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## Introduction to the special issue: attachment-based treatments for adolescents

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During the past decade, new attachment-based treatments (ABTs) for adolescents have been developed and tested in both field and randomized control trials. The papers in this special issue represent important contributions to defining a more general model of ABTs for adolescents. Our discussion of these papers is organized by a series of challenges to developing and evaluating these treatments. We first consider how disturbances in the caregiver–adolescent attachment bond are implicated in adolescent psychopathology and family distress. We then describe different potential targets for attachment-based interventions for adolescents and their caregivers. Finally we review the different interventions and change mechanisms that have been used to increase security in the caregiver–adolescent bond. A general model of ABTs for adolescents can be useful in guiding future efforts to measure change in attachment constructs, evaluate the dynamic process of change in attachment bonds, and test the effectiveness of specific treatment elements in reducing adolescents' symptoms and increasing attachment security.

**Keywords:** caregivers; adolescents; attachment-based treatments; change mechanisms; interventions

### Introduction to the special issue: attachment-based treatments for adolescents

In many respects, the time for this special issue is ripe. After years in gestation, several attachment-based treatments (ABTs) for adolescents are beginning to garner compelling evidence supporting their efficacy and effectiveness. Furthermore, drawing on attachment theory and methods, treatment developers and researchers are in a position to evaluate the effectiveness of different interventions that are used to increase security in the caregiver–adolescent attachment bond. To this end, this special issue of *Attachment & Human Development* brings together a collection of papers devoted to the conceptualization, development, and assessment of interventions designed to treat troubled adolescents and their caregivers. We introduce these papers by considering their contributions to a series of challenges to defining and evaluating ABTs for adolescents. The first challenge requires clarifying how attachment and caregiving disturbances are implicated in adolescent psychopathology. We then consider how ABTs may differ in choosing targets for intervention (caregiver internal working models [IWMs], caregiver–adolescent communication, adolescent IWMs, or the caregiving context). Finally, we discuss the spectrum of ABT interventions or treatment elements that have been used to increase security in caregiver–adolescent attachment bonds. In sum, we hope the contributions to this special

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issue will generate further research and treatment development designed to improve the effectiveness of ABTs for adolescents. 40

### **Attachment disturbances and adolescent psychopathology**

Attachment and caregiving disturbances vary in the degree to which they are implicated in adolescent psychopathology. In many families, more severe threats to caregiver availability and responsiveness such as abuse, caregiver abdication, or loss precede and contribute to the development and maintenance of adolescents' symptoms (Allen, 2008; Sroufe, Egeland, Carlson, & Collins, 2005). In other families, adolescent psychopathology may create attachment disturbances in otherwise secure relationships (Micucci, 2009). In spite of the difficulty in making retrospective assessments of relationship history, the treatments represented in this special issue generally include adolescent problems that are generally associated with more enduring and severe attachment disturbances. These include Attachment Based Family Therapy (ABFT) for depressed/suicidal adolescents (Diamond, Diamond, & Levy, 2013; Diamond et al., 2010), Connect parenting groups for antisocial adolescents (Moretti, Braber, & Obsuth, 2009), and Adolescent Mentalization-Based Integrative Treatment for "hard-to-reach" youth (Bevington, Fuggle, Fonagy, Target, & Asen, 2012). Madigan and colleagues take a different tack to treatment by identifying adolescent mothers with an attachment disturbance (unresolved abuse in the AAI) rather than an established clinical diagnosis. These articles illustrate how ABTs may be useful for a wide spectrum of adolescent disorders and attachment difficulties. Much of the success of ABTs depends on reframing adolescent symptoms as a disturbance in the caregiver-adolescent attachment bond (Krauthamer-Ewing, Diamond, & Levy, 2015). As noted by Kobak, Zajac, Herres, and Krauthamer-Ewing (2015), developing the evidence base for ABTs will require first assessing attachment and caregiving disturbances, then testing the effects of ABTs on increasing security in the caregiver-adolescent attachment bond and finally determining whether increased security mediates reductions in adolescent psychopathology. 45  
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### **ABTs target different components of the attachment bond**

The contributions to this special issue illustrate how ABTs may target distinct components of the caregiver-adolescent bond. As noted by Kobak et al. (2015), Bowlby's (1973; Bowlby, 1988) original formulation of attachment-based therapy focused on revising adult clients' IWMs of attachment. ABTs for young children that followed Ainsworth (1979), shifted the treatment focus to changing caregivers' IWMs and increasing caregiver sensitivity to the child's attachment needs. In their review of ABTs for young children, Berlin, Zeanah, and Lieberman (2008) further specify these targets for early intervention. Their first target for intervention is revising the caregiver's IWMs of self by reviewing the parent's own childhood experiences or by updating the caregiver's IWM of the child (Fearon et al., 2006; Slade, Grienenberger, Bernbach, Levy, & Locker, 2005). A second set of treatments target caregiver behavior and caregivers' ability to increase contingent and sensitive responding to their children's signals (Dozier, Meade, & Bernard, 2013). 70  
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Some of the ABTs for adolescents parallel the therapeutic tasks for caregivers of young children. Treatments that target the caregiver's IWMs may focus either on the caregiver's attachment history, particularly those associated with unresolved loss and trauma (Madigan, Vaillancourt, McKibbin, & Benoit, 2015), or caregivers' IWMs of the adolescent (Moretti, Obsuth, Craig, & Bartolo, 2015; Scharf, Mayselless, & 80

Kivenson-Baron, 2015). Interventions that focus on caregivers' attachment histories typically seek to access primary attachment emotions and shift the caregiver to a more empathic stance toward their adolescents' symptoms or problem behaviors (Krauthamer-Ewing et al., 2015). ABTs that focus on the caregiver's model of the adolescent provides caregivers with an alternative and more positive model of attachment that alters their interpretations and responses to adolescents' problematic behaviors (Moretti et al., 2015). Narrating their interactions with their adolescents provide caregivers with the opportunity to step back and reevaluate their IWMs of the relationship (Kobak et al, 2015; Scharf et al., 2015).

ABTs for adolescents also may target the caregivers' behaviors and capacity to sensitively respond to adolescents' attachment and autonomy needs (e.g., Krauthamer-Ewing et al., 2015). In contrast to ABT's for young children, ABTs for adolescents differ from ABTs for younger children by attending to the caregiver's ability to maintain cooperative conversations with an adolescent who is an active partner in maintaining the attachment bond (Allen, 2008; Kobak & Duemmler, 1994). Caregivers' capacity for maintaining a cooperative goal-correct partnership depends not only monitoring their own emotions, but on caregivers' ability to clearly assert their own positions while validating and supporting the adolescent's attachment and autonomy needs. In more secure relationships, adolescents' problem behaviors and symptoms may shift the focal point for conversations toward more difficult topics (Micucci, 2009) and inhibit the caregiver's ability to respond empathically to the adolescent's continuing needs for support, protection, and validation. As a result, interventions that target caregiver behaviors often require focusing on topics that allow for caregivers to respond in more empathic and emotionally attuned ways to their adolescents. AFBT actively structures these conversations to increase the likelihood of reparative and validating exchanges (Krauthamer-Ewing et al., 2015).

Notably absent from Berlin and colleagues review of ABTs for young children are interventions that directly target the child's internal working model (Kobak et al, 2015). Theoretically, the adolescent's IWM of the caregiver remain open to change and could be revised in response to changes in caregivers' behavior and communication (Kobak, Cassidy, Lyons-Ruth, & Ziv, 2006). However, by adolescence, the child's IWM is more established and resistant to change and efforts to increase the security of the caregiver-adolescent attachment bond may require individual treatments in which the therapist provides a secure base for the adolescent to explore and revise IWM's. These treatment elements can capitalize on the expanding verbal, cognitive, and interpersonal capacities of the youth. As Kobak et al. (2015) detail, these treatments may use a variety of elements that include narrative revisiting of experiences, modeling of more positive expectancies, accessing and processing emotions, and eliciting reflective function and building mentalizing capacities. Change in the adolescent IWM's may also be brought about by changes in communication with the caregiver that include direct coaching in cooperative negotiation of goal conflicts, and facilitating enactments of episodes of injury and repair.

Bevington, Fuggle, and Fonagy (2015) call attention to importance of the caregiver's context as a fourth component that can be targeted in ABTs for adolescents. Their AMBIT intervention begins with recognition of the challenges that caseworkers face in forming a relationship with a hard to reach adolescent. These adolescents' challenging behaviors impede the development of trusting relationship and challenge the caseworkers in engaging and empathizing with the adolescents' difficulties and underlying attachment needs. AMBIT targets the therapeutic team that provides the ongoing support so that the

caseworker can maintain a mentalizing stance toward the adolescent and can disengage from counterproductive reactions that undermine efforts to engage the adolescent. By developing innovative ways of fostering team support, AMBIT expands the scope of the therapeutic secure base to encompass systems within human service organizations (e.g., Bevington et al., 2015). In doing so, AMBIT points toward how consideration of other adults – including spouses, relatives, teachers, school counselors, coaches, and mentors – might be of value in supporting empathic and sensitive caregiving to troubled adolescents.

### **Treatment elements and mechanisms of change**

ABTs for adolescents implement different treatment elements to accomplish a common objective of increasing security in the attachment bond. Kobak and colleagues use a model of the secure interpersonal cycle describe treatment elements that can be used to revise IWM or improve emotional communication in caregiver–adolescent attachments. Their review suggests that the task of revising IWMs involves therapeutic conversations that focus on (1) eliciting attachment and caregiving narratives; (2) identifying, labeling and validating emotions that accompany these narratives; and (3) identifying expectancies that organize narratives and reevaluating negative expectancies in contrast to a more secure model. The goal of these therapeutic conversations is to rework attachment and caregiving narratives in ways that reflect an increased valuing of attachment needs and feelings. In particular, the authors suggest that therapists can use the secure base script to examine insecure narratives, and to underscore, confirm, and value clients’ expression of attachment needs. The authors also review treatment elements designed to improve caregiver–adolescent communication. These include coaching attuned and empathic responding, reflective questioning in family sessions, and enactments of reparative conversations. The challenge for ABTs is to measure these processes so that the relative effectiveness of different treatment targets and treatment elements can be evaluated for their effectiveness for increasing security in caregiver–adolescent attachment bonds.

Moretti et al. (2015) describe their group intervention for parents of at-risk antisocial teens, Connect, which focuses on revising caregivers’ IWMs of the adolescent by enhancing reflective function, empathic sensitivity, sense of mutuality, and capacity for affect regulation. The Connect program uses a structured series of group sessions that provide caregivers with a normative model of secure adolescent attachments. The program uses this model of a secure relationship to encourage reflective dialogue that allows parents to “step back” from their own strong emotions and the reactions to their adolescents’ problem behaviors in order to increase awareness and responsiveness to the youth’s attachment needs. Their study builds upon and extends the evidence base regarding their program’s effectiveness in reducing parent’s perceptions of their adolescents’ problem behaviors (Moretti & Obsuth, 2009) and increasing positive perceptions of the relationship with the adolescent (Moretti, Obsuth, Maysel, & Scharf, 2012). Significantly, the investigators find that changes in parental perceptions of adolescents’ avoidant and anxious attachment styles were differentially associated with reductions in parental perceptions of internalizing and externalizing behaviors. Future investigations may seek to examine the relative contributions of treatment to changes to observed changes in adolescents’ behavior and state of mind regarding the relationship.

Attachment-Based Family Therapy (ABFT; Diamond et al., 2013; Krauthamer-Ewing et al., 2015) is a multi-modal treatment that targets all three components of the caregiver–adolescent attachment bond. Individual work with the suicidal adolescent and parent targets their IWMs while family sessions using reparative conversations and coaching

of emotionally attuned communication to increase empathic responding and the adolescent's ability to use the caregiver as a secure base for planning and problem-solving. The authors also introduce emotion coaching to individual work with parents as a way of increasing caregiver sensitivity and empathic responding. A particular strength of the ABFT is its attention to specifying attachment-related changes in IWMs and communication that may act as the mechanisms of change in the caregiver-adolescent attachment bond. In order to evaluate the relative effectiveness of different treatment targets and intervention strategies, ABFT could guide future dismantling studies that examine emotion coaching, revision IWMs and parent-adolescent communication as active ingredient to enhancing the security of the attachment bond.

Madigan et al. (2015) use mothers' states of mind with respect to trauma in the AAI as a target for intervention using Trauma Focused Cognitive Behavioral Therapy (TF-CBT; Cohen, Mannarino, & Deblinger, 2006), a well-established evidence based cognitive-behavioral treatment. The authors note the parallels between unresolved states of mind and the psychological mechanisms associated with posttraumatic stress disorder (Bakermans-Kranenburg & van Ijzendoorn, 2009; Fearon & Mansell, 2001). TF-CBT's use of exposure and cognitive processing to develop a coherent narrative about the traumatic event is bolstered by prior research (Stovall-McClough & Cloitre, 2003). The possibility that reworking the thoughts and feelings associated with the trauma narrative about could change teenage mothers' states of mind and impact the mother-infant attachment is a true test of the theory. Yet, the lack of treatment effects provides an important cautionary note for ABT researchers and treatment developers. Few studies of ABTs have used multiple methods or assessed multiple components of the secure interpersonal cycle over time. Madigan and colleagues provide a thoughtful discussion of the possible limits of PTSD-focused treatments that has important implications for all ABTs.

Adolescent Mentalization Based Integrative Treatment (AMBIT) (Bevington et al., 2015, 2012) focuses on helping caseworkers establish a bond with hard to reach adolescents. AMBIT recognizes the challenges that hard to reach youth pose for caseworkers' ability to maintain an empathic and mentalizing stance that is required for forming such a relationship. The key mechanism of change in the AMBIT approach is the cultivation of mentalization, or mind-mindedness, the awareness of mental states in the self and others that develops as an outgrowth of the young child's experience in the attachment relationship – of being understood, of understanding, and having the agency to change the other's mental state. Significantly, AMBIT proposes an innovative strategy for providing team based support the caseworker in the difficult task of maintaining a mentalizing stance toward the adolescent client. Their approach directs attention to importance of contextual factors that influence caregivers' capacities to facilitate change with troubled adolescents.

Caregivers' IWMs of the adolescent present a major challenge for assessing the secure interpersonal cycle. Scharf et al. (2015) provide important new evidence for the validity of their Parent Representations Interview for Adolescents (PRI-A). The interview is designed to elicit caregiver's narratives of their adolescent that raters use to rate dimensions (positive, negative and boundary maintenance) that are indicators of caregivers' capacities to recognize, value and empathize with their adolescent's attachment needs. The PRI shows promising validity in accounting for female adolescents IWMs assessed with the Adult Attachment Interview and is associated with longitudinal assessment of adolescents' adaptation during military conscription. Interventions that focus on caregivers' IWMs of the child – the lenses through which parents view their child – could potentially use PRI-A to measure the effectiveness of treatment this component of the secure

interpersonal cycle. Assessments of caregivers' IWMs of the child may also serve as moderators of treatment effectiveness and allow for tailoring interventions to specific family needs. The PRI scales point to underlying mechanisms that might provide more specific target for intervention. For example, negative emotionality in the PRI suggest a possible role for interventions that focus on helping parents to step back and reframe negative reactions to the adolescent's in ways that increase affect tolerance and empathy for the adolescent.

### Challenges to measuring outcomes and the mechanisms of change

The contributions to this special issue highlight the need for further progress in measuring ABT's outcomes and evaluating mechanisms of change. Symptom reduction is an outcome common to all interventions, whether those focus on internalizing (e.g., depression, suicidality) or externalizing (e.g., aggression, delinquency). However, ABTs offer the opportunity to test the tenets of attachment theory by examining changes in attachment constructs that include changes caregiving context (Bevington et al., 2015), in caregivers' states of mind (Madigan et al., 2015), changes in the caregivers' working model of the child (Moretti et al., 2015; Scharf et al., 2015), changes in emotionally attuned communication (Krauthamer-Ewing et al., 2015), and, ultimately, change in the youth's internal working model of the caregiver (Krauthamer-Ewing et al., 2015). As Kobak et al. (2015) articulate, all of these aspects of the attachment relationship represent components of a cycle that are dynamically linked with one another. Most ABT's target only one component of the "secure interpersonal cycle" (the caregivers' empathic stance, emotionally attuned communication, the child's view of the parent) on the assumption that change in one part of the cycle will have effects on the other components. Little research to date has provided evidence in support of this assumption, and therefore the task of demonstrating the dynamic links between components of the secure cycle. ABT's for adolescents also employ a spectrum of treatment elements (Kobak et al., 2015). The effectiveness of these elements in effecting change may differ depending on the nature of families' presenting problems and attachment difficulties (Moretti et al., 2015). Measuring change in attachment constructs, testing links in the secure cycle and evaluating treatment elements all offer promising and challenging directions for future research on ABTs for adolescents.

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