

# **Interventions: How do we deal with families showing extreme strategies of attachment?**

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# A Dynamic-Maturational Model

Attachment is a theory about protection from danger.



# A Dynamic-Maturational Model

Attachment patterns are  
self-protective strategies.



**What is the most important task  
in life?**



**Staying Alive!**



**How long do we want to  
stay alive?**




**FOREVER !!**

# So what must we do?

✿ Protect ourselves

✿ Have babies

✿ Protect our babies – until they reach reproductive maturity.



**Many of the things we do  
to protect ourselves and our  
children are themselves  
dangerous.**



✿ Mothers must be safe and feel safe to keep their babies safe.

✿ Professionals are needed when

- ✿ There is danger.

- ✿ The mother imagines danger.

- ✿ The baby could be in danger.



What helps us to stay alive?

**ATTACHMENT!**



# Attachment is about

- ✿ Protecting ourselves & our children

- ✿ Teaching our children how to

- ✿ **Stay alive!**



# Central unique feature of the DMM

**Exposure to danger  
organizes behavior.**

# Why is the DMM important to early intervention?

- ✿ Because mothers need and have strategies to protect themselves and their children.
- ✿ Because we need to identify both dangers and strategies to be aware of all possible danger.
- ✿ Because we need strategies to help at risk mothers protect their babies.
- ✿ Because what babies learn about staying alive changes the way their brain develops.

# What are the 3 attachment strategies?

1. Type B: Secure & balanced integration of predictable contingencies and negative affect;
2. Type A: Avoidant of negative affect & predictable;
3. Type C: Preoccupied with negative affect & unpredictable.



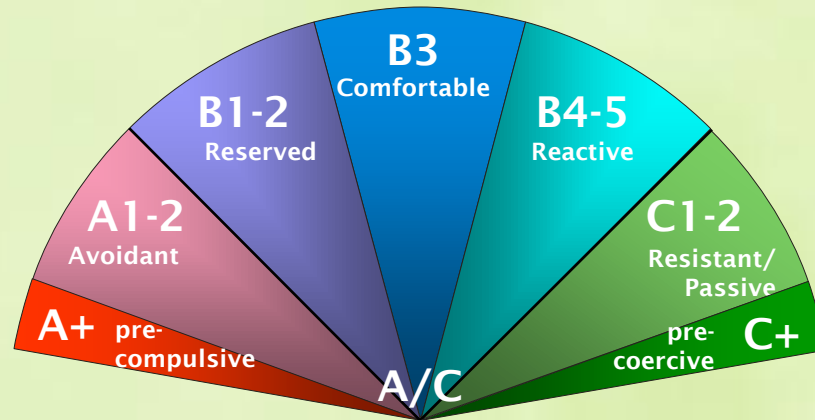
**There are lots of DMM  
Self-protective Strategies**

# DMM Self-Protective Strategies in **Infancy**

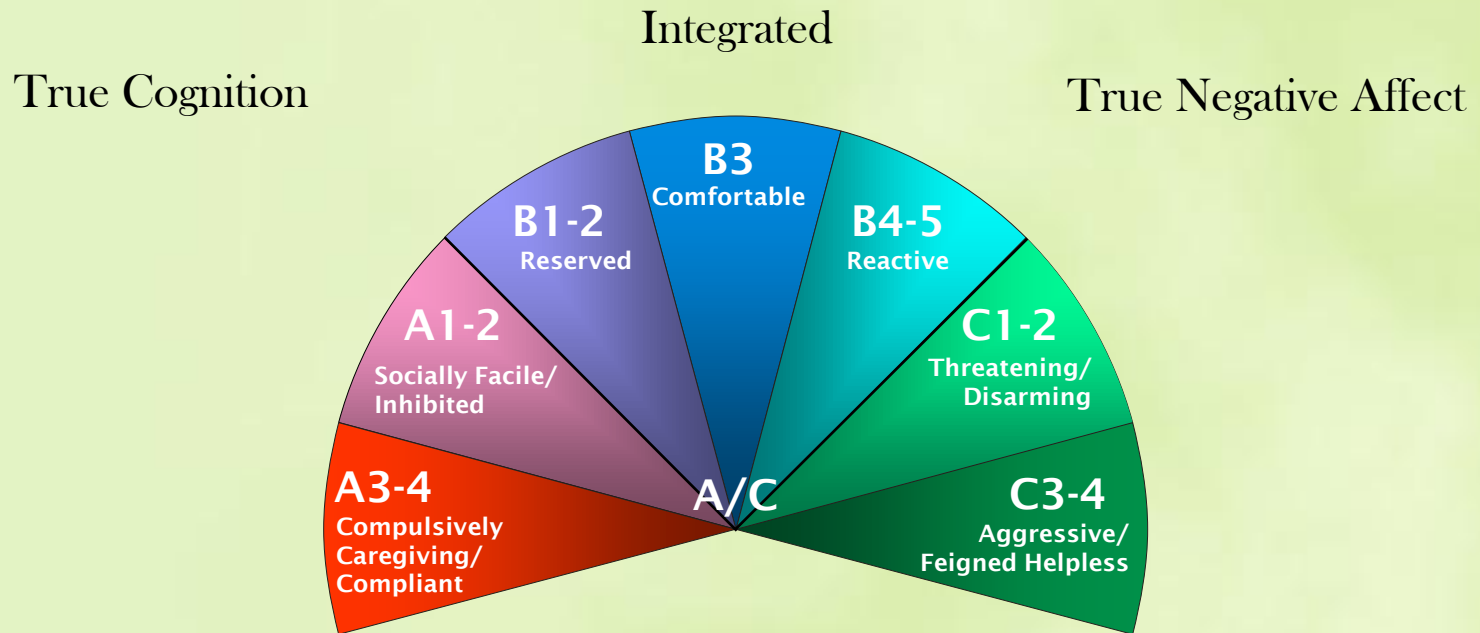
Cognition

Integrated

Negative Affect



# DMM Strategies in the **Preschool Years**



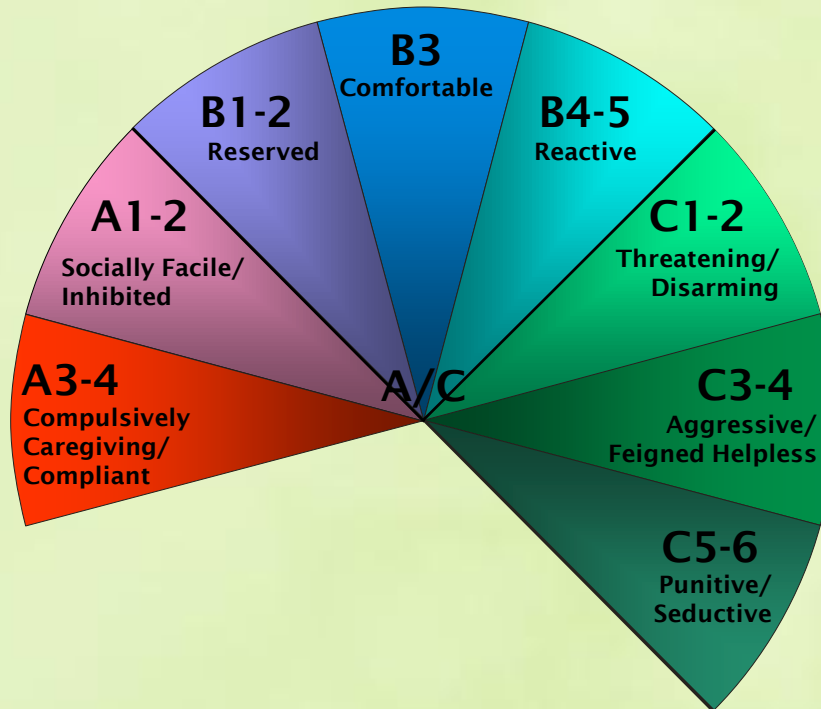
False Positive Affect

# DMM Self-Protective Strategies in the School Years

Integrated True Information

True Cognition

True Negative Affect



False Positive Affect

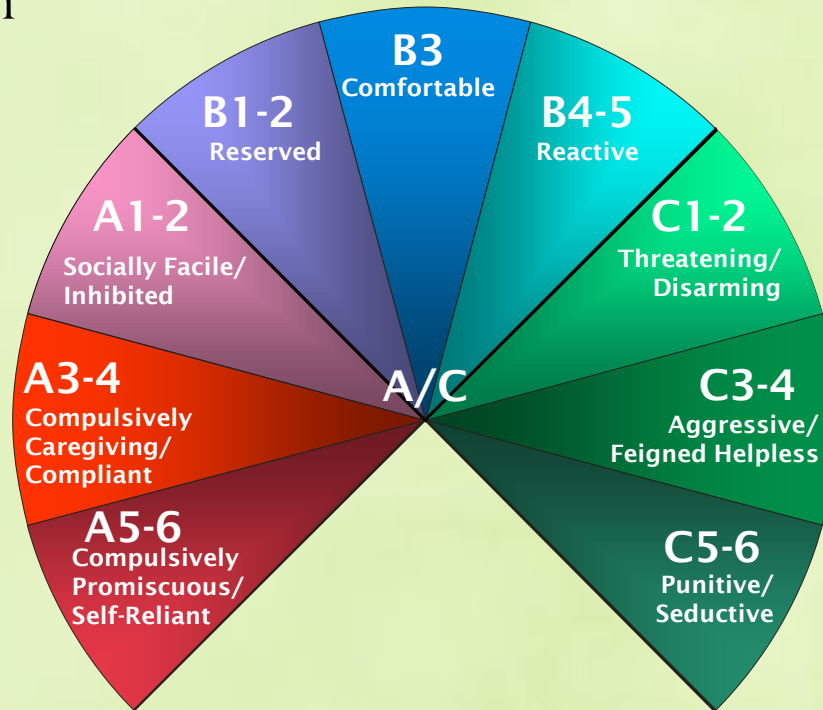
False Cognition

# DMM Self-Protective Strategies in Adolescence

Integrated True Information

True Cognition

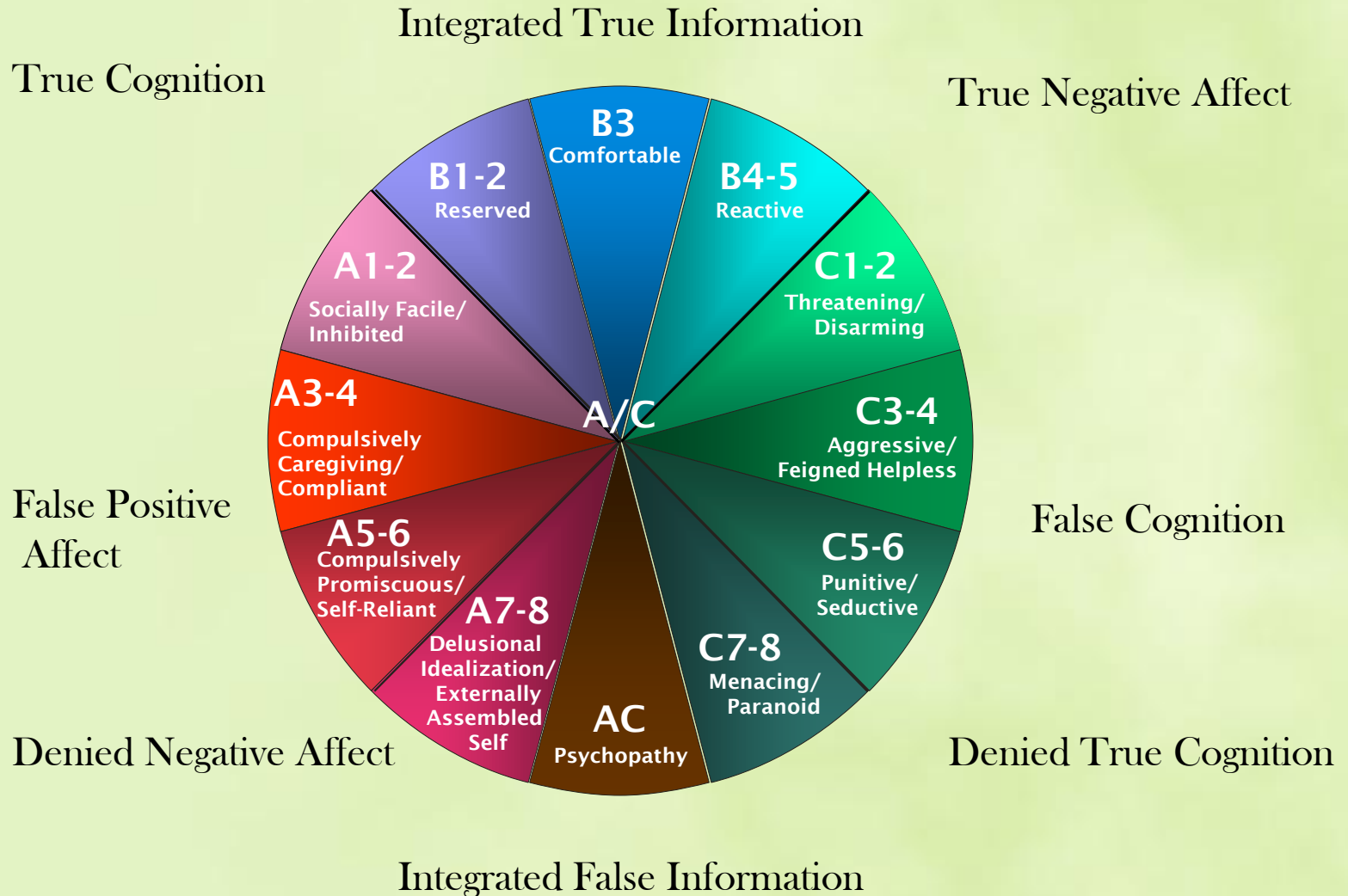
True Negative Affect




False Positive Affect

False Cognition

# DMM Self-Protective Strategies in Adulthood



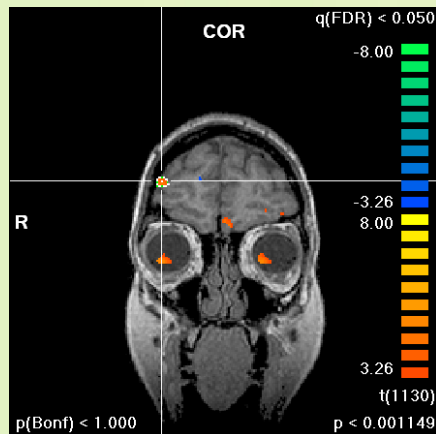


Does the mother's attachment strategy make a difference?

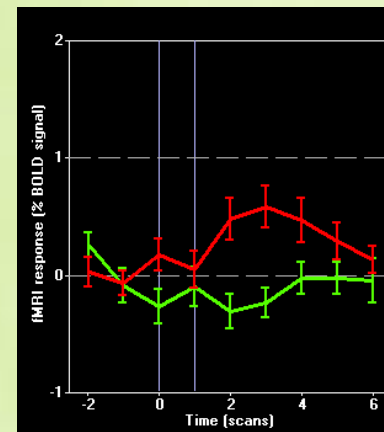
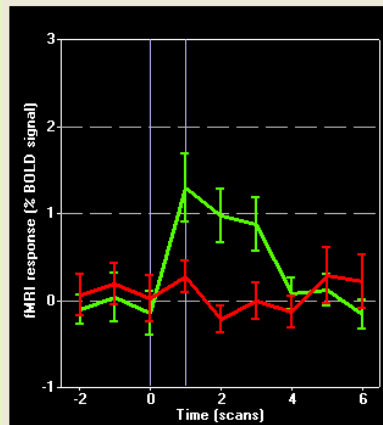
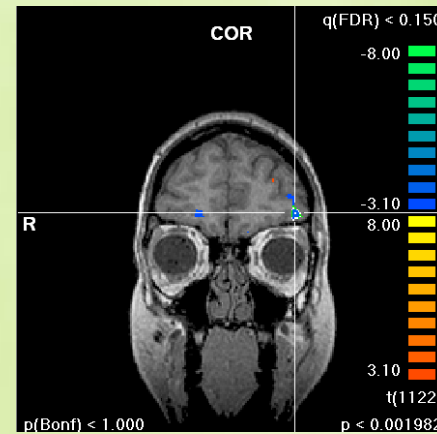
# Mothers' brain responses to **own** vs. **unknown** baby: Prefrontal cortex

(Strathearn et al., 2009)

Type B



Type A





Does the infant's attachment strategy make a difference?


# Empirical findings:

## ✿ Secure, Type B attachment:

- ✿ Safe and comforting environments
- ✿ Optimal child functioning.

## ✿ Anxious, Types A & C attachment:

- ✿ Exposure to danger and lack of comfort
- ✿ Developmental risk.




Why do we assume that anxious attachment is the culprit?

**Danger is the problem.**



# Anxious attachment is the solution!

It is the child's strategy for eliciting protection and comfort from the parent.



Attachment,  
especially anxious attachment,  
is children's contribution  
to their own welfare.

# What are the implications for professionals?

- ✿ Identify & reduce the danger
- ✿ Teach the mother to follow her infant by
- ✿ Following the mothers!
- ✿ We should practice what we preach.

# Begin ...

- ✿ Begin where parents should begin, by observing & listening:
  - ✿ Meet the whole family in home
  - ✿ What can do they well?
  - ✿ What do they want to do?
  - ✿ How do they try to accomplish that?
  - ✿ What, if anything, stands in their way?
  - ✿ Join with them around their goals.

# What to assess

- ✿ Reciprocity
- ✿ Comfort
- ✿ Array of infant elicited behaviors
- ✿ Threats to mother herself
  - ☘ Income
  - ☘ Violence
  - ☘ Overwork
  - ☘ Loneliness

# DMM Assessments of Strategies

- ✿ CARE-Index: Infancy
- ✿ CARE-Index: Toddlerhood
- ✿ Strange Situation: Infancy
- ✿ PAA: 2-5 years
- ✿ SAA: 6-13 years
- ✿ TAAI: 16-25 years
- ✿ AAI: adulthood
- ✿ Parent Interview: parents and children

# Assessing Interaction

- ✿ Use non-reactive assessments
- ✿ Good if mother can interpret the assessment
- ✿ Better if the assessment can be used as part of the intervention
- ✿ CARE-Index

# Plan

- ✿ Is there danger?
- ✿ Are there many different problems?
- ✿ Do the problems include relationships?
- ✿ Can the family resolve their problems by themselves?
- ✿ What strategies might they use?

# Plan


- ✿ Assign the family to
  - ✿ Level of Parental Reasoning
  - ✿ Level of Family Functioning
- ✿ Gradient of Interventions
  - ✿ Danger first
  - ✿ Less integration = not parent education
  - ✿ More relationship problems = fewer professionals

# Choosing Services

- ✿ Safety first
- ✿ Zone of Proximal Development
  - ✿ Begin where the parent is
  - ✿ Build the bridge from their perspective
- ✿ Go where the parent wants to go
- ✿ Open new doors along the way

# Intervening

- ✿ Always individual – whether in group or not
- ✿ Home visits
- ✿ Focus on relationship skills at all levels
  - ♣ Mother – infant
  - ♣ Mother – professional
  - ♣ Mother – other mothers
  - ♣ Mother – other professionals



If Types A & C are psychological opposites,  
they may require opposite interventions.

# The Danger of Intervention


The wrong response might exacerbate the problem!

- ❖ Cognitive Behavior Therapy might increase the inhibition & rule structure of Type A parents.
- ❖ Helping parents to express their feelings might increase the self-focus and agitation of Type C parents.



# Single Most Important Skill

Observe, reconsider, try a different response -  
and observe the effect.



Patricia M. Crittenden  
*Raising Parents*

Willan Publishing, 2008.



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**Peter Fonagy, Ph.D. (UK)**

*Attachment Theory, Personality Disorder  
& Its Psychological Treatments*

**Michael Meaney, Ph.D. (Canada)**

*Epigenetics and the Biology of  
Parental Influences*

**Penelope Trickett, Ph.D. (USA)**

*The Multigenerational Impact of Child  
Sexual Abuse on Female Development*

**Sverre Varvin, M.D. (Norway)**

*Psychotherapy of Traumatized Persons  
as a Developmental Process*

## **BANQUET SPEAKER**

**Camila Batmanghelidjh**

*The life of a sellotape child: Disturbed  
attachments in high risk environments*

## **Keynote Speakers**

**Kim Barthel**

*Neurobiology*

**Augusto Zagmuff Cahbar**

*Political Repression*

**Melanie Gill**

*Psychopolitics*

**Andrea Landini, M.D.**

*Using DMM to Integrate  
Theories of Treatment*

**Joe Lichtenberg**

*Attachment & Other  
Motivational Systems*

**Lane Strathearn**

*MRI & Transmission of  
Attachment*

### **Other Topics**

*Adoption, Assessing  
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