Building Resiliency: The Role Attachment-Based Family Therapy Can Play in Treating Youth Suicide and Depression

Conflicts of Interest Disclosure

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.

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.bgupsychotherapyearest.org/

Suzanne Levy, Ph.D., Training Director
- ABFT Training Program, Drexel University, College of Nursing and Health Professions (levy@drexel.edu)

Websites

- www.ABFTtraining.com
- www.Drexel.edu/abft
- www.facebook.com/AttachmentBasedFamilyTherapy
- Follow us on Twitter and Instagram (ABFTTraining) and YouTube
- ABFT Belgium Training Center: https://ppw.kuleuven.be/gepp/ABFT

©ABFT Training. Please do not reproduce without permission.
Adolescent Suicide Statistics

Among middle and high school students

(Pennsylvania’s Office of the Governor, 2018):

- 38% endorsed feeling sad or depressed most days in the past year
- 16% seriously considered attempting suicide
- 10% reported making a suicide attempt

Overview of ABFT

- Brief Treatment
- Developed for: Depressed and Suicidal youth
- 5 distinct, yet interrelated tasks
- Manual, focused but flexible
- Aims to build family as a resource for the suicidal teen

©ABFT Training. Please do not reproduce without permission.
Theory of Healthy Functioning

Secure Attachment (Bowlby, 1969)

Child has an emotional need

Child more likely to seek support and feel safe to explore the world

Caregivers are available, responsive and attuned

Child believes they are worthy of love and protection

Child feels loved and protected by parents

Working model/Schema

Development of Emotion Regulation (Eisenberg et al., 2010)

Attachment Need Activated

Turn to parent for protection

Child's fears are calmed

Self-soothing internalized

Over time
Parenting Skills that Promote Attachment and Affect Regulation (Ginott, 2009; Gottman et al., 1997, 2011)

- Acceptance of negative emotion
- Validation of emotional experience
- Help adolescent develop an emotional vocabulary
- Parental expression of emotion
- Conflicts resolved through negotiation and compromise

Authoritative Parenting (Baumrind, 1989)

Cross cultural support: contextual modifications (e.g., urban, low SES)

Attachment in Adolescence (Allen & Land, 1999; Steinberg, 1990)

- Context: Supportive and respectful adolescent-parent relations
- Central task: Develop autonomy and maintain attachment
- Moderate conflict: Facilitates identity development
Family as protective factor
(Kaslow, et al., 1994; Restifo & Bogels, 2009)

- Parental Warmth
- Parental Sensitivity

→ Better adolescent functioning and lower depression

Theory of Pathology

Insecure Attachment (Bowlby, 1969)

- Child has an attachment need
- Caregiver fails to be available, responsive and/or attuned
- Child feels unprotected and unloved
- Child develops low expectation of caregiver’s availability for support and protection

©ABFT Training. Please do not reproduce without permission.
Attachment Style and Parenting
(Jones, Cassidy, & Shaver, 2015)

- Dismissive
- Preoccupied
- Unresolved

Risk Factors for Insecure Attachment

- Life Events/Trauma
- Caregiver Stress
- Family Interaction Patterns
- Child Factors

Attachment-Based Theory:
Adolescent Depression and/or Suicide

- Feeling unworthiness of love and protection
- Insecure Caregiving
- Attachment Ruptures
- Other contributing factors
- Depression and/or Suicide
- Intergenerational Attachment Patterns:
  - Psychopathology
  - Current Stressors

©ABFT Training. Please do not reproduce without permission.
Family as Safety Net

Strengthening families

Empirical Support

ABFT has shown to be effective with depressed and/or suicidal adolescents in 6 studies (Diamond et al., 2016)

- Promising Practices Network: Proven practice
- NREPP: Effective for depression and suicidal ideation
- California Evidenced-Based Clearinghouse for Child Welfare (CEBC): “Promising Research Evidence” for adolescent depression
- Swedish Guidelines for treatment of Depression
- CYP IAPT recommended treatment in England

Dissemination Efforts

<table>
<thead>
<tr>
<th>Internationally in:</th>
<th>Nationally in:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Australia</td>
<td>• Arkansas</td>
</tr>
<tr>
<td>• Belgium</td>
<td>• California</td>
</tr>
<tr>
<td>• Canada</td>
<td>• Colorado</td>
</tr>
<tr>
<td>• Croatia</td>
<td>• Connecticut</td>
</tr>
<tr>
<td>• England</td>
<td>• Delaware</td>
</tr>
<tr>
<td>• Germany</td>
<td>• Georgia</td>
</tr>
<tr>
<td>• Iceland</td>
<td>• Illinois</td>
</tr>
<tr>
<td>• India</td>
<td>• Indiana</td>
</tr>
<tr>
<td>• Ireland</td>
<td>• Kansas</td>
</tr>
<tr>
<td>• Israel</td>
<td>• Maine</td>
</tr>
<tr>
<td>• Italy</td>
<td>• Maryland</td>
</tr>
<tr>
<td>• Netherlands</td>
<td>• Massachusetts</td>
</tr>
<tr>
<td>• Norway</td>
<td>• Minnesota</td>
</tr>
<tr>
<td>• Sweden</td>
<td>• Missouri</td>
</tr>
<tr>
<td>• Turkey</td>
<td>• Nebraska</td>
</tr>
<tr>
<td></td>
<td>• New Jersey</td>
</tr>
<tr>
<td></td>
<td>• New York</td>
</tr>
<tr>
<td></td>
<td>• North Carolina</td>
</tr>
<tr>
<td></td>
<td>• Oregon</td>
</tr>
<tr>
<td></td>
<td>• Pennsylvania</td>
</tr>
<tr>
<td></td>
<td>• Texas</td>
</tr>
<tr>
<td></td>
<td>• Utah</td>
</tr>
<tr>
<td></td>
<td>• Virginia</td>
</tr>
<tr>
<td></td>
<td>• Washington D.C</td>
</tr>
</tbody>
</table>
Clinical Model

Five Treatment Tasks
- Relational Reframe
- Adolescent Alliance
- Parent Alliance
- Attachment
- Promoting Autonomy

Task 1: Relational Reframe

Goal

Shift from patient as the problem to family relationships as the solution
Task 1: Relational Reframe

**Goal**

Highlight: ruptures and consequences
- “When you are feeling so sad or afraid, why don’t you go to your mom or dad for support?”
- “What’s the impact of dealing with issues all alone?”

Responsibility of change on all family members

Task 1: Relational Reframe

Establish a treatment contract:
Relationship repair

Task 1 Video

Task 1: Relational Reframe
Task 2: Alliance with Adolescent

Bond

Meet alone with the adolescent

Alliance with adolescent

Task 2: Alliance with Adolescent

Goal

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.”
Task 2: Alliance with Adolescent

Prepare adolescent for attachment task

Task 3: Alliance with Caregiver/Parent

Bond

Meet alone with the caregiver(s)

Determine who comes to the session.

Goal

Activate caregiver’s caregiving instinct.
Task 3: Alliance with Caregiver/Parent

“It must be hard raising an adolescent, let alone a depressed one when you are juggling so much. How has that impacted you?”

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

Task 3: Alliance with Caregiver/Parent

Prepare adolescent for attachment task

Emotion Coaching: The Five Steps

- Be aware of a child’s emotions
- Recognize emotion as a chance to get closer
- Help child label emotions
- Listen empathetically and validate child’s feelings
- Begin problem-solving only after child feels understood
Guidelines for Dealing with Suicidal Adolescents (adapted from Brown et al., 2001)

- Be very attentive, not detached
- Remain calm and non-threatened
- Give the adolescent space and time to express themselves
- Be willing to say the word “suicide” without flinching
- At all costs, do not express anger, exasperation, or passive hostility
- Do not immediately suggest hospitalization

Task 4: Attachment Task

**Goal**

- Resolves Conflicts
- Begins to change relational expectations
- Adolescent practices conflict resolution and emotion regulation skills
- Caregivers practice emotion focused caregiving skills

**Process**

- Adolescent discloses and discusses ruptures
- Caregiver(s) offer empathy and acknowledgment
- Therapist redirects as needed

©ABFT Training. Please do not reproduce without permission.
Task 4: Attachment Task

Task 5: Autonomy Promoting Task

**Goal**
- Revitalize a goal corrected partnership
- Cooperation from desire for connection
- Caregivers viewed as secure base

**Content of Sessions**
- Emerging Maturity in home
- Build Competency
- Factors contributing to depression and suicide
- Identity Development
Closing Statements

ABFT is all about relationship building!
Focusing conversations on the relationship is more engaging for the family.
Caregivers play an essential role in helping their teens cope with depression and suicidal thoughts.
• Your adolescents need you, even if they do not show it
• Sometimes kids just need to be heard and not helped
• Find the right balance of warmth and structure

For more information:

Please contact: Suzanne Levy at slevy@drexel.edu
www.drexel.edu/abft

References

References Cont’d


