

# ATTACHMENT- BASED FAMILY THERAPY

## An Introductory Workshop




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### Center for Family Intervention Science ABFT Training Program

- Guy Diamond, Ph.D., Director
  - 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
- Suzanne Levy, Ph.D., Training Director
  - ABFT Training Program, Drexel University, College of Nursing and Health Professions ([slevy@drexel.edu](mailto:slevy@drexel.edu))
- Websites:
  - [www.ABFTtraining.com](http://www.ABFTtraining.com)
  - [www.facebook.com/AttachmentBasedFamilyTherapy](https://www.facebook.com/AttachmentBasedFamilyTherapy)
  - Gary Diamond's Research: <http://www.bgpsychotherapyresearch.org/>
  - Follow us on Twitter @ABFTtraining and Youtube
  - Belgium ABFT Training Center: <https://ppw.kuleuven.be/logop/abft>

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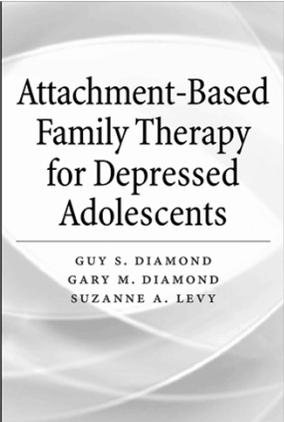
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## Overview of ABFT

- Studied as a 12 to 16 week treatment
- Developed for depressed and suicidal adolescents
- Built around 5 distinct yet interrelated treatment “tasks”
- Manual is focused but flexible
- Based in Attachment Theory and Structural Family Therapy
- International and National Registries
  - The **National Registry of Evidence-based Programs and Practices (NREPP)** has determined that ABFT is a program with effective outcomes.
  - ABFT is classified as a “proven practice” on the **Promising Practices Network (PPN)** run by the Rand Corporation
  - Listed in the **Swedish Guidelines** for treatment of depression
  - **CYP IAPT** recommended evidenced based treatment in **England**

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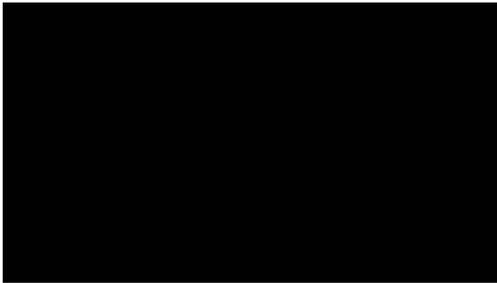
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## Securely attached families



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## Theory of Normative Functioning

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## Secure Attachment

- Attachment Theory (Bowlby):
  - When children experience parents as available, responsive, and attuned to their emotional needs, they feel more confident that
    - a) Parents will love and protect them
    - b) They are worthy of love and protection.
  - Over time, the child's expectation of the parents' availability becomes internalized as a working model or schema of what to expect in relationships.
- Attachment is cross-cultural

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## Development of Emotional Regulation



Over time, self soothing is internalized,  
thus promoting emotional regulation skills

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## Parenting Skills that Promote Affect Regulation

- Acceptance of negative emotion
- Validation
- Coaching
- Teaching an emotional vocabulary
- Conflicts resolved through negotiation and compromise rather than submissiveness and disengagement

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## Authoritative Parenting

(Diane Baumrind)

- High on warmth (love and acceptance)
- High on structure (supervision, monitoring)
- Support for autonomy (demandingness)
- Tolerance for expression of ideas
- Promote expression of feelings
- More democratic parenting style
- Good cross cultural support
  - Contextual modifications: Inner city, urban, SES
- Contrast with authoritarian or permissive style

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## Attachment in Adolescence

- Normative adolescent development occurs in the context of supportive and respectful adolescent-parent relations
- Central task of adolescents: Develop autonomy while maintaining a backdrop of attachment
- Moderate degree of conflict is normative and serves to promote identity formation when it does not threaten secure base.

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## Benefits of Attachment in Adolescence

- Securely attached adolescents can:
  - Reflective functioning
    - Self reflect
    - Perspective taking
  - Express vulnerable emotions in a regulated manner
  - Feel confident that they can express dissatisfaction with parents or concerns in life without
    - Fear of reprisal from parents
    - Over burdening parents
  - Fundamental trust that parents care about them and will protect them
- Attachment is negotiated through conversation, not behavioral control

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## Adolescence – Critical Period

- Normal process of maturing
- Brain development
- Puberty
- Peer and romantic relationships
- School problems (relational or academic)
- Changes in family relations
- Parental developmental milestones



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## Theory of Pathology

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## Depression, Suicide and Trauma in Adolescence

- 11% of adolescents have a depressive disorder by age 18
- Suicide: 2nd leading cause of death for young people ages 15 to 24 years in the USA.
  - Including non-lethal attempts, approximately **2,000,000 teenagers attempt** suicide each year
- Adolescents who have experienced trauma as a child are more likely to:
  - Develop anxiety-related disorders and fears
  - Display risky sexual behaviors
  - Have an increase in risk-taking behaviors

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## Insecure Attachment

- Low expectation of parental availability for support and protection
- Develop relational styles that defend against further disappointment
  - **Avoidant (Dismissive):** Deny the need for love and comfort
  - **Anxious (Preoccupied):** Excessive concern with closeness yet strong fears of abandonment
  - **Disorganized (Unresolved):** No clear or cohesive strategy for regulating attachment needs.

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## Attachment Style and Parenting

- Dismissive:
  - Discomfort with closeness and intimacy
  - Rebuff or ignore the child's attachment needs
- Preoccupied:
  - Psychologically preoccupied
  - Inconsistent in their responsiveness
- Unresolved:
  - Most chaotic parents
  - Often source of fear and trauma
    - When those from whom you expect comfort and protection become your victimizers

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## Risk Factors for Insecure Attachment

- **Life events - trauma**
  - Neglect, abandonment, physical or sexual abuse, deaths, illness
- **Parental Stress (leading to decreased parental availability)**
  - e.g., Poverty, racism/discrimination, social injustice, lack of support, marital stress
- **Family interaction patterns**
  - High conflict/low cohesion, parental high control/ low affection, parental criticism
  - Intergenerational Transmission
- **Child temperament, psychopathology, medical illness**

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# An example of a small "t"



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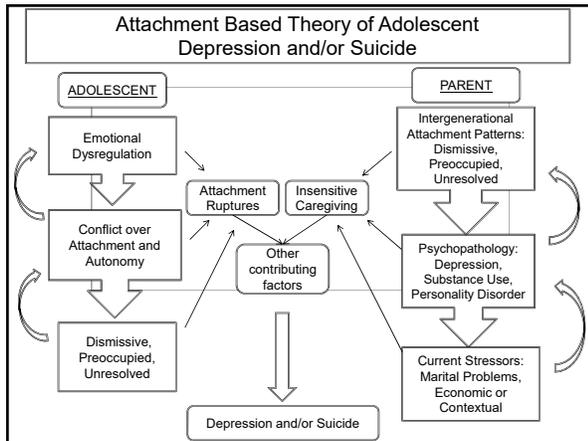
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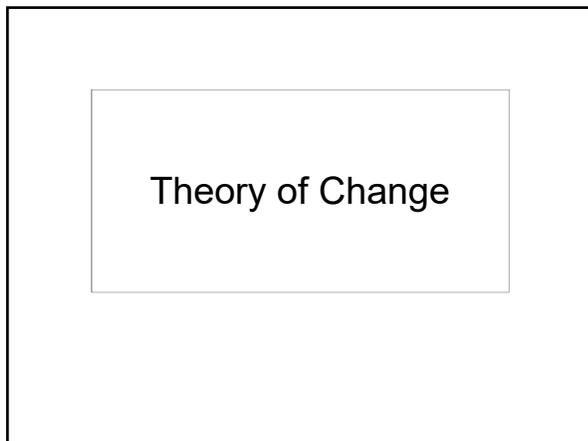
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## Can we repair insecure attachment?

- How stable are internal working models, or attachment schemas?
  - Attachment can move from secure to insecure (e.g. child sexual abuse).
  - Can attachment move from insecure to secure?
    - Premise of our profession

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## Earned Security (Main & Goldwyn, 1988)

- Through positive relationships as an adult, one could earn back a secure attachment style:
  - An internal psychological working through, coming to terms, gaining perspective, forgiving process
- Different ways to achieve this:
  - Good marriage, friendships, etc.
  - Individual Psychotherapy: Where the therapist provides the safe haven to help the patient work through attachment injury and regain trust.

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## Family treatment as unique learning environment

- Having conversations about attachment ruptures with one's parents has an unique existential potency
  - Acknowledgment from those causing the rupture
  - Opportunity for apology and forgiveness
  - Corrective attachment experiences
  - Direct challenge to relational expectations
  - Depression and suicide as **relational** events
  - Strengthen connections - Potentiate protective factors

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# Where we fit in the world of Psychotherapy and Family Therapy

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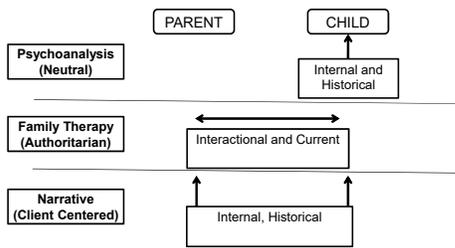
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## World of Family Therapy



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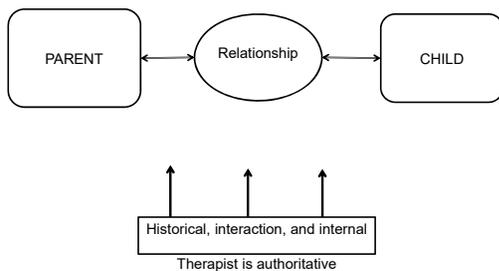
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## Attachment Based Family Therapy



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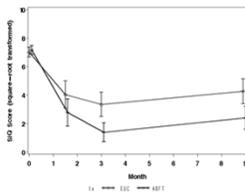
## Empirical Support

## Empirical Support

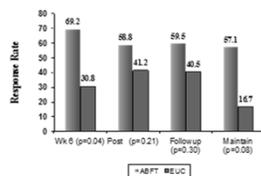
- ABFT has shown to be effective with depressed and/or suicidal adolescents in 6 studies
- Most recent published study: Youth Suicide (Diamond et al, 2010) in *Journal of the American Academy of Child and Adolescent Psychiatry*.

## 2010 ABFT vs EUC Study

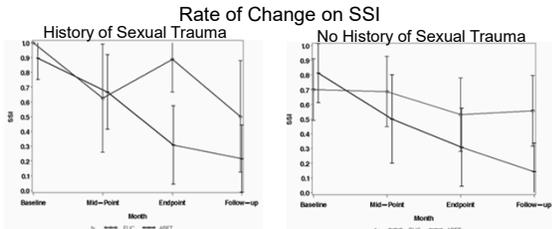
### Suicide Ideation (SIQ)



### BDI Response: 50% Reduction from Baseline



## Sexual Trauma & Response to Treatment (2010 study)



- Youth with sexual trauma history have poorer responses to depression treatment (Asarnow et al., 2009; Barbe et al., 2004; Lewis et al., 2010)
- 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

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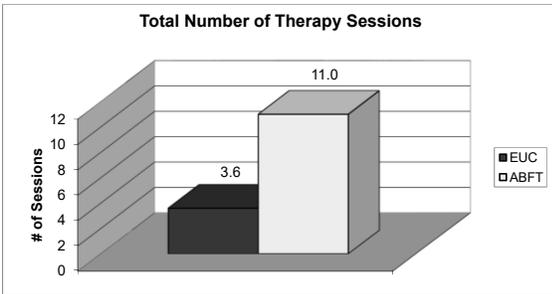
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## 2010 Study – Treatment attendance



Standard Deviations: 4.1 EUC; 4.2 ABFT  
 $p < .001$

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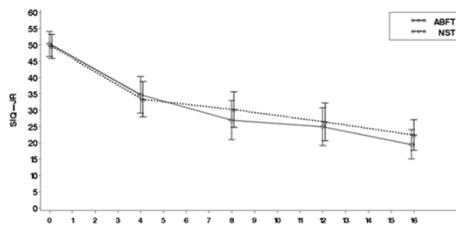
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## ABFT vs NST 2016 Study SIQ Scores




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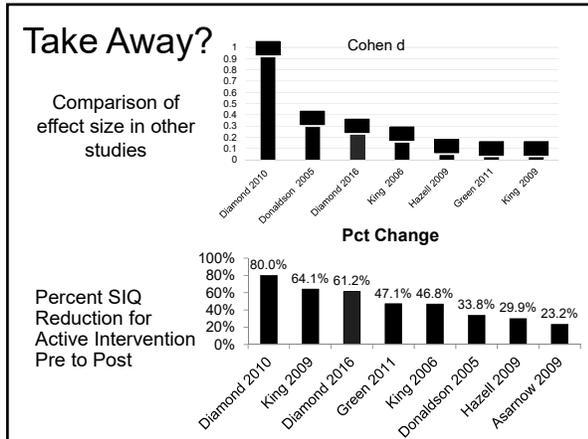
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- ### 2016 Study Conclusions
- Both treatments:
    - Can help reduce suicide ideation in adolescents.
    - Can be delivered by trained community therapists.
    - Could be delivered in a regular, weekly outpatient or private practice setting.
  - Demonstrates the importance of the power of the common therapy factors (e.g., alliance, relationships formation).
  - Why still learn ABFT?
    - ABFT did better than NST for suicidal ideation and depression, when youth reported higher disengagement from parents.
    - ABFT showed more reduction in family conflict than NST.

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- ### Other Research Studies
- Treatment of LGBT youth with suicide ideation (Diamond et al, 2012)
  - Aftercare for adolescents leaving the psychiatric hospital after a suicide attempt
  - ABFT compared to individual EFT for young adults with unresolved anger towards parents.
  - Training of therapists in a community agency in Norway. (Israel & Diamond, 2012)
  - Over 15 process research studies looking at the within session processes associated with change

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### Dissemination Efforts

Internationally in:	Nationally in:	
<ul style="list-style-type: none"> <li>• Australia</li> <li>• Belgium</li> <li>• Canada</li> <li>• England</li> <li>• Germany</li> <li>• Iceland</li> <li>• India</li> <li>• Ireland</li> <li>• Israel</li> <li>• Norway</li> <li>• Sweden</li> <li>• Turkey</li> </ul>	<ul style="list-style-type: none"> <li>• Arkansas</li> <li>• California</li> <li>• Colorado</li> <li>• Delaware</li> <li>• Florida</li> <li>• Georgia</li> <li>• Illinois</li> <li>• Indiana</li> <li>• Kansas</li> <li>• Massachusetts</li> </ul>	<ul style="list-style-type: none"> <li>• Minnesota</li> <li>• New Jersey</li> <li>• New York</li> <li>• Oregon</li> <li>• Pennsylvania</li> <li>• Texas</li> <li>• Utah</li> <li>• Virginia</li> <li>• Washington D.C</li> </ul>

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## The ABFT Model

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### We stand on the shoulders of giants

- Structural family therapy      Salvador Minuchin
- Multidimensional FT            Howard Liddle
- Emotionally focused therapy    Leslie Greenberg  
Susan Johnson
- Contextual family therapy      Ivan Boszormenyi-Nagy
- Attachment theory                John Bowlby

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## ABFT Treatment manual

- Not a set of rules but a set of principles
- Goal Driven
  - Flexible in how one reaches the goal
- Intentionality, intentionality, intentionality
- The person of the therapist remains central

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## Clinical Stance

- Client respectful, not client centered
- Scientist-Practitioner approach:
  - We use our knowledge of psychological science and family psychology to guide our interventions
  - Research on ideal parenting and specific processes guide our work.

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## Five Treatment Tasks

- Relational reframe
- Adolescent Alliance
- Parent Alliance
- Attachment
- Promoting Autonomy

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## Suicide Management

- Several measures used to assess suicide risk at intake (SSI, SIQ, CSSRS, SIS, Reasons for Suicide, Lethality Scale)
- Clinical measures used during the course of therapy (SIQ, BDI, CSSRS if increased risk).
- Family generated Safety Plan completed at intake and updated as necessary
- If there is a safety concern, family is involved in maintaining safety
- Suicide ideation discussed during various tasks of therapy

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## Safety Plan review

- Safety plan is developed at intake and reviewed as necessary with the family  
<http://www.sprc.org/sites/sprc.org/files/SafetyPlanTemplate.pdf>
  - Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing?
  - Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity)?
  - People and social settings that provide distractions?
  - People whom I can ask for help?
  - Professionals or agencies I can contact during a crisis?
- Therapist assess use of safety plan
  - Remove items that have not been helpful
  - Add items that may be helpful

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## Before and After ABFT

Task 1  
compared to  
Task 5

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## Task 1: Relational Reframe

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## Three Phases of the Relational Reframe Task

- Phase 1: Joining and Understanding the Presenting Problem Narrative (e.g., Depression and/or Suicide)
- Phase 2: Shifting to Attachment Themes
- Phase 3: Contracting Relational Goals

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## Phase 1: Joining and Understanding the Presenting Problem

- Joining
  - Strengths of family members
  - Context of the adolescent's life (e.g., demographics, family, school, peers, etc.)
- Assess the presenting problem (e.g., depression and/or suicidal ideation)
  - Need some details, but not a lot at this point and do not get at all into problem solving.
  - Get the adolescent on record as feeling miserable

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## Phase 2: Shifting to Attachment Themes

- The mechanism of this Task: Relational Reframe
- Shifting from patient as problem to family relationships as solution
  - New content: From behavior management to the parent-adolescent relationship
  - New Affect: From secondary to primary emotions
  - Activate caregiving instinct in parents and attachment instincts in adolescents which leads to a desire to be (re)connected.

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## Relational Reframe

- Sequence of conversation leading to agreement on relational goals of therapy
  - Identify ruptures
    - "Do you go to your parents for help when you feel so bad"
    - "Why not?"
  - Mark the consequences
    - "Mom, it must be upsetting that he does not come to you."
  - Amplify longing for connection
    - "Johnny, I know you are (mad, sad, guarded), but I bet part of you misses your mother as well."

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## Phase 3 Contract for Relational Repair

- Therapist makes a clear request for agreement on a treatment plan initially focused on relational repair and enhancement
  - When the therapist helps family members connect to their natural desire for connection and love, it motivates family members to accept the treatment plan
- Explore resistance and scale back goals if needed.
- Therapist lends the family hope
  - " I can help you two rebuild love and trust if you put the work in that needs to be done."

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## Task 2: Adolescent Alliance

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## Task 2: Alliance with the Adolescent

- Bond: Getting to know the adolescent
- Goals: Identifying relational ruptures and amplifying entitlement to address felt injustices
- Task: Prepare adolescent for attachment task

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## Task 2: Bond

- Client moves from suspicion to comfort
  - Explore adolescent's life (romantic relationships, sexuality, drugs, peers, hobbies, friends, also – values, beliefs, hopes, dreams, etc.)
  - Highlight strengths and competencies as appropriate.

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## Task 2: Goals – Presenting Mental Health Problem Narrative

- Explore and understand the adolescent's mental health presenting problem narrative (e.g., depression and/or suicide narrative).
  - External (details): History, precipitants, causes, worst it's been, solutions
  - Internal (affect): How they feel? Deepen the emotion.
  - Reflexive (meaning-making): What does this mean?

Process: Help summarize the story, build a timeline and bring coherency.

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## Task 2: Goals- Attachment Narrative

- Identify attachment ruptures.
  - What gets in the way of using your parents as support (ruptures)?
- 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."

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## Attachment Narrative Cont'd

- Identify consequences of each rupture (external & internal)
- Help adolescent access vulnerable emotions resulting from the ruptures and consequences.
- Connect the ruptures to larger "attachment" themes (trust, protection, abandonment, etc. – meaning-making)

**Process:** Help summarize the story, build a timeline and bring coherency

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**Task 2: Goal – Adolescent Motivation**

- Link the presenting problem and attachment narrative
  - Direct Link
  - Indirect Link
- Goal:
  - Amplifies adolescent's entitlement to be heard
  - Reactivates Attachment System: Desire for love and protection
  - Supports agreement for the attachment task

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**Working with Resistance**

- Roll with resistance
- Adolescent is concerned about burdening the parent:
  - Why don't you deserve to have these things addressed?
  - These things are killing you, they are driving you to self-destruction, you deserve to be heard.
  - What you are doing is causing your parents more pain. Your parent will grieve for the rest of his/her life if you take yours.
- Adolescent is concerned his/her parent won't listen:
  - You've never tried it with me. I can make it different. I can make her listen. I will protect you.
- Adolescent is concerned there will be retribution at home:
  - Your concern is the first thing we will talk about with your parent. Is it even safe for you to be honest?

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**Task 2: Task**

Once the adolescent agrees, he/she must be prepared:

- Choose, discuss & practice content for attachment task
- Prepare for negative reactions
- Setting realistic expectations
- Therapist as a secure base

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## Anticipation of parental failure

- This may not happen in this task or at all
  - Therapist helps the adolescent prepare for the possibility that the parents fails to engage in the attachment task effectively.
  - Therapist helps the adolescent understand why it is important that they engage in the attachment task, even if their parent cannot do it well

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## Task 3: Parent Alliance

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## Task 3: Alliance With the Parent

- Bond: Getting to know the parent better
- Goals: Parental commitment to be there for their adolescent in a different way
- Task: Prepare the parent for the attachment task.

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## BOND: Outcome Goals

1. Build trust with parent
  - have parent feel appreciated
  - have parent see therapist as a resource
  - Assure parent will not be blamed
2. Look for obstacles that inhibit relationship building
3. Look for strengths that facilitate relationship building

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## Bond: Exploring Current Stressors

- Explore sources of parental stress (e.g., divorce, marriage, unemployment, health issues, discrimination, teens presenting problem)
- Get parents to emotionally connect to their own struggles by providing empathy
- Examine the impact of parent's stress on their parenting practices and/or adolescent
- **Goal: Reduce parent blame and guilt by putting parent-adolescent conflicts into context which motivates parents for change.**

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## Goal: Transitional Statements to link stressors to parenting/adolescent

- Link to parenting:
  - "You're managing so many stressful things at once, how do you think these things are impacting your parenting?"
  - "It must be hard raising an adolescent, let alone a depressed one, when you have so many other stressors in your life. How is that impacting you?"
  - "Wow, you are dealing with all this and your son. No wonder you are not being the kind of parent you want to be. Tell me about that."
- Link to adolescent:
  - "These financial difficulties are a huge burden on you, how do you think all of these financial stressors are impacting your child?"
  - "I know the fighting between the two of you has been difficult and you've done the best you can to keep it from your adolescent. Unfortunately the reality is that no matter how hard we try as parents to hide that kind of stuff, adolescents usually know that their parents are fighting. How do you think it has affected him/her?"

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## Bond: Intergenerational Strategies

- Explore parent's own childhood relationships with their parents.
- Look for reoccurring intergenerational themes.
- Help the parents develop empathy for and connect to their own attachment losses

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## Goal: Linking parents attachment ruptures to parenting

- Can link regardless of parents own history
  - "It was good." Then it must be disappointing that you do not have that with your daughter.
  - "It was Bad." Then you must know how painful it is to not have your parents available to you.
- Help parents gain insight into:
  - How their attachment relationship to their parent has impacted their parenting
  - How their adolescent feels as a result of their parenting practices despite the parent's caregiving intent
  - Similarities between their own and their adolescent's experiences

**GOAL: Activate caregiving instinct and desire to parent in a more sensitive way which leads to agreement for the attachment task**

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## TASK: Preparing the Parent for the Conversation

- Define the structure of the attachment task
- Prepare for reactions
- Orientation to emotion coaching skills
  - Reflective Listening      - Labeling emotions
  - Validating                - Being curious rather than problem-solving
- Obtain permission to intervene and coach parents

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## Task 4: Attachment Task

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### Shuttle Diplomacy

- Both parent(s) and adolescent are:
  - Prepared for the conversation.
  - Have identified important content areas.
  - Have accessed more effective emotional states.
  - Have agreed to have the conversation.

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### Attachment Task

- Goal: Engineer a corrective attachment experience.
  - **Adolescent** experiences the parent as a positive attachment figure which means someone who is caring, empathic, protective, and responsive.
  - **Parents** experience their child as having legitimate concerns and being competent and regulated.
- Task: Facilitate discussion about core attachment ruptures
- Process: adolescent uses new affect regulation and interpersonal problem solving skills; parents use more emotional coaching.

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## Mechanism of change: Enactment (Process)

- In-vivo, experiential, real time conversation between family members.
- Not teaching, not problem solving
- Therapists are as minimally involved as possible.
  - If you have to help, get in and get out
  - But you are sculpting the conversation: the content, the affect and the process

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## Content is important

- Focus the conversation on the identified core interpersonal or attachment ruptures
  - Rather than on behavior/rules
- Don't shy away from deep and difficult topics. Believe in the family's ability to apply what you taught them.
  - Trust in the profound power of attachment instincts and love to guide the family.

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## Affect is important

- Guide the family toward more primary emotions.
  - Assertive anger
  - Vulnerable emotions
- Therapy is more productive when the "fear structure" is activated. The emotions that the adolescent or the parents want to avoid the most: hurt, sadness, appropriate anger, disappointment

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### Sustain the Emotional Moment

- Brings attachment to the forefront
- Exposure: patient and parents learn to tolerate emotional arousal (habituation), and gain new information that challenges the fear structure in a safe environment
- Affect regulation: family members practice managing intense emotions

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### Task 5: Promoting Autonomy Task

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### Task 5: Promoting Autonomy Goals

- Re-vitalize a goal corrected partnership (Bowlby)
  - Cooperation emerges from desire to maintain connection
  - Parents are now viewed as a secure base
- Build competency in communication skills between parents and adolescent

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## Benefits of Attachment in Adolescence

- Securely attached adolescents can:
  - Reflective functioning
    - Self reflect
    - Perspective taking
  - Express vulnerable emotions in a regulated manner
  - Feel confident that they can express dissatisfaction with parents or concerns in life without
    - Fear of reprisal from parents
    - Over burdening parents
  - Fundamental trust that parents care about them and will protect them
- Attachment is negotiated through conversation, not behavioral control

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## Promoting Autonomy Topics

- Other factors contributing to the presenting problem (e.g., depression and suicide ideation).
- Emerging maturity in the home
- Competency outside of the home
  - Re-engage adolescents in social world/activities
    - Self esteem is seen as a buffer against stress
- Identity Development
  - Romantic relationships, sexuality, ethnicity, race, class, religion, spirituality, etc.
- Is suicide still a coping mechanism for the adolescent?

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## Autonomy Promoting Task

- More client-centered
  - Family generates important topics
- Usually occurs after all attachment ruptures are addressed
  - May occur earlier if needed
- Majority of sessions should be family sessions, but some individual sessions may be necessary
- Other family members are brought in if appropriate.
- Therapist mobilizes other mental health services if needed.
- **Process:** As sessions progress, therapist should need to do less coaching.

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## Closing Statements

- Relationship building as the initial goal of treatment is engaging for all family members.
- Helping clients access primary vulnerable emotions will lead you to the heart of attachment needs and desires and caregiver instincts.
- Don't be afraid of suicide, conflict, emotion. The family already is. This crisis can be an opportunity.
- You can have a structure, a theory, a model, and apply it with great artistry.
- Trust yourself: work deeply sooner and move faster

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