassurance, intense jealousy or suspiciousness of their partners, fear of being along, co-dependence

PARENTING

Tend to overinvolve their children into their own feelings and emotional needs; struggle to differentiate threatening situations from non-threatening ones; "emotional hunger: with children

Avoidant Attachment

CHILDHOOD

Do not rely on caregivers; learn to remove their own emotions and develop a false independence stance; avoid expressing their needs; keeping an emotional distance from others to be safe

ADULTHOOD

Low tolerance for emotional intimacy and do not believe they need it in their lives; self sufficiency and self confidence; high achievers; struggles with building long-lasting relationships; do not rely on others for reassurance or emotional support; tend to stay surface level in relationships.

PARENTING

Are able to meet basic physical needs but will have trouble responding to the child's emotional needs; difficulty being vulnerable or showing their own emotions

Disorganized Attachment

CHILDHOOD

Child will be untrusting of their caregiver due to not knowing what to expect from them; lack of coherence in their own behavior towards the caregiver due; seek closeness but also reject the caregivers proximity; fearful/ambivalent behavior towards their parents; anger/agression wihtout an obvious reason; “freezing” in parent’s presence

ADULTHOOD

Extremely inconsistent in their behaviors; difficulties with their self beliefs and with trusting others’ higher risk for mood disorders, substance abuse, delinquent/aggressive behaviors and potential abuse of their own chidlren; difficulty letting others in; fear those close to them will hurt them; fear of intimacy and avoid proximity; beleive hurt or rejection will happen; self sabotaging behaviors

PARENTING

Struggle with building emotionally intimate relationships with children; ten behave in an ambivilant, inconsistent, and unpredictable way, which may confuse or frighten their children; erratic and unpredicatble.

Secure Attachment

CHILDHOOD

Children use physical or verbal cues to let caregiver know that something is wrong and trust of the caregiver responding and taking care of the issue; Child feels safe, seen, known, comfort, soothing, and reassurance; Child feels valued and supported to explore new things

ADULTHOOD

Adults tend to have a positive view of self and others, able to regulate emotions and feelings in a relationship; strong goal-oriented behavior; great at bonding, opening up, and trusting others; can communicate needs effectively; feel purpose and a positive impact on the world; comfortable with closeness and mutual dependency; actively seek emotional support' comfortable being alone and use that time to explore new things

PARENTING

Parents are willing to work on and heal their own attachment issues or wounds from the past; consistent and close with their children; are protective bu not overwhelming or intrusive; attend to child's cues and respond accurately; open and inviting; help the child manage distress and develop an internal model of soothing self; express joy over child and who they are; give space for autonomy and independence

Attachment and Screen Use

Effects in Children

Research shows various effects of screen/technology use on attachment

If an infant or child spends too much time being stimulated by screens/electronics and not connecting with the real world, it could impair or delay speech, pre-academic skills (like empathy, problem solving, and social abilities), and interrupt parent-infant/child play experiences which are a crucial part of the learning process. Use of screens/electornics to “pacify” children is becoming a growing problem.

Effects in Adults

Anxious Attachment: you can see their need for reassurance come through in their social media use (an over-concern with ‘likes’ or comments or numbers of followers), and using social media to be “constantly connected”; more likely to use social media more frequently

Avoidant Attachment: may not use social media at all or may use it as a way of keeping distance from others; alternatively, more likely to have relationships over the internet as opposed to real life

Secure Attachment: able to use technology in a healthy way; leverage ways to stay connected with distant family or friends, but not allowing it to get in the way of their present relationships; show healthy limits and not dependent on screens/technology

The key is self awareness and self evaluation around technology use

Thank you!

Resources

Busacker, Nicole (2022). “Effects of Parents’ Avoidant and Anxious Attachment on Children,” Family Perspectives: Vol. 4: Iss. 1, Article 1.

Courtney, Janet A. and Nowakowski-Sims, E. (2018). “Technology and the Threat to Secure Attachments: What Play Therapists Need to Consider”. Retrieved from https://cdn.ymaws.com/www.a4pt.org/resource/resmgr/magazine_articles/Article_2.pdf.

Cundy, Linda. (2019) “How does technology impact on your relationships?” https://brightontherapypartnership.org.uk/technology-and-attachment/. Brighton Therapy Partnership.

TheAttachmentProject.com

Supportive strategies for healthy attachment

Hollie Wilson, LCSW
Lewisville ISD

Beth Ann Beckmann, LCSW-S
Beckman Counseling

CookChildren's
Center for Community Health

Attachment Styles

Supporting and Developing Healthy Attachment

TRUST-BASED RELATIONAL INTERVENTION®

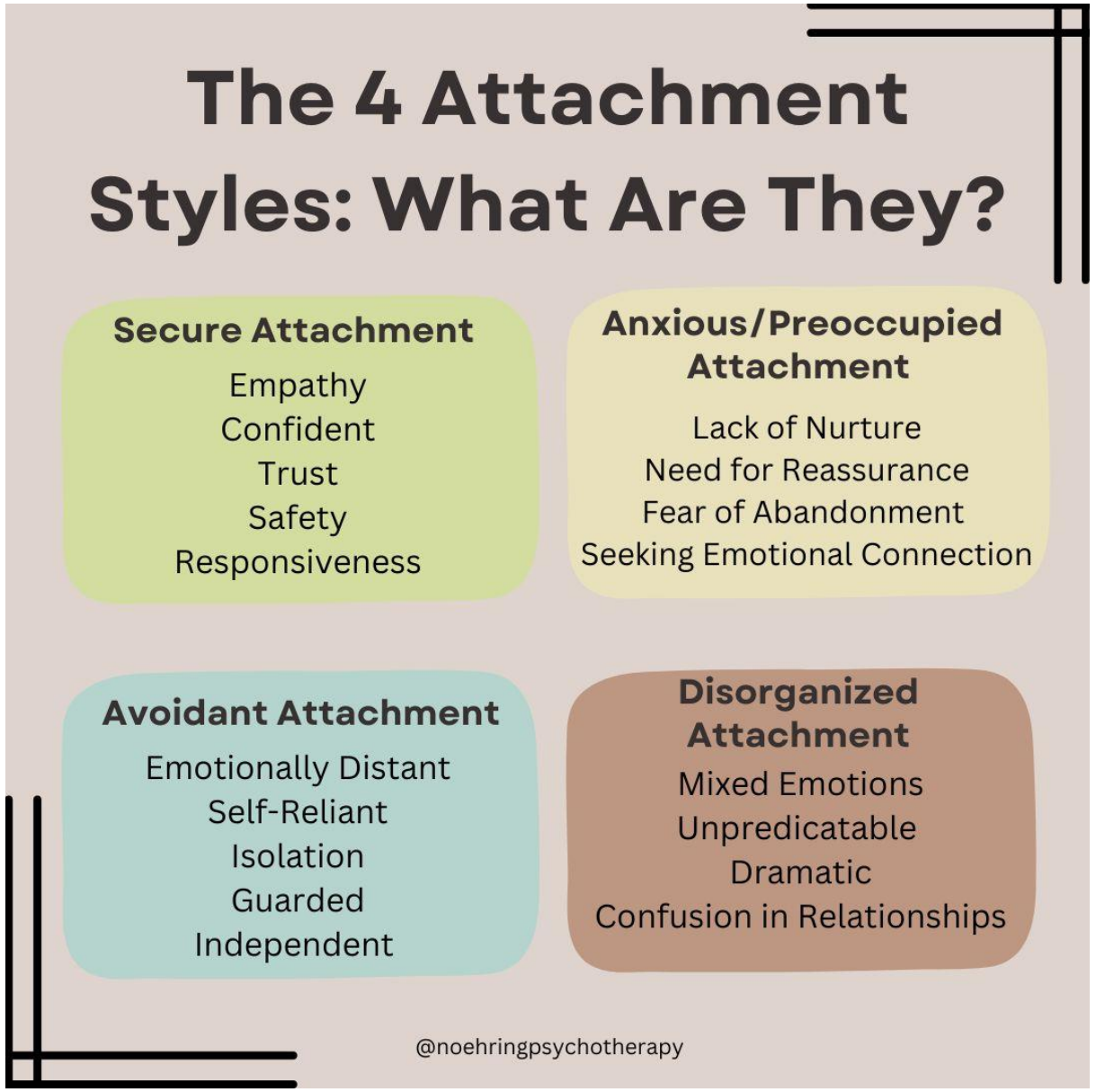
PRACTITIONER

Hollie Wilson, LCSW-S

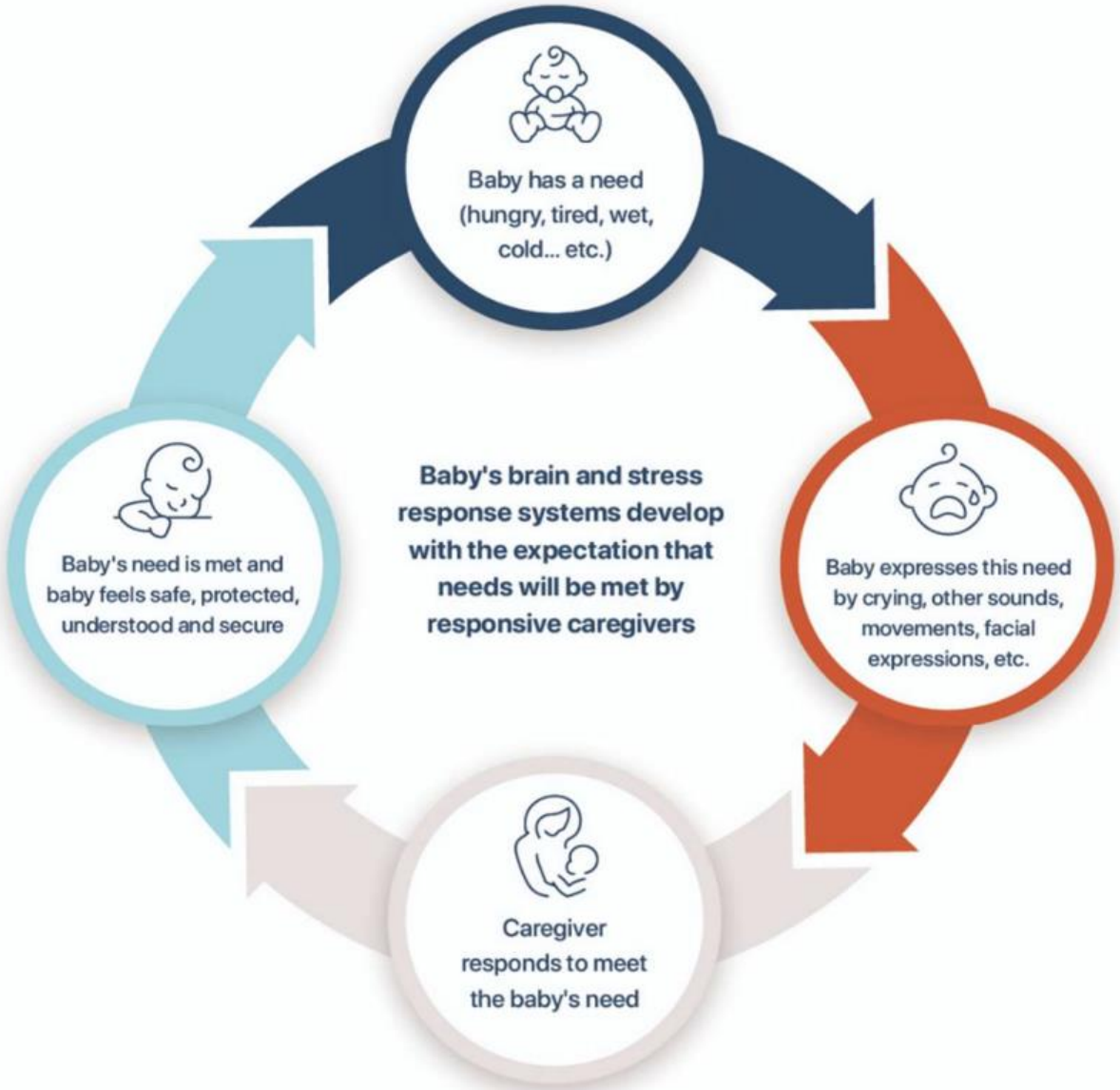
Beth Ann Beckmann, LCSW-S

Keara Sullivan
@superkeara

If u ever think ur stupid just know that one time a guy asked me what my “attachment style” was and I didn’t know what that meant so I said “PDF if it’s over email I hate when people send it as a word doc”


The 4 Attachment Styles: What Are They?
Secure Attachment
Empathy
Confident
Trust
Safety
Responsiveness
Anxious/Preoccupied Attachment
Lack of Nurture
Need for Reassurance
Fear of Abandonment
Seeking Emotional Connection
Avoidant Attachment
Emotionally Distant
Self-Reliant
Isolation
Guarded
Independent
Disorganized Attachment
Mixed Emotions
Unpredicatable
Dramatic
Confusion in Relationships
@noehringpsychotherapy

Attachment Cycle



Disrupted Attachment Cycle

70/30 CAMPAIGN: EMPOWERING COMMUNITIES TO PROTECT OUR CHILDREN

Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing

Abuse
- Emotional abuse
- Physical abuse
- Sexual abuse

Household Challenges
- Domestic violence
- Substance abuse
- Mental illness
- Parental separation / divorce
- Incarcerated parent

Neglect
- Emotional neglect
- Physical neglect

People with 6+ ACEs can die

20 yrs

earlier than those who have none

1/8 of the population have more than 4 ACEs

www.70-30.org.uk
@7030Campaign

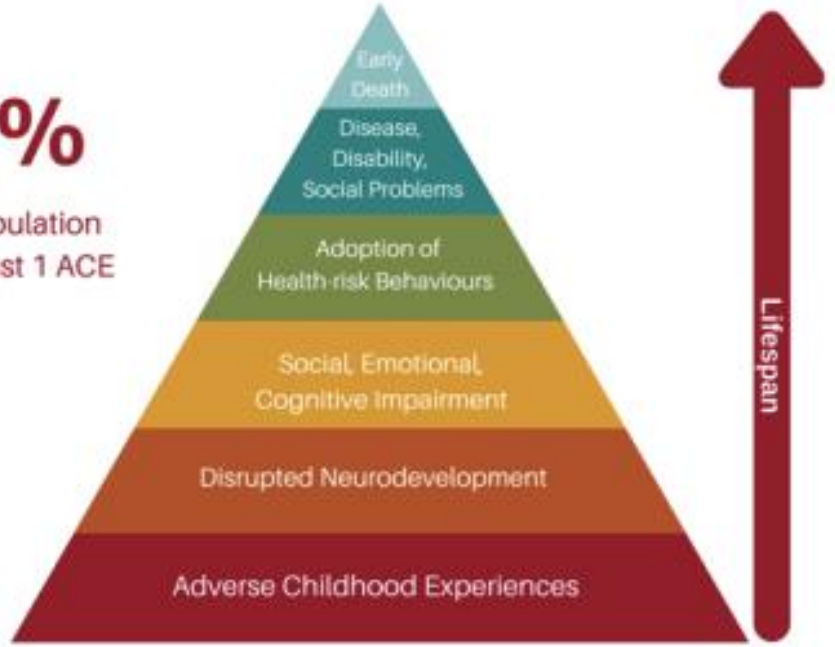
4 or more ACEs

- **3x** the levels of lung disease and adult smoking
- **11x** the level of intravenous drug abuse
- **14x** the number of suicide attempts
- **4x** as likely to have begun intercourse by age 15
- **4.5x** more likely to develop depression
- **2x** the level of liver disease

> **Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today**
>
> Dr. Robert Block, the former President of the American Academy of Pediatrics

67%

of the population have at least 1 ACE



How does Disrupted Attachment Present

Push-Pull in relationships

Anxious need for closeness with avoidant fear of intimacy

Crave attention but anticipate hurt

Chaotic patterns

Sudden withdrawals from relationships

Difficulty regulating emotions

Mistrust

Constant state of feelings of unsafety and hypervigilance for threats

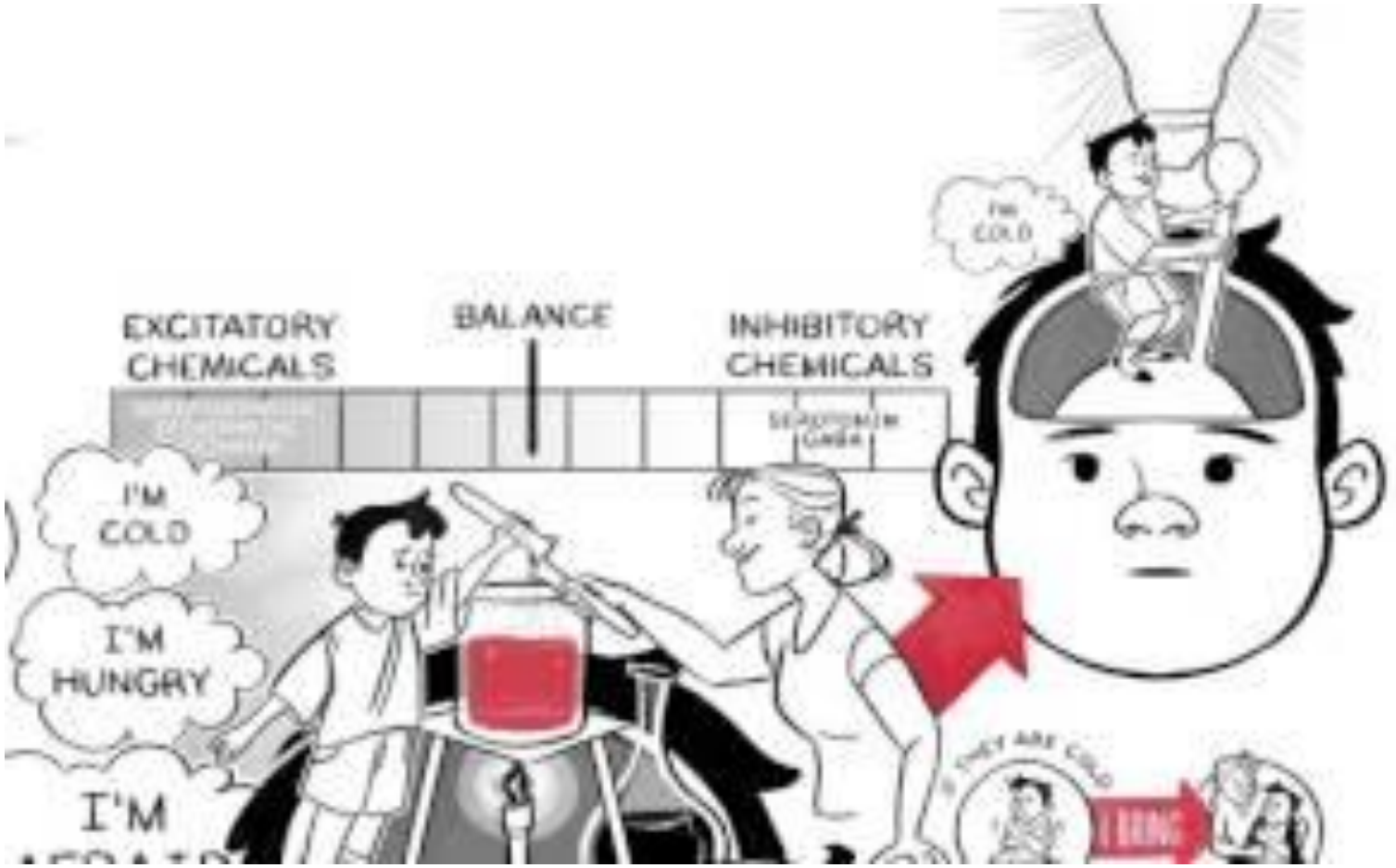
TBRI- Trust Based Relational Intervention

Trust-Based Relational Intervention® (TBRI®) is a holistic model for helping children overcome social, behavioral and emotional challenges brought on by trauma.

TBRI is built on decades of research in attachment theory, sensory processing and neuroscience. It offers practical strategies to help the whole child, so they can build fulfilling lives after trauma utilizing Empowering, connecting, and correcting principles.

Originally designed for adoptive parents, TBRI has expanded to any person working with children – such as social workers, teachers, health care professionals and law enforcement officers – as well as to partnerships with governments and other organizations creating systemic change.

TBRI- Trust Based Relational Intervention



“We dance with people the way we were danced with”

–Unknown

Highlighted Strategies

1)Engagement & Connection

2)Felt Safety

3) Emotional Regulation

Connection

- ***"The single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult"*** *- Center on the Developing Child @ Harvard, https://developingchild.harvard.edu/science/key-concepts/resilience/#*

Connection is one of the most effective healers of trauma.

TBRI- Engagement Strategies

Healthy Touch

- High-five
- Hand on shoulder
- Symbolic touch

Valuing Eye Contact

- Look at child/teen's eyes when speaking to them; Do not yell from across the room
- Do not force eye contact

Authoritative Voice

- Playful communication: Higher pitch and volume, faster cadence
- Correction: Lower pitch and volume, slower cadence

Behavioral Matching

- Sitting the same as child/teen
- Choosing the same color, toy/sticker as child/teen

Playful Interaction

- Playing games
- Not being afraid to be silly
- Using imaginative play

Engagement Strategies

1) **Tone of voice:**

Our voice is one of the biggest indicators and sets the tone of the structure and nurture component. Make sure to look at volume and cadence.

2) **Eye contact:**

We never force eye contact. Children/individuals get to the be bosses of their bodies. We earn eye contact through creating felt-safety for the other person.

3) **Healthy touch:**

We NEED it. Build it in. Listen to what the child's body tells you. If you gently touch them on the shoulder, do they lean in or away?

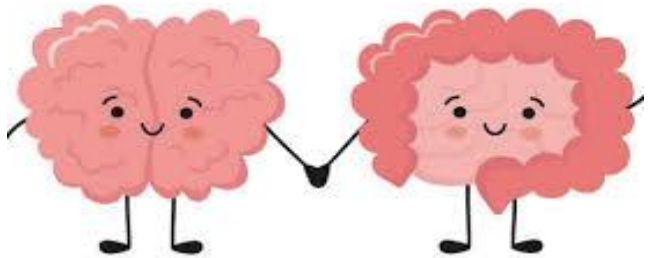
Engagement Strategies
(continued)

4) **Behavioral matching:**

One of the easiest ways to communicate safety and understanding. It says, **"we are in this together" and gives the feeling of "I belong"**. Follow your child's lead. Could be matching how they sit, what they are doing, how they dress, matching likes (favorite foods, ice cream, sports, reading)…

5) **Playful interaction:**

Play is primary. **It is necessary.** Play is vital for children (anyone) to move into their upstairs brain. Think about it…play is the magic button to begin healing.



Felt Safety

This feeling that no matter what I do or what choice I make….I know someone has me.

I have a safe base.

You are okay with me.

We must have felt safety to use our upstairs brain.

Creating a Safe Environment

Some approaches for the classroom and home:

- Have a predictable environment with clear expectations for behavior.
- Have structure during the day, try not to deviate from it often.
- Establish a quiet, safe place for individuals to go when they are feeling overwhelmed. It should be a comfortable space away from others, with comfortable furniture, blankets and pillows.
- Have some sensory materials such as a small rubber balls they can squeeze, stuffed animals, pillows with different types of fabric, pipe cleaners, rocks, crystals, play doh or clay, paper for scribbling, color markers/pencils, puzzles, etc.

Creating a Safe Environment (continued)

- Have pleasant colors, pictures of nature, cute animals, etc. to focus on when dysregulated.
- Incorporate music that may play in the background, rhythmic sounds.
- Use music, exercise, movement, stretching.
- Incorporate more opportunities for humor and laughter into your environment (laughter reduces the traumatic response in the brain).

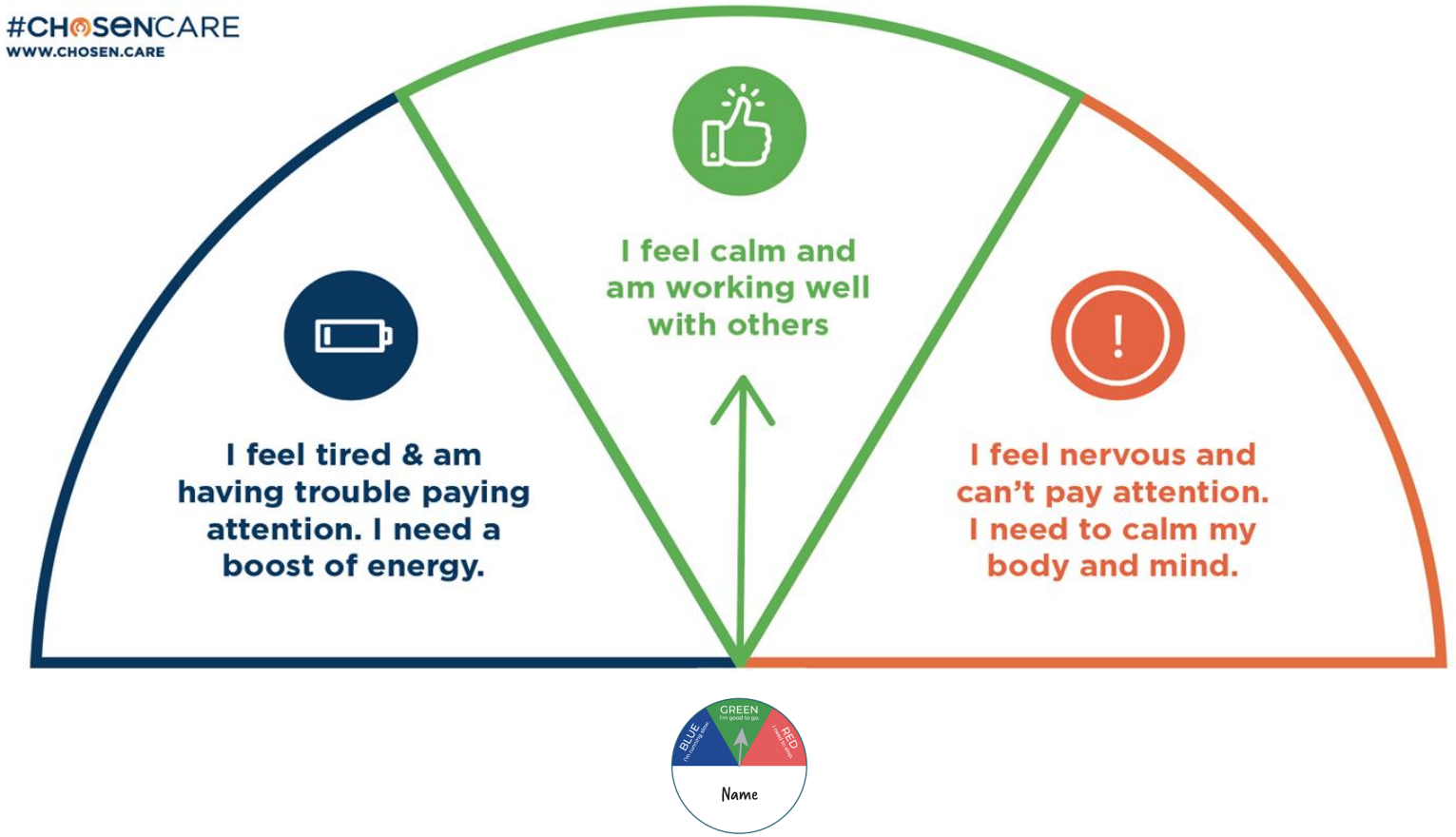
Emotional Regulation

- Attachment lays the foundation for emotional and self-regulation. Our regulation skills emerge from a healthy attachment cycle when our physical and emotional needs are met.

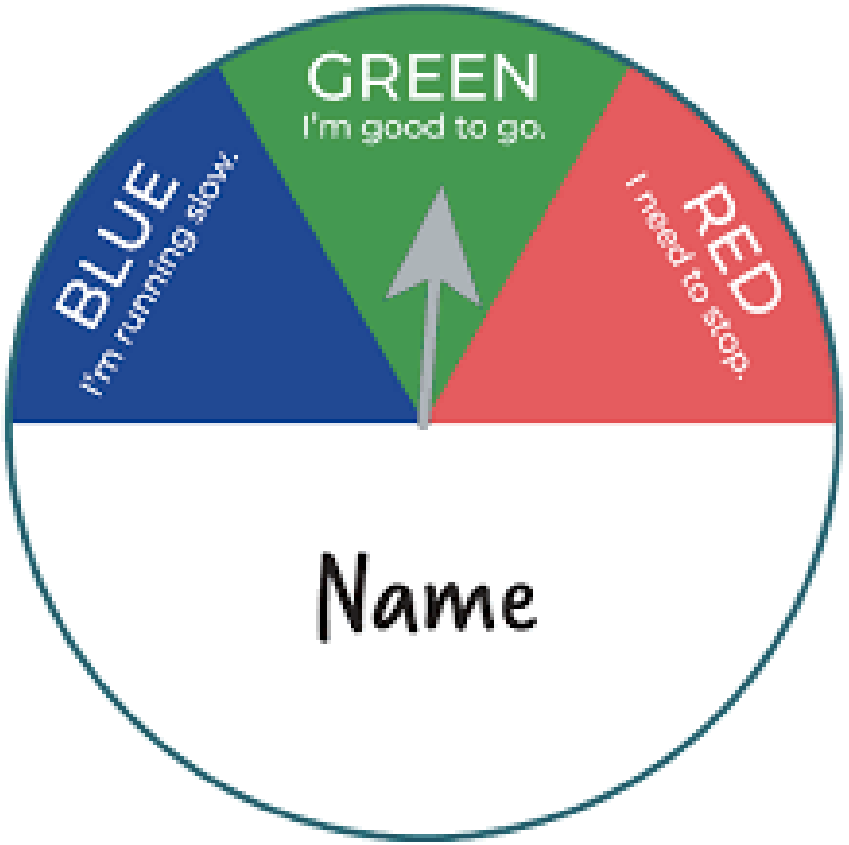
- We need to have awareness to our emotions, then emotional regulation, to be able to alter behaviors or make changes.

- Be intentional in modeling and creating opportunities to help our children and youth learn regulation skills.

Co-regulation



Check Engine Plate



Questions

Resources

The Connected Child by: Karen B. Purvis, David R. Cross, Wendy Lyons Sunshine

The Connected Parent-Real Life Strategies for Building Trust and Attachment by: Karen B. Purvis and Lisa Quails

The Whole-Brain Child by: Daniel Siegal and Tina Payne Bryson

TBRI Podcasts

The TBRI® Podcast: Attachment: Why It Matters

Empowered to Connect: The Power of Understanding Attachment with Dr. Casey Call - Part 1

Empowered to Connect: The Power of Understanding Attachment with Dr. Casey Call - Part 2

Thank You

Attachment based family therapy

Meredith Dellorco, LCSW

Newport Healthcare

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NEWPORT HEALTHCARE
Empowering Lives. Restoring Families.™
The innovator in behavioral health treatment, a pioneer in removing the stigma around mental health, and the leading provider of sustainable healing.

Introduction to Attachment Based Family Therapy

Presented by Meredith Dellorco LCSW

National Director ABFT Training Program, Newport Healthcare

Newport Healthcare

Newport Healthcare is a series of evidence-based healing centers for teens, young adults, and families struggling with mental health issues.

With locations across the United States, Newport Healthcare offers a family-systems approach, providing gender-specific, individualized, integrated programs that encompass clinical therapy, academic support, and experiential practices.

Offerings include residential treatment centers, Partial Hospitalization Programs, Intensive Outpatient Programs, and Therapeutic Day Schools. Newport Academy nurtures the physical, psychological, social, educational, and spiritual needs of individuals and their families, from a foundation of compassionate care, clinical expertise, and unconditional love.

Our primary mission is to empower individuals and restore families. Experts include MDs, psychiatrists, therapists, registered dieticians, nurses, licensed social workers, teachers, and more.

For more information about Newport Healthcare, visit www.NewportAcademy.com

Table of Contents

This presentation introduces the theory and modality of Attachment Based Family Therapy. It will cover the following topics:

- Review Attachment theory and impact of ACES
- Exploring how attachment informs treatment processes
- Identify and explore the clinical model of ABFT
- Discuss how to guide the parallel process during treatment between parents and child
- Considerations and adaptations when working with adopted Clients and their families

Theoretical Foundation of ABFT

- Bowlby's Attachment Theory
  - When parents are available, responsive, and attuned to their child's emotional needs, the child will feel more confident that:
    - Parents will love and protect them
    - They are worthy of love and protection
  - Over time, the child's expectation of the parent's availability becomes internalized as a working scheme of hat to expect in all their current and future relationships.

Risk Factors for Insecure Attachment (ACES)

- Trauma
  - Neglect, Abandonment, Physical or Sexual Abuse, Loss, illness
- Parental Stress
  - Poverty, Psychopathology, Martial Stress, Discrimination, Domestic Violence, Substance Abuse
- Family Dynamics
  - Adoption
  - Parental Criticism
  - High Conflict/Low Cohesion
  - High Control/Low Warmth
- Child Temperament
  - Psychopathology, Medical Illness, Learning Disorders

Theoretical Foundation of ABFT: Understanding Insecure Attachment

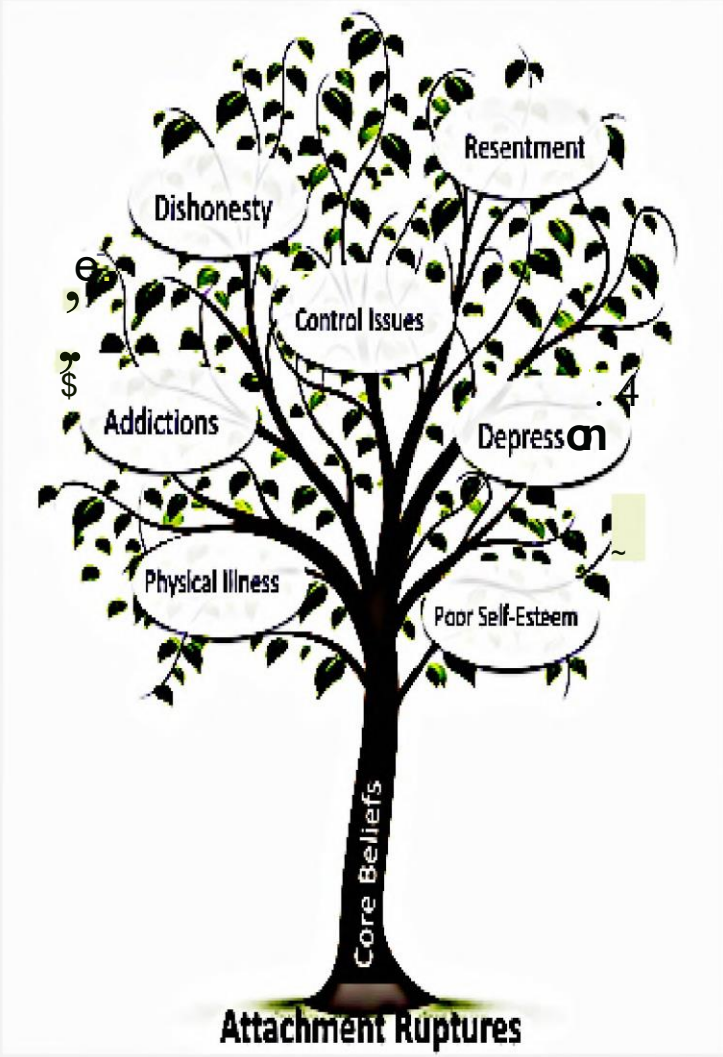
- Insecure Attachment
  - Low expectation of parental availability or responsiveness
  - Develop relational styles to defend against further disappointment
  - Impairs emotional functioning more than any other developmental need.
  - Instills the belief that no one understand or cares about them
    - This is the #1 reasons teens act our in negative ways
  - Attachment Styles:
    - Avoidant (Dismissive): Deny the need for love or comfort
    - Anxious (Preoccupied): Excessive concern with closeness and strong fears of abandonment
    - Disorganized: No strategy for regulating attachment needs

Attachment Disorders

- Reactive Attachment Disorder:
  - Characterized by a consistent pattern of inhibited, emotionally withdraw behavior towards adult caregivers.
- Disinhibited Social Engagement Disorder: Defined by a pattern of behavior where a child actively approaches and interacts with unfamiliar adults without hesitation.
- Adjustment Disorder

Attachment Ruptures as a Root Cause

- Attachment Ruptures and Relational Trauma are the root cause of most mental health and co-occurring disorders.
- Connecting trauma to internalized core beliefs
- Disempowering beliefs create the narrative
  - How we view self, others, and the world
  - Suppressed emotions and vulnerability
- Results in Mental Health and physical illness



Identifying Attachment Ruptures

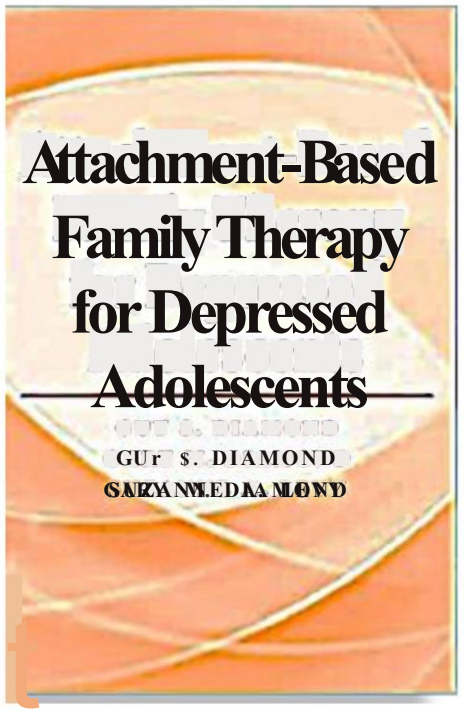
- Early Childhood "Disconnections" between parent/ caregiver and child
- Create Disruptions in safety, acceptance, and emotional functioning the child.
    - Client Viewed: Emotionally Reactive, Unstable, and Overly Sensitive
    - Diagnosis: Depression, Anxiety, Oppositional Defiant, Substance Use
    - Duration: Effects last a life-time; impacting future emotional functioning and relational patterns

Overview of ABFT

- Provides focused, yet flexible, framework
- Organizes treatment planning and session goals
- Five distinct, yet interrelated tasks that build upon one another
- Shifts from child as the "problem" to family as "solution"
- Moves from behavioral focused to emotional focus
- Gets to core conflicts quickly
- Enactment of improved connection beyond teaching skills
- Mechanism for change with all family members

Attachment Based Family Therapy

- Manualized
- Empirically Supported
- Evidence-Based
- Four Therapy Models Structural
  - Family Therapy Contextual
  - Family Therapy Emotionally
  - Focused Therapy
  - Multi-Dimensional Family Therapy



- Guy S. Diamond, **Ph.D.**
  - Co-Founder of ABFT
  - Director, Center for Family Intervention Science, Drexel University
  - Director, Couple and Family Therapy Ph.D. Program
- Suzanne A. Levy, **Ph.D.**
  - CEO and Co-Founder of ABFT International Training Institute
- Gary M. Diamond, **Ph.D.**
  - Associate Professor, Ben Gurion University, Israel

Five Tasks of ABFT

Task I: Relational Reframe

Task II: Adolescent Alliance

Task III: Parent Alliance

Task IV: Repairing Attachment Ruptures

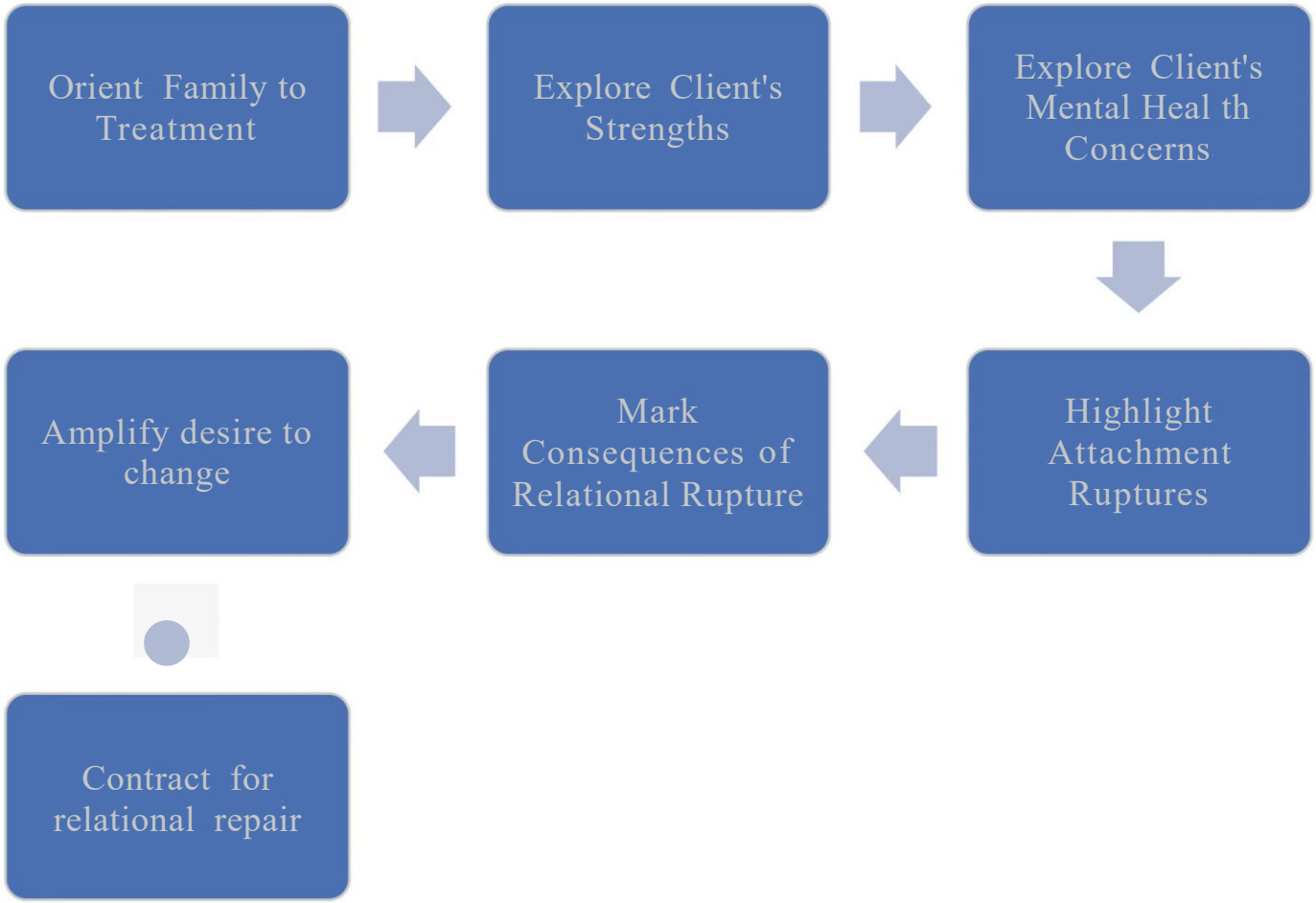
Task V: Promoting Autonomy

Task 1: Relational Reframe

- Agenda:
  - Shift from patient as the problem to family relationships as the solution
  - Highlight family strengths and relational ruptures
    - "When you are feeling sad, why don't you go to your parent for support?"
  - Places responsibility for change on all family members

- Task:
  - Establish a treatment agreement:
    - Would you like a more meaningful relationship with one another?
    - Could we work on repairing your relationship?

Task 1: Relational Reframe

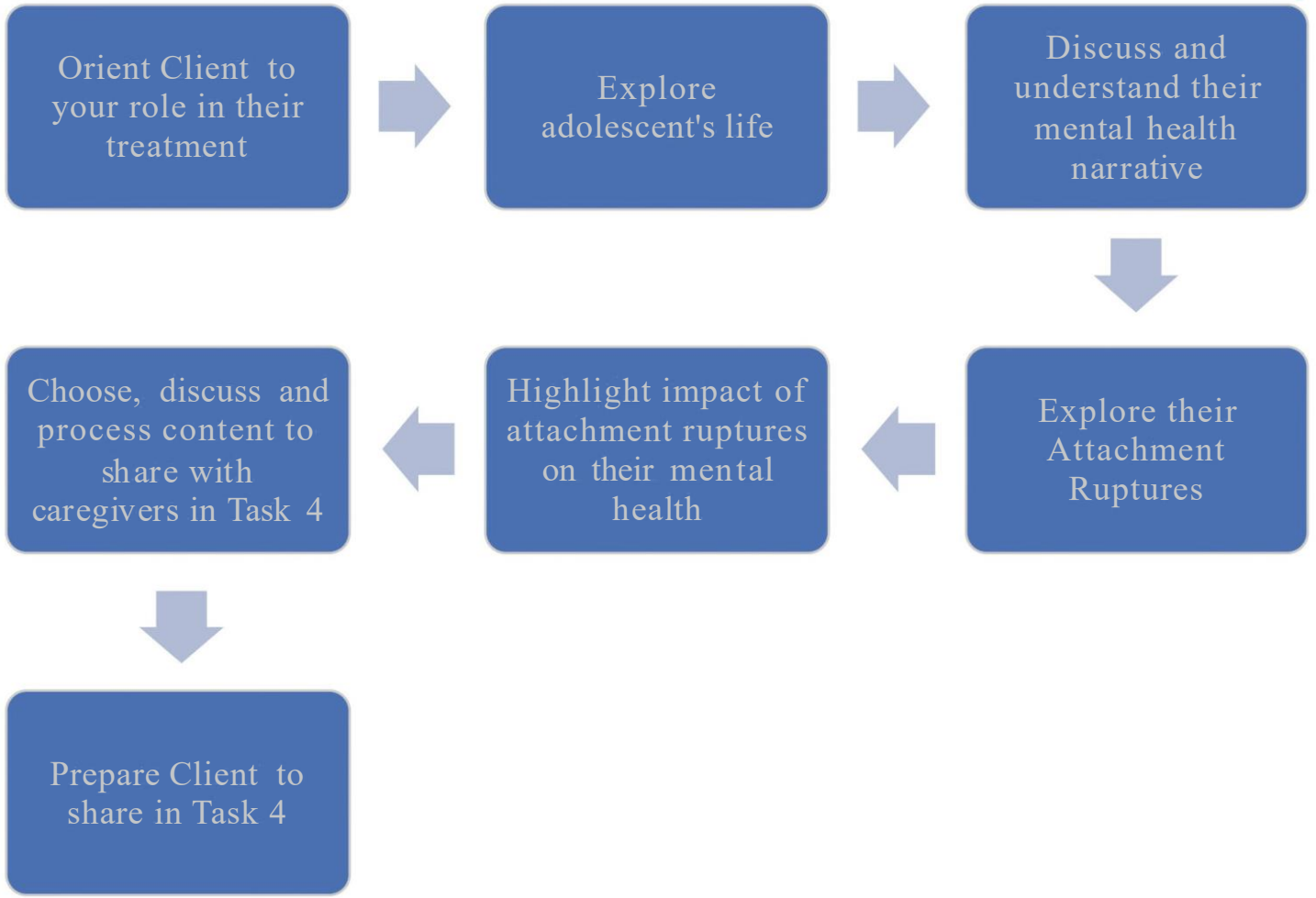


Task 2: **Adolescent Alliance**

- Agenda:
  - Meet alone with teen to build therapeutic alliance
  - Develop an honest attachment rupture narrative
  - Identify moments of disconnect and disappointment
  - Access vulnerable emotions and let go of anger
  - Connect mental health issues/depression/ suicidality with underlying emotions and ruptures
  - Build skills to express disappointments to parents in a regulated manner.

- Task:
  - Prepare adolescent for the attachment task

Task2

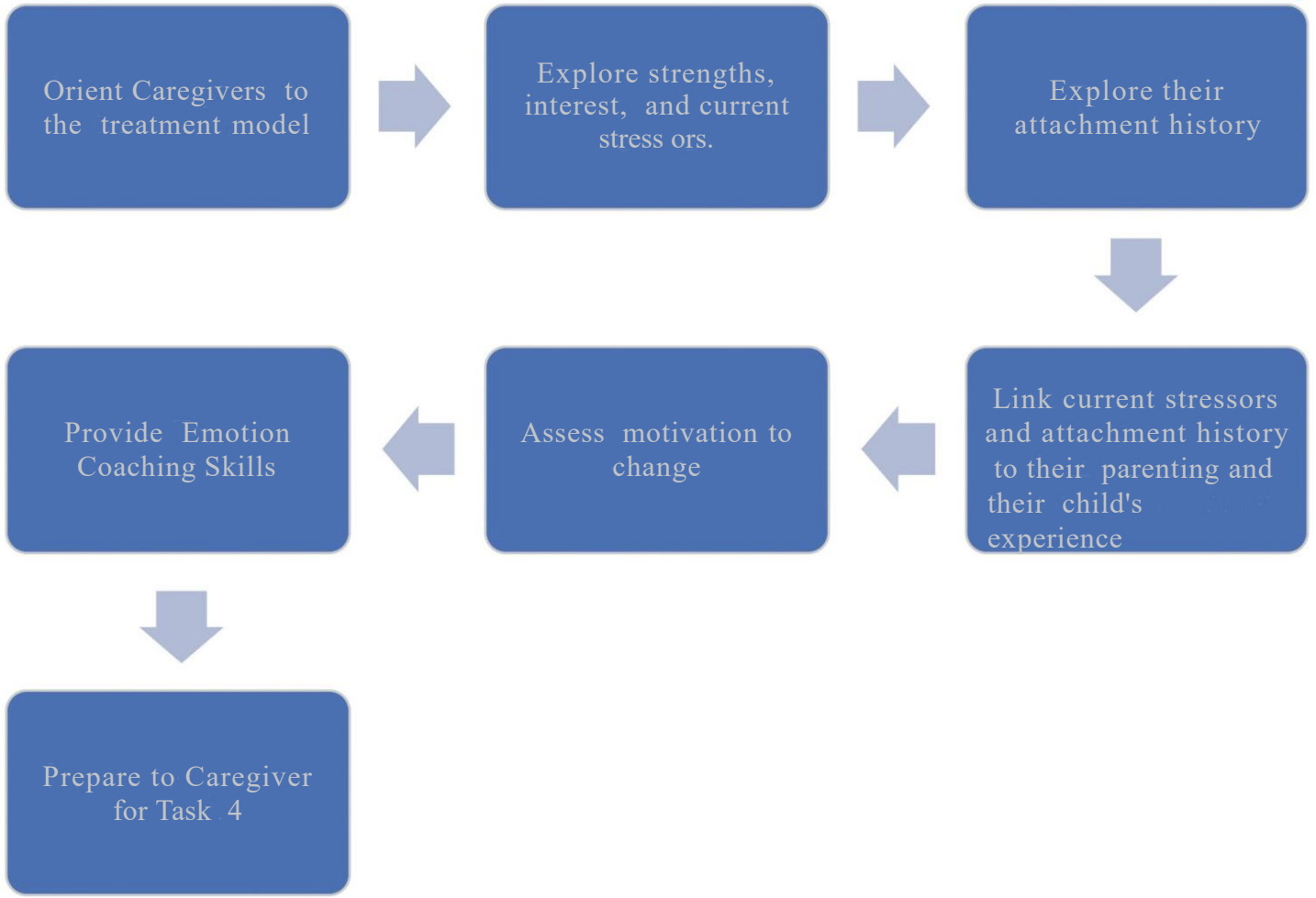

Orient Client to your role in their treatment
Explore adolescent's life
Discuss and understand their mental health narrative
Explore their Attachment Ruptures
Highlight impact of attachment ruptures on their mental health
Choose, discuss and process content to share with caregivers in Task 4
Prepare Client to share in Task 4

Task 3: Parent Alliance

- Agenda:
  - Meet alone with parents
  - Understand psychological, historical, social forces that impact their parenting
    - Attachment history
    - Current stressors
    - Activate parent's caregiver instinct
  - Parents connect their early childhood ruptures to emotions at the time
    - Relate those feelings to their child's experience

- Task:
  - Prepare parents for attachment task

Task 3

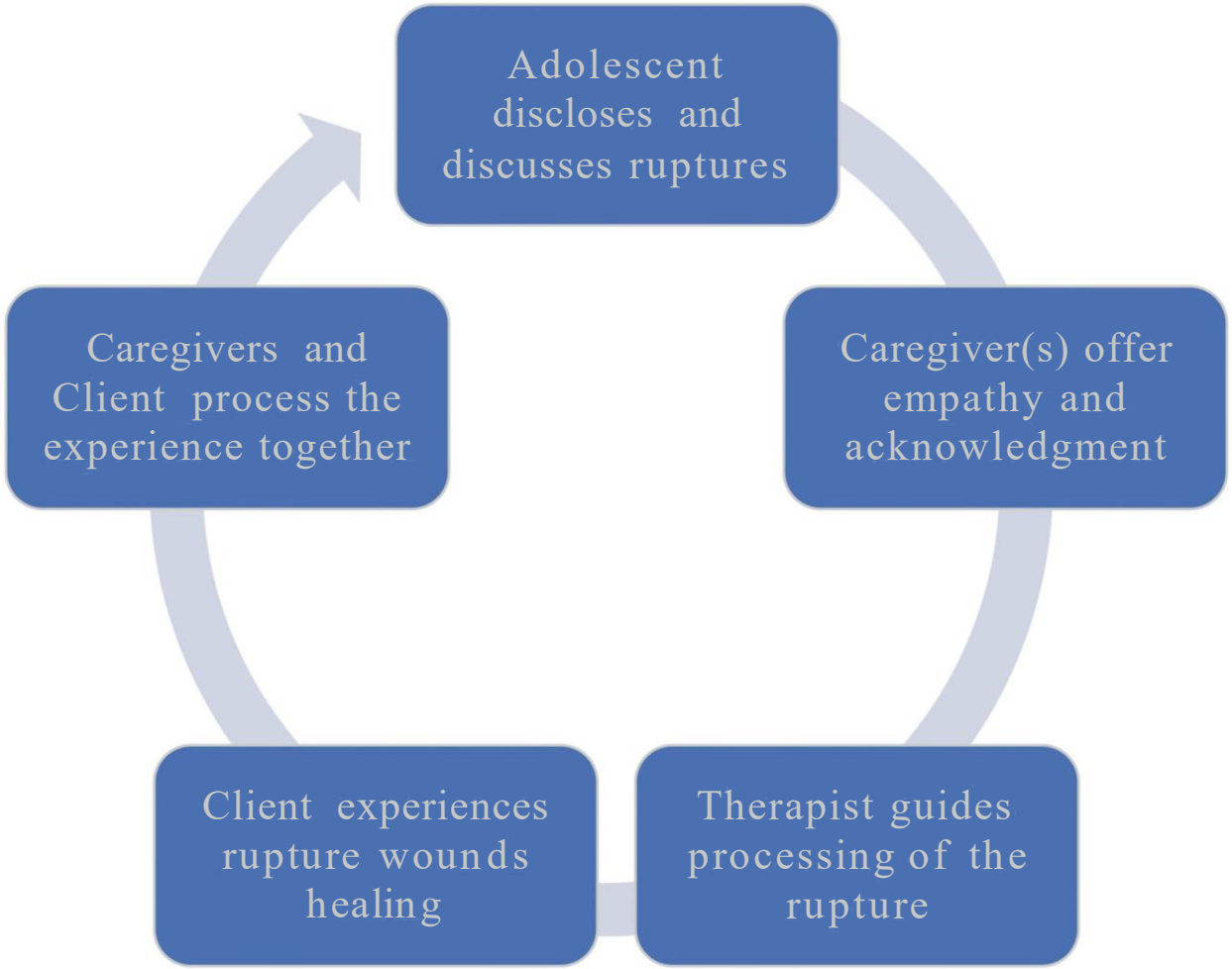

Orient Caregivers to the treatment model
Explore strengths, interest, and current stress ors.
Explore their attachment history
Link current stressors and attachment history to their parenting and their child's experience
Assess motivation to change
Provide Emotion Coaching Skills
Prepare to Caregiver for Task 4

Task 4: Repairing Attachtnent Ruptures

- Agenda:
  - Facilitate a conversation about attachment ruptures
  - Adolescent talks and parents listen
  - Adolescent expresses difficult issues and vulnerable feelings
  - Parents validate with empathy and understanding

- Task:
- Resolve conflicts
- Increases adolescent confidence that parents can be sensitive and available
- Adolescent practices emotional regulation and conflict resolution skills
- Parents practice emotionally focused parenting skills

Task4

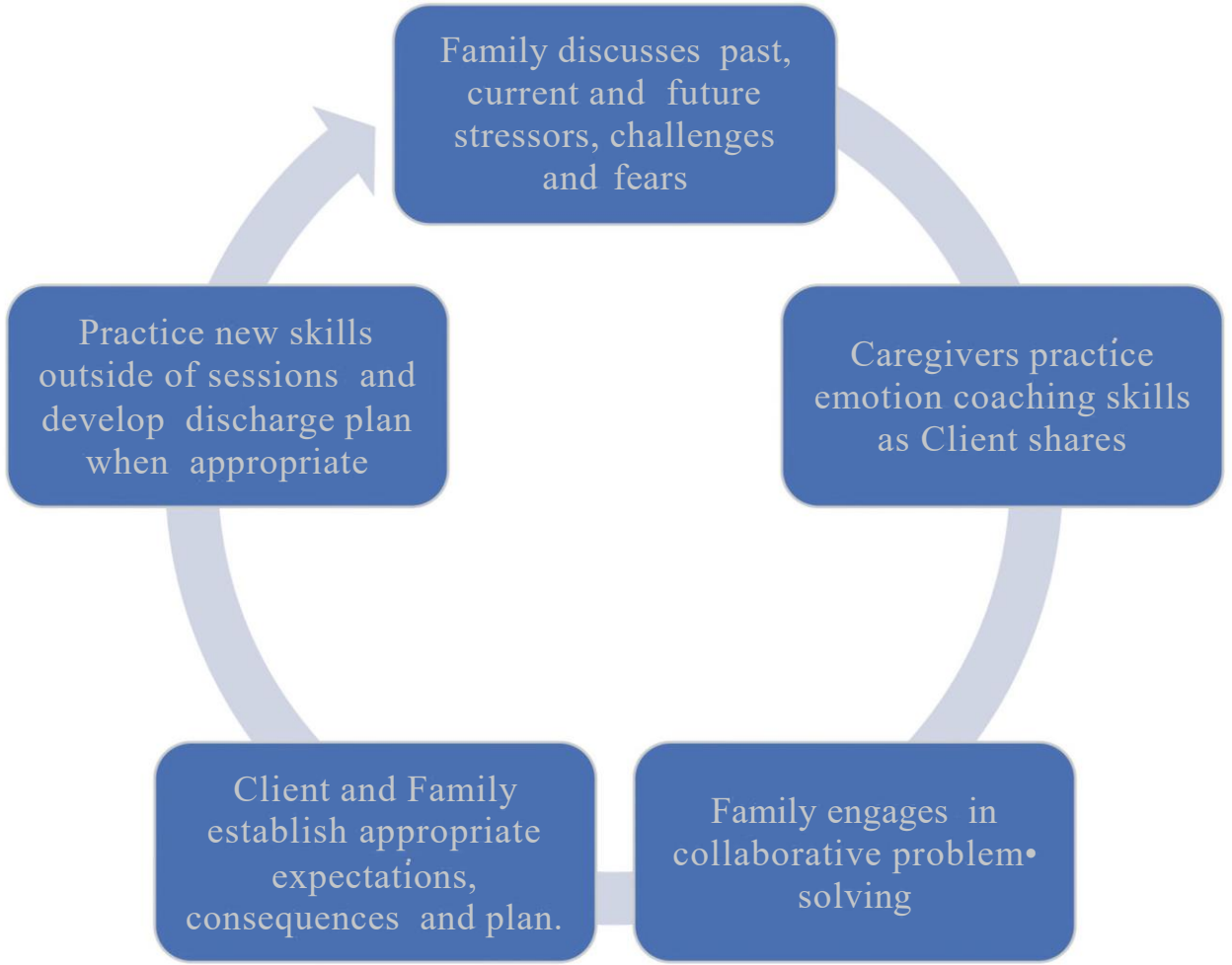

Adolescent discloses and discusses ruptures
Caregiver(s) offer empathy and acknowledgment
Therapist guides processing of the rupture
Client experiences rupture wounds healing
Caregivers and Client process the experience together

Task 5: Promoting Autonomy

- Agenda:
  - Revitalize a goal corrected partnership
  - Cooperation emerges from the desire to maintain connectlon
  - Empower parents and build independence and accountability

- Task:
  - Identify stressors contributing to depression, suicidality, and/or mental health issues
  - Build adolescent competencies as a buffer against stress
  - Negotiate and compromise age-appropriate expectations and consequences

Task 5


Family discusses past, current and future stressors, challenges and fears
Caregivers practice emotion coaching skills as Client shares
Family engages in collaborative problem• solving
Client and Family establish appropriate expectations, consequences and plan.
Practice new skills outside of sessions and develop discharge plan when appropriate

ABFT Process & Outcome Goals

Task	Task I Relational Reframe	Task2 Adolescent Alliance	Task3 Parental Alliance	Task4 Repairing Attachment Rupture	Task5 Promoting Autonomy
Process Goal	Shift how family views the problem & solution; identify family strengths & ruptures	Understanding emotions related to attachment narrative and impact on mental health issues	Understanding how parental attachment ruptures influence parenting and to active parental caregiving	Engagement in attachment rupture conversation to 1ncrease understanding with compass1on	Understanding of age-appropriate expectations balanced with parental guidance and support
Outcome Goal	Agreement to work on improving family relationships	Willingness to address with parents in a calm and regulated manner	Emotion coaching for parents to listen and validate their child's attachment narrative	Revised view of family memhers with renewed interpersonal trust	Negotiation and compromise of family agreement with defined rules, rewards and consequences

Integration of ABFT in Assorted Settings & Populations

Levels of Care

- Originally designed as an outpatient model in 16-20 sessions
- Can be easily adapted to any setting
- Short-term residential (Less than 30 Days)
  - Task 1: 1° week
  - Task 2 and Task 3: 2 week
  - Task 4: 3 week
  - Task 5: 4 week
- Long-term Residential or **PHP /IOP** (More than 30 Days):
  - Task 1: 1 Session
  - Task 2 and Task 3: Complete over 2-3 weeks
  - Task 4: 2-4 sessions building to Task 5
  - Task 5: Approximately 2 sessions

Parent Psychopathology

- When parents are not "available" due to:
  - Mental Illness
  - Personality Disorder
  - Substance Abuse
- Therapeutic Process with client:
  - Acceptance of parental limitations
  - Grieve loss of parent
  - Develop earned secure attachment with extended family member
- Dependent on benefits to client
  - Task 4 with other family member
  - Reparenting

Adoptive Families- Disclaimer

- Adoption, in the context of this discussion, is used to describe the process by which a child has joined a family.
- Adoptive Families/ Adoptive Youth are not a homogenous group, each family/ youth are unique and possess different protective factors and challenges.
- Not all adoptive families and youth struggle in the area of attachment but exploring the circumstances of an adoption can provide an improved understanding of the family system and inform the development of supportive Interventions.
- Issues with attachment do not necessarily indicate an attachment disorder.

Adoptive Families

- Adoptive parents may feel their love "should be enough" to heal their child.
  - A secure base may not be enough
- Process parental and teen adoption narratives
- Process attachment ruptures with adoptive parents before ruptures with biological parents
  - This creates or reinforces the secure base to support adolescent to process bio-parent ruptures

Adoptive Families

- Task 1: How adoption may contribute to stress
- Task 2: Adoption narrative and contribution to attachment ruptures
- Task 3: Parental adoption journey
- Task4: Attachment ruptures with adoptive parents
- Task 5: Adoptive parents provide emotional support for ruptures with bio-parents before moving towards safety planning

The ABT Difference

- ABFT is about relationship building
- Parents want an improved relationship with their children AND children want a deeper connection with their parents
- Opens up the dialogue
- Focusing conversations on the relationship engages the whole family

The ABT Difference

- When parents listen and validate, this instills hope that things can change
- Rewrite the narrative of care and connection
- Promote honest and respectful communication
- Increased accountability for teens actions
- Strengthens relationships with all family members

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https:/ / doi.org/10.1176/ appi.books.9780890425596
- Diamond, G. S., K.obak, R. R., Ewing, E. S.K, Levy, S. A., Herres, J. L., Russon, J. M., & Gallop, R. J. (2019). A randomized controlled trial: Attachment-based family and nondirective supportive treatments for youth who are suicidal. Journal of the American Academy of Child & Adolescent Psychiatry, 58(7), 721-731. https:/ /doi.org/10.1016/j.jaac.2018.10.006
- Ewing, E. S., Diamond, G., & Levy, S. (2015). Attachment-based family therapy for depressed and suicidal adolescents: Theory, clinical model and empirical support. Attachment and Human Development, 17 (2), 136-516. https:/ /doi.org/10.1080/14616734.20151006384

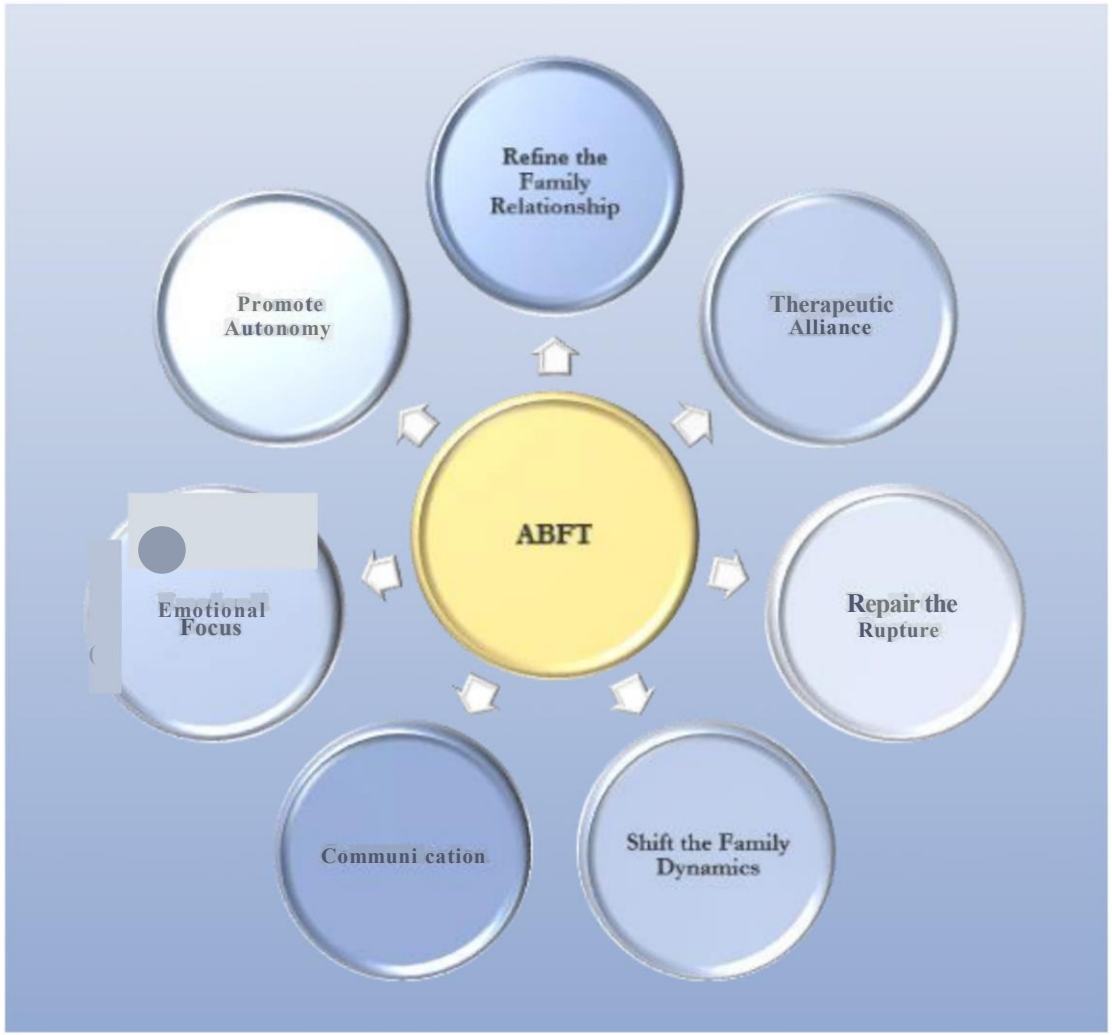
Website References:

https:/ /wwwnpr.org/sections/health-shots/2015/03/02/387007941 /take-the-ace• quiz-and-learn-what-it-does-and-doesnt-mean

https://www.attachmenttraumanetwork.org/what-are-attachment-disorders/

https://www.parents.com/avoidant-attachment-style-8764398

Q & A


Refine the Family Relationship
Promote Autonomy
Therapeutic Alliance
ABFT
Emotional Focus
Repair the Rupture
Communi cation
Shift the Family Dynamics

Our Vision

To be the innovator in behavioral health treatment, pioneer in removing the stigma of mental health, and be the leading provider of sustainable healing.

Our Mission

We are a results-driven healing organization that provides state-of-the-art integrated care to individuals and families struggling with mental health concerns. We provide a foundation of well-being to foster sustainable healing and resilience in teens, young adults, families, and communities.

Our Values

Patient First. We will always put patient safety and well-being first in our decision making.

Love. We'll love you until you love yourself

Excellence. We employ a standard of excellence in all that we do.

Empathy. We don't just show you the way out of the darkness, we walk out of it with you.

Connection. We facilitate the building of authentic connections first with yourself and then with the community around you.

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We will do whatever it takes.

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Empowering Lives. Restoring Families.™

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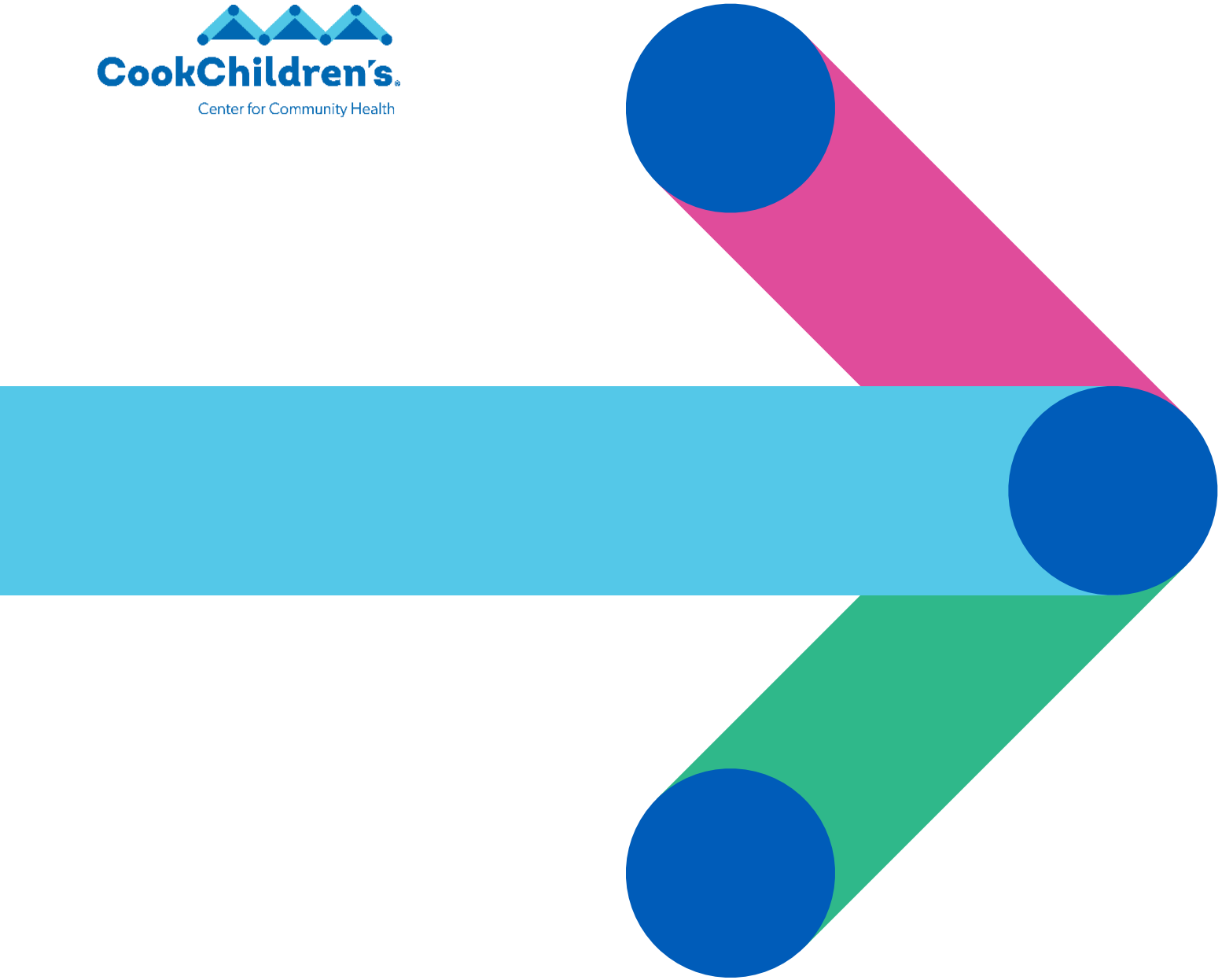

Questions?

Thank you for attending!

- To obtain Certificate of Attendance/CEUs
  - Please complete the evaluation at:
  - Online Survey Software | Qualtrics Survey Solutions

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