Evidence In-Sight:
Attachment-based therapy for children, youth and families (ages 6-18)

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Overview of inquiry

A mental health organization would like to offer a parent education program based on teaching attachment strategies. They have noted their success with these types of strategies in the past and would like to incorporate a parenting group into the services they offer. The question Evidence In-Sight will answer is: are there existing, evidence-informed interventions targeting parents of adolescents that focus on attachment principles?

Summary of findings

- We were able to find three programs discussed in the literature that are group-based, relatively brief (10 sessions or fewer), target the parents of youth and are based on attachment theory.
- We also found one program based in attachment theory that is longer (4 – 8 months) but targets parents and youth separately, as well as the dyad together.
- Attachment-Based Family Therapy was developed to address depression in adolescents by working on risk factors related to the parent-child relationship.
- Multiple-Family Group Intervention was developed to treat conduct disorder in adolescents by offering an alternative to residential care or support after returning from a residential treatment setting.
- The Connect© Program was developed at Simon Fraser University and is designed to target a variety of mental health concerns in adolescents.
- The Trauma and Attachment Group (TAG) Program was designed to promote healing through the development and strengthening of caregiver-child attachment relationships for children (8 to 12) diagnosed with attachment disorders following complex developmental trauma.

Findings

4.1 Attachment-Based Family Therapy (Diamond, Siqueland & Diamond, 2003)

Attachment-Based Family Therapy (ABFT) was developed to treat adolescents with a diagnosis of depression and is based on interpersonal models of depression, specifically attachment theory and contextual family therapy. ABFT aims to have parents become a safe and secure base for adolescents to turn to. Adolescents work on trusting their parent and being able to see them as a support. Both parties then work together on negotiating rules and expectations for their relationship moving forward. The program is delivered over 12 weeks and therapists are typically master’s level. A manual is available for this program.
Within therapy, conversation becomes an increasingly important mechanism in which adolescents develop attachment security. The practitioner facilitates conversations between the parent and child to educate both parties about attachment and their relational challenges. This helps adolescents understand the events that contribute to the difficulties they are experiencing, in addition to helping parents acquire skills to improve the relationship. The program targets seven risk factors that are common to adolescents with depression:

1. Parent criticism (attributing symptoms of depression to laziness or oppositionality)
2. Lack of motivation or apathy shown by adolescent
3. Parental stress (which can seriously impact the child’s mental health)
4. Ineffective parenting (e.g. inconsistent, inattentive)
5. Family disengagement and conflict (feeling distanced from parents can lead to depression)
6. Affect constrictions/ Emotion regulation (those who have difficulty regulating their emotions are at increased risk for depression)
7. Negative self-concept/ feelings of worthlessness

The treatment plan in ABFT addresses each risk factor with seven treatment strategies and tasks. Table one lists the risk factors, strategies and expected outcomes (Diamond et al., pp. 112, 2003) identified in and addressed by a treatment plan.

<table>
<thead>
<tr>
<th>Risk factors for depression</th>
<th>Treatment tasks</th>
<th>Expected outcomes</th>
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<td>parent criticism</td>
<td>relational reframe</td>
<td>reduce blame/criticism, increase mutual responsibility</td>
</tr>
<tr>
<td>adolescent motivation</td>
<td>alliance building</td>
<td>build bonds, identify goals, increase engagement and hope</td>
</tr>
<tr>
<td>parental stress</td>
<td>alliance building</td>
<td>increase trust and social support</td>
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<td>ineffective parenting</td>
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<td>family disengagement/conflict</td>
<td>reattachment</td>
<td>increase trust, respect and dependability</td>
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<td>affect constrictions</td>
<td></td>
<td>improve affect regulation</td>
</tr>
<tr>
<td>negative self-concept</td>
<td>promoting competency</td>
<td>increase autonomy</td>
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Relational reframing involves addressing the initial concerns between the parent-child relationship, specifically helping the adolescent describe their experiences of depression without feeling criticized by the parent. This can also help the parent overcome frustration that they may be feeling toward their child and develop new communication strategies. In alliance building, the therapist works on building an alliance with the adolescent and having them open up to the idea of reattachment. With parents, the therapist assesses their readiness to listen to their child’s concerns without feeling blamed for their child’s difficulties. The therapist then works on teaching parent skills such as accepting strong emotions, engaging in empathic listening, as well as labelling and validating feelings. In reattachment, the adolescent expresses their feelings to their parent, who is then challenged to listen and share some of their own experiences. Finally, the last task focuses on building feelings of competency in the adolescent while ensuring that the parent can be an effective resource for support.

The Attachment-Based Family Therapy Program has been evaluated in one randomized clinical trial (RCT) with depressed adolescents (Diamond et al., 2002). In this study, 32 adolescents were randomized into the ABFT condition or a waitlist condition. In the treatment condition, 81% of adolescents no longer met criteria for depression after completing ABFT, compared to 56% of participants in the waitlist condition. Engagement in treatment was promising; with 12 sessions scheduled, 44% of participants attended between nine to eleven sessions and 24% attended between five to eight.

Another RCT examined the effects of ABFT compared to enhanced usual care (EUC) in adolescents experiencing suicidal ideations (Diamond et al., 2010). Results of this study showed that adolescents in the ABFT condition had reduced suicidal ideations and severity of depression symptoms compared to EUC. Other research suggests that the program can improve relationships, reduce depression and suicidal ideation.

More information can be found using the following resources:

Promising Practices Network program summary
http://www.promisingpractices.net/program.asp?programid=274

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The Children's Hospital of Philadelphia

The Multiple-Family Group Intervention (MFGI) was designed for adolescents with conduct disorder (CD). Researchers recognized that many adolescents with CD were placed in a residential setting for intervention and that upon treatment completion, little was done to change the environment in which adolescents were discharged back to. MFGI is designed to be delivered to adolescents and their families to address the problems in the home environment that may be contributing to the CD condition. MFGI works with family members and the youth on preventing escalations of negative affect while helping both parties recognize and better express their emotions.
The intervention begins the first week with an introduction to the concepts of attachment and affect regulation. The six steps involved in MFGI are then introduced. The following sessions focus on one of the six steps. These steps are:

1. Learn to recognize anger and resentment.
2. Learn to tolerate feelings, rather than shutting them down or reacting to them.
3. Learn to explore vulnerable feelings that underlie the intense emotions experienced.
4. Learn how to take on another person’s perspective by acknowledging what his or her underlying feelings might be.
5. Learn to express more vulnerable feelings, once able to recognize the other person’s viewpoint.
6. Learn to re-connect with one another (adolescent and their parent/caregiver).

MFGI is conducted over eight weeks and is facilitated by master’s level therapists in a community setting. Each session usually begins with a videotape showing a problematic interaction between an adolescent and their parent. Facilitators discuss how the video relates to the session step being focused on that week and how the video may relate to the participants’ personal experiences. Each session incorporates role playing exercises to help learn new skills related to affect regulation and attachment.

In an evaluation of this program, Keiley and colleagues (2007) used a pre and post-test assessment and follow up at six months. At six months, the recidivism rate was 44%, lower than the national average of 65-85%. Authors assessed changes in internalizing and externalizing behaviours over the three assessments. Results showed a decrease in problematic behaviours.

4.3 The Connect Program (Moretti & Obsuth, 2009; 2015)

The Connect Program is for parents of adolescents who demonstrate aggressive, violent and/or anti-social behaviour. The program focuses on improving the following components of secure attachment:

- parental sensitivity and cooperation
- reflective capacity
- affect regulation.

The goal of this program is to teach parents to understand the attachment and development needs of the child, as well as enhance their ability to apply basic parenting strategies. Parents learn about the importance of attachment from infancy to early adulthood. They also learn about the importance of secure attachments during life transitions, specifically when their child transitions to adolescence. The Connect Program adopts a relational and systemic perspective in that it recognizes that parent-child relationships are bi-directional, meaning that both parties have their part to play in improving the relationship. Practitioners of this program are trained to recognize parents’ strengths and build on them, rather than be critical of failed attempts. Therapeutic techniques used in the Connect program are derived from cognitive-behaviour therapy, emotion-focused therapy, relational approaches and mindfulness training. They are all strategically used to reach goals that are specified for each session.
The program consists of ten, one-hour weekly group sessions. Two leaders (master’s level therapists, social workers or child care workers) are responsible for teaching each session. Connect has been evaluated in a number of studies which generally report positive outcomes, such as reduced behaviour problems in children and improved self-efficacy in parents with regards to their roles.

More information can be found using the following resources:

Program summary
http://connectparentgroup.org/

Dr. Marlene Moretti (program developer)
Email: moretti@sfu.ca
Website: http://adolescenthealth.ca/

Relevant Published, Peer-Reviewed Research

This study examined processes that may underlie treatment outcomes of the Connect attachment-based intervention for parents of youth with serious behavior problems. Parents in a non-randomized trial reported on their adolescent’s functioning pre and post treatment. Results confirmed significant decreases in parents’ reports of adolescent’s externalizing and internalizing behaviours and symptoms, replicating prior evaluations of this program.

4.4 Trauma and Attachment Group (TAG) Program

CASA, Child, Adolescent, and Family Mental Health is an Edmonton-based provider of mental health services for families, children, and youth. Their TAG Program was designed to promote healing through the development and strengthening of caregiver-child attachment relationships for children and adolescents diagnosed with attachment disorders following complex developmental trauma.

CASA offers two TAG programs for the caregiver/child dyad, TAG for children aged 5 to 11 and Teen TAG for youth aged 12–17. The program is split into two separate sections (TAG I and II), each of which lasts for four months and has the capacity to treat a maximum of ten caregiver/child dyads, during the eight-month course of treatment. Dyads meet once a week for two hours with separate sessions for caregivers, children, and inclusive caregiver-child dyad sessions.
Relevant Published, Peer-Reviewed Research

This study analyzed retrospective data from 51 caregiver/child dyads who participated in the Trauma and Attachment Group (TAG) Program from September 2011 to December 2014. This data included pre- and post-intervention scores from the Parenting Relationship Questionnaire (PRQ), the Parent Report of Post-Traumatic Stress Symptoms (PROPS), and the Parental Reflective Functioning Questionnaire (PRFQ-1). The preliminary findings show statistically significant improvements in attachment, communication, discipline practices, involvement, and relational frustration. There were also statistically significant improvements in parental reflective functioning, and a movement towards a reduction in symptoms typical of post-traumatic stress disorder.

Report context
This Evidence In-Sight report involved a non-systematic search and summary of the research and grey literature. These findings are intended to inform the requesting organization, in a timely fashion, rather than providing an exhaustive search or systematic review. This report reflects the literature and evidence available at the time of writing. As new evidence emerges, knowledge on evidence-informed practices can evolve. It may be useful to re-examine and update the evidence over time and/or as new findings emerge.

Evidence In-Sight primarily presents research findings, along with consultations with experts where feasible and constructive. Since scientific research represents only one type of evidence, we encourage you to combine these findings with the expertise of practitioners and the experiences of children, youth and families to develop the best evidence-informed practices for your setting.

While this report may describe best practices or models of evidence-informed programs, Evidence In-Sight does not include direct recommendations or endorsement of a particular practice or program.

Search tools and terms:

**Search tools:** PsycINFO, PubMed and Google Scholar

**Search terms:** attachment, parent, parent education, adolescents/teens, mental health, and intervention
References


