

# Attachment-based Practice with Adults:

## Understanding Strategies and Promoting Positive Change

Community Care Live

3<sup>rd</sup> November 2015

Lydia Guthrie



[www.changepointlearning.com](http://www.changepointlearning.com)

[mailbox@changepointlearning.com](mailto:mailbox@changepointlearning.com)

**change point** ▶  
training and development

## Aims / Topics (for full 3 day course):

- Understanding the key elements of contemporary attachment theory.
- Understanding the developmental pathways which lead to the different attachment / self-protective strategies.
- A chance for multi-disciplinary teams to develop a common language for discussing attachment, family dynamics and related issues.
- Identifying how different attachment strategies are expressed in verbal and non-verbal communication.
- A five-stage protocol for assessment, therapy and motivational working (the 'LEARN' model) that can be used to promote improved mental coherence and more integrated personal narratives.



# Attachment-based Practice with Adults

Understanding strategies and  
promoting positive change

A new practice model and interactive resource for assessment,  
intervention and supervision

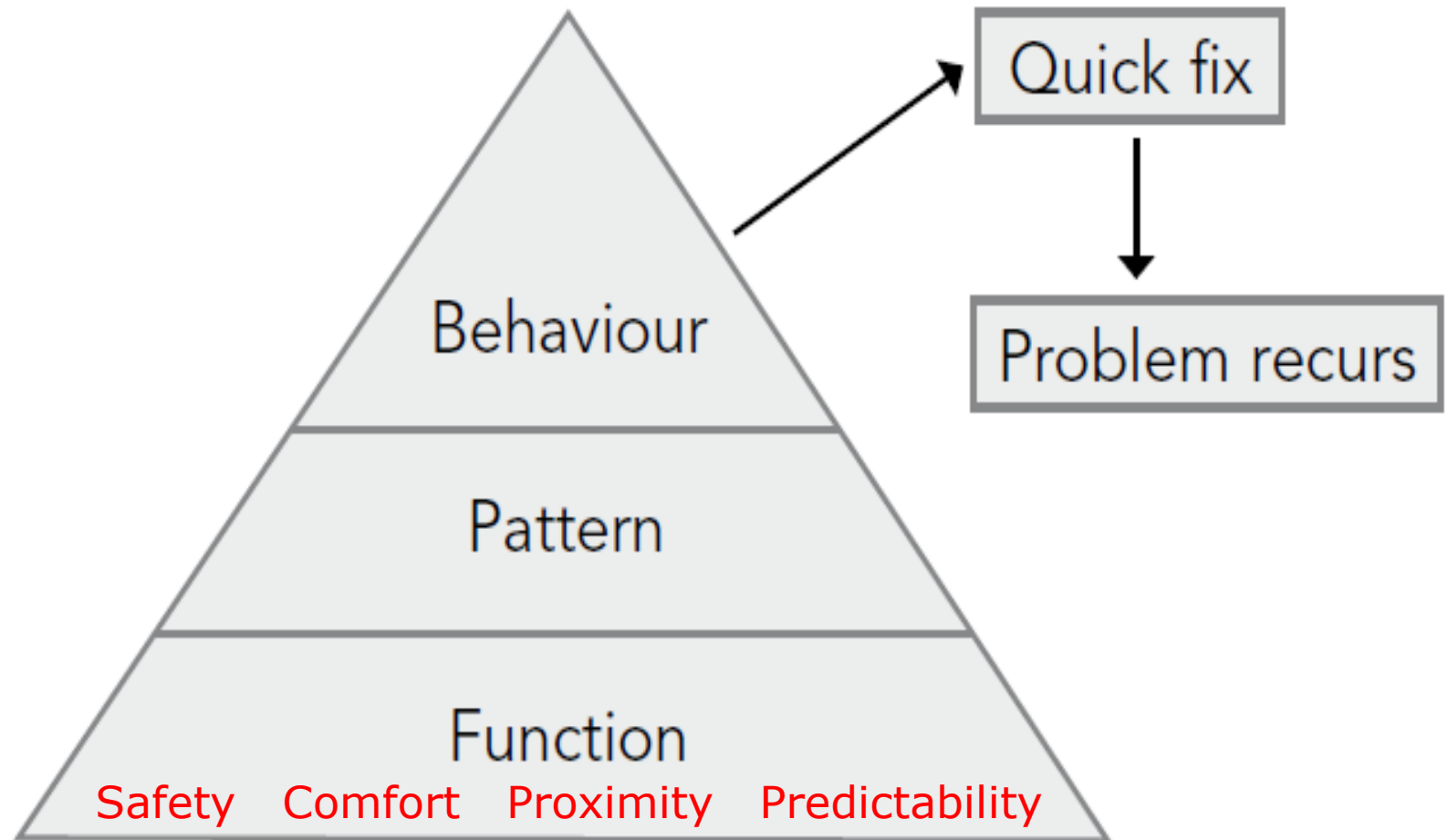
Clark Balm and Tony Morrison



# What is attachment?

- A unique, enduring, and affectively charged relationship  
(e.g., with one's mother, with one's spouse)
- A strategy for protecting oneself (of which there are three basic types, Types A, B, and C, as identified by Ainsworth, and many sub-strategies, as described by the DMM)
- The pattern of information processing that underlies the strategies.

# Behaviour (symptom), pattern and function (meaning)



# Key Figures



John Bowlby



Mary Ainsworth



Patricia Crittenden



Mary Main

# Strange Situation Procedure

- Invented by Mary Ainsworth.
- Based on her work as a field anthropologist in Uganda, researching the mother-infant bond.
- Then in Baltimore, Maryland.
- In experimental situation, carer and infant (ca. 1 year old) separated / given a series of 3 minute stresses.
- Stresses involve intrusion of a stranger, being alone with the stranger, being reunited with carer while stranger still present (and variations).





# The Adult Attachment Interview (AAI)

- Series of semi-structured probes, creating some degree of stress in the speaker.
- Try to gain a vivid picture of the speaker's life, relationships and memories of attachment-related experiences.
- Focuses on different memory systems, e.g. procedural, imaged, episodic, semantic, integrative.
- Mary Main began to focus on **discourse markers**, e.g. verbal tics, gestures, pauses, laughter, tears, mimicry. Began to systematically record and categorise discourse markers and relate them to attachment styles.



# Crittenden's Definition of Attachment

**“Attachment behaviour is the infants’ contribution to enabling caregivers to protect and comfort them... Patterns of attachment are infants’ strategies for shaping mother’s behaviour.”**

(Crittenden, 2005)

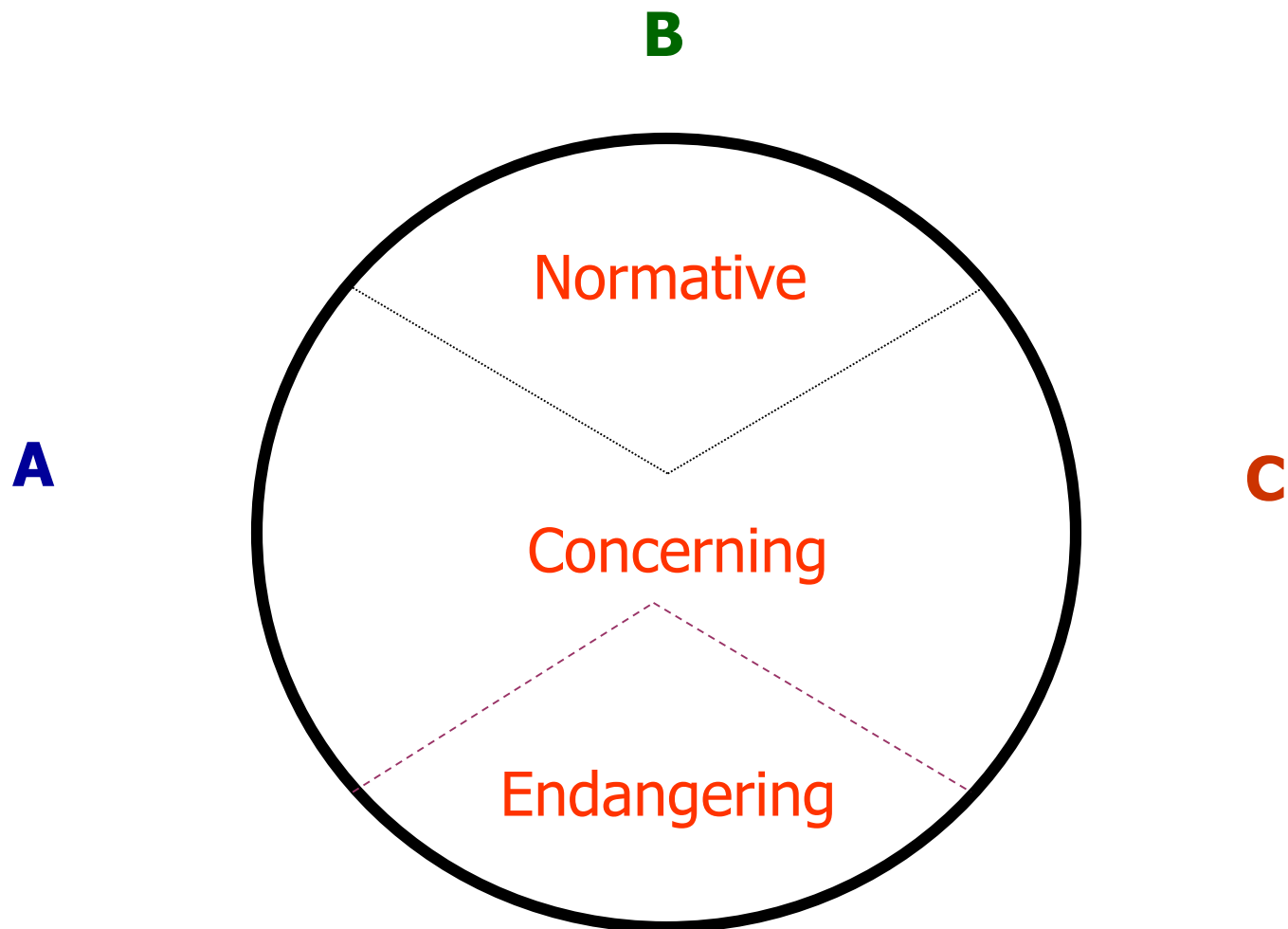
# Crittenden's Definition of Attachment

*Attachment is a lifelong inter-personal strategy to respond to threat/danger which reflects an intra-personal strategy for processing information. Attachment is a theory about danger and how we organise in the face of it.*

(Crittenden and Claussen 2000)

- Faced with (perceived) danger we seek safety
- Faced with (perceived) distress we seek comfort
- Faced with (perceived) isolation we seek proximity
- Faced with (perceived) chaos we seek predictability

Through the attachment lens, we can see most instances of relationship / familial / interpersonal violence or abuse as a desperate (and ultimately self-defeating) attempt to achieve comfort, find safety or avoid feeling abandoned, in chaos or in emotional distress.



	Often known as	DMM terminology
Secure	Autonomous Balanced	B (naive or earned)
Insecure	Anxious, avoidant, dismissing, inhibited	A
Insecure	Preoccupied, ambivalent, coercive	C
Insecure	Disorganised  (query Reactive Attachment Disorder)	Over 15 months: Combination A/C patterns, and/or unresolved loss or trauma

# The Danger of Labelling

- Avoid use of labelling, as in ‘he is avoidant’ or ‘he has a preoccupied attachment style.’ The Dynamic Maturational Model of attachment is not based on *symptom*-based diagnoses, but rather on understanding the *function* of a person’s self-protective strategies.
- Attachment strategies should only be assessed using proven instruments and only by qualified practitioners. Even then, the attachment strategy will only be said to apply to certain situations and certain relationships. It will have specific contexts.
- Attachment strategies can only be assessed under situations of stress, e.g. Strange Situation, the AAI.

# Cultural Norms and Attachment

Be careful of giving a 'good' or 'bad' label to an attachment strategy. Be aware of cultural variations and norms, and class / social variations within cultures. From an ethological / evolutionary perspective, all of the attachment strategies have their place and value.

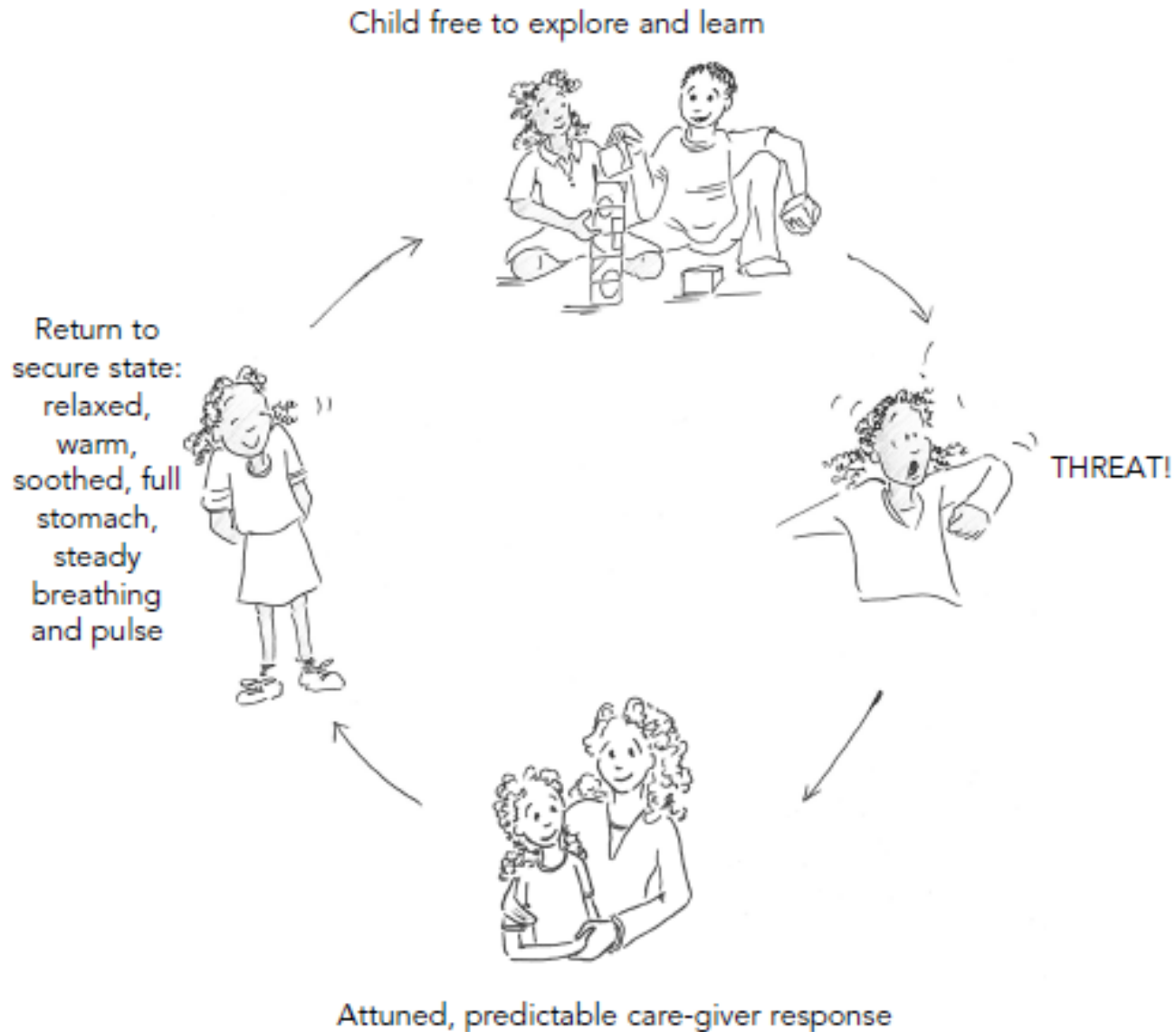
What appears to us to be a 'broken' strategy may at one time in the person's life been the only strategy they knew to survive.

# Predictability and Attunement





# Secure-base Attachment Cycle



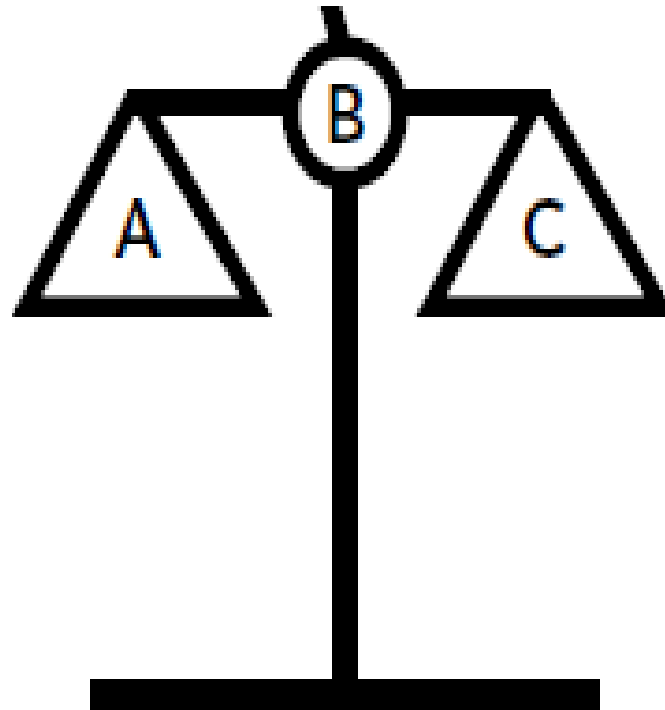
Cognition / Thinking

# 'B' Pathway

Affect / Feelings

Predictable and attuned  
caregiver response

Infant / child learns to  
integrate and give equal value  
to both thoughts and feelings  
(cognition and affect in  
balance)



## Predictable and unattuned caregiver response

Infant / child learns to value to thinking and cut off feelings  
(becomes *cognitively* organised)

### Normative (age 0 +)

People-pleasing / Inhibited  
(adaptive in safe contexts)

### Concerning (ca. 3 +)

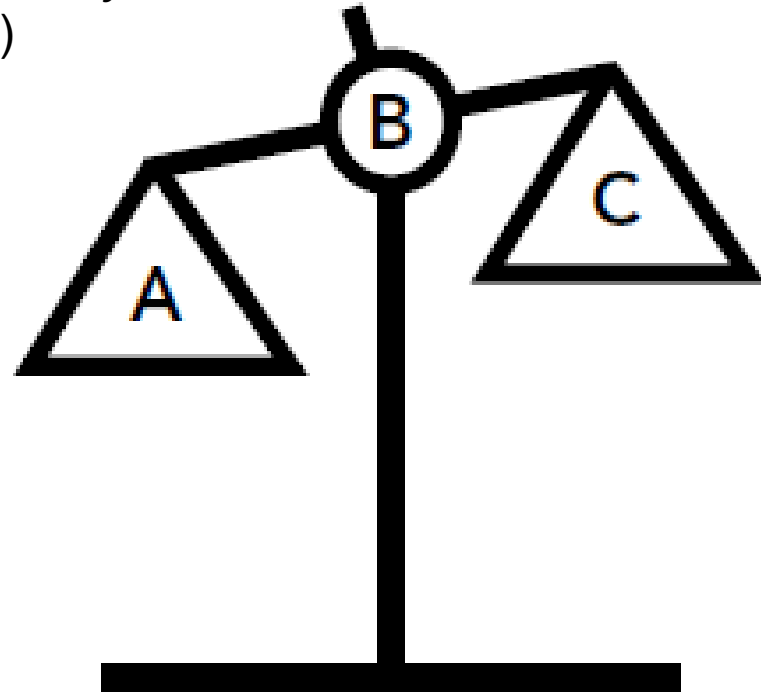
Compulsively care-giving / Compliant  
(adaptive when comfort is obtainable with contingent behaviour)

### Endangering (ca. 11 +)

Promiscuous / Self-reliant  
(adaptive when closeness = predictable danger)

### Delusional (ca. 18 +)

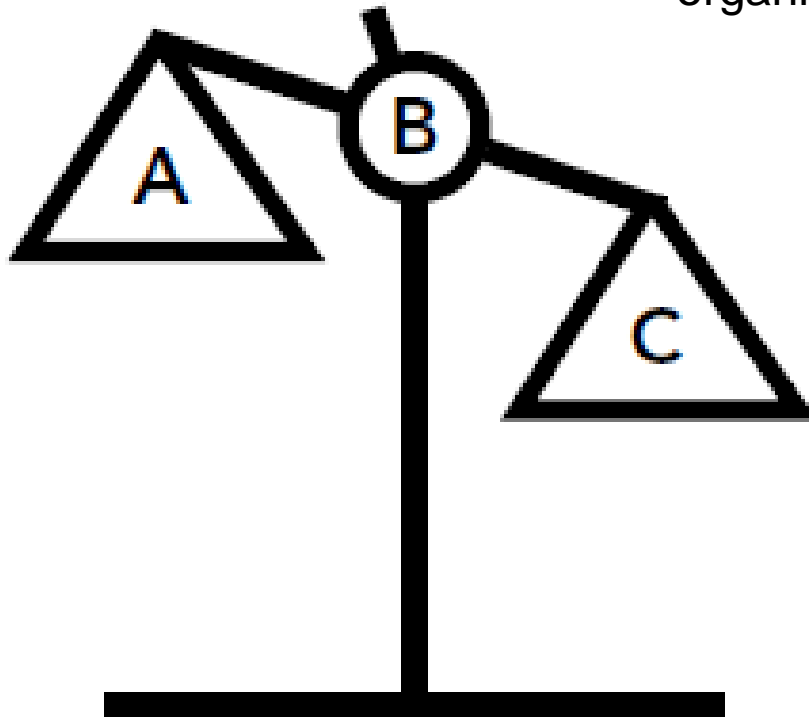
Delusional idealisation ('Stockholm syndrome') /  
Externally assembled self  
(adaptive when life-threatening danger is predictable and inescapable)



# 'C' Pathway

## Unpredictable and variably attuned caregiver responses

Infant / child learns to value to feelings more than thinking  
(becomes *affectively* organised)



### **Normative (age 0 +)**

Threatening / Disarming  
(adaptive in safe contexts)

### **Concerning (ca. 3 +)**

Aggressive / Feigned Helpless  
(adaptive when comfort / protection is obtainable with exaggerated affect and ongoing struggle)

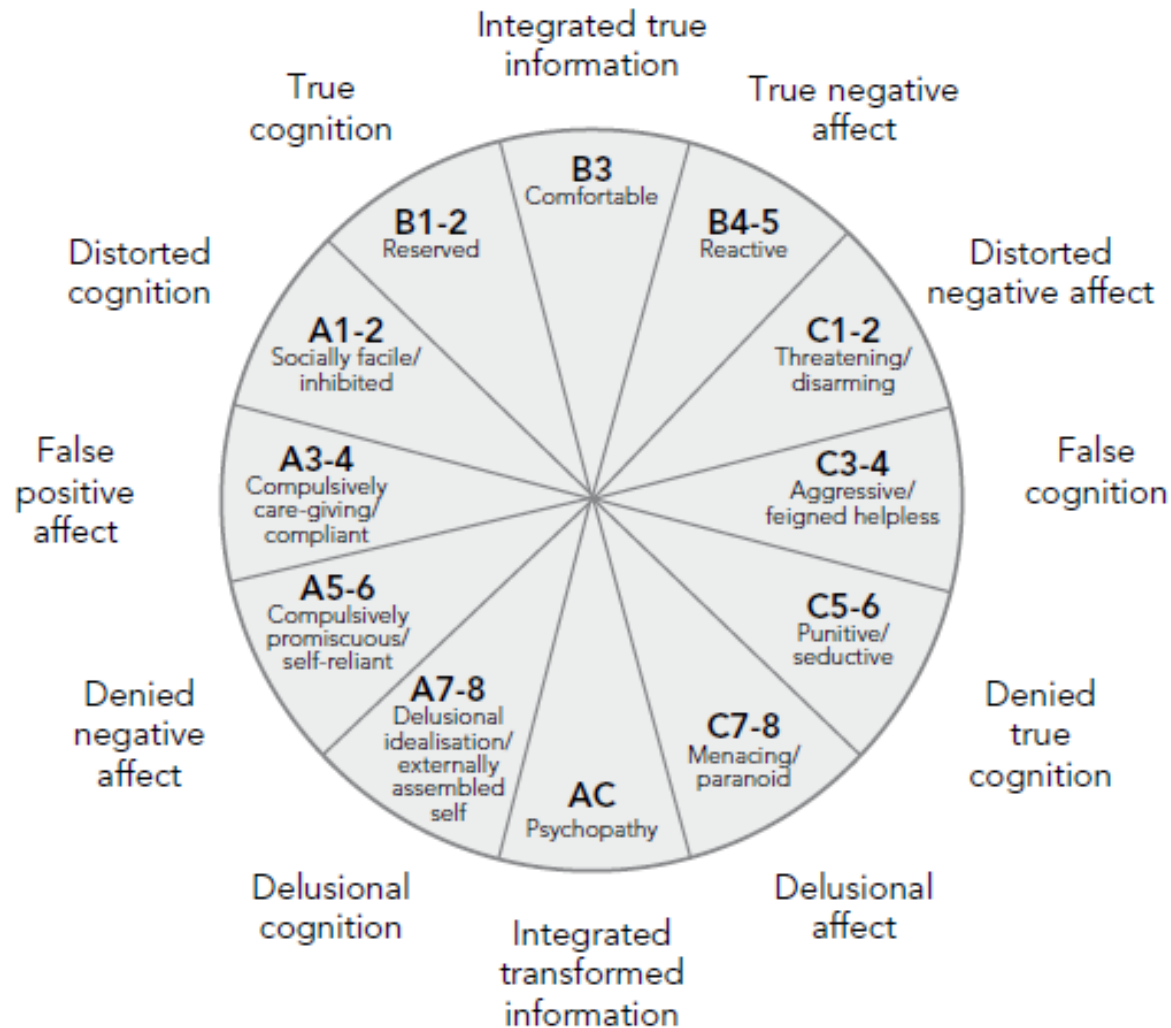
### **Endangering (ca. 7 +)**

Punitive / Seductive  
(adaptive when comfort / protection can be gained through deceptive / passive aggression and / or seducing rescue)

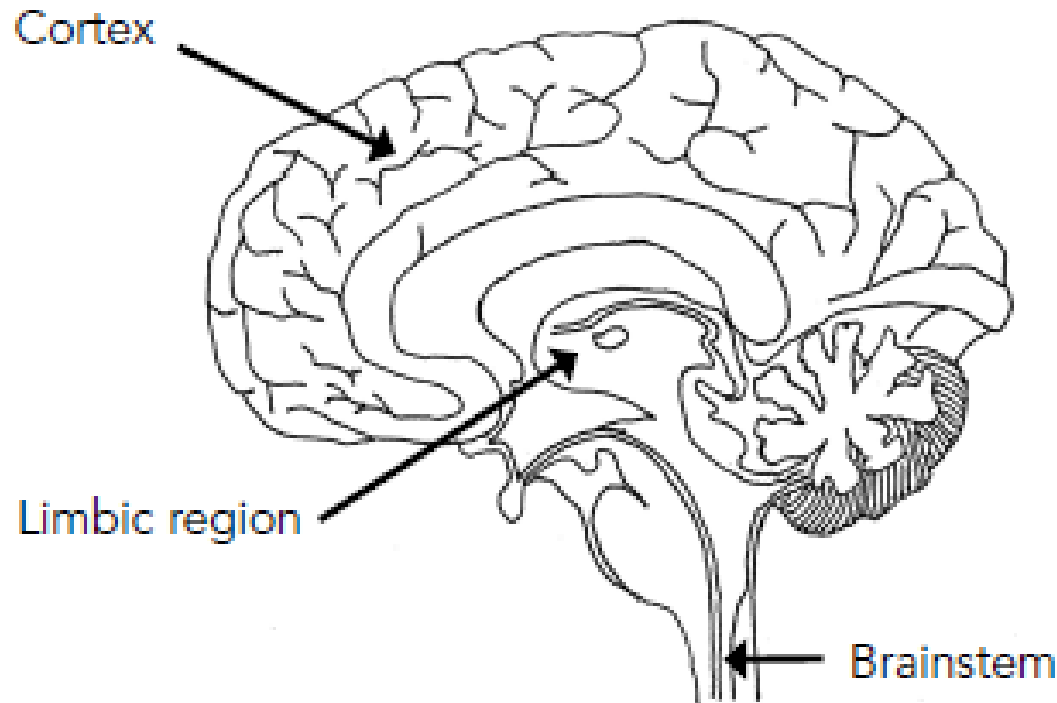
### **Dangerous deception / Delusion (ca. 18 +)**

Menacing / Paranoid  
(adaptive when life-threatening danger is ongoing, deceptive and unpredictable)

# Crittenden's Dynamic-Maturational Model of Attachment and Adaptation



# Our Two Speed Brain: The High Road and the Low Road



The limbic region (the 'emotional brain') elaborates processes such as fight, flight, freeze, collapse, exploration, feeding, aggressive dominance displays, and sexuality.

The emotional circuits operate up to 40 times faster than the cognitive circuits. (Hence, the *six second rule* – ie. 'count to six')

# Development of Attachment Strategies

Cognitively Organised:  
Information outside the  
body takes priority



**'A' Pathway**

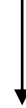
**Predictability**

**but**

**non-attuned response**

**'B' Pathway**  
**Predictable**  
**and**  
**Attuned response**

Affectively Organised:  
Information inside the  
body takes priority

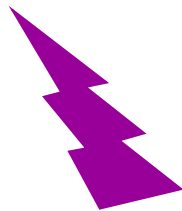


**'C' Pathway**

**Unpredictability**

**and**

**Variably attuned  
response**

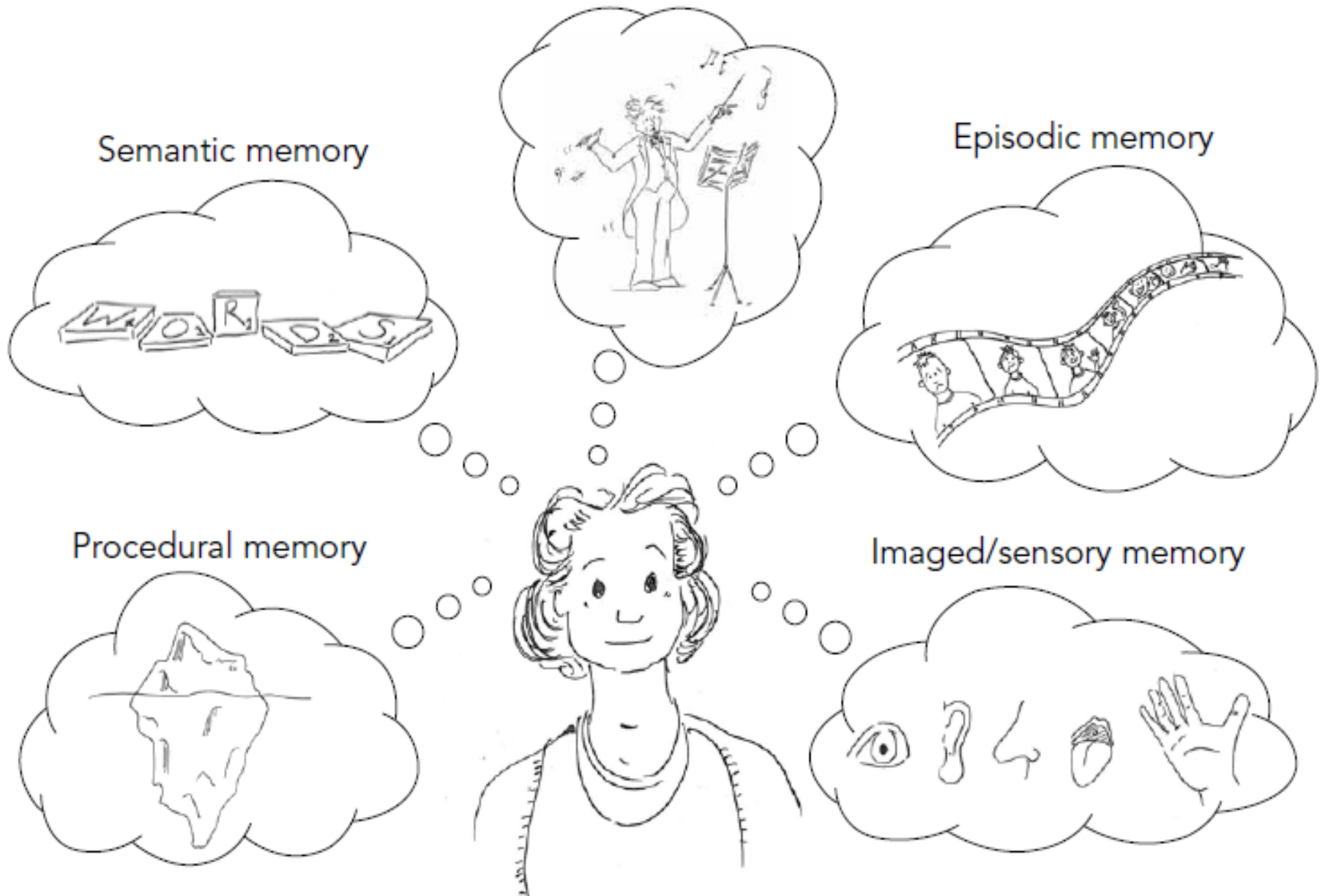


**Intrusions of Anger, Fear,  
Sadness, Sexuality / Need for  
Comfort**

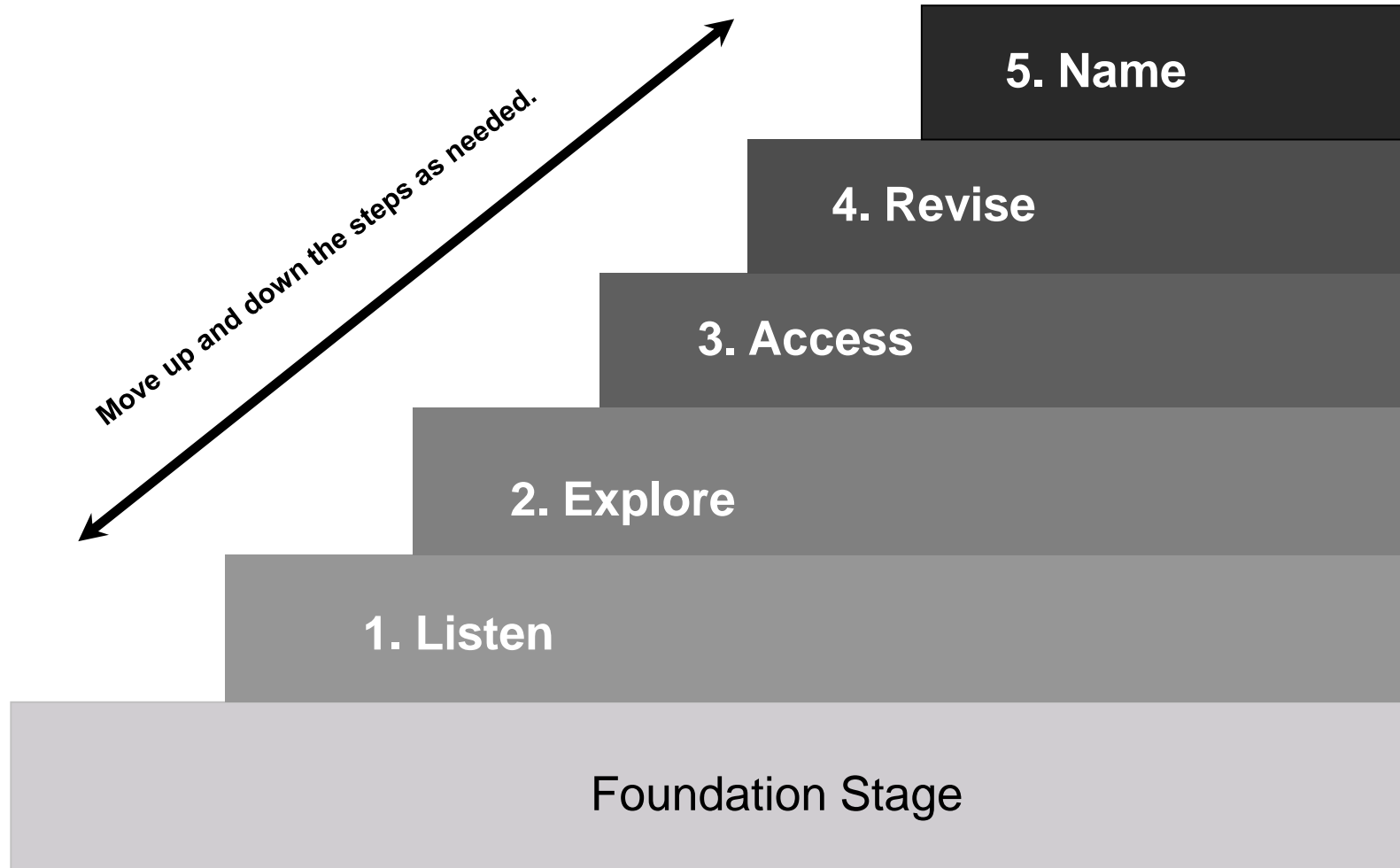


Figure 2.9 Five memory systems that are active in shaping attachment strategies

Integrative/working memory



# The LEARN Model for promoting narrative integration

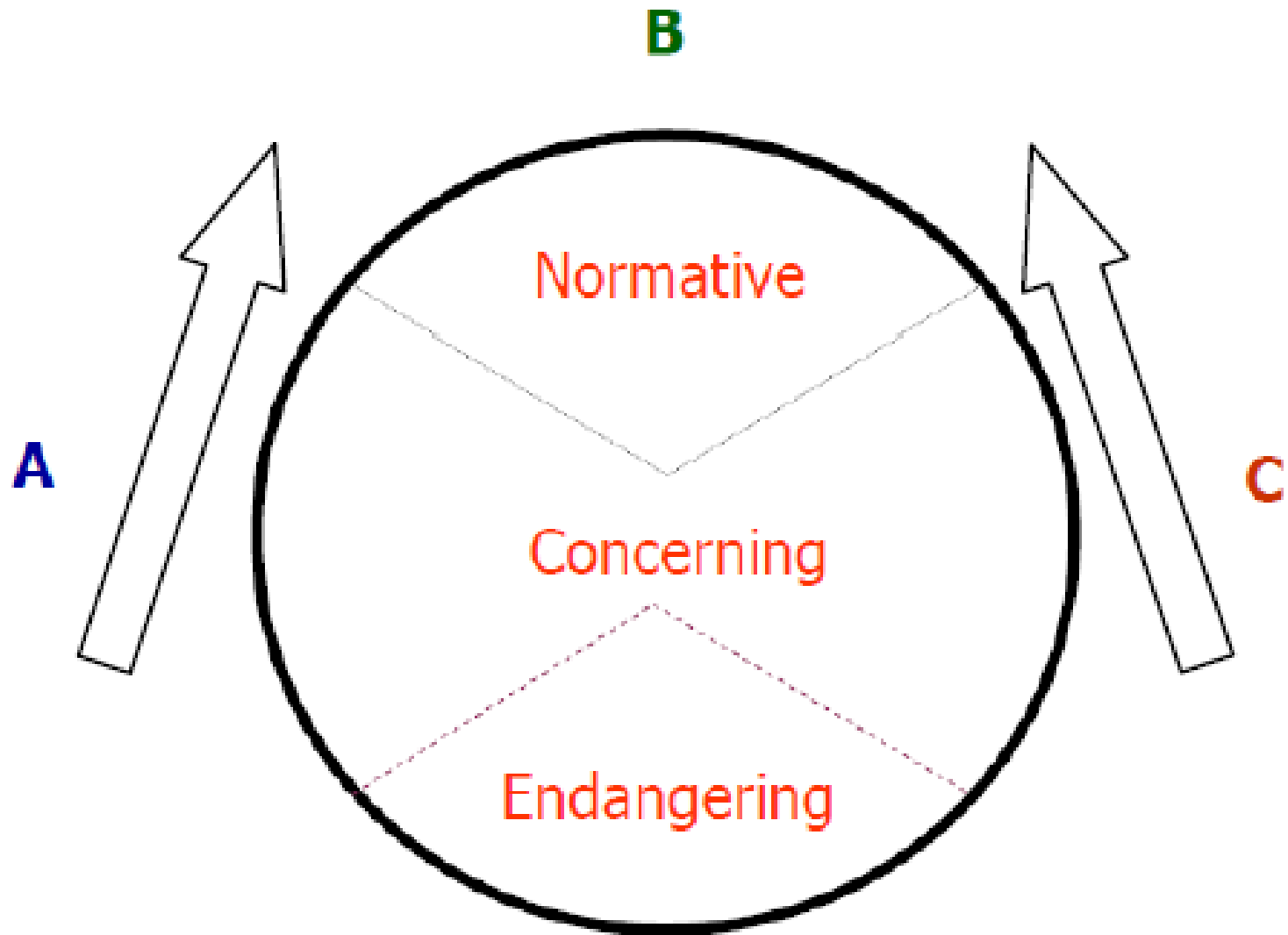


# Features of Integration

- Meta-cognition.
- Integration around danger: discard elements unique to the episode / keep what is predictive.
- Allows complex causation.
- Distributes responsibility accurately.
- Mature emotions.
- Empathy for all.
- Flexibility of mind / Varied strategies.
- Stable values.
- Accepts negative effects of events.
- Accepts that some information is ambiguous / uncertain / incomplete.
- Able to arrive at difficult conclusions / experience difficult or painful feelings.
- Able to find the good in others.
- Able to find the good even in difficult or painful life experiences.

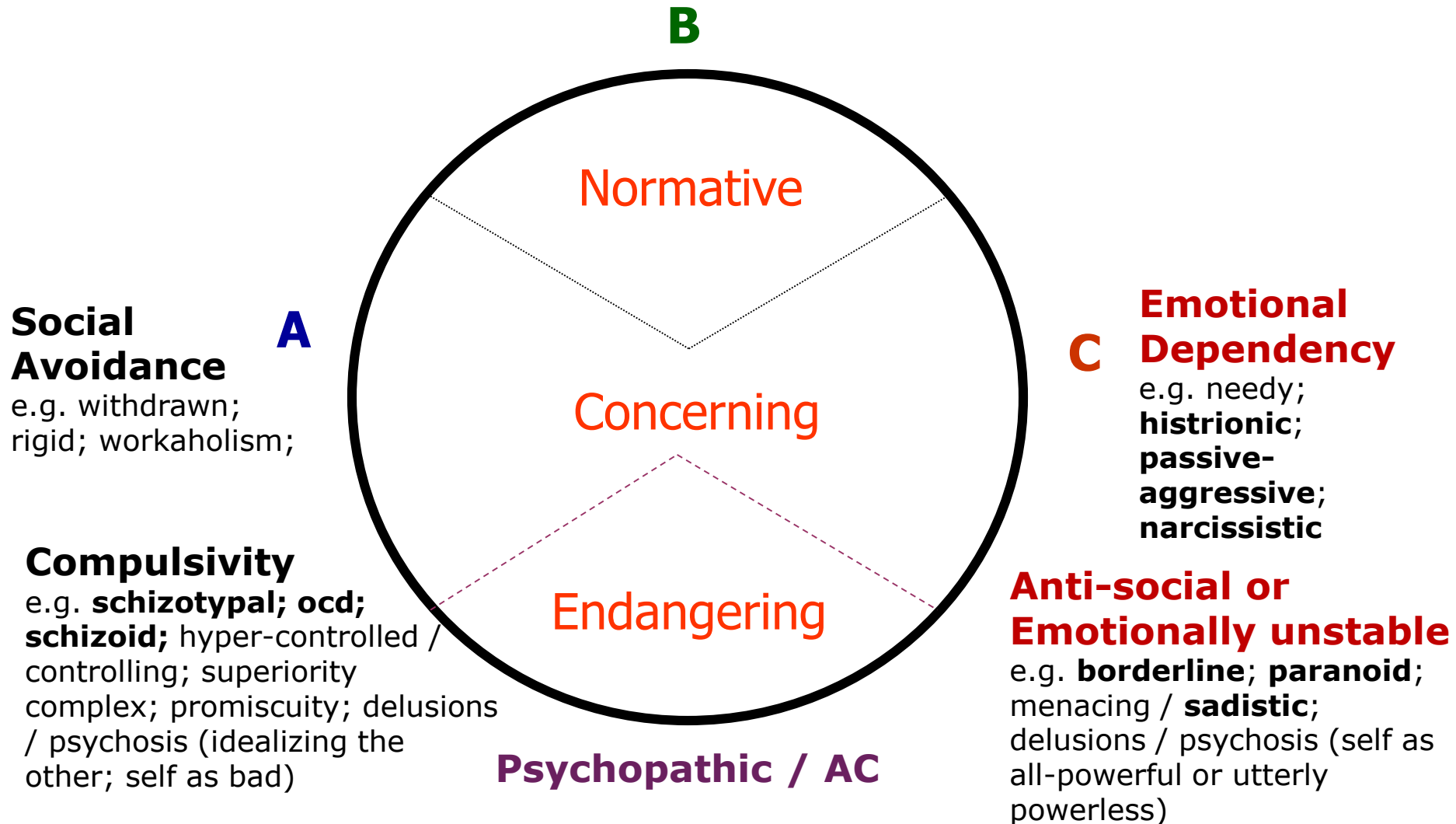
# Features of Reorganisation Towards 'earned B'

- Person can note their A or C strategy.
- Person can describe their changes and talk about their process of change, giving evidence.
- Cooperative with worker.
- Reflective function – 'mindsight' – that reverses the former strategy in the direction of 'B.'
- Person can note discrepancies in their thought process / conclusions.
- Person has enough optimism to maintain resilience when under stress.
- Self-efficacy.



# Diagnostic Classification - Comparing DMM and DSM / ICD

(NB: DSM / ICD diagnoses are largely symptom-based; DMM is function-based. So the correlation is indirect. This diagram is an early and partial attempt to compare the two approaches. Words in bold denote DSM terms related to 'personality disorder' diagnoses.)



NB: The lower down the model, the more likely it is that unresolved loss and trauma will be a significant feature in the person's functioning.

# Main Messages

**Insecure attachment** (in its two main forms, the 'A' and 'C' patterns) can lead to enduring problems with emotional self-regulation, self-esteem, problem-solving, self-efficacy, empathy for others, and relationships / intimacy – all of which can influence the development of difficult or challenging / maltreating behaviour.

**At the same time, attachment strategies can be seen as strategies for survival**, and in this sense they may be viewed as **potential strengths** (although maladaptive when used in inappropriate contexts).



# Main Messages

## **Key moments of change, insight and new behaviours**

often happen when the individual feels safe and trusting enough to allow him or herself to become genuinely vulnerable, and when they receive an attuned response that encourages them to try a new form of coping in developmentally appropriate ways. (Attuned parenting works the same way.)

**Secure Base Working.** Attachment theory tells us that best practice relies on a 'secure-base' working relationship between the individual and the worker(s), in the context of consistent and predictable institutional practice.

# Main Messages

**The skills, personal qualities and self-awareness of practitioners** are fundamental to successful attachment-based working:

“The capacity to be in touch with the client’s feelings is related to the worker’s ability to acknowledge his/her own. Before a worker can understand the power of emotion in the life of the client, it is necessary to discover its importance in the worker’s own experience.”

(Shulman 1999, 156)

# How can attachment theory be useful in adult social care?

- Consider how “difficult” behaviour or stuck patterns may represent the client’s best attempt to meet their needs for safety, comfort, predictability and proximity
- Consider relationship patterns in the wider system, including you
- If the direct client has limited capacity to reflect, try to work with those around them

# How Well do I Know Myself as a Worker?

- Do I know what hooks my 'A' or 'C' responses?
- What do I do when I or other people get angry, sad or scared, or need comforting?
- How able am I to function with a 'B' strategy when I am with clients / running groups / among colleagues / in supervision?
- What do I tell myself is my role / mission with clients?
- How do I want my clients to think of me?
- Who can give me accurate feedback?
- *Staying balanced:* good supervision /co-working.