

# Attachment for PCIT Therapists Workshop

February 10, 11, & 12, 2020



## IoWA-PCIT

Integration of Working Models of Attachment  
into Parent Child Interaction Therapy.

“Good science, like good art,  
often upsets our established  
ways of seeing the world.”

-Carol Tavris


“The truth will set you free  
but first it will piss you off.”

-Gloria Steinem

# Goals for Training

## *Using an Understanding of Attachment Theory to Inform PCIT Coaching*

- ▶ Harnessing the universal need for attachment relationships
- ▶ Understanding of different patterns of attachment
  - ▶ How these patterns are adaptive
  - ▶ How to adapt coaching to different patterns of attachment

- 
- ▶ Understanding of different working models of attachment
    - ▶ How to adapt coaching to the parents' working model
  - ▶ Understanding your own working model of attachment and how it impacts your delivery of PCIT

# Attachment State of Mind

How caregivers respond to us, their child, the information we share is filtered through their attachment state of mind.

How we respond to caregivers, their child, the information we share is filtered through our attachment state of mind.

No evidence that feeding type (breast or bottle or both) is predictive of whether an infant is securely or insecurely attached

-Steele (2013)

It is the *state of mind of the mother* as she thinks about and delivers care, including the feeding of her baby, not whether the feeding is via breast or bottle, that fundamentally determines whether the baby will be a securely attached toddler.

-Steele (2013)



It is our job as early childhood educators and parenting researchers to assure new parents that attachment is a process, not dependent on any single event or specific parenting practice.

- Steele (2013)

# What Lens Do you Use for Viewing Parent-Child Interactions and Addressing Problems?



# How attachment theory informs the way I do PCIT

- ▶ *Understanding of universal need for attachment relationships*

“Humans are a weed species.”

Steve Suomi



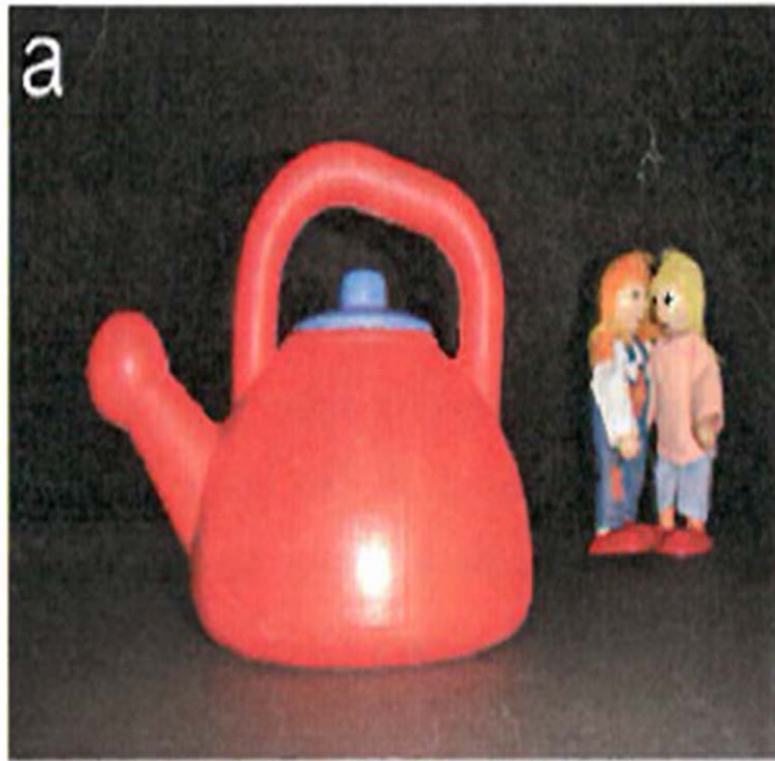
# Humans have succeeded in a wide variety of environments

- ▶ Our dependence on relationships with others for survival
- ▶ Our ability to adapt to a wide variety of environments, including a wide variety of caregiving environments

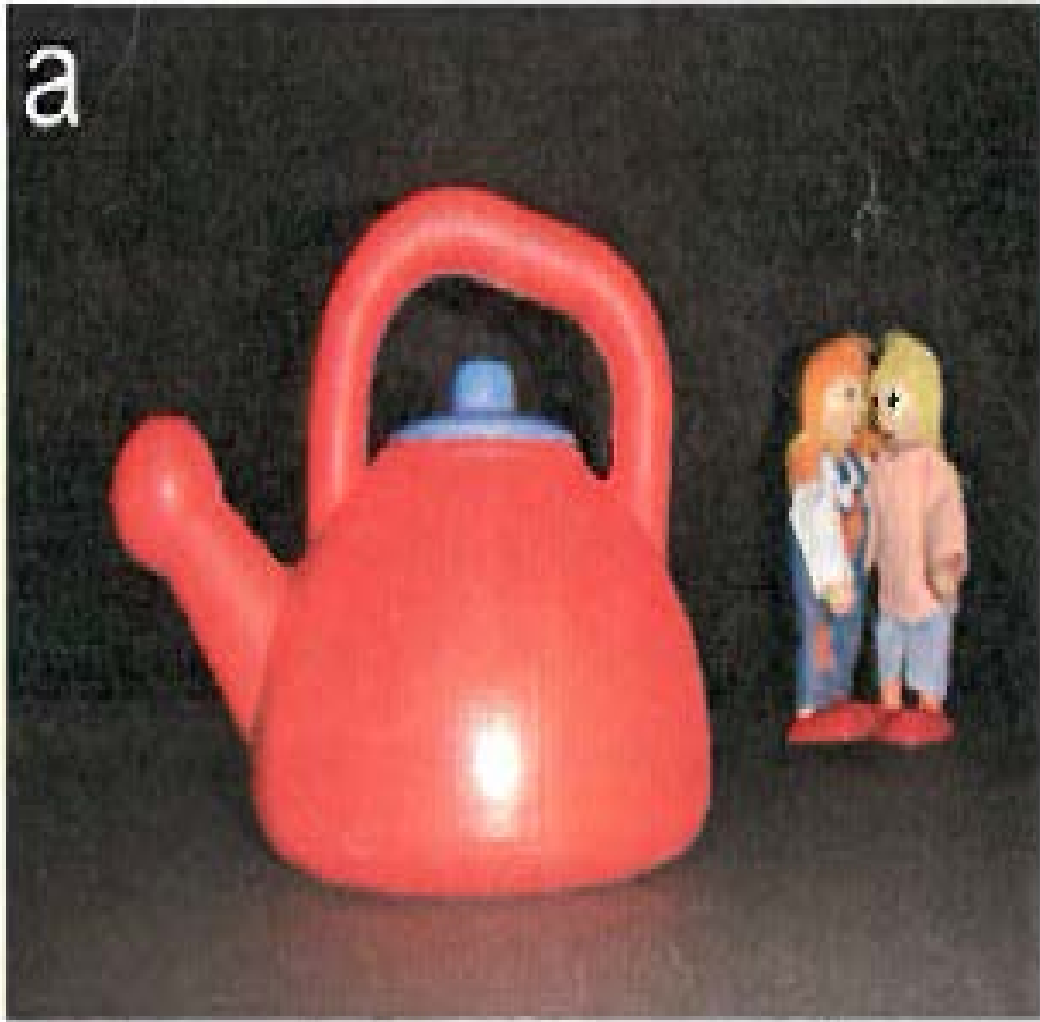
# Priming

- ▶ Setting the stage for certain behaviors
- ▶ We can “prime” affiliative and attachment behaviors by focusing on conditions that set the stage for these behaviors.

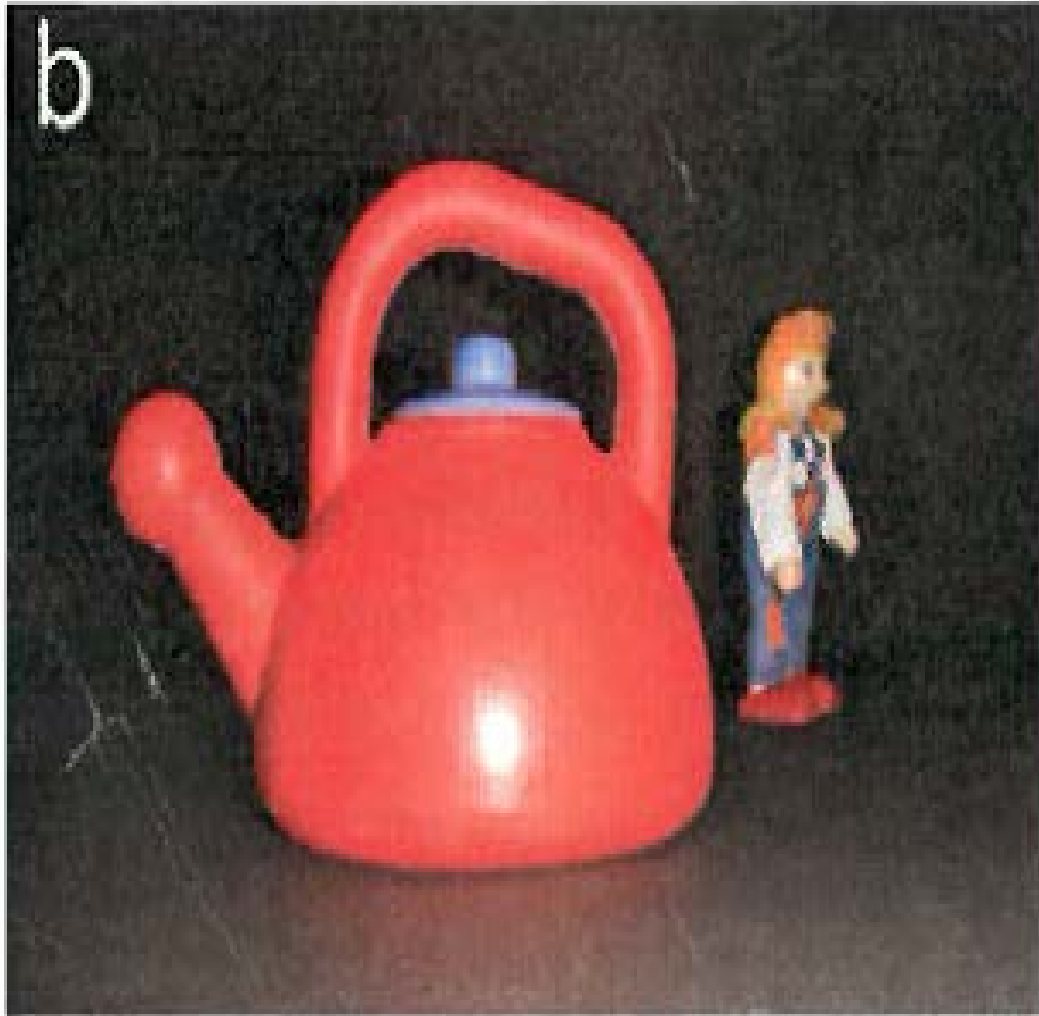
# Attachment priming improves prosocial behavior in 18-month-olds

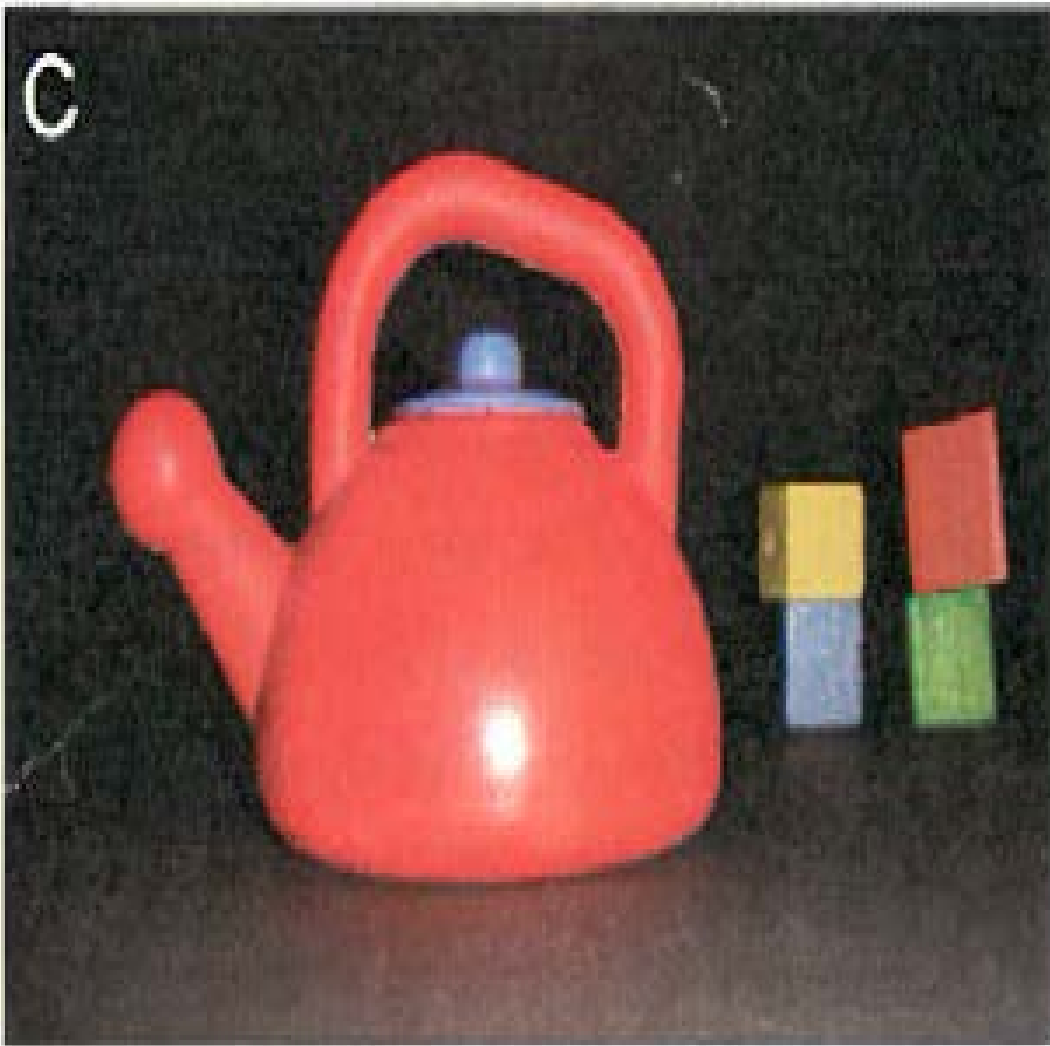


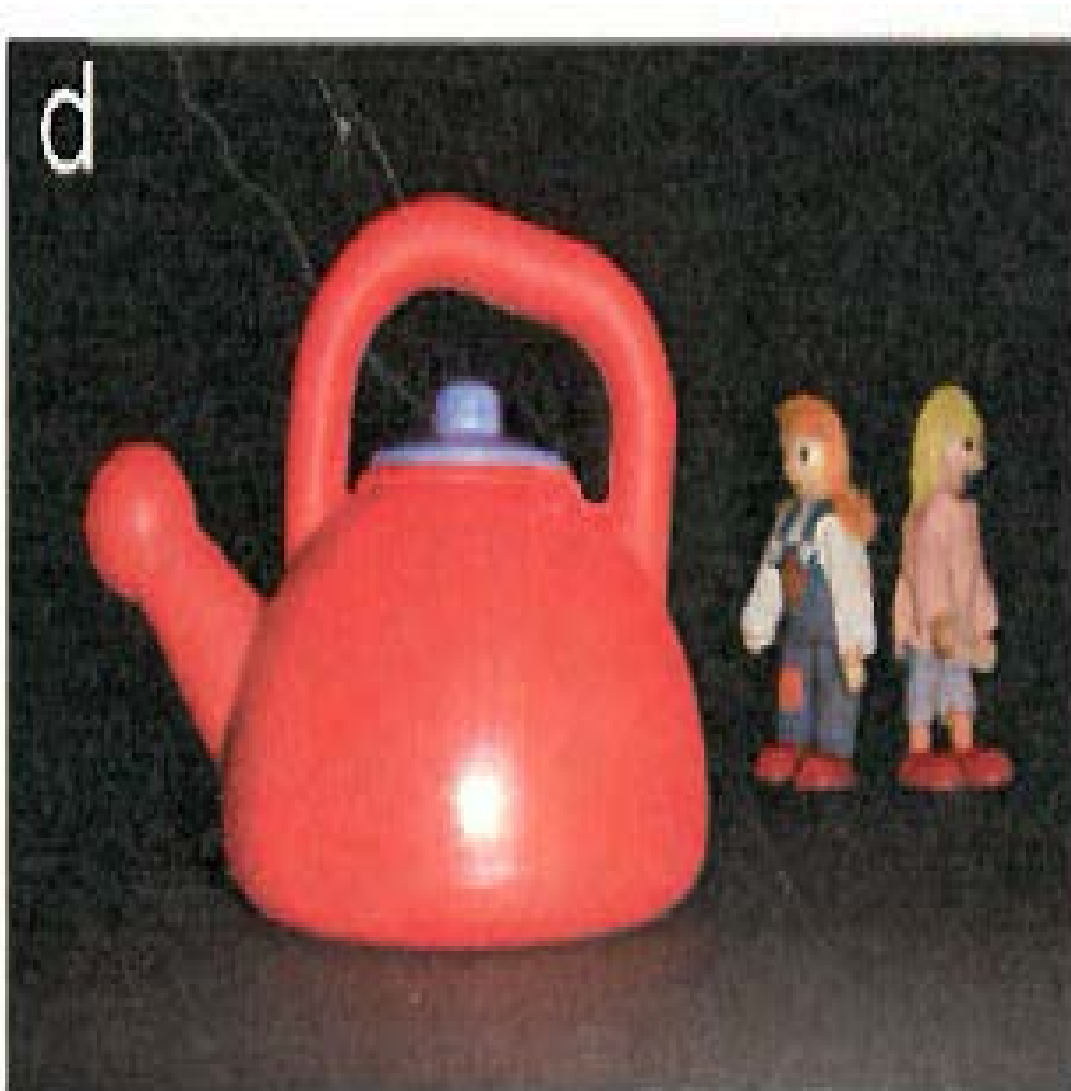
Over & Carpenter (2009), *Psychological Science*.

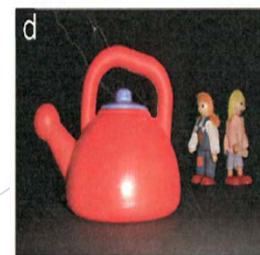
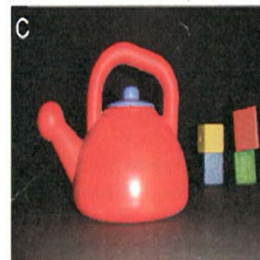
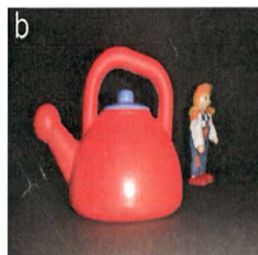
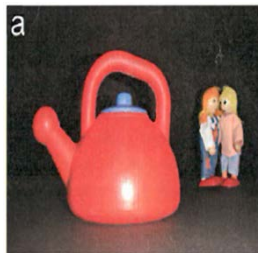
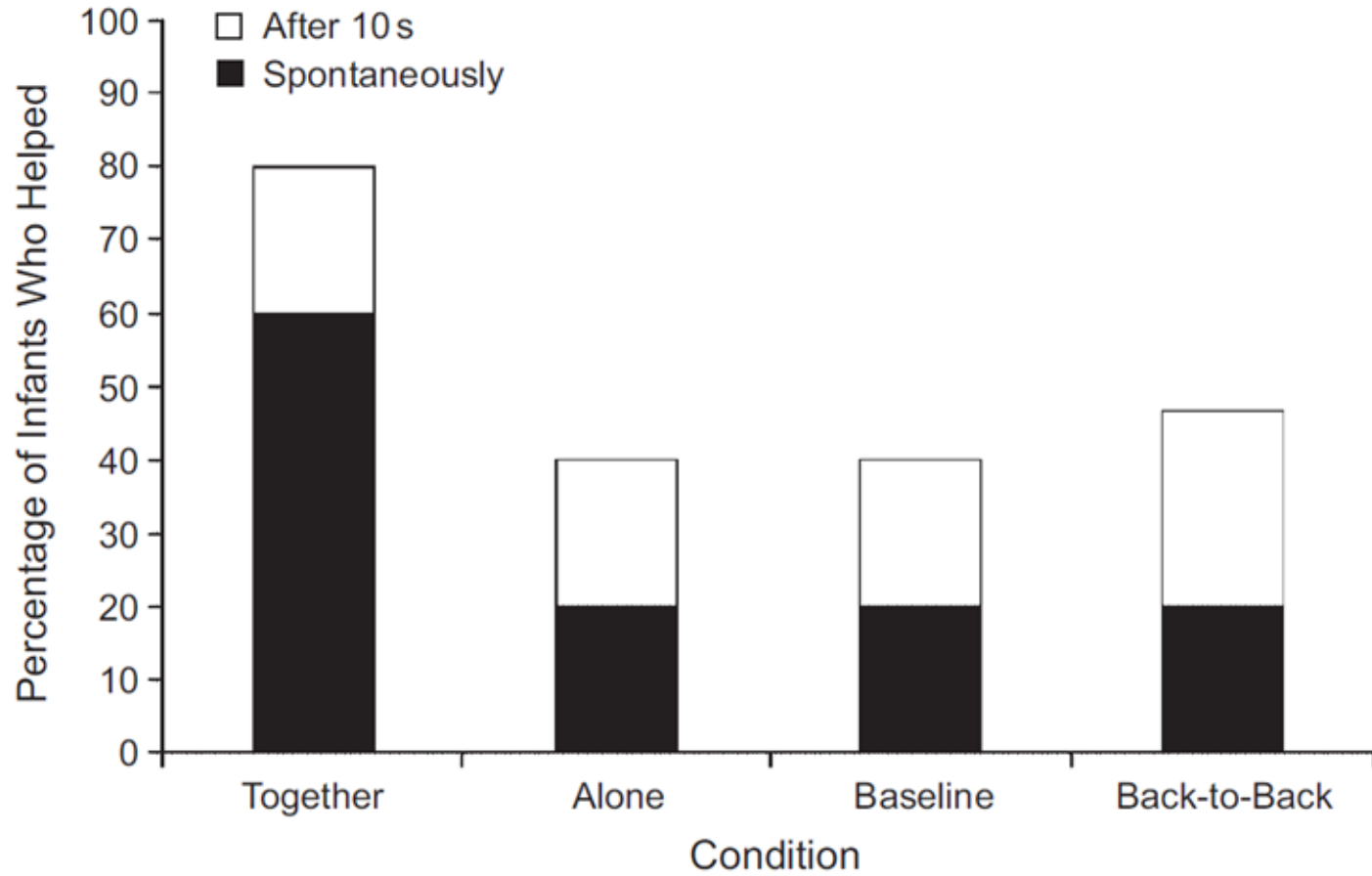












# Attachment security priming decreases children's physiological response to threat

- ▶ Study of 90 6- and 7-year-olds
- ▶ Examining the impact of child's working model of attachment and attachment security priming on "fight or flight" following exposure to an anxiety-provoking picture.

Stupica, Woodhouse, Brett, & Cassidy (2017), *Child Development*

# Attachment security priming decreases children's physiological response to threat

- ▶ Threatening stimuli: pictures of animal attacks from the International Affective Picture System
- ▶ Assessed children's working models of attachment using attachment story completion task
- ▶ Compared effect of secure, happy, and neutral primes on physiological and behavioral response to viewing pictures of animal attacks.

Attachment security primes were of a mother having a caring interaction in close contact with her content child.

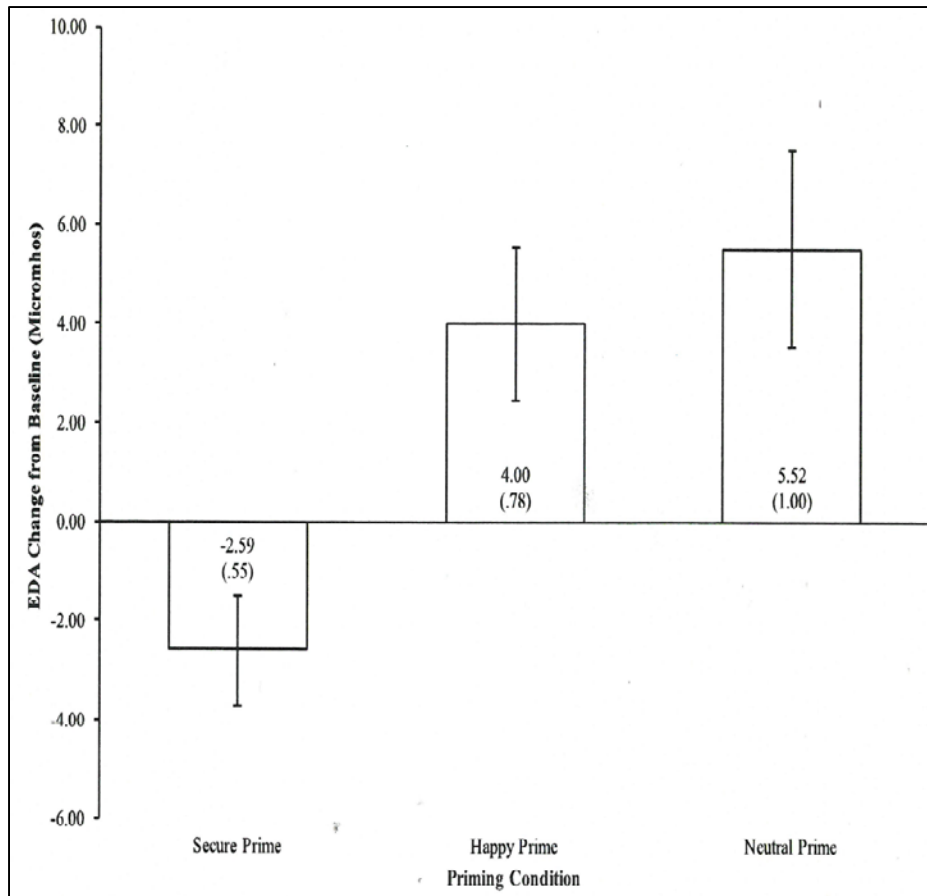


Thanks to Brandi Stupica for sharing her attachment security primes and for doing this amazing research.

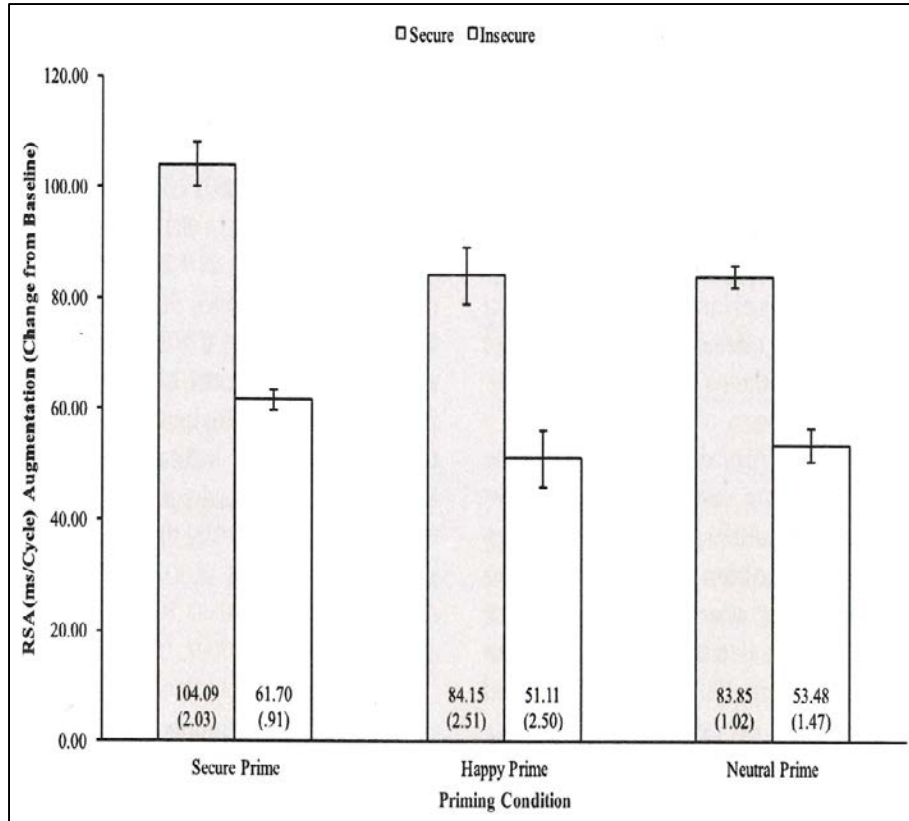




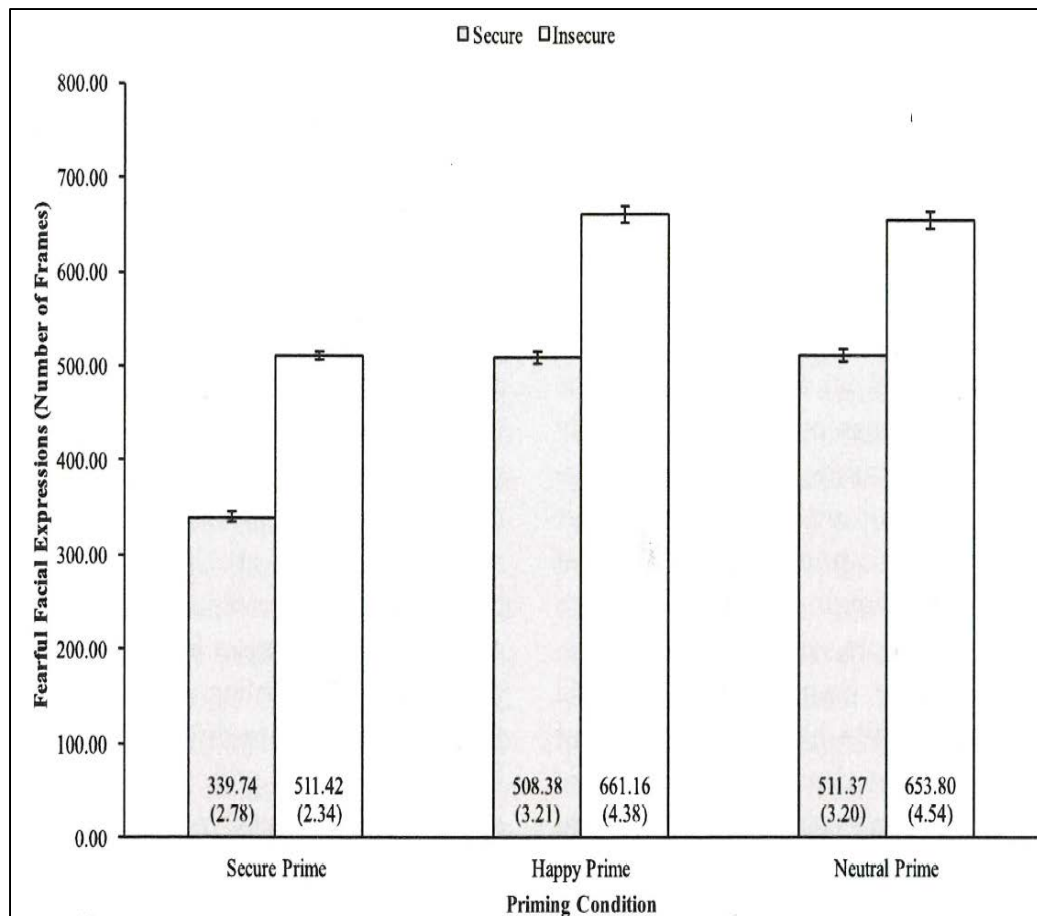
# Attachment security priming decreases “fight or flight” response as assessed by changes in electrodermal activity



- ▶ Children with a secure working model return to homeostasis of parasympathetic nervous system functioning more quickly as assessed by respiratory sinus arrhythmia.
- ▶ Security priming improves return to homeostasis *for both securely and insecurely attached children.*



- ▶ Children with secure working models show briefer fearful facial expressions in response to threat.
- ▶ Attachment security priming reduces fearful facial expressions *for both securely and insecurely attached children.*



# Using attachment security priming to improve child behavior

- ▶ Experience of positive caregiver-child interaction increases child's cooperative behavior and compliance.



## Using attachment security priming to improve child behavior

- ▶ Play therapy approaches from vastly different theoretical orientations find improvement in child behavior.
- ▶ The most effective approaches teach the caregiver to do child-led play.



## Examples of Attachment security priming in adults

- ▶ Pictures of mother and child
- ▶ Remembering positive experience with attachment figure



# Attachment security priming in adults

- ▶ More positive mood
- ▶ Willingness to forgive spouse
- ▶ Generosity



## Implications of attachment security priming for engaging caregivers in treatment

- ▶ Experience of positive caregiver-child interaction increases caregiver's engagement and willingness to change

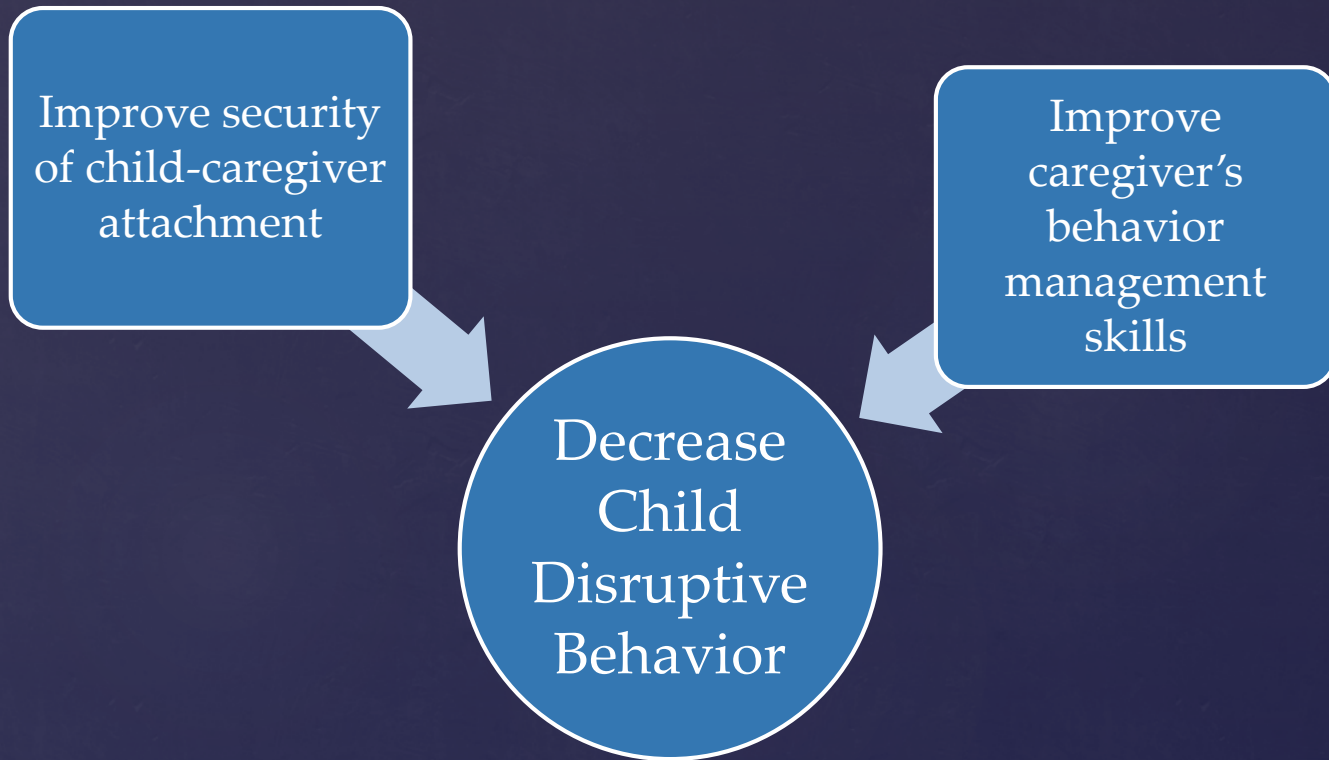




# Implications of attachment security priming for intervention



- ▶ Experience of positive caregiver-child interaction improves child **and** caregiver functioning



IoWA-PCIT Focuses on Two Potential Pathways to Decreasing Disruptive Behavior

# Steps leading to development & dissemination of IoWA-PCIT



Integration of attachment theory into PCIT

Dissemination of PCIT, Incredible Years, Circle of Security, TF-CBT

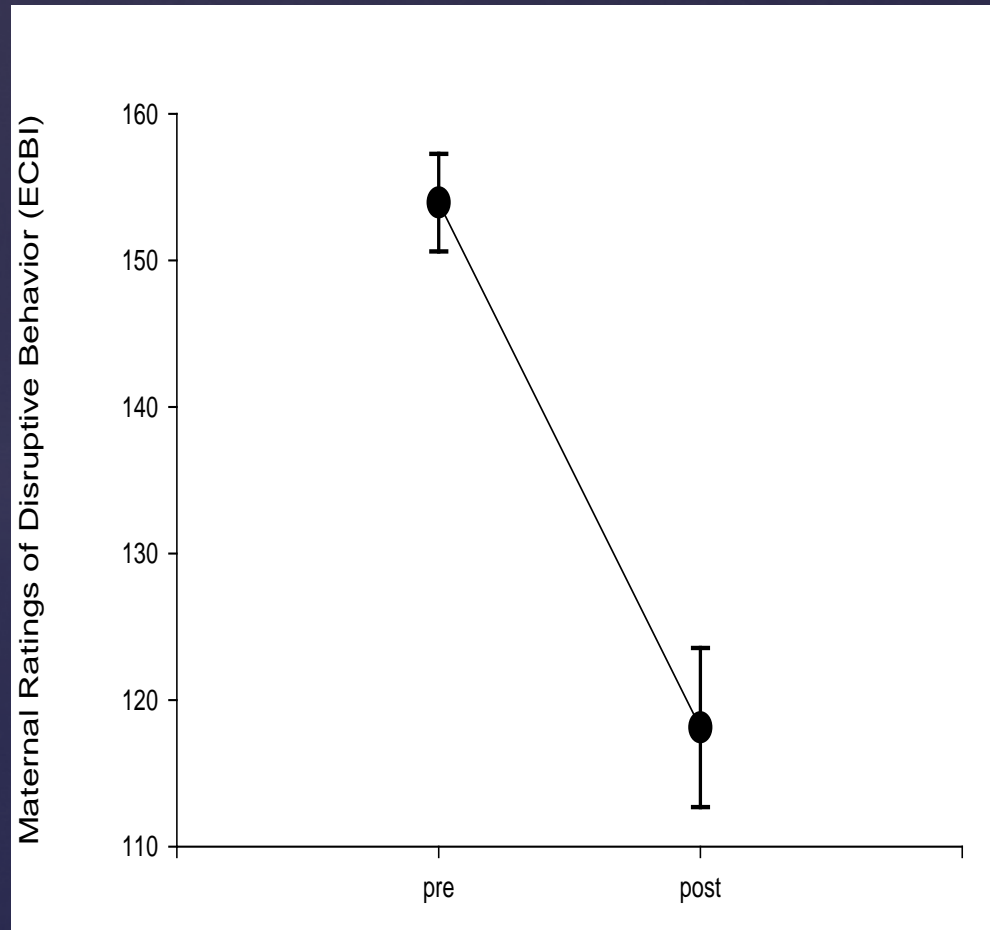
Research identifying lack of effective interventions for young children with disruptive behavior in Iowa

Training in interventions based on attachment theory

Training and Research in Attachment Theory

Training in Behavioral Parent Management Training

# Clinical study of IoWA-PCIT



N = 56; ITT with LOCF;  $t = 8.365$ ,  $p < .001$   
effect size = -1.638



In the past decade,  
more than 500 therapists  
have been trained in  
PCIT or IoWA-PCIT  
through the  
U of I PCIT lab



<https://pcit.lab.uiowa.edu/about-us>

# Pre-Treatment Assessment (Following Intake)

- ▶ Parent ratings of disruptive behavior
  - ▶ ECBI
- ▶ Observations of attachment
  - ▶ Clinical Assessment of Attachment Based on Preschool Strange Situation Procedure (25 minutes or less per caregiver)
- ▶ Behavioral observations of parent and child in 3 situations (15 minutes or less per caregiver):
  - ▶ Child-Led Play
  - ▶ Parent-Led Play
  - ▶ Clean-Up



# Child-Directed Interaction (CDI)

“The most precious gift we can offer anyone is our attention.”

-Thich Nhat Hanh

“When mindfulness embraces those we love, they will bloom like flowers.”

-Thich Nhat Hanh



# CDI - PRIDE Skills



## CHILD-DIRECTED INTERACTION (CDI) PRIDE SKILLS



*"The most precious gift we  
can offer anyone is our  
attention. When  
mindfulness embraces  
those we love, they will  
bloom like flowers."*

*-Thich Nhat Hanh-*

**Praise** (labeled) Give specific praise for positive behaviors  
"Thank you for sharing."

**Reflect** Say what they say  
"Yes. That is green."

**Imitate** Do what they do  
If child builds with blocks, you build with blocks.

**Describe** Describe what they do  
"You're pushing the tractor."

**Enjoy** Relax and delight in your child



Why I talk about the *power of attention* instead of “negative attention-seeking behavior” or “just doing that to get attention”

- ▶ “Attention-seeking” or “just doing that to get attention” evokes
  - ▶ negative idea about children’s need for attention and their attachment needs
  - ▶ defensiveness in parents as implies they are not giving their child enough attention



*"He's just doing that to get attention."*

# Sarah Silverman

“He just wants attention.”

▶ <https://www.youtube.com/watch?v=FhHfkFic4UY>



**IoWA-PCIT**  
Integration of Working Models of Attachment  
into Parent Child Interaction Therapy.

## ZONE OF PROXIMAL DEVELOPMENT AND SCAFFOLDING

During CDI children will begin to learn new skills for self-regulation and problem-solving that are beyond what they can do on their own.

Lev Vygotsky, a Russian psychologist who described how relationships facilitate children's learning, described the zone of proximal development. Skills in the zone of proximal development are too difficult for a child to do on their own. Children are able to do skills in this zone (just beyond their ability to do independently) with support and encouragement. Your relationship with your child and your CDI skills provide the scaffolding for your child to build skills. Later, they will be able to do these skills on their own.



Troutman, B. (2016). IoWA-PCIT. Unpublished manuscript.  
[www.pcit.lab.uiowa.edu](http://www.pcit.lab.uiowa.edu)

# Children adapt to their caregiving environment in order to get their attachment needs met



*We call these adaptations  
“patterns of attachment”*



Reactive Attachment Disorder (RAD) Diagnosis	Patterns of Attachment (Secure, Ambivalent/Resistant, Avoidant, Disorganized Classification)
Classification of an individual.	Classification of a caregiver-child relationship. E.g. an infant or young child can have an ambivalent/resistant attachment relationship with mother and a secure attachment relationship with father.
Focus is maladaptive behavior.	Focus is adaptive behavior. How has this particular child adapted to this particular caregiver and caregiving context in order to get their attachment needs met?
Psychiatric diagnosis.	Protective factor (secure) or risk factor (insecure).

# Assessment of Attachment Patterns

Strange Situation Procedure (12 to 18 months)

Modified Strange Situation Procedure (2 ½ to 5)



# Strange Situation Procedure

“Gold standard” of attachment assessment

Assesses attachment security in a particular caregiver-child relationship



# Strange Situation Procedure

## ▶ 8 brief episodes (30 seconds to 3 minutes)

### Pre-separation episodes

- ▶ Caregiver and child enter room (1 minute)
- ▶ Caregiver and child together (3 minutes)
- ▶ Stranger enters (3 minutes)

### 1<sup>st</sup> separation (30 seconds to 3 minutes)

- ▶ Stranger with baby

### 1<sup>st</sup> reunion (3 minutes)

- ▶ Caregiver returns, stranger leaves

### 2<sup>nd</sup> separation (1 to 6 minutes)

- ▶ Baby alone (30 seconds to 3 minutes)
- ▶ Stranger enters (30 seconds to 3 minutes)

### 2<sup>nd</sup> reunion (3 minutes)

# Preschool Attachment Classification System (PACS)

- ▶ Five brief (5 minute) separations and reunions
  - ▶ Pre-separation
    - ▶ In 5 minutes you will be asked to leave and have child stay in the room
  - ▶ Separation #1
    - ▶ Leave the child in the room by herself
  - ▶ Reunion #1
    - ▶ Reenter the room
  - ▶ Separation #2
    - ▶ Leave the child in the room by herself
  - ▶ Reunion #2
    - ▶ Reenter the room

- ▶ Assesses organization of attachment behavior when attachment system is activated (stress test for attachment relationship)
- ▶ Behavior at *reunion* is especially important

Secure attachment is a  
balance between exploration and  
attachment



# Secure base

Support for exploration



# Safe haven

Support for seeking proximity and comfort when distressed

# Patterns of Attachment

- ▶ Organized patterns of attachment
  - ▶ Secure (B)
  - ▶ Ambivalent/resistant (C)
  - ▶ Avoidant (A)
- ▶ Disorganized pattern of attachment (D)
  
- ▶ Secure attachment is a protective factor
- ▶ Insecure attachment, especially disorganized, is a risk factor

# CDI Coaching



*If a  
community  
values its  
children, it  
must cherish  
its mothers.*

*John Bowlby*



*Do unto  
others as you  
would have  
others do  
unto others.*

*Jeree Pawl*



# Following the Platinum Rule

- ▶ High rate of positive, responsive statements during CDI
- ▶ If parent has a low rate of PRIDE skills, describe and praise “pre-PRIDE” skills
  - ▶ Sitting on floor with child
  - ▶ Letting calls go to voice mail
  - ▶ Turning phone off at beginning of session
  - ▶ Watching child’s play
  - ▶ Answering child’s questions

# What does PCIT coaching process research say about what engages families?

How can I use findings from process research to engage families?



Preexisting differences:  
5 minutes of CDI coding during 1<sup>st</sup> CDI  
session:  
Behavior Description

Dropouts: .7

Completers: 3.9

Preexisting differences: CDI coding  
during 1<sup>st</sup> CDI session:  
Labeled Praise

Dropouts: .9

Completers: 3.8

Preexisting differences: CDI coding  
during 1<sup>st</sup> CDI session:  
Question

Dropouts: 17

Completers: 10

# Successful Therapist-Parent Coaching: How in vivo feedback relates to parent engagement in parent-Child interaction Therapy

Therapist coaching statements during the 1<sup>st</sup> CDI session predicted who remained engaged in treatment.

Barnett, Niec, Peer, Jent, Weinstein, Gisbert, & Simpson (2015). *Journal of Clinical Child & Adolescent Psychology*.





## Therapist statements

### 1<sup>st</sup> 10 minutes of coding during 1<sup>st</sup> CDI session – completers vs. dropouts

- ▶ How many times do you think the therapist gave the mother labeled praise during 10 minutes of coaching during the 1<sup>st</sup> CDI session?
- ▶ Dropouts: 38
- ▶ Completers: 45

*Frequent labeled praise engages families in PCIT.*

## Therapist statements

### 1<sup>st</sup> 10 minutes of coaching during 1<sup>st</sup> CDI session – completers vs. dropouts

- ▶ How many times do you think the therapist gave the mother direct commands during 10 minutes of coaching during the 1<sup>st</sup> CDI session?
- ▶ Dropouts: 11
- ▶ Completers: 9

*Limiting direct commands engages families in PCIT.*

# Easier to give labeled praise and engage families who already have some CDI skills

- ▶ Caregivers with low CDI skills at initial evaluation need to experience someone paying positive attention to their behavior (platinum rule)

# Where is the challenge?

- ▶ Occurrence of appropriate child behavior
- ▶ Caregiver
  - ▶ Observation of child behavior
  - ▶ Interpretation of child behavior
  - ▶ Response to child behavior

# Why does the parent have a low rate of CDI skills?

- ▶ Lack of appropriate (or neutral) child behavior

Therapist uses CDI skills  
with child while in the  
room

# Why does the caregiver have a low rate of CDI skills?

- ▶ Caregiver fails to **observe** child's appropriate behavior



Therapist shares  
observations of child  
behaviors in coaching



# Why does the caregiver have a low rate of CDI skills?

- ▶ Caregiver fails to **interpret** child's appropriate behavior as appropriate

# Why does the caregiver have a low rate of CDI skills?

- ▶ Caregiver fails to **respond** child's appropriate behavior with a CDI skill



# Observations of Child's Response to Parent's Behavior

# Coaching With Attachment Theory Lens Is Different Than Coaching Attachment Behaviors



# PDI Coaching

## Guidelines for Effective Commands in Parent-Directed Interaction (PDI)

“It’s time to **PRACTICE** listening.”

**P**OSITIVELY STATE THE COMMAND

**R**EASON BEFORE COMMAND AND/OR AFTER COMPLIANCE

**A**GE-APPROPRIATE COMMAND

**C**ALM AND COURTEOUS COMMAND

**T**ELL, DON'T ASK

**I**NDIVIDUAL COMMAND

**C**LEAR COMMAND

**E**NOUGH COMMANDS

## Reasons for Effective Commands Guidelines

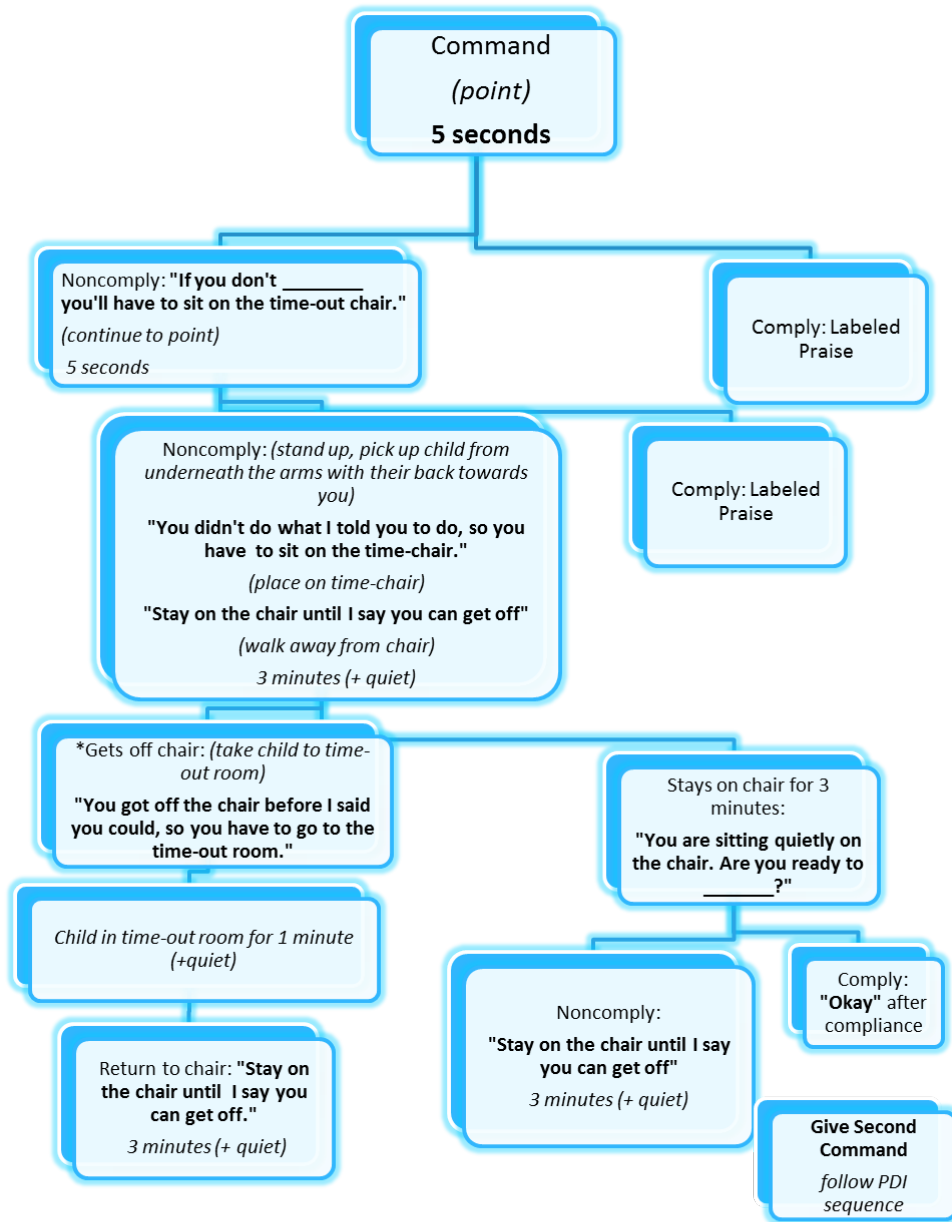
<b>GUIDELINE</b>	<b>REASON</b>
<b>P</b> ositively state the command	Makes it easier for child to focus on positive behavior. Increases opportunities to praise compliance.
<b>R</b> eason before command and/or after compliance	Children are more likely to comply if they understand the reason for a command. Giving the reason when the child questions the command (e.g. "Why do I have to pick up the toys?") rewards noncompliance and may turn into an argument.
<b>A</b> ge-appropriate command	Makes it easier for child to comply.
<b>C</b> alm and courteous command	Models calm and courteous behavior. Teaches child to obey when you are calm and courteous.
<b>T</b> ell, don't ask	Makes it clear there is not a choice about following the direction.

## Reasons for Effective Commands Guidelines

<b>I</b> ndividual command	Makes it easier to determine compliance. Provides more opportunities to reward compliance.
<b>C</b> lear command	Makes it easier for child to comply. Makes it easier to determine compliance.
<b>E</b> nough commands	Gives child practice in following directions. Too many commands leads to frustration and makes it difficult to be consistent with follow through.







# 'Time-Outs' Are Hurting Your Child

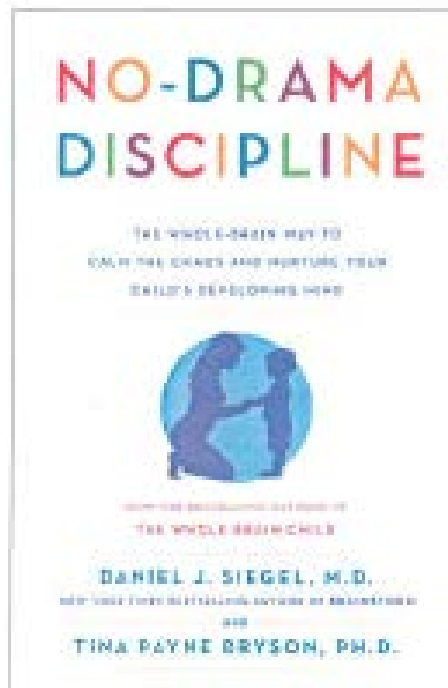
Daniel J. Siegel Tina Payne Bryson Sept 29, 2014

**IDEAS** Daniel J. Siegel, M.D., is clinical professor of psychiatry at the UCLA School of Medicine, the founding co-director of the UCLA Mindful Awareness Research Center, and executive director of the Mindsight Institute.

**IDEAS** Tina Payne Bryson, Ph.D., is the co-author (with Siegel) of the best-selling *The Whole-Brain Child*.

**In a brain scan, relational pain—that caused by isolation during punishment—can look the same as physical abuse. Is alone in the corner the best place for your child?**

Time-out is the most popular discipline technique used by parents and the one most often recommended by pediatricians and child development experts. But is it good for kids? Is it effective? Not according to the implications of the latest research on relationships and the developing brain.



**No-Drama Discipline: The Whole-Brain Way to Calm the Chaos and Nurture Your Child's Developing Mind**  
Executive Hardcover, \$24.99

Is time-out, as used in PCIT,  
aversive?

Does time-out, as used in  
PCIT, cause distress?

## IS TIME-OUT FROM POSITIVE REINFORCEMENT AN AVERSIVE EVENT?

### A REVIEW OF THE EXPERIMENTAL EVIDENCE<sup>1</sup>

HAROLD LEITENBERG<sup>2</sup>

*Indiana University*

Experiments concerning the aversive properties of time-out (TO) from positive reinforcement are reviewed. A discussion of experimental designs employed and problems encountered in defining aversive stimuli precedes the review. The major topics covered are: avoidance of TO, escape from TO, escape from stimuli which previously signalled TO, punishment with TO, effects on ongoing behavior of pre-TO stimuli, escape from conditions of positive reinforcement into TO. In general, TO satisfied sufficient criteria to conclude that it belongs to the class of stimuli called "aversive." However, since some differences between the effects of shock and TO were found; since some experiments allow other interpretations than that TO is aversive; and since so much research remains to be done, this conclusion is only tentative.

# PDI roll-out

- ▶ Designed to *limit* the use of time-out from positive reinforcement
- ▶ Aim for *maximum* of 1 to 3 time-outs per day

# PDI roll-out

- ▶ Aim for limited number of time-outs at each stage before moving to next stage
  - ▶ Play commands
  - ▶ 2 to 4 real commands
  - ▶ Running commands
  - ▶ Time-out for breaking house rule
  - ▶ Public behavior (time-out can travel)

# PDI Roll-out - “Discipline” phase

From Latin *disciplina* – instruction  
given, teaching, learning

# Give Parents a Learning Framework

- ▶ Purpose of PDI is to *teach* child to follow directions
- ▶ *Teach* child to take time-outs
- ▶ *Teach* child to follow house rules



# Learning Framework

“Your child has a problem with learning these skills so we need to teach them differently”

# Learning Framework

What if we taught reading the way we teach following directions and taking time-outs?

Waited until the child and teacher were stressed and angry and had the teacher teach the child to read a chapter book.

# Learning Framework

- ▶ When we teach a child to read, we teach them when the child and teacher are relatively calm and ready to learn
- ▶ **Break it down into smaller steps**

# Coaching PDI with an attachment lens

- ▶ Acknowledge distress associated with PDI for
  - ▶ Child
  - ▶ Parents
  - ▶ Therapist
  - ▶ Office neighbors

# Questions I ask *parents* during PDI teach

“What will be the hardest thing for you to hear your child say on the time-out chair?”

“What will be the hardest thing for you to see your child do on the time-out chair?”

# Questions I ask *therapists* during PCIT training

What will be the hardest thing for you to hear a child say on the time-out chair?

What will be the hardest thing for you to see a child do on the time-out chair?

# Disruption and Repair

*Importance of CDI following PDI!!!*

# Secure Dyads in PCIT

## *Ordinary Magic*





# Resistant/Ambivalent Pattern of Attachment (C)

- ▶ Emphasis on attachment needs and relationship
  - ▶ Hyperactivation of attachment
- ▶ “Love, hate” relationship
- ▶ Dyad struggles with child exploring or acting independently



## Can't Live With Her, Can't Live Without Her

“As you move in, I  
move away; as I move  
away, you move in...  
No matter where I  
move in relation to you,  
I cannot get  
comfortable.”

- *Beebe, Jaffe, Markese,  
Chen, Cohen, Bahrnick,  
Andrews, & Feldstein, 2010*

## How Resistant/Ambivalent (C) Dyad May Present in PCIT

- ▶ Separation anxiety and aggression towards parent
- ▶ Whining for parent to play with them but criticizing how parent plays
- ▶ Parent hovering over child

# Common Countertransference Responses to Child in Resistant/Ambivalent (C) Dyad

Child viewed as  
“too attached”  
“needy”  
“immature”

# Caregiver Behavior Associated with Resistant/Ambivalent (C) Pattern of Attachment

- ▶ Inconsistent response to attachment signals
- ▶ Chase and dodge

# Avoidant Pattern of Attachment (A)

- ▶ Emphasis on self-reliance and exploration
- ▶ Dyad struggles with child going to caregiver for comfort

# What you might see in CDI

- ▶ Child does not want to do CDI
- ▶ Engages in misbehavior right after parent praises the opposite

# Common Countertransference Responses to Child in Avoidant (A) Dyad

Child viewed as

“independent”

“not attached”

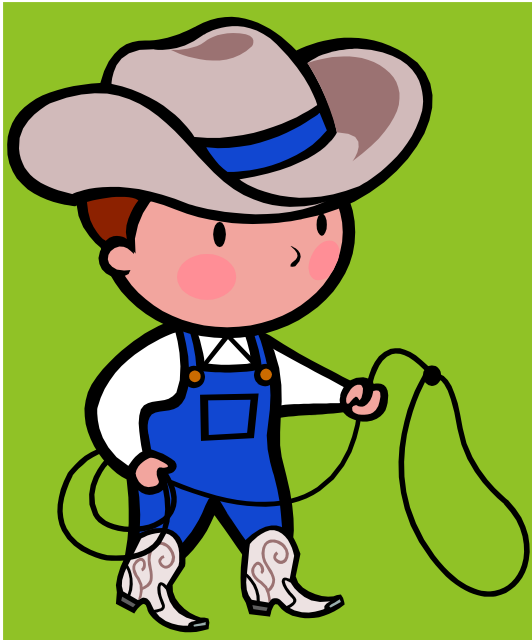
“mean”



**Timeout changes a man**



# Coaching Avoidant Dyads



*Are you going to  
cowboy up or just lay  
there and bleed?*

# Caregiving Behavior Associated with Avoidant (A) Attachment

Lack of responsiveness to distress

# Coaching Avoidant

- ▶ Cautious about use of ignore
- ▶ Praising parent for hanging in there when child rejects their use of CDI skills
- ▶ “Stealth CDI”

# Disorganized Attachment (D)

- ▶ Contradictory behaviors
- ▶ Sudden changes in affect
- ▶ Indicators of anxiety – especially when parent is present

# Disorganized Attachment (infant)

- ▶ Contradictory behaviors
  - ▶ Seeking proximity by backing into parent
  - ▶ Crying while moving away from parent
  - ▶ Freezing

# Disorganized/Controlling Attachment (child)

- ▶ Disorganized
- ▶ Controlling caregiving
  - ▶ Entertaining parent
  - ▶ Overbright smile
- ▶ Controlling punitive
  - ▶ Bossy

# Caregiver Behavior Associated with Disorganized/Controlling Attachment

- ▶ Frightening behavior
- ▶ Fearful behavior
- ▶ Teasing child
- ▶ Laughing at child's distress
- ▶ Mixed communication



# Child's Dilemma in Disorganized Attachment

“Fright Without Solution”

“Shadow of the Tsunami”

# Child's Dilemma in Disorganized Attachment

Babies, if left too long without familiar and human contact have experiences which we can only describe as

*going to pieces*

*falling for ever*

*dying and dying and dying*

*losing all vestige of hope of the renewal of contacts*

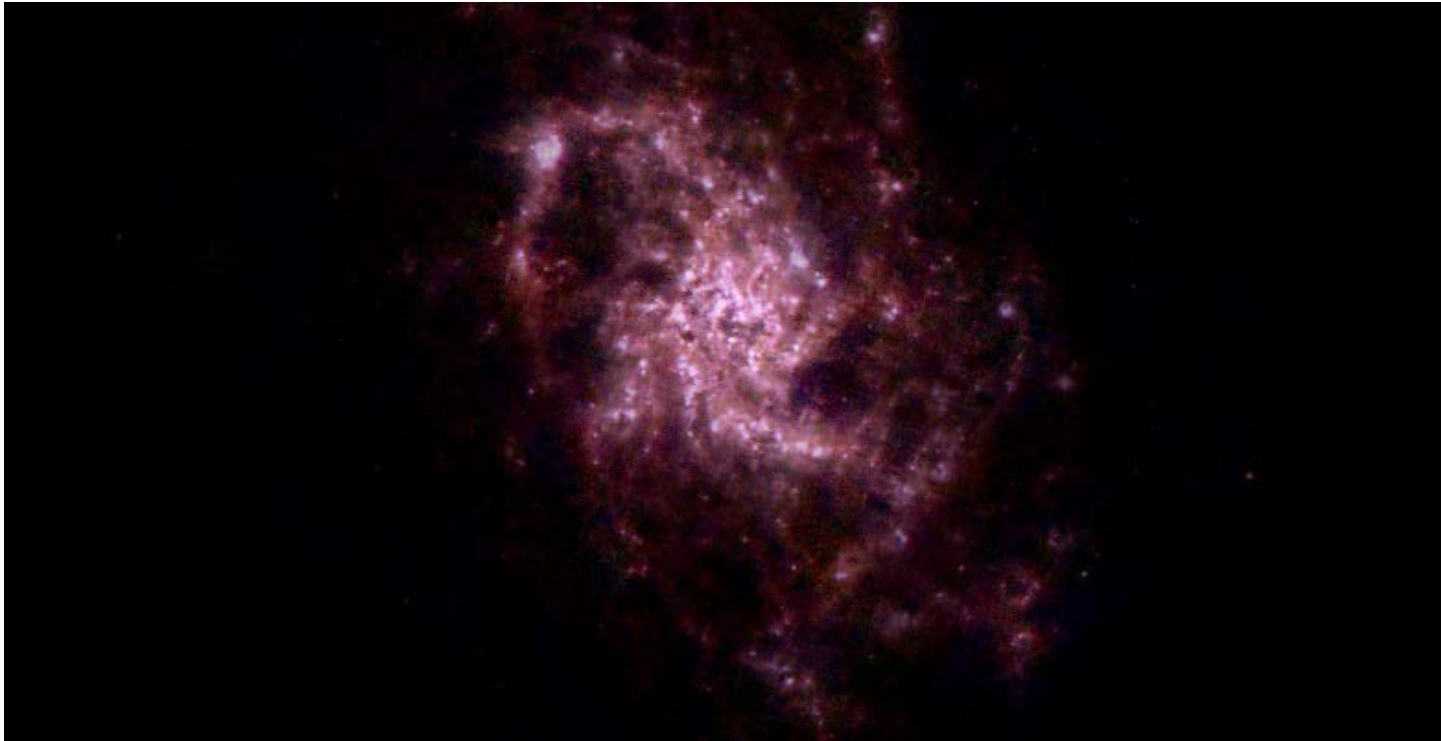
-Winnicott, 1987

# Child's Dilemma in Disorganized Attachment

“when the froth of my inner life came to a boil, I had no way of calming myself down and would invariably transform inner theater into street theater”

-Marino, 2015

# Common transference response: Disorganized spiral



Rates of disorganized attachment are high in children who have been maltreated

Tailoring PCIT Coaching  
to *Parent's*  
Working Model of  
Attachment

Why do parents seek my help but  
reject my excellent, evidence-  
based advice?



Why do parents seek my help but  
reject my excellent, evidence-  
based advice?





# Pondering Attachment

- ▶ Thinking about carefully, especially before making a decision or reaching a conclusion
  - ▶ Contemplating
  - ▶ Considering
  - ▶ Reflecting on
  - ▶ Turning over in one's mind

# Mentalizing

“Seeing oneself from the outside and others from the inside.”

-Peter Fonagy

# Pondering your reaction to parent

# Move To the Level of Representation

The background features abstract, overlapping green geometric shapes in various shades, including light lime green, medium green, and dark forest green. The shapes are primarily located on the right side of the slide, with some extending towards the left. The overall aesthetic is clean and modern.

# Attachment Representation

- ▶ Internal Working Model
- ▶ State of Mind
- ▶ Unthought Known

# Research-Based Assessment of Adult Attachment State of Mind

- ▶ Adult Attachment Interview (AAI)
  - ▶ Developed to predict infant-mother attachment by assessing parent state of mind
  - ▶ Interview about memories of relationship with primary caregivers during childhood
  - ▶ Classification based on HOW caregiver tells story (process)
  - ▶ Not story of WHAT happened (content)

# Parent Internal Working Model of Attachment Matters Due to Association with...

***Physiological response*** to child's behavior

***Perception*** of child's behavior

***Interpretation*** of child's behavior

# Parent Internal Working Model of Attachment Matters Due to Association with...

***Selection of appropriate response*** to child's behavior  
(Verbal & Nonverbal)

***Response*** to child's behavior  
(Verbal & Nonverbal)



# Parent Internal Working Model of Attachment Matters Due to Association with...

***Perception, Interpretation, and Response***  
to therapist's coaching  
(Verbal & Nonverbal)

# Secure/Autonomous State of Mind (F)

- ▶ Attachment State of Mind associated with Secure Attachment

# Preoccupied State of Mind (E)

Attachment State of Mind Associated  
with Ambivalent/Resistant Attachment

# Preoccupied State of Mind (E)

- ▶ Entangled in discussions of relationships about significant others
- ▶ Hyperactivation of attachment system – “needy”
- ▶ Concerns about being abandoned by therapist if competent
- ▶ Concerns about child rejecting them

# Poem by Phillip Lopate

We who are  
your closest friends  
feel the time  
has come to tell you  
that every Thursday  
we have been meeting,  
as a group,

to devise ways  
to keep you  
in perpetual uncertainty  
frustration  
discontent and  
torture  
by neither loving you  
as much as you want  
nor cutting you adrift.

Your analyst is  
in on it,  
plus your boyfriend  
and your ex-husband;  
and we have pledged  
to disappoint you  
as long as you need us.

In announcing our  
association  
we realize we have  
placed in your hands  
a possible antidote  
against uncertainty  
indeed against ourselves.



But since our Thursday nights  
have brought us  
to a community  
of purpose  
rare in itself  
with you as  
the natural center,

we feel hopeful you  
will continue to make unreasonable  
demands for affection  
if not as a consequence  
of your disastrous personality  
then for the good of the collective.

# Potential struggles with PCIT

- ▶ Too much time on check-in
  - ▶ “Preteach” at the beginning of each CDI coach session that *coaching* is the most important part of the session
  - ▶ Schedule occasional sessions with parent only so they feel listened to

Focus on relationship

Parent-Child

# INTERACTION

Therapy

What Parents with  
Preoccupied State of Mind  
Imagine When You Say  
Parent-Child **Interaction**  
Therapy...



# What does therapist need to help the parent “see” during CDI?

- ▶ When child has opportunity to go out and explore, child will come back and interact
- ▶ When parent quits chasing, child will quit dodging
- ▶ Child (and parent) have capacity for self-regulation

# What does therapist need to help the parent “see” during PDI?

- ▶ Parent-child relationship is a hierarchical relationship
- ▶ Important for their child’s safety for them to be in charge
- ▶ Being in charge when necessary actually improves their relationship

# Dismissing State of Mind (Ds)

Attachment State of Mind Associated  
with Avoidant Attachment



# Dismissing State of Mind (Ds)

- ▶ Idealizing of significant others
  - ▶ Positive description at semantic level without specific memories that support
- ▶ Emphasis on personal strength
- ▶ Positive wrap-up

# Potential Struggles

- ▶ CDI skills/CDI homework
- ▶ Spending time with child that is not focused on
  - ▶ Achievement
  - ▶ Education
  - ▶ Competition

Crap, all of this type fills up the card  
and there's no place for me to write  
something totally heartfelt.

I hope that doesn't take away from how  
truly thankful you know I am.

I'll just write something on the back.

Now this is just crazy,  
I can't even write  
something on the back.

This is way  
out of control.

## Research on attachment state of mind and physiological response to

- ▶ Mother and crying infant
- ▶ Mother playing with infant

# CDI to Parent with Dismissing State of Mind



Your voice is the nail to the  
chalkboard I like to call my life.



your  cards  
someecards.com

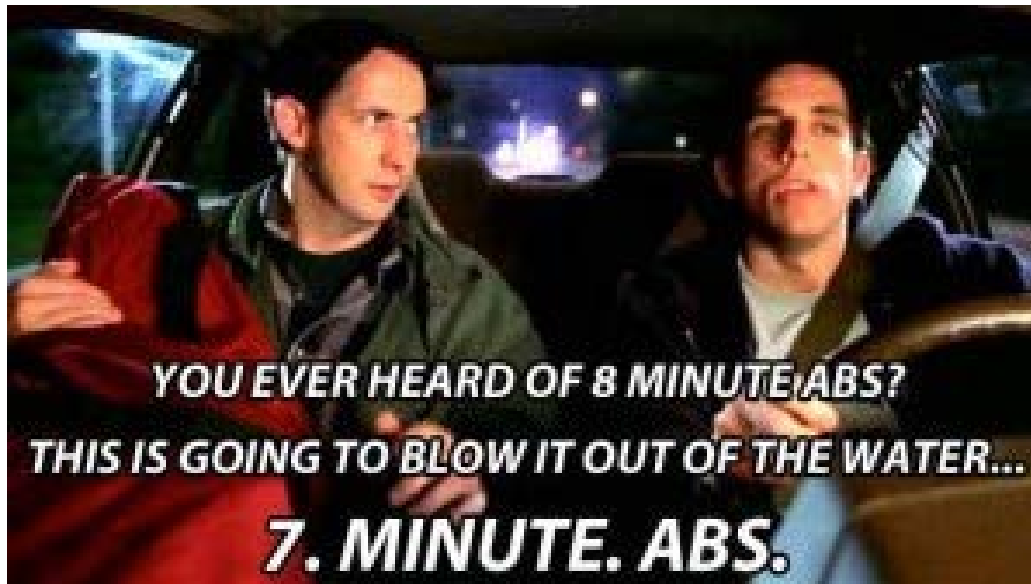
# Potential Struggles with PCIT

- ▶ Being vulnerable
  - ▶ Therapist may reject them
    - ▶ High rate of positive, responsive comments
  - ▶ Child may reject them
    - ▶ Empathic to how hard it is to be vulnerable



# What does parent need from therapist?

- ▶ Shaping/successive approximations approach to 5 minutes a day of CDI homework



Unresolved with respect to  
experiences of loss or abuse by  
attachment figure (U/d)

Attachment State of Mind Associated with  
Disorganized Attachment

Anxiety begets anxiety

# “Coherence” of responses

- ▶ Scoring based on Grice’s Maxims
  - ▶ Quality
  - ▶ Quantity
  - ▶ Relevance
  - ▶ Manner

# Quality

- ▶ be truthful
- ▶ have evidence for what you say

# Quantity

- ▶ be succinct, yet complete

# Relevance

- ▶ be relevant

# Manner

- ▶ be clear, brief, and orderly

# Secure state of mind

- ▶ Clear, balanced narrative
- ▶ Collaborative with the interview process (i.e. coherence of interview according to Grice's maxims)
- ▶ Answers are "fresh" - as though telling story for the first time



# Dismissing state of mind

- ▶ Violations of Grice's maxims
  - ▶ Quality - fails to support statements at the semantic level with specifics
  - ▶ Quantity - too little
  - ▶ Relevance - fails to answer
  - ▶ Manner - fails to answer

# Dismissing state of mind

- ▶ Idealization of mother
- ▶ Idealization of father
- ▶ Insistence of lack of recall
- ▶ Answers are “canned”

# Dismissing state of mind

- ▶ Derogation regarding mother
- ▶ Derogation regarding father
- ▶ Overall derogation of attachment

# Preoccupied state of mind

- ▶ Violations of Grice's maxims
  - ▶ Quality - fails to support statements at the semantic level with specifics
  - ▶ Quantity - too much
  - ▶ Relevance - fails to answer with relevant information
  - ▶ Manner - does not attend to conversational turns

# Preoccupied state of mind

- ▶ Involving anger towards mother
- ▶ Involving anger towards father
- ▶ Passivity of thought processes

# How to be a secure base: therapists' attachment representations and their link to attunement in psychotherapy

Talia, A., Muzi, L., Lingiardi, V., & Taubner, S. (2018), *Attachment and Human Development*.

# Therapists' AAI classifications (3-way)

- ▶ Secure/autonomous: 64%
- ▶ Dismissing: 24%
- ▶ Preoccupied: 12%

Four therapists with  
unresolved/cannot classify AAls



# Therapist Attunement Scales (TASc)



# Therapists with secure state of mind

- ▶ Self-state conjecture
  - ▶ Offered their own views on patient's internal states in a way that was open to correction or elaboration

# Therapists with secure state of mind

- ▶ Empathic validation
  - ▶ Validates patients' previously expressed experience by offering their perspective

# Therapists with secure state of mind

- ▶ Joining
  - ▶ Conveys how they experience the patient

# Therapists with dismissing state of mind

- ▶ Detaching - releases the therapist from actively attuning to the patient
  - ▶ Minimizes affect in patient's disclosures
    - ▶ "You are feeling a bit sad right now."

# Therapists with dismissing state of mind

- ▶ Detaching - release the therapist from actively attuning to the patient
  - ▶ Makes an objective statement to normalize what the patient is going through.
    - ▶ "It's not rare to break up at your age."

# Therapists with preoccupied state of mind

- ▶ Coercing - reflects the patient's experience in a way that restricts the patient's possibility of correcting and elaborating on the therapist's views
  - ▶ Makes overly certain statements about a significant other's intention
    - ▶ "Your father is just trying to pretend he isn't angry."

# Therapists with preoccupied state of mind

- ▶ Coercing - reflects the patient's experience in a way that restricts the patient's possibility of correcting and elaborating on the therapist's views
  - ▶ Therapist quotes a purported past occurrence of what patient has said
    - ▶ So you were thinking "I'm here and I don't know what to do."