Attachment Based Family Therapy in Community Mental Health Settings

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Center for Family Intervention Science: Goals

- Develop, evaluate, and disseminate empirically tested, family-based treatments for depressed and suicidal adolescents.

- Develop and implement web-based mental health screening for adolescents in ambulatory care (ED and Primary care) and mental health settings.
Attachment-Based Family Therapy for Depression and Suicide

Theoretical Foundation
Family as Risk Factor

- Parental psychopathology (e.g., depression), abuse and neglect, loss, marital conflict, and divorce strong risk factors for youth suicide and depression.

- High conflict, criticism and rejection and low warmth, support and attachment are strong risk factors for depression.

- Family conflict often precipitates suicide attempts, preceding 20% of completed suicides and 50% of non-fatal suicidal episodes (Brent et al., 1988).
Family-Based Treatment Options

- Surprisingly few treatments for adolescent depression, let alone suicide, target family functioning.

- CBT prevention and treatment programs have added family psycho education modules. Little data to suggest this potentiates treatment.

- Beardslee developed a program to directly treat depressed parents and their children.

- Some very promising family-based prevention and treatment programs for adolescent substance abuse, delinquency and disruptive disorders and families experiencing divorce.
Family-Based Treatment Options

- There have been a few family-based intervention studies specifically for treating suicidal youth (e.g., Harrington et al., 1998; Huey et al., 2004). Some promising outcomes, but none had a strong theoretical basis for the treatment, were tailored to the specific needs of this population, or have been systematically investigated.
Why Family Treatment?
Family as Protective Factor

- The family is the most potent developmental and protective context of child development (American Academy of Pediatrics, 2000).

- As with young children, a combination of parental warmth and monitoring are associated with better adolescent functioning, less suicide, and lower depression.
Family As Safety Net

- The goal is not to blame families, but to strengthen them

- Family as the medicine

- Improving communication and trust
  - Provides a buffer against depression and suicide
  - Increase parents’ ability to monitor safety
  - Increase parents’ ability to serve as a resource for support
From an Attachment Perspective

- Children internalize beliefs about self and expectations of others through the early attachment relationships.
- Some data suggest that parent child interactions influence, if not determine, the development of negative depressogenic cognitive thinking styles (e.g. self worth, hopelessness, etc).
- These become internal working models that influence how we see ourselves and what we expect from others.
From an Attachment Perspective

- Bowlby, Ainsworth and others proposed a life span attachment model.
- The transactions between interpersonal relationships and intra personal models of self and other, continues throughout life.
- If internal models are shaped by interpersonal relations, then can these models be revised if relationships improve?
A Transactional Model of Change

Help adolescents

- Identify and articulate core attachment ruptures: abuse, neglect, criticisms, over control.
- Identify primary emotions associated with these experiences (e.g. sadness behind the hurt, anger behind the indifference).
- Increase comfort (e.g. exposures) and entitlement to express these thoughts and feelings.

Help parents

- Explore their own childhood attachment relationships.
- Increase empathy for adolescent’s need for emotional support and protection.
- Teach parents emotional coaching parenting skills.
A Transactional Model of Change

Parent and adolescent’s internal working model of self and other have been primed to be more receptive to new information and experiences.

Engineer family conversations about core attachment ruptures.

- Adolescents are challenged to be more direct, honest, but regulated.
- Parents are challenged to be more receptive, curious, supportive, and non-defensive.

When adolescent are more mature and direct about their felt injustices, parents are more responsive and sensitive to their needs. As parents become more emotionally available, adolescents begin to revise their image of the parents as indifferent or unapproachable and see them as more helpful and trustworthy.
A Transactional Model of Change

The ABFT therapist promotes both psychological change as well as interpersonal change and uses the transaction between these domains as leverage for therapeutic growth.
Attachment-Based Family Therapy: Clinical Model

- Empirically supported
- ABFT is a brief (~16 week) treatment
- Aims to reestablish the normative attachment fabric of safety, protection, and availability
- Provides experiential context to learn:
  - new communication skills
  - affect regulation skills
  - interpersonal problem solving skills
Five Treatment Tasks

- Relational reframe
- Alliance with the adolescent
- Alliance with the parent
- Reattachment task
- Promoting competency task
Task 1: Relational Reframe

- Bond: Building Alliance

- Goal: Reframing the Problem/Solution
  - Shifting from patient as problem to family relationships as solutions
    - “What gets in the way of you going to your mother for help when you are feeling so depressed?”
    - Puts burden of change on all family members

- Task: Establishing a Treatment Contract
Task 2: Alliance with the Adolescent

- Bond: Building Alliance

- Goals: Identifying core conflicts
  - Identifying breaches of parental trust
  - Linking depression to family conflict
  - Amplifying entitlement to address felt injustice

- Task: Prepare adolescent for reattachment task
Task 3:
Building Alliance With the Parent

- **Bond:** Understanding current stressors and parent’s own history of attachment failures.

- **Goals:** Empowering parents and getting a commitment from them to protect adolescent from another generation of abandonment.

- **Task:** Preparation for this conversation
  
  Learning emotional coaching skills
Task 4: Reattachment Task

- Goals: Facilitate discussion about core attachment ruptures.

- Process: Enactment
  - Adolescent uses new affect regulation and interpersonal problem solving skills; parents use more emotional coaching.
Task 4: Reattachment Task

- Adolescent discloses and discusses core conflicts.
- Parents offer empathy, understanding and acknowledgement.
- Mutual responsibility and commitment to change emerge.
Goals of Attachment Task

- Trust and communication reemerge
- Family members feel more confident that they can work through difficult problems together
- Parents work more as a team
- Adolescent feels safe turning to parents for help
Task 5: Competency Promoting

- Build competency in communication skills between parents and adolescent.

- Re-engage adolescents in social world/activities
  - Self esteem is seen as a buffer against stress
    - Identify appropriate challenges
  - Parent’s are now viewed as a secure base and should be used to support the adolescent in building competency and set reasonable expectations.
Empirical Support

- ABFT has shown to be effective with depressed and or suicidal adolescents in 4 studies.

- Now classified as a proven practice by the Rand Corporation and soon to be approved by NREPP.
First study

- Open trial showed marked decrease in both depression and suicidal ideation in 15 adolescents.
Second Study

- NIMH funded small randomized clinical trial.

- 32 patients: ABFT or wait list control.

- Significant reductions in depression diagnosis (87% recover) and symptoms, suicidal ideation, and anxiety. Increase in family attachment.

- Published in *Journal of the American Academy of Child and Adolescent Psychiatry*. 
Adolescent Suicide

- Every year 1 in 5 adolescents contemplates suicide, 5 to 8% attempt suicide and approximately 1,600 to 2,000 adolescents die by suicide.
- When you take into account non-lethal attempts, approximately one million teenagers attempt suicide each year.
Suicide Treatment and Prevention Research

- Less than 10 published studies on psychotherapy for suicidal youth.
- In many of the studies, experimental treatment does no better than Treatment As Usual in reducing suicide attempts or ideation.
- In many studies, there was no difference between experimental and control treatment.
- There are no psychopharmacology studies for suicidal youth and much controversy about its impact on suicidal ideation.
Third Study

- CDC funded randomized clinical trial.
- 66 adolescents randomized to ABFT or Enhanced Usual Care (EUC)
- 70% female, 80% African American
- 50% had previous attempts, 30% MDD, 80% Anxiety
- 50% reported a history of sexual abuse
- Published in *Journal of the American Academy of Child and Adolescent Psychiatry*.
Standard Deviations: 4.1 EUC; 4.2 ABFT

\( p < .001 \)
Suicide Ideation (SIQ)
BDI Response, 50% Reduction from Baseline

- Wk 6 (p=0.04): 69.2
- Post (p=0.21): 58.8
- Followup (p=0.30): 59.5
- Maintain (p=0.08): 57.1

ABFT vs. EUC
Sexual Trauma and Response to Treatment

- Youth with sexual trauma history are more likely to have higher levels of suicidal ideation and attempts (Beautrais et al., 1996).
- Adolescents with sexual trauma history tend to have poorer responses to depression treatment.
  - Barbe et al. (2004) – CBT no more efficacious than non-directed supportive psychotherapy for those with sexual trauma history
  - Lewis et al. (2010) – CBT outcomes moderated by sexual trauma history but not physical abuse (TADS)
  - Asarnow et al. (2009) – youth with abuse history responded poorly to CBT + medication (TORDIA)
- Cannot assume findings from depression studies can be generalized to suicidal youth.
- No studies have examined sexual trauma history on treatment outcomes in suicidal youth.
Rate of Change on SSI

- 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
Rate of Change on BDI-II

History of Sexual Trauma

No History of Sexual Trauma

- ABFT superior to EUC from baseline to mid-treatment regardless of sexual trauma history; no differential outcomes at post-treatment and follow-up
- Greater early decline in youth without sexual trauma history
- Sexual trauma history did not moderate ABFT’s effect on depressed mood
- No interactions over time
Dissemination Efforts

• Fourth Study in Norway with 20 adolescents showed:
  • We can train therapists
  • Treatment was more effective than treatment as usual for reducing major depression

Training programs now in Australia, Belgium, Israel, Norway, Sweden, and Virginia
ABFT as Aftercare

- Few studies on treatment for adolescents post hospital after a suicide attempt.
- Majority of youth referred to treatment do not go or drop out prematurely (Daniel, 2004).
- With funding from AFSP, we randomized 20 adolescent to ABFT or treatment as usual.
- Small pilot sample to provide feasibility date.
FINDINGS

• Feasibility
  • Families in ABFT were more satisfied with their treatment than their EUC counterparts.
  • Families in ABFT started treatment sooner than their EUC counterparts.

• Outcome
  • Adolescents in ABFT were significantly less likely to re-attempt suicide.
  • Adolescents in ABFT reported less attachment related avoidance towards their mother.
  • Adolescents in ABFT reported less attachment related anxiety towards their father.
Comparison on Reattempts

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<tr>
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<th>ABFT</th>
<th>EUC</th>
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<tbody>
<tr>
<td>Future Suicide Attempts</td>
<td>0% (0/9)</td>
<td>16.7% (3/9)</td>
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<tr>
<td>Fischer’s exact test</td>
<td>( \text{Chi}(1)=3.60, \ p=0.058; ) \n</td>
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<tr>
<td>Cohen’s h effect size</td>
<td>( h=1.17 )</td>
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(Cohen’s h effect size has threshold of 0.2, 0.5, 0.8 for small, medium, and large effect sizes, respectively).
ABFT for GLBT Adolescents

- Open trial, 10 GLB adolescents with severe suicidal ideation
- Phase I – manual development
  - more time with parents
  - heighten parents' awareness of micro aggressions
  - help families reduce or resolve parental non-acceptance
- Phase II – treatment
  - Average of 12 sessions completed
  - Significant decrease in depressive symptoms and suicidal ideation from baseline to week 6
  - Decrease in attachment related anxiety from week 6 to end of treatment
Current Studies

- ABFT as an adjunct to adult individual psychotherapy

- ABFT verses None Directive Supportive Therapy (Brent and Kolko, 1997) for suicidal youth (5 year funding from NIMH, just funded). 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?
Questions or interest in ABFT training?

- Please contact the Training Director:
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