



Use of Attachment-Based Family Therapy for Adolescents Struggling with Depression and Suicidal Thoughts

Friday, April 28, 2023

1:00 pm to 4:00 pm (Central Time)

**A Live Interactive Webinar
Presented by
Guy Diamond, PhD**

3 Hours of Continuing Education Credit

The Illinois Psychological Association is offering this workshop in conjunction with the Missouri Psychological Association. Please note that this workshop will give you three APA approved continuing education hours. The Hawaii Psychological Association is working in conjunction with Missouri to provide and send CE certificates, Hawaii is an APA approved provider.

Presenter



Guy Diamond, PhD, is Professor Emeritus at the University of Pennsylvania School of Medicine and Associate Professor at Drexel University in the College of Nursing and Health Professions. At Drexel, he is the Director of the Center for Family Intervention Science (CFIS). Dr. Diamond is the primary developer of Attachment-Based Family Therapy (ABFT). He has received several federal, state and foundation grants to develop and test this model. His primary work has been in the area of youth suicide prevention and treatment research. On the prevention side, he has created a program focused on training, screening and triage to be implemented in non-behavioral health settings. On the treatment side, he has focused on the development and testing of attachment-based family therapy, especially for teens struggling with depression and suicide. Much of this work has focused on inner-city low-income families. He has served as the VP of Science for Division 43 of APA and has focused

his efforts on increasing the visibility of the Division as a leader in Family Intervention Science in APA.

Along with his co-authors, Drs. Gary Diamond and Suzanne Levy, Dr. Diamond has written the first book on ABFT, “Attachment-Based Family Therapy for Depressed Adolescents”

published by the Psychological Association. ABFT emerges from interpersonal theories that suggest adolescent depression and suicide can be precipitated, exacerbated, or buffered against by the quality of interpersonal relationships in families. ABFT aims to repair interpersonal ruptures and rebuild an emotionally protective, secure-based, parent child relationship. The treatment initially focuses on repairing or strengthening attachment and then turns to promoting adolescent autonomy.

Program Description

ABFT is a brief, empirically supported family-based treatment for depressed and suicidal adolescents. Most manualized family therapies target externalizing disorders and most manualized treatments for youth depression focus on CBT and medication. Thus, ABFT is the first family therapy model developed, tested and disseminated for adolescents with internalizing disorders. Sensitive to issues of cultural diversity and their impact on family functioning, the model is a trust-based, emotion-focused psychotherapy, yet builds on specific goals and tasks that provide treatment structure.

Four studies have demonstrated that ABFT can reduce adolescent suicide ideation (SI) and/or depression better than waitlist controls and/or treatment as usual (Diamond et al, 2002, 2003, 2010; Israel & Diamond, 2012). ABFT is even effective with the most severe youth presenting with comorbid anxiety, severe SI, history of multiple suicide attempts, and/or a history of sexual abuse. ABFT has been adapted for use with suicidal LGB adolescents (Diamond, et al., 2011) and used as a hospital aftercare program (Diamond, et al 2011). Over 15 process research studies have been conducted examining the mechanism of change in ABFT. ABFT has been reviewed by NREPP and was included on the NREPP website. The ABFT manual was published by APA (Diamond et al, 2014).

ABFT grows out of the clinical tradition of Structural/Multidimensional Family Therapy and Emotionally focused therapy. Attachment theory, however, provides the theoretical framework to understand and guide the clinical process. Rather than focus initially on symptom reduction, ABFT therapists assume that, for many adolescents, depression/suicide is a coping response to family or environmental stress. The quality of the parent-child relationship partially mediates adolescent capacity to manage these stressors. Treatment, therefore, focuses on resolving family conflicts that have ruptured the secure base of the family. This helps reduce conflict and increases trust, but also provides emotionally charged in-vivo conversations for improving affect regulation and interpersonal problem solving. With attachment on the mend, treatment focuses on promoting the adolescent's autonomy (e.g., behavioral cooperation at home, reintegration into school and social life, identity formation). Improved attachment security reestablishes the normative family context of adolescent development, which helps buffer against depression and suicide.

Although the therapy is trauma-focused, it is brief, structured, yet flexible. Treatment is characterized by five tasks: a) relational reframe, b) adolescent alliance, c) parent alliance, d) attachment and e) promoting autonomy. The Relational Reframe Task focuses the therapy on what prohibits the adolescent from going to his/her parent(s) when feeling depressed or suicidal. For some adolescents, this may be "big" traumas (e.g., neglect, abandonment, abuse) or "little," but chronic, traumas such as intense conflict, divorce, or parental depression. Regardless, Task 1 aims to shift the initial goal of treatment from behavioral control or symptom reduction to resolving relational ruptures that inhibit trust

and security. The Adolescent Alliance Task with the adolescent alone helps the adolescent identify and articulate these relational traumas and how they contribute to the depression/SI. With this connection better understood, the therapist helps the adolescent prepare to talk with the parents about these ruptures.

Third, the Parent Alliance Task, aims to identify current stressors and inter-generational attachment injuries that might be impacting current parenting practices. As parents develop empathy for their own losses, they become more sensitive to their child's attachment needs. Parents are then taught emotional coaching skills that will support the upcoming parent-adolescent conversations in the next task.

In the Attachment Task, the adolescent and parents are brought together to discuss the attachment ruptures. Therapists help the adolescent directly express, in an honest and vulnerable, yet emotionally regulated manner, feelings, thoughts and memories that drive anger or indifference, and that reinforce depression and/or suicide. The therapist helps parents acknowledge the adolescent experience and continue to express themselves. This emotionally honest dialogue provides a “corrective attachment experience” where adolescents seek understanding and support, and parents provide comfort and attention.

Finally, the Autonomy Promoting Task builds on the emerging secure base of attachment and begins to focus on autonomy promotion. Conversations might address cooperation in the home, re-engagement in school and social life, and or identify development (e.g., race, sexual identity, etc.).

Using case studies, videos and discussion, this workshop will provide an overview of the theoretical principles, research support and clinical strategies of ABFT. We will review how attachment theory, emotional regulation, and trauma resolution inform the delivery of this experiential treatment approach. We will teach the five treatment tasks that provide a roadmap for delivering this interpersonally focused, depth psychotherapy, effectively and rapidly. Participants will learn how this model helps families repair interpersonal ruptures that have damaged trust and rebuild emotionally protective, secure parent–child relationships.

Learning Objectives

At the conclusion of this course, participants will be able to:

1. Explain the theoretical foundation of ABFT that guides therapists in therapy implementation.
2. Discuss the purpose of the five treatment tasks.
3. Design therapy to focus on interpersonal growth rather than behavioral control.

CONTINUING EDUCATION CREDITS

Use of Attachment-Based Family Therapy for adolescents struggling with depression and suicidal thoughts is hosted by the Missouri Psychological Association in partnership with the Hawaii Psychological Association. The Hawaii Psychological Association is approved by the American Psychological Association to sponsor continuing education for psychologists. The Hawaii Psychological Association maintains responsibility for this program and its content.

Three continuing education credits for psychologists will be awarded. Your CE Certificate will be sent via email by the Hawaii Psychological Association NOT IPA.

CONTINUING EDUCATION GRIEVANCE POLICY

The Illinois Psychological Association (IPA) is fully committed to conducting all activities in strict conformance with the American Psychological Association's Ethical Principles of Psychologists. The IPA will comply with all legal and ethical guidelines for non-discrimination in promotional activities, program content and in the treatment of CE participants.

While the IPA strives to assure fair treatment for all participants and to anticipate problems before they occur, occasionally grievances may be filed. In cases where a participant files a written or oral grievance, the following action will be taken:

If the grievance concerns the content of the workshop, an IPA representative will mediate and will be the final arbitrator.

Direct correspondence to:

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Chicago, Illinois 60603
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LOCATION

This workshop is being held as a live webinar only.

REFERENCES

Diamond, G., Kodish, T., Ewing, E. S. K., Hunt, Q. A., & Russon, J. M. (2021). Family processes: Risk, protective and treatment factors for youth at risk for suicide. *Aggression and violent behavior*, 101586.

Diamond, G., Diamond, G. M., & Levy, S. (2021). Attachment-based family therapy: Theory, clinical model, outcomes, and process research. *Journal of affective disorders*, 294, 286-295.

Diamond, G. S., Kobak, R. R., Ewing, E. S. K., Levy, S. A., Herres, J. L., Russon, J. M., & Gallop, R. J. (2019). A randomized controlled trial: Attachment-based family and nondirective supportive treatments for youth who are suicidal. *Journal of the American Academy of Child & Adolescent Psychiatry*, 58(7), 721-731.

Rivers, A.S., Russon, J., Winston-Lindeboom, P., Ruan-Iu, L., Diamond, G. (2021) Family and Peer Relationships in a Residential Youth Sample: Exploring Unique, Non-Linear, and Interactive Associations with Depressive Symptoms and Suicide Risk. *Journal of Youth and Adolescence*.

Ibrahim, M., King, A., Levy, S., Russon, J., & Diamond, G. (2022). Increased family cohesion mediates therapist adherence to the attachment task and depression outcomes in attachmentbased family therapy. *Journal of Contemporary Psychotherapy*. <https://doi.org/10.1007/s10879-022-09539-6>

Stern, R., King, A., & **Diamond, G.** (2022). Repairing attachment in families with depressed adolescents: A task analysis. *Journal of Clinical Psychology*. <https://doi.org/10.1002/jclp.23399>

CANCELLATION POLICY:

There are no refunds for cancellations.

REGISTRATION

Use of Attachment-Based Family Therapy for adolescents struggling with depression and suicidal thoughts will be held on Friday, April 28, 2023 from 1:00pm to 4:00pm in a live interactive Webinar format.

Register online at

Workshop Fees

Registration Closes Monday, April 24, 2023 at 5pm

Member: \$50
Non-Member: \$80
Student: \$20

PLEASE READ

You will receive a Zoom confirmation email link from the **Missouri Psychological Association** mospastaff@zoom.us. Be sure to save that email and use the link to connect to the webinar on the April 28, 2023. This link should not be shared with others; it is unique to you.

Attendees will receive four emails from the Missouri Psychological Association Staff “MOPA Staff” mospastaff@zoom.us with a link that allows you to enter the webinar on the day of the event:

- a confirmation email will be sent when your registration is uploaded into Zoom
- a reminder email will be sent one week before the event
- another reminder email will be sent one day before the event
- a final reminder email will be sent one hour before the event

You can email mkarey@illinoispsychology.org if you did not receive the Zoom confirmation. (it may have landed in your ‘spam’ folder, so be sure to check there as well).

It is recommended that you log in 20-30 minutes before the start of the workshop to confirm you are properly connected to the Zoom webinar. If you run into any problems the day of webinar email – Susan O'Grady sogrady@illinoispsychology.org

Three continuing education credit for psychologists will be awarded. Your CE Certificate will be sent via email by the Hawaii Psychological Association NOT the IPA.

Closed captioning will be available. Participants can activate it from the Zoom menu.

The Illinois Psychological Association is committed to accessibility and non-discrimination in continuing education activities. Presenters and attendees are asked to be aware of the need for privacy and confidentiality during and after the program. Additionally, if a participant has special needs, they should contact Marsha Karey by April 7, 2023 to discuss what accommodations can be provided. All questions, concerns, or complaints should be directed to Marsha Karey 312-372-7610 x201.

There is no commercial support for this program, nor are there any relationships between the CE sponsor, presenting organization, presenter, program content, research, grants, or other funding that could reasonably be construed as conflicts of interest.

