



Cambridge Conference, August 2010

PLENARY ADDRESSES

Attachment theory, personality disorder and its psychological treatment

Peter Fonagy

(UK)

A number of longitudinal studies have confirmed the importance of attachment relationships in the etiology of borderline personality disorder. A theoretical model that links relationship quality and vulnerability to early trauma to the development of personality disorder involves three mechanisms underpinning self-organisation, emotion regulation, attentional control and mentalization. The lecture will review evidence in relation to these assumptions and how they may be applied in interventions in individual psychotherapy, group therapy and family-based treatments. Evidence for the effectiveness of these approaches will also be reviewed.

The multigenerational impact of sexual abuse on female development:

Lessons from longitudinal research

Penelope Trickett

(USA)

The study to be described in this presentation is an investigation of the consequences of familial child sexual abuse on female development. Begun 23 years ago, this prospective, longitudinal research has included, to date, six waves of measurement and has followed a sample from mean age 11 to mean age 24. At the time this research began, almost all sexual abuse research used cross-sectional designs to assess the acute impact of sexual abuse in childhood or adolescence, or retrospective designs to assess long-term impact in adulthood. Since the inception of this research, some prospective, longitudinal studies have been conducted, but none other has followed a sample from the pubertal period to early adulthood.

The sample consists of (1) a group of females sexually abused by a family member, who were referred to the study by protective service agencies in the greater Washington, DC, metropolitan area, and (2) a comparison group of females recruited from the same communities who were of similar age, SES, and ethnicity. At the entry into the study the participants (G2s) ranged from 6 to 16 years of age. Their mothers or other non-abusing caretaker (G1s) also participated. At the 6th assessment the offspring (G3s) also took part. Assessments at each time of measurement focused on mental health indices (especially depression, PTSD, dissociation, conduct problems); cognitive development and educational attainment; physical health and psychobiological dysregulation; and developmentally salient socio-emotional problems and competencies (e.g., peer relationships, aggressiveness, substance abuse, revictimization, sexual development, and parenting.)

Many findings from this study have been published and a number of analyses are underway. The focus of this presentation is on highlighting some findings that come from analyses that are uniquely possible or enhanced by virtue of the prospective, longitudinal, multigenerational design of this research. In particular, analyses will be described that examine:

1. developmentally salient outcomes during adolescence and young adulthood (e.g., educational attainment, sexual development) and the associations of these outcomes, obtained 8 to 12 years after the disclosure of the abuse, with information obtained at the time of entry into the study (e.g., characteristics of the abuse, acute indices of distress);
2. developmental change over time as assessed by such analytic techniques as growth curve modeling of data assessed at up to 6 time points at ages ranging from 6 to 30 years of age;
3. issues that relate to the intergenerational transmission of maltreatment that can be gleaned from our sample of abused and comparison females, their mothers, and their offspring.

Epigenetics and the biology of parental influences

**Michael J Meaney
(Canada)**

Maternal care alters the development of behavioural and endocrine responses to stress in the rat, effects that involve stable changes in the expression of genes in brain regions that mediate stress reactivity. Most notable are the effects on systems that regulate central corticotrophin-releasing factor activity in brain regions that trigger stress responses. The adult offspring of mothers that exhibit increased pup licking/grooming (LG) show, for example, increased glucocorticoid receptor (GR) expression, which inhibits CRF activity and dampens behavioural and hypothalamic-pituitary-adrenal stress responses. Maternal care also influences reproductive function in the female offspring. As adults, females reared by High LG mothers show increased pup LG. These effects appear to be mediated by increased estrogen receptor alpha (ER*) expression in brain regions that regulate maternal behavior in the rat. In contrast, the female offspring of Low LG mothers exhibit increased ER* expression in brain regions that regulate GnRH activity and proestrus changes in ovarian hormones. The female offspring of Low LG mothers show increased sexual receptivity that is associated with differences in GnRH activity and proestrus levels of estrogen and progesterone. Interestingly, the female offspring of Low LG mothers show advanced puberty. Thus, maternal care can regulate the expression of genes that influence the expression of stress responses and reproductive function in adulthood.

Regionally-specific effects of maternal care on steroid receptor gene expression appear to mediate the differences in stress responses and reproductive function. The differences in GR and ER* expression are reversed with cross-fostering suggesting direct effects of maternal care. Maternal influences on GR and ER* expression are associated with effects on cytosine methylation and histone acetylation of relevant promoter regions as well as transcription factor binding. Differences in DNA methylation appear to be driven by intracellular signals associated with maternal LG.

We suggest that maternally-induced stable, epigenetic modifications of specific DNA regions underlies differences in gene expression and phenotype. The results of recent studies with humans are consistent with the idea that variations in parent - offspring interactions associate with the epigenetic regulation of the glucocorticoid receptor in human brain. These findings lead to a series of important questions concerning the integration of epigenetic research (and gene x environment analyses in general) into prevention/intervention studies.

Back on the track - or a new pathway?
Psychotherapy of traumatised persons as a developmental process
Sverre Varvin
(Norway)

Extreme traumatisation may disorganize the personality and lead to developmental disturbances or arrests in any age. The traumatised mind is characterised by disintegrating, dissociative and potentially rupturing processes and the activation of archaic mental schemas of danger and disorganised attachment patterns that may set in motions cascades of fear reactions with concomitant neurophysiologic reactions leading to maladaptive behavioural patterns. The mind will in this situation not be capable of managing age specific developmental tasks and normal mourning processes.

The main aim of psychotherapy is in this context to enable the traumatised person to resume developmental processes especially regarding transitional stages (for example adolescence, young adulthood, old age), which include mourning of lost persons and opportunities related to traumatisation as well as life's normal morning processes related to developmental stages. As extreme traumatisation may have a retroactive effect distorting early good relationships, the re-connection with early good objects and reactivation of more mature attachment patterns may signal therapeutic progress. Preliminary material from an ongoing treatment study of traumatized refugees will be presented as well as material from psychotherapies.

BANQUET SPEECH

The life of a sellotape child: Disturbed attachments in high risk environments
Camila Batmanghelidjh
(UK)

A new paradigm in delivery of care to vulnerable children is required in order to meet the needs of those living in disturbing home and community environments. Kids Company is currently supporting 14,000 children with tailor made, individualised psychosocial care interventions. The communities we work in are hugely impacted by poverty and violent crime. The children are adapting to survive. The normalization of perverse and violent behaviours amongst large cohorts of children and young people requires robust service provision. For children who've lost their "stick-ability" and struggle to sustain appropriate attachments, a new service paradigm is needed. What does it look like? What does it feel like? How to do it and all before you get to the dessert!

KEYNOTES TALKS

Connections: the neurobiology of attachment

Kim Barthel

(Canada)

Attachment permeates its way through life from a cellular level in human physiology to the realms of political and societal structures of human sociology. With rapidly advancing research and technology, the neurobiological effects of attachment relationships are being revealed, emphasizing the relevance of this theoretical premise of attachment upon human behavior. This session will briefly highlight the areas of “connection” within neurobiology touching upon the implications of attachment relationships upon genetics, central nervous system interaction, neurotransmission, endocrinology, immunology, stress and behavioral regulation.

Using the CARE-Index to inform interventions in infant mental health

P.O. Svanberg

(UK)

The DMM and the CARE-Index lend itself to help parent-infant psychologists to make an informed choice in infant mental health practice. The presentation will (very briefly) review the Sunderland Infant Programme but then focus on the interventions employed in the programme. These interventions ranged from reflective video feedback to parent-infant and couple-infant psychotherapy and the presentation will offer an opportunity to discuss the use of the DMM in this context.

Psychological effects of extreme political repression

Augusto Zagmutt Cahbar

(Chile)

It is important to make a distinction between usual political repression and extreme political repression provided that the last is more personal and direct which can increase its emotional effects.

Beginning by my personal experience I will reflect about the special features this kind of repression has. The methodological basis of this style of political repression consists in a systematic denial of others subjectivity in order to cancel the usual human limits to express aggression posed by our mutual condition as humans.

So it is possible to put other persons in extreme harmful and painful situations without experiencing discrepancies given that the other is just an object .

Considering the self as an stabilizing process of a sense or permanence and integrity of personal identity, I will develop the idea that those extreme situations strongly challenges the stability of a unitary sense of self .Unsuccessful attempts in order to integrate those experiences into a personal narrative are responsible of severe psychopathology.

The DMM as guide to an integrative approach to treatment

Andrea Landini

(Italy)

The Dynamic-Maturational Model of attachment and adaptation is a comprehensive, systemic theory addressing human processes of protection from danger and the

dynamics of change to augment adaptation. As such, it has many implications for mental health treatment, which will be presented as a set of propositions in terms of: Assessment: the protection strategies and their state of fit to the context define the functional formulation of disorders. A descriptively precise, strategically informed assessment of how disorders function orients treatment more efficiently than descriptive symptom-based diagnoses. Recursive, on-going assessment during treatment keeps therapeutic actions relevant during the process of change.

Danger: change in protective strategies is in itself perceived as dangerous. If treatment is pursued without consideration of the current need for the strategies to remain as they are, the danger can be actual. Consideration of the array of dangers currently faced by the individual, and of the dangerousness of the treatment itself should make treatment choices more efficient.

Relationship: disturbed individuals seek treatment to increase their protection and comfort. Therapeutic relationships, as transitional attachment relationships, are a means to achieve this. These relationships promote development and adaptation most efficiently when therapists work in the zone of proximal development of the patients.

Research: change in protective strategies occurs through modifications of information processing, allowing problem solving that culminates in new behavior. The intermediate steps to change can be tested by treating specific therapeutic techniques as variables, before addressing the issue of the overall efficiency of the treatment, establishing the psychological and behavioral effects of specific techniques.

Integration of theories and techniques of treatment: focus on discrepancies instigates a process of comparison, correction and ultimate construction of an overarching new representation. This is the proposed process for increasing accuracy of protective predictive representations, which can be used as a guide to resolving opposing theoretical and technical approaches to treatment.

The intergenerational transmission of attachment: What the brain has to say?

Lane Strathearn

(USA)

Over the past decade numerous studies have demonstrated associations between adult representations of attachment and the development of attachment in childhood.

Nevertheless, the mechanism by which attachment patterns are transmitted across generations remains poorly understood. Recent neuroimaging studies into the brain basis of attachment may provide additional insight into the so-called “transmission gap”.

We have examined brain and behavioral responses in first-time mothers with secure (Type B) or insecure/dismissing (Types A) patterns of adult attachment. On viewing their own infant’s smiling and crying faces during functional MRI scanning, Type B mothers showed greater activation of brain reward regions, and had a stronger peripheral blood oxytocin response to infant contact which was positively correlated with brain activation. Furthermore, Type B mothers demonstrated significantly more episodes of non-imitative verbal attunement with their infants at 7 months compared with Type A mothers, and their children were more likely to display balanced/secure patterns of attachment during the Strange Situation Procedure at 14 months.

Understanding how mother’s brains respond to signals from their infants may help us to better understand the transmission of attachment across generations.

INVITED LECTURES

Assessment of parenting capacity
Mark Allerton
(Australia)

The assessment of parenting capacity, particularly in the context of decisions about whether children are to be restored to their parents' care, is a daunting prospect, due to the ambiguity and breadth of the topic; the numerous and unknown intervening variables between parent skills and characteristics and children's successful development; the many potential moral and culturally-biased judgements involved, and the lack of a comprehensive research literature. Nevertheless, valuable clinical reviews by John Brennan, Paul Steinhauer, Patricia Crittenden, Peter Fonagy and David Mrazek et al. reveal many commonalities.

This paper reviews some of the major findings from this literature, and suggests a model for a comprehensive, systematic approach to understanding parenting capacity, based on Steinhauer's (1991) comparison of assessed children's needs with assessed parental resources. It provides a model for assessment of parenting abilities, and potential, in relation to children at risk of abuse and neglect. It is based on organising children's needs, in relation to:

- Physical care and safety,
- Empathic attention,
- Attachment relationships,
- Emotional and behavioural self-regulation,
- Behavioural role model and
- Cultural education,

and comparing these needs with the parent's assessed resources:

- Responsive caregiving and protection
- Reflective function
- Bonding
- Emotional availability
- Strategic behaviour management and
- Ability to transmit community values

The paper also offers a method for demonstrating a clear chain of reasoning that maintains a focus on the child's best interests, to help make recommendations about whether a child will benefit from restoration. At this stage such a model cannot be definitive. However, it provides a basis for better analysis and reasoned decision-making, and its explicitness makes it open to scrutiny and hence improvement.

Attachment relationships and psychosomatic development of the child in families with a preterm baby. A study in DMM perspective.

Franco Baldoni
(Italy)

The aim of this study is to assess attachment and the role of mother-father-child relationship in the family with preterm born child (<1500gr) from 3 months to 1 year corrected age compared with a control group of families with term-born children (≥2500gr).

20 preterm and 20 term couples with their babies were studied (120 subjects). Mother-child and father-child couples were subjected to CARE-Index and both parents to AAI, Dyadic Adjustment Scale (DAS), CES-D and STAI Y-2. The child's psychomotor development was assessed by the Bayley Scales of Infant Development (BSID II). Attachment assessment followed the DMM criteria.

Preterm mothers presented high risk interactive behaviors at CARE-Index (low scores at Dyadic Sensibility Scale, $p \leq .002$) and high anxiety ($p \leq .01$). Preterm fathers presented low scores at Dyadic Sensibility Scale ($p \leq .004$) and depressive symptoms ($p \leq .009$). In interaction, attachment forerunners suggest an insecure attachment in preterm mothers ($p \leq .008$) and fathers ($p \leq .006$) and in preterm children in the interaction with the mother ($p \leq .05$). These risk factors were correlated, in both parents, with low performance of the child at Bayley Scales ($p \leq .04$). Preterm mothers presented risk factors as difficulties with their original family and a high anxiety for the death of the child. Fathers of preterm children frequently have a negative perception of the child and uncomfortable feelings with it, stressful events in the last year and an unsatisfied perception of the hospital care.

The results show in the preterm family insecure forerunners of attachment and high risk interactive behaviors with the baby. In particular, mothers and fathers with insecure attachment and psychological difficulties (unresolved losses or traumas, anxiety, depression), could influence the psychomotor development of the preterm child. These data will be useful for the organization of specific programs for prevention and treatment of psychological difficulties in the preterm child and in its family.

Child maltreatment, evaluation and intervention: Attachment, a debt owed
Marcela Concha
(Chile)

As a developing country most of our resources are used in mental health assistance, instead of research, but what we really do is checkup the scientific information about mental health topics. One of the most important for us is child maltreatment, how to prevent it and how to treat people that suffer because of this. In Chile the 75% of the child recognize to get some kind of violence from their parents; a 25% serious physical violence. (UNICEF) Although child battering was admitted by 66,6 % of the mothers , 40% declared that battering should never be used.

The assessment of parenting capacity is central in child protection and family care, but there is not a general accepted model for the assessment of parenting, even though most of them include the evaluation of the context, the child (development, damage), the relation parents child, the attachment strategies, the parent's characteristics. These assessments require the use of a number of information-gathering methods, including multiple informants, history and empirical tools.

In Chile, we do not have a consensus about how to evaluate parental capacity. In the forensics field judges still ask about parent's psychopathology to define if parents can assume child care; trying to simplify a complex situation and missing the opportunity to do an intervention that could protects the child, the child kids, makes parents happier and society better.

In the other hand, there are few studies about the efficacy of the prevention and rehabilitations programs for child and families in high psychosocial risk and /or that suffer different kinds of maltreatment.

Attachment and developmentally informed work with sexually abusive youth

**Phil Rich
(USA)**

An attachment-informed perspective has recently and increasingly been introduced into work with both adult and juvenile sexual offenders, representing a significant shift away from the treatment model that has dominated sex offender specific treatment for the past 20 years. This attachment-informed work emphasizes the connections and relationships between individuals and important early figures in their lives, and how these early relationships set the pace for and influence the development of social interactions, relationships, and behaviors throughout life, including the development and maintenance of sexually abusive behavior. In an attachment-informed model, treatment is not simply about psychoeducational and cognitive-behavioral modes of instruction and treatment. It is also, and more critically, reflective of the manner in which clinicians think about and understand sexually abusive youth, the way they interact with and relate to them, and the way in which they come to conceptualize what sexually troubled youths need in treatment. In the developmental context, the work extends an attachment-informed approach into the larger developmental world in which children and adolescents are raised and in which they are treated for sexually abusive behavior. It thus prepares the groundwork for a treatment model that is attachment-oriented and developmentally sensitive in the conceptualization and formulation of cases, the delivery of treatment, the provision of therapeutic relationships, and the development of the therapeutic environment in which treatment is provided. This presentation focuses on an understanding of sexually abusive youth and the treatment of sexually abusive behavior from the perspective of attachment theory, emphasizing the nature of the treatment relationship, the focus of an attachment-informed treatment, and the direction and nature of treatment interventions and treatment goals that are developmentally informed.

**The use of the Adult Attachment Interview in selecting adoptive parents.
Steve Farnfield
(UK)**

The Adult Attachment Interview (AAI) provides good information on a person's state of mind with regard to childhood attachments together with the lack of resolution of loss and trauma. As such it provides a good way of assessing two of the crucial psychological ingredients which inform how parents care for their children. Limited use has been made of the AAI to inform the assessment of prospective adoptive parents although a number of UK family placement teams have been giving it active consideration.

This lecture reports on a study using the AAI in the selection of adoptive parents. The AAI was one of a number of procedures administered by family placement social workers to all prospective adopters who approached an English local authority during the course of one year. 51 interviews were conducted with 23 couples and 5 single applicants. A survey was also conducted of the views social workers held about using the AAI.

The results give a profile of the attachment strategies of prospective adopters in one particular county and the use of the AAI will be compared to the Attachment Style Interview, which assesses current social functioning, and the Parent Development Interview which assesses reflective functioning/mentalisation. Discussion will focus on the pros and cons of using the AAI with prospective adopters and the possible

differences in motivation and expectation of adoptive parents compared with foster parents. Consideration will also be given in using the AAI as an aid to matching children with their new parents.

It's a cruel world: Making children matter in society and policy.

Melanie Gill

(UK)

In 2007, a report by UNICEF showed British children were at the bottom of an international league table that examined the physical and emotional well-being of youngsters in the world's wealthiest nations. Three years on has anything changed? The pillars of our society, the law and the media, should be at the forefront of delivering justice and in providing an understanding commentary about life as a child today. But they have become increasingly unempathic and negative. The legal system treats children in an entirely adversarial fashion. The media exploits and denigrates them. Civic society, including the media, has a direct impact on the quality of attachments within families and on family life. Knowledge that flows from the media and the law, and between them and policy makers, should be working to ensure a better life for the most vulnerable. Instead, the evidence of history is that policies that have been framed, do not meet the needs of family life. Policy is not reciprocal and has only reflected the emotional poverty rife in our culture.

It is possible to change this; a better understanding of attachment at every level within our society would change perceptions and move policy makers to make new decisions based on proper understanding. To this end, the Mindful Policy Group (previously Psycho-politics) has been engaging with politicians, the media and the law for more than five years. The goal is to change damaging attitudes and to champion biopsychosocial theory, especially an understanding of Attachment. Melanie Gill and Shirley Gracias will talk about how and why our cultural systems currently fail our children, and give a clear route map towards the revolution in societal awareness that is urgently needed.

To diagnose or not to diagnose: That is the question. Diagnosing PD in adolescence: Current status and future directions

Michaela Swales

(UK)

Adolescence is a significant time of developmental change and central to those changes is personality development. Increasingly clinicians see young people with pervasive patterns of behaviour, emotions and interpersonal styles that they often ascribe to 'emerging' personality disorder. Use of a qualifier indicates the reluctance with which clinicians use the term personality disorder; a reluctance that stems from concerns about the reliability of the diagnosis, its validity at a time of developmental flux and the high levels of stigma attached to the diagnosis. Yet in adults a personality diagnosis is a key factor in predicting response to treatment and in adolescents as well as adults, personality is the main intrapersonal context of psychological disorder and a significant factor impacting on interpersonal relationships including those developed with the therapist. So avoiding discussing personality issues is not a viable option. This presentation will review the current status of personality disorder diagnosis in adolescents and outline some of the proposed changes in personality disorder classification being proposed in DSM 5 and under consideration by the ICD-11 group

on Personality Disorders. Possible options for conceptualising the diagnostic dilemma of personality disorder diagnosis in adolescence, including links with attachment theory will be outlined.

Couples and domestic violence: safety, responsibility and attachment

Arlene Vetere

(UK)

This presentation will outline the development and use of a safety methodology when working with couples where inter-personal violence is of concern. Using examples from therapeutic practice, I shall explore how responsibility and accountability for behaviour that harms others, and responsibility for our own and others' safety can be developed and enhanced using a systemic approach that examines the intersect between power and control, on the one hand, and attachment needs and strategies, on the other.

Babies & bathwater: Attachment in diagnosis

Paul Dignam

(Australia)

There was a time when it seemed necessary to “go back to basics” to eradicate some of the contradictory and unscientific frameworks that dominated the classification of psychiatric disorders. The “atheoretical” DSM3 that emerged from that time established better levels of reliability, but its validity has always been suspect. For the sake of objectivity we relinquished people: Meyer’s individual, functional approach to understanding psychopathology. The DSM5 review of Personality Disorders seems set to do the same thing. This presentation will examine the emergence of classifications of personality and disorder and explore a potential place for the DMM in a new system.

Basal exposure therapy: attachment based treatment for severely disturbed and mentally ill in-patients

Didrik Heggdal

(Norway)

Basal Exposure Therapy (BET) is developed for marginalized low functioning in-patients (GAF < 30) with excessive suicidal behaviours and fluctuating symptoms associated with both Axis I and Axis II disorders. These severely dysfunctional patients occupy large proportions of mental health institutions’ budgets and no therapeutic method has yet proven to be effective. BET relies on the assumption that the patients suffer from phobic conditions characterized by intense fear of dissolving or being engulfed by eternal emptiness.

Basal exposure is in principle carried out in the same way as exposure to “external” phobic objects. To promote a working alliance with these non-compliant marginalized patients the therapist and staff consistently punctuate the patient’s avoidant strategies as the cause of the problem, and implicitly the choice of acceptance and exposure as the solution. The change mechanism in BET is considered to be the correctional emotional experiences achieved through basal exposure, and the goal of treatment is to desensitize the patient to existential fears and generalize non-avoidant behaviors as means to enable future functional self regulation.

The BET therapist uses The Dynamic-Maturational Model (DMM) to identify and differentiate the patients’ attachment styles and to adjust therapeutic stance to the

patient's relational needs. DMM further is used to enhance the precision of interventions to mobilize the patients' resources and minimize behavioral disturbances and pathological interactions at the ward.

BET shows promising results. During 2 years of BET the average GAF scores in a sample of patients (n=6) increased from 24 to 52. The first 3 patients who completed the BET program had an average GAF of 69 at two year follow up. At treatment start the 6 patients used on average 4,2 regular medications, which was reduced to 0,8 at treatment termination. Preliminary cost benefit analyses indicate that BET may promote significant savings.

Attachment patterns and dynamics in families

Rudi Dallos

(UK)

Hypothesis: Severe forms of distress exhibited in children in families is related to extreme and complex attachment patterns in the parents and in particular to triangulation processes in the family

Goals: Explore trans-generational family patterns of attachment and systemic processes in relation to the development and maintenance of problems; specifically anorexia, ADHD and self-harm

Subjects: Families - with a young person displaying anorexia, ADHD or self - harm

Design: Multiple case study design with 10 families in each group

Procedure and Assessments: Use of AAI with the parents, TAAIs with the young people and a key sibling). Semi-structured interviews, clinical assessments. Observation of family interaction in a family attachment interview/ task

Results3: Classific of DMM attachment strategies for each family member

Family patterns of attachments

Family themes re. attachment and relationships to the problems

Family dynamics, especially triangulation processes

Implications for theory and /or practice: Developing our understanding of how disorders are related to complex family interactions. Connections between systemic ideas of triangulation, interactional dynamics and attachment representations.

Parenting across cultures

Guerda Nicholas

(USA)

(has not sent her abstract)

RESEARCH SYMPOSIA

Psychosomatics: The stress-asthma relationship in children

Seija Sandberg

(UK)

Asthma is the commonest chronic illness in childhood and, despite widespread availability of effective pharmacological therapies, continues to remain a serious health problem impairing the development and quality of life of large numbers of children. There is also growing evidence that psychosocial stress contributes to the development of wheezing illnesses and asthma especially in early childhood, and predicts greater

morbidity in children who already have asthma. Majority of harmful stress stems from the child's immediate environment and involves close personal relationships. The characteristics of asthma and childhood stress will be described, followed by brief introductions to the biological mechanisms of asthma and stress. Existing studies will then be reviewed for evidence of the role of stress on the development of atopy/allergy phenotype, manifestation of asthma and course of existing asthma in children. In children genetically at risk, early caregiver stress and parenting difficulties predict onset of asthma by early school age. Early behaviour problems as possible expressions of stress, reflecting wider physiological dysregulation interacting with genetic vulnerability, precede onset of asthma in young children. In children with chronic asthma, high threat life events increase the risk of new exacerbations immediately afterwards and in coming weeks; simultaneous chronic stress magnifies the risk. High chronic stress is associated with heightened production of TH2 cytokines in children with asthma, but has the opposite effect in healthy children. Chronic stress appears to alter the properties of genes responsible for fighting infection and keeping airways open; it also makes the usual asthma medications less effective. Gene-environment interactions may explain why stress affects the immune system differently in children with asthma, compared with healthy children.

Psychosomatics and attachment (DMM) theory
Nicola Sahhar & Wolfgang Milch
(Germany)

Goals: Presentation and discussion of the use of AAI derived information to guide a psychoanalytically orientated treatment.

CaseDescription: A patient who suffers from severe psychosomatic disorder with prominent alexithymia.

Problems Faced: A complex attachment formulation includes either changing or blended attachment strategies.

Assessment: AAI and a psychoanalytical interview are used to gather information for a functional and psychodynamic understanding of pre-conscious structural and relational problems.

Treatment Process: Relational representations are used to structure and guide the treatment by fostering transference and work within the transference relationship.

Outcome: Treatment yields a decrease of symptoms.

Implications for theory and /or practice: Apparently 'disorganised' attachment is functional. Identifying the strategic effects is a strength of the DMM which fosters treatment.

**The stress-asthma relationship in children: DMM, stress and asthma
symptomatology**
Simon R Wilkinson
(Norway)

There is no expectation based on DMM theory that asthma symptoms will map directly onto attachment strategies. Theory suggests that strategies, developed to handle threats to self or to offspring, will activate dispositional representations. Developmental psychobiology will predispose to particular symptom complexes and somatic markers.

Sandberg's presentation is used as a springboard to highlight attachment related information relevant to obtaining an attachment informed understanding of illness development.

School age assessment of attachment has shown that children with asthma use a wide range of strategies. Asthma symptoms can regulate intimacy in stressed family relationships (Type C), be managed in isolation (Type A) or with a balanced flexible response (Type B). It will be interesting to note whether accessory somatic markers, such as coughing, vary in frequency according to Type A or C strategy, degree of vagal bias or the differing roles of chronic and acute stress. The aim is discussion which advances understanding of associations/links between attachment processes, somatic markers and asthma.

DISCUSSION: ABC-D versus DMM: Data and commentary

Is attachment transmitted across generations?

The plot thickens

Prachi E. Shah (USA), Peter Fonagy (UK), Lane Strathearn (USA)

Studies have demonstrated a strong relation between adult attachment security, using the Adult Attachment Interview (AAI), and infant security, using the Strange Situation Procedure (SSP). This suggests that a mother's representations of attachment may influence the development of her infant's attachment to her. This study both confirms and modifies that finding in a cohort of 47 first-time mothers and their infants. The AAIs were administered during the third trimester of pregnancy and the SSPs were performed when the infant was 14 months of age. The AAIs were classified using Crittenden's Dynamic-Maturational Model (DMM) and the SSPs using both the DMM and also Main and Solomon's ABC+D methods. There was a significant match of patterns for secure mothers and babies, but a tendency for inversion of insecure patterns of attachment, i.e., Type A mothers often had infants with a Type C pattern and vice versa. No significant relation was seen between the DMM adult and ABC+D infant patterns of attachment. A significant, but modest, association was found between the DMM and ABC+D infant SSP classifications. These findings may help guide treatment of insecure mother-infant dyads by individualizing interventions to include a focus on maternal representations of the infant and maternal responses to infant behavior.

Comparison of the Mac Arthur (MAC) and the Preschool assessment of attachment (PAA)

**Lisa Mennet
(USA)**

This study compared two methods for classifying preschool-age children's behavior in the Strange Situation procedure: the MacArthur (MAC) and the Preschool Assessment of Attachment (PAA), to determine whether they operationalized converging or diverging approaches to attachment theory. Strange Situations of 306 three-year-old children and their mothers in the NICHD Study of Early Child Care and Youth Development were classified with the MAC and PAA. The methods showed 50% agreement. Even at the level of secure/insecure, the two systems did not agree for about one-third of the cases in a predominately low risk sample. Both methods showed significant but low levels of associations with infancy Strange Situation classifications. Maternal depressive symptoms and sensitivity were unrelated to MAC classifications,

but together accounted for 7.3% of the variance in PAA classifications. The MAC and PAA each had associations with some child outcomes in grades 1-5 (ages 6-10), but not all associations were as predicted. Neither method predicted externalizing problems, but the PAA predicted teacher report of internalizing symptoms.

The MAC and PAA were sufficiently different to reflect both different classificatory methods and different theoretical understandings of attachment. Results are discussed in terms of limitations of the sample and measures available to compare the two methods, and clinical implications. The most crucial point, the role of exposure to danger in organizing mental and behavioral processes, could not be tested directly in this sample because it lacked data regarding danger. To test this crucial hypothesis, researchers will need both a sample that varies widely in (a) exposure to danger and (b) parental protection and comfort and also assessments that measure these constructs. We hope that future research will address these issues.

CASE PRESENTATIONS

The cost of good intentions: A cross-cultural search for the self.

Lauren Carter & Willem de Jager

(South Africa)

Goals: To present a case within a South African context that illustrates the impact of the narcissistic use of a child by a foster parent on the development of identity formation

CaseDescription: A 9yr old black boy presents with severe aggression and identity confusion after being 'abandoned' by his foster white family and returned to his poverty-stricken family of origin

ProblemsFaced: Working with ingrained religious & cultural beliefs

Assessment: Family interviews & collateral; home visits; 24 hr observation by a multi-disciplinary team; SAA with patient; (AAI with relevant caregivers still to be completed)

TreatmentProcess: Admission into inpatient unit with ongoing milieu input; sessions with grandmother and surrogate mother; regular contact with members of extended family; input in the home environment; individual therapy to deal with loss & abandonment

Outcome: Though ongoing, patient presents with improved integration into his new context (cultural & familial), less aggression, and better social & classroom behaviour.

Germination of 'true self' evident.

Implications for theory and /or practice: To provide an understanding of the developmental implications of attachment disorders within the South African context.

Reference 1: P.M Crittenden. Unpublished paper on the SAA.

Clinical screening for risk: Aspects of assessment

Angela de Mille & Marie Robertson

(UK)

Family Care is an organization which has invested extensively in the training of staff in the use of the DMM from infancy to adulthood, and is now a leading unit in the assessment of attachment in the UK. This presentation will focus on the use of the CARE-index in early screening for risk and intervention in dyads referred for parenting assessment in both day and residential settings. In each case presented, the families had been referred by Local Authorities before final Court proceedings were initiated to determine the future for the children and their parents. At Family Care, families are

screened using age appropriate DMM assessments and blind coded by IASA reliable coders from both within and outside the unit.

We shall present four case studies across the CARE-Index sensitivity scale to illustrate the emotional and cost-effective advantages of implementing the DMM in clinical practice. Using the CARE-index we will first illustrate two cases of high risk: one dramatic example which emphasizes risk that ‘cannot be seen by the naked eye’ (Crittenden 2007); the second, a high risk case where parent- infant psychotherapy was recommended after testing the capacity of the parent to engage in therapy through extended assessment and video interaction guidance (VIG). From the intervention range we shall present a case study which highlights the benefit of early screening to inform the implementation of an appropriate therapeutic intervention. Finally, we shall explore a brief extract from an AAI and a CARE-Index screen of a father and infant son in the Sensitive range.

WORKSHOPS

Psychodrama: Interpreting attachment narratives

**Clark Baim and Chip Chimera
(US and UK)**

Implications for theory and practice: This will be an introduction to the application of the method to attachment difficulties. The presenters assume that most people will not be familiar with psychodrama as a therapeutic tool, or will have a superficial familiarity. Indications and contra indications: Psychodrama is an application used with a wide variety of presenting difficulties. Issues of safety and containment will be addressed in the workshop

Evidence base for treatment: many research studies into the effectiveness of Treatment description: psychodrama, none currently directly with DMM psychodrama and action methods.

VIDEO PRESENTATION

CARE-index video workshop: infant

**Bente Nilsen, Melanie Pilhoffer, Emma Svanberg/PO Svanberg,
(Norway, Germany, UK/India)**

Parental sensitivity is a major protective factor in infancy. Sensitivity is often viewed as a parental characteristic, but from the Dynamic-Maturational Model’s viewpoint adult sensitivity is any pattern of behavior that pleases the infant and increases the infant’s comfort and attentiveness, and reduces its distress and disengagement. In this workshop we will illustrate how CARE-Index can be used as screening for relational stress, to form a functional formulation for treatment and evaluate treatment outcomes. It is hypothesized here that every dyad seeks adaptation, but individual processes, dispositional representations, attachments strategies, or possible unresolved loss or trauma affects the process of repair. There’s considerable body of evidence that implicate the aversive effects of post partum depression on parenting qualities and maternal sensitivity, thus contributing to infant behavioral problems, insecure attachment and compromised cognitive development. Understanding normal interactions, including interactive errors and repairs, deviations and disruptions in the communication between adults and infants are crucial. Using the CARE-Index enables

professionals to do so therapeutically, in search for moments when these functional connections are detected and parents can acknowledge and observe the mutual effects in the infant-parent dyad. Evidence based understanding of mental illness underlines that individual's (dysfunctional) adaptation to a stressful environment are modified by the qualities of the environment, available attachment relationships and psychosocial development. In our workshop we will present different cases from various cultures to address the use of CARE-Index in formulating the functional aspects within the dyads interactional behavior, the history of the dyad and the therapeutic process involved.

CARE-Index toddler

**Bente Nilsen (Norway), Andrea Landini (Italy), Elaine D Thomson (UK),
Nicola Sahhar (Germany)**

In this workshop 4 of the trainers in CARE-Index Toddler will present dyads from their own cultures that will exemplify the different patterns in the CARE-Index toddler/DMM system. The CARE-Index Toddler yields dyadic specific information and in assessing the functional aspects of adult sensitivity the CARE-Index has two negative aspects of adult interactional behavior in the non-sensitive end. These are controlling and unresponsive, both in overt and covert/pseudosensitive forms. The toddler patterns as described in CARE-Index reflect organized strategies for regulating adult behavior, which implies that not sensitive parent-toddler interactions will appear less deviant than in infancy. The toddler patterns of interactive behavior use descriptors that are related to the patterns of attachment in DMM, but the procedure of the CARE-Index, not containing stress for the children assessed, is not an assessment of attachment, as for instance the Preschool Assessment of Attachment (PAA) is. The exemplars presented in this workshop will show how the CARE-Index is used in analyzing dyads from different cultures, thus capturing the cultural variety. They will also show various degrees of sensitivity and cooperation within the dyads. The workshop aims to present dyads as in training courses to give a sample of the training in order to provide an example of the system.

AAI, CARE index and PAA: preliminary results

**Ulrike Zach & Nicola Sahhar
(Germany)**

Goals: The DMM states to detect and explain developmental continuity of the development of attachment.

Implications- In this paper we will present data of a single case study selected by change to discuss the fit of the DMM model and potential developmental outcomes.

Assessment Prenatal AAI assessment of prospective mothers, CI, PAA

SUNDAY- POSTER DISCUSSION SESSIONS:

1- Biological markers, predictors and correlates

Oxytocin & secure attachment: Implications for PTSD

**Gizem Arıkan, Kathy Carnelley, Lusia Stopa, David Baldwin, & Anke Karl
(UK)**

Hypothesis: Those in the oxytocin and secure attachment condition would show lower

distress, higher felt security and lower physiological responses to the film than those in the placebo and neutral priming.

Goals: We investigated the combined effect of secure attachment priming (SAP) and Oxytocin (OT) as protective factors for PTSD.

Subjects: 86 healthy undergraduates have participated (planned 100 by end of March).

Design: A double-blind experimental study utilizing the trauma film paradigm (Holmes, Brewin, & Hennessy, 2004) was conducted.

Procedure and Assessments: Participants answered questionnaires on attachment styles, trait anxiety and dissociation. They were randomly assigned to one of four possible conditions of OT+SAP, OT+neutral priming, placebo+SAP and placebo+neutral priming. Participants watched the trauma films and physiological responses recorded.

Results: Data collection and analysis is in process.

Implications for theory and /or practice: This study may have important implications for the aetiology and treatment of PTSD.

Can we predict nocebo response?

**Loyola McLean, Vicki Maddison, Christopher Tennant & Geoffrey Tofler
(Australia)**

Hypothesis: At-risk attachment strategies (defined as mixed A/C or Type A, B or C modified by unresolved loss or trauma) will be associated with a prediction of harmful care exhibited by a higher rate in this group of anticipating a nocebo response and experiencing an actual nocebo response. Nocebo responses are the opposite of a placebo response and were defined as extreme, medically inexplicable negative reactions to medication (eg. extreme side-effects and poisoning-like effects).

Goals: To pilot a clinical assessment of attachment and observe its utility in formulating treatment and to observe anticipated and actual responses to medication.

Subjects: Adult community outpatients with DSM-IV major depression (19-67 years old) free of a history of cardiovascular disease (CVD).

Design: An NHMRC case-control longitudinal study of relationships between affective risk factors and a prothrombotic and inflammatory profile associated with cardiovascular risk offered an opportunity to treat depressed patients with psychotherapy and /or medication. In an attempt to offer effective and real-world treatment for the depression, we made a clinical assessment of attachment and formulated its relationship to the emergence of the depressive syndrome. From the initial biopsychosocial formulation treatment was planned and offered. Anticipated and actual reactions to medication were noted.

Procedure and Assessments: As part of a clinical interview, performed by clinicians trained in the AAI, we assessed attachment in participants. The interview, including portions of the AAI, was based on history, symptoms, behaviour, probes for semantic and episodic memory systems, and observation of interactions with the interviewer (procedural memory).

Results: We observed correlations between at-risk attachment strategies and both anticipated and actual nocebo responses. There was a strong correlation between an anticipated and actual nocebo response. In several cases the nocebo response required cessation of pharmacotherapy until the underlying expectation could shift through intensive psychodynamic psychotherapy.

Implications for theory and /or practice: If replicated these preliminary clinical observations suggest that early assessment of attachment and an anticipated nocebo response could be helpful in determining those for whom medication should initially be

withheld or closely monitored and who may require psychotherapy to shift their underlying schema of expectations of harmful care.

Do at risk attachment strategies correlate with PS
Loyola McLean, Vicki Maddison, Christopher Tennant, G. Tofler
(Australia)

Hypothesis: Individuals using at-risk attachment strategies (mixed A/C or Type A, B or C modified by unresolved loss or trauma) are at risk of a disordered stress response.
Goals: In a group of depressed patients and controls free of cardiovascular disease (CVD) we piloted the use of a clinical interview (including portions of the AAI) to identify participants with at-risk attachment strategies (as above). We measured baseline psychophysiological markers of stress dysregulation.

Subjects: The larger baseline group comprised adults (19-67 yrs) without a history of CVD: 103 community outpatient cases with DSM-IV major depression and 46 control subjects.

Design: This study was embedded within a NHMRC case-control longitudinal interventional study of association between affective risk factors (depression, "distressed" personality) and a disordered stress response associated with cardiovascular risk (novel prothrombotic and inflammatory risk factors and physiological markers).

Procedure and Assessments: Clinicians trained in the AAI conducted a clinical interview that included history, symptoms and behaviours, and assessment of narrative coherence, which included probes for semantic, and episodic memory, and observation of interactions with the interviewer (procedural memory).

Results: We observed correlations between at-risk attachment strategies and various psychophysiological markers of a disordered stress response: depression, "distressed" personality, high levels of arousal, venoconstriction at venepuncture, elevated BP, elevated cholesterol and elevated levels of vWFAg (a prothrombotic marker associated with endothelial reactivity).

Implications for theory and /or practice: These data provide preliminary evidence that at-risk attachment strategies are associated with a disordered stress response, linked to risk factors for illness such as cardiac and depressive disease. Unresolved trauma or loss, or the individual's self-protective strategy per se, may be a target for intervention via intensive psychotherapy for prevention and treatment of secondary stress system disorders (e.g cardiovascular disease, depression). Clinical assessment may be a useful tool but requires validation against the AAI (coded by the DMM or ABCD method).

Attachment, child care and cortisol
Margaret Sims
(Australia)

Hypothesis: Children's cortisol responses will vary according to the quality of the relationships they experience with their caregivers in child care centres.

Goals: To identify children's cortisol responses to different levels of quality in relationships between caregivers and children in child care centres.

Subjects: Children from birth to 3 years of age attending child care centres in a city in Australia.

Design: 2 (Time of collection: average am cortisol, average pm cortisol) by 3 (Centre

quality: high, satisfactory, unsatisfactory) split plot ANOVA with repeated measures on the Time factor.

Procedure and Assessments: - measured relationship quality using Australian Quality framework which requires classroom observations (through immersion over a week) and rating of observations- Cortisol measured through saliva taken 2 x a day over 3 days

Results3: Cortisol levels of children participating in high quality relationships demonstrated a decline across the child care day.

Levels in children participating in unsatisfactory quality relationships demonstrated an increase across the day Implications for theory and /or practice: There is a conflict between economic needs of centres and centre managers and the relationship needs of children. This has implications for adult:child ratios, staff shift patterns, grouping etc.

Reference 1: Rappolt-Schlichtmann, G., et al., 2009nPoverty,

Reference 1: Watanabe, S., et al., 2003 Morning-to-afternoon

Reference 1: Gunnar, M. and K. Quevedo, 2008 Early care experiences and HPA axis regulation in children: a mechanism for later trauma vulnerability., in Stress hormones and post traumatic stress disorder., E. de Kloet, M. Oitzl, and E. Vermetten, Editors. 2008, Elsevier: Amsterdam. p. 137 - 149.

Children's stress regulation in early education Nina Sajaniemi & Eira Suhonen (Finland)

The aim is to evaluate the influence of early education on children's stress regulation and to find out the most important quality indicators impacting stress regulation.

Typical daily rhythm in cortisol production indicated an average established function of the HPA-system. Some children had atypical HPA-activity. These children were evaluated as inhibited and fearful. Sensitive and responsive adults buffered these vulnerable children against environmental stressors.

The environmental stressors might load children's immature stress regulative systems and children's temperament modifies experiences in various environments, thus affecting HPA-activity.

3-6 year-olds (n= 146), preschool settings, temperament, quality of early education.

Stress regulation was evaluated by measuring saliva cortisol during one day across five time points.

The quality of early learning environment was evaluated with the Learning

Environment Assessment, focus on indicators of psychological, physiological and social safety. Temperament was assessed with Infant Behaviour Questionnaire.

Sensitive and responsive early education can boost integrative communication. This can create secure attachment and safe environment to children with various temperaments.

Adult attachment, genes and personality Iris C. Reiner (Germany)

Further investigation of genetic correlates of Personality / Adult Attachment as well as the association personality - adult attachment

Gender specific findings for gene-personality associations; Attachment activation strategies, but not attachment security overlap with personality; DRD4 7+ allele associated with attachment security (only for those with unloving caregivers - "earned secure")

Is there an association between personality and DRD4 VNTR Exon III polymorphism and the 5-HTTLPR polymorphism?

Is there an association between personality and adult attachment - assessed with the AAI ?

Is there an association between adult attachment and the DRD4 VNTR Exon III polymorphism and the 5-HTTLPR polymorphism?

167 German adults (87 women, 80 men), 32-61 years (M=43), Representative SES
Personality: Neo-FFI (Costa & McCrae, 1985): California Adult Q-Sort (CAQ) (Block, 1978): TPQ (Cloninger, 1987)

Adult attachment: Adult Attachment Interview (George et al., 1985)

Genes: DRD4:DRD4.7+ vs DRD4.7- 5-HTTLPR:ss/sl vs. ll Genotype No

These findings encourage further investigations to explore endophenotypical and mediating psychological processes between the DRD4 Gene and secure attachment.

SUNDAY- POSTER DISCUSSION SESSIONS:

2- Early intervention outcomes: Generating an evidence base using the CARE-Index (POSTER DISCUSSION)

An exploration of how the impact of video interaction guidance can be measured and informed by the CARE-Index screenings

Hilary Kennedy, Jenny Jarvis, & Marie Robertson

(UK)

Treatment Description: Two interventions where Video Interaction Guidance is delivered to families with attachment, child protection concerns. Pre-and post-intervention measures are CARE-index video alongside interview data

Evidence base for treatment: Juffer (2007) showed interventions using video that promoted sensitivity were effective and meta-analysis (Fukkink,2008) has showed that parents are more skilled in their interactions after VIG

Subjects: Parents and babies under one year

Indications and contra-indications: Parents who are prepared to reflect on their interactions using video

Implications for theory and /or practice:

Conclusions: VIG is effective in enhancing sensitivity and attachment patterns

Assessing parent-child interactions in preschool

Anne Katrin Künster, Jörg Michael Fegert, & Ute Ziegenhain

(Germany)

Hypothesis: Could the Toddler CARE-Index be applied validly to toddlers and preschool-aged children? We expected a significant relation between maternal sensitivity and child's attachment security.

Goals: Verification of relevant psychometric properties of the Toddler CARE-Index (objectivity, reliability and validity).

Subjects: 64 children and their mothers took part. The children ranged in age from 2.3-5.8 years. They comprised two groups: a sample of dyads that had come to professional attention and a normative sample.

Design: Objectivity: comparison of the scores on sensitivity of different coders.

Reliability: test-retest-stability. Validity: testing the relation of mother's sensitivity and child's attachment security.

Procedure and Assessments: The PAA and three minutes of free play were videotaped. 27 dyads came back for a second videotaped play interaction. Maternal sensitivity: Toddler CARE-Index (Crittenden, 2006). Children's attachment: Preschool Assessment of Attachment classificatory procedure (PAA; Crittenden, 2004).

Results: Analysis showed adequate correspondence among three coders on maternal sensitivity. Test-retest stability was less robust. There was a significant Kendall's rank correlation between maternal sensitivity and child's attachment security.

Implications for theory and /or practice: This is the first pilot study to analyze the psychometric properties of the Toddler CARE-Index. The instrument proved to be sufficiently sound psychometrically in a normative and a clinical sample.

Reference 1: Crittenden 2004 The Preschool Assessment of Attach

Reference 1: Crittenden 2006 CARE-Index Toddlers Coding Manual

Women with severe mental illness and their babies

Susan J Pawlby, Rachel Mycroft, & Janice Rigby

(UK)

Treatment Description: Feedback of video-taped play sessions between babies and their mothers who are suffering from severe mental illness (SMI), during the course of their admission to a Mother and Baby Unit (MBU).

Evidence base for treatment: A pilot study using the Care-Index to rate the mother-baby interaction, found that mothers were more sensitive towards their infants on discharge, following the intervention, compared to admission.

Subjects: Mothers with SMI on an in-patient MBU with their babies aged 0 to 12 months.

Indications and contra-indications: This treatment package is acceptable to the vast majority of mothers on the MBU.

Mothers have to be able to give informed consent for the recording of the play sessions.

Implications for theory and /or practice: The treatment package is easily administered on an inpatient MBU. Not only is the mothers' mental health treated, but also the relationship between the mothers and their babies is enhanced.

Conclusions: This intervention programme supports parents experiencing severe mental health problems in developing their relationships with their infants and providing 'good-enough' care to ensure the improved mental health of the next generation.

Cost of treatment There has been no formal cost analysis of this intervention. The treatment requires the use of video equipment and a professional trained in the observation and feedback of mother-infant interaction.

Reference 1: Pawlby, S. & Fernyhough, C. (2009)

Reference 1: Crittenden, P.M. (2004). Care-Index

Reference 1: Svanberg, P.O. & Barlow, J. (2009)

The meaning of the child in parenting interviews: A comparative study using the parent development interview and the CARE-index

Ben Grey

(UK)

There is considerable evidence to suggest that the capacity of parents to think about themselves and their children may be a more reliable guide to the assessment of risk and the outcome of treatment and intervention programmes. Most current approaches to assessing parenting representations (see George and Solomon 2008) rely on the

A,B,C,D model of attachment (where 'disorganised' attachment indicates psychological risk, Main and Solomon, 1990) or use a linear scale to measure parental reflective functioning (Slade 2005). Therefore, these methods lack a way of distinguishing between different kinds of 'at risk' (Crittenden 2008). The link between how parents think about their children and what they actually do is still not clear, especially when considering relationships where there are concerns around maltreatment: Do parents who physically harm their children think differently about them than those who seriously neglect their needs, and if so how? Can this kind of thinking be systematically differentiated from that of normative parents, or struggling parents requiring only access to appropriate support? The CARE-Index (Crittenden 2007) is a well validated assessment assessing the dyadic interaction between parent and child in a videoed 3 minute play session. It is able to assess sensitivity and risk in the relationship, whilst still being able to differentiate the patterns behind hostile and neglecting caregiving in extreme cases. This study has used the Parent Development Interview (PDI - Aber et al. 2003) with parents from a convenience 'at risk' sample to identify the patterns of speaking and thinking about their child and parenting that underlie the unresponsive, controlling and sensitive patterning observed in the dyad's CARE-Index video. Initial results from a high risk sample suggest it is possible to predict the pattern and level of risk observed in the CARE-Index from classifying the PDI using the procedure developed in this research. Further work is underway to set up a normative sample to establish whether the procedure can successfully differentiate adequately functioning families from those who may require intervention.

Enhancement of mother-child interaction
Melanie Pillhofer, Anne K. Kuenster, & Ute Ziegenhain
(Germany)

Hypothesis: Mother-child-dyads in the intervention group are significantly more sensitive and cooperative measured via CARE-Index right after the intervention with the Ulm model and at the follow-up measures.

Goals: Evaluation of the Ulm model for attachment based intervention with video-feedback (Ziegenhain et al., 2006)

Subjects: 0-3 months old children with risk factors (psychosocial risks, adolescent mothers, mothers with psychiatric disorders, preterm children, children with handicaps)

Design: Intervention group was compared to another high risk group being treated a usual (social service, other clinical or ambulant treatment, but no intervention with video-feedback to improve sensitivity).

Procedure and Assessments: At the beginning, during and after the intervention the CARE-Index was used. Furthermore several questionnaires were applied for the assessment of sociodemographic variables, maternal psychopathology and social support. At 6 and 12 months of age we scored the developmental status of the child.

Results: Mothers at high risks were recruited very early, i.e. in the first three months after birth and received the Ulm model for attachment based intervention. Preliminary analysis indicates the effectiveness of the model.

Implications for theory and /or practice: The Ulm Model is a useful intervention for improving maternal sensitivity. For families in difficult circumstances it can be used as a building block in regular service delivery.

SUNDAY- POSTER DISCUSSION SESSIONS:

3- Intervention, treatment and attachments in adolescents and adults

Attachment and behaviour change in adolescents

**José Miguel Díaz Palmer & Mónica Ferrer Munar
(Spain)**

Hypothesis: Adolescent relationships with professional caregivers are very much related to behavioral improvement and involve changes in the type of attachment.

Goals: Find a correlation between behavior changes and attachment change.

Subjects: maltreated adolescent (13-17yo) in residential care program

Design: pre-post treatment assesment

Procedure and Assessments: Attachment behavior and behavioral problems will be assessed with observation scales.

Attachment strategies and therapeutic interventions

**Paul Holmes
(UK)**

This presentation will discuss and demonstrate with clinical examples the ways in which an individual's attachment strategies can be explored and addressed therapeutically in various treatment modalities.

Attachment strategies, designed to help maintain proximity to a primary care-giver (or protector) form the basis of life, survival and self-protection and are based on a two person interaction. In infancy this is the child and its primary carer enact together what can be considered as ever-changing and evolving 'dramas'.

These interactions are then encoded in the mind as an 'inner working model of the world' (Bowlby). I will suggest that this model consists of a multitude of 'dramas' each involving 'self' and 'other' which are used to predict how the world will function and form the core of personality development.

At the time of their development these strategies are functional in the context of the style and quality of care being provided to the child. The Dynamic Maturational Model (DMM) describes how, over time, once functional (and life preserving) strategies can result in increasing personal and interpersonal success and emotional security or cause serious dysfunction and distress. It is the continuing use of these dysfunctional strategies that need to be understood and modified if an individual is to become more at ease with themselves and more functional in the world.

Psychotherapy offers a way in which such change can occur as an individual's 'inner world' is externalised 'outside'. This dynamic, two person process, can be observed in psychoanalytic therapy, where the interpersonal drama between patient and therapist is described as 'transference and counter-transference'. In psychodrama the drama is more explicitly externalised onto the psychodramatic stage whilst in play therapy where a child externalises its inner-world and attachment strategies through the inter-active play of toys.

The application and usefulness of the DMM to these treatment modalities will be explained and discussed.

Attachment and sexual addiction

**Charley Shults
(UK)**

Goals: This presentation will focus on the use of Attachment concepts, theory, and assessment instruments, in the treatment of sexual addiction and other co-existing disorders, including difficulties with in

CaseDescription: Case 1: Professional female with problematic primary relationships engaging in affairs. Case 2: Professional male engaging in promiscuous sexuality unable to form a lasting partnership.

ProblemsFaced: Case 1: Unable to assert needs and express feelings. Relied on extramarital affairs to fix feelings. Case 2: Distorted belief system. Unable to merge sexuality and intimacy.

Assessment: Case 1: Needs to be more assertive and get rid of shame about sexuality. Case 2: Needs to be more vulnerable and get rid of shame about self and sexual needs.

TreatmentProcess: Administration of the AAI (modified) and the ECR, along with the Sex Addiction Screening Test and other sexual and romance compulsivity instruments. Used the AAI as an intervention process relying on the discourse markers as evidence of unrevealed information and errors in information processing.

Outcome: Both cases report remarkable progress and are making substantial changes in their lives. Case 1 is leaving an unrewarding relationship and is no longer desperate for a man. Case 2 is no longer actively suicidal and is considering the possibility of having an emotionally intimate relationship.

Implications for theory and /or practice: That distortions of attachment in childhood can set up the individual for a pattern of unrewarding and destructive sexual relationship behaviour and that the AAI and DMM model are useful in treatment.

TUESDAY - POSTER DISCUSSION SESSIONS:

4. Evaluating treatment programs (POSTER DISCUSSION)

7th Generation of trauma: “Bush Kids”

**Elaine Isaac, Dawn Isaac, Jaime Isaac, Mary Courchene
(Canada)**

To create awareness of marginalized group of indigenous children who have been forgotten, a generational trauma. Children as young as 6 who live in the Canadian northern bush are dying by suicide, accident and violence. These children are acting out a process of generational attachment loss, so severe that it continues to play out in addictions, lost children, suicide, violence and systemic apathy. Outcome: In 10 years the beginning of healthier families in the community. Implications: We need to look at developing culturally based theory and practice models based on early attachment in tandem with professionals who are the experts in the field.

Sociable baby

**Anna Louise Shepherd, Janet Cameron, & Stephanie Wilson
(UK)**

Goals: The group will demonstrate an increase in parental sensitivity, a reduction in intrusive and controlling behaviour and increased opportunity for positive emotional interaction between parent and child.

CaseDescription: A group based approach adapted from Me and My baby Programme (Akai et al, 2008) to promote bonding between parent and baby.

ProblemsFaced: Maintaining attendance at the group

Assessment: The mothers all received a home visit to obtain a Care Index video pre and post group. A pre and post group evaluation sheet and a MORS-SF (Oates et al 2005) were completed.

TreatmentProcess: Our Sociable Baby Group runs for 8 weeks. It involves baby massage and yoga and videoing. The Wonder Years DVD is used to stimulate discussion about baby's brain development and how early experiences and routines are essential for for infant's emotional, physical and social development.

Outcome: To increase parental sensitivity, promote positive emotional experiences and reduce intrusive and controlling parental behaviour.

Implications for theory and /or practice: An alternative way of promoting bonding in a group setting that could be rolled out in other SureStarts.

Reference 1: (Siren Films, 2008)

Reference 1: Oates et al, 2005

Reference 1: Akai et al, 2008

Tavistock first time parent study
Dr Eilis Kennedy & Dr Rob Senior
(UK)

Hypothesis: The transition to parenthood is associated with a deterioration in the quality of the couple relationship (Pape Cowan and Cowan, 1999). A perinatal intervention may have a preventative impact.

Goals: To evaluate the effects of a 5 session perinatal intervention addressing inter-parental discord on: 1) the couple relationship 2) parental mental health 3) infant development.

Subjects: First time parents in the antenatal and early postnatal period. 120 participants in total. 60 in the intervention and control groups.

Design: Randomised Controlled Trial

Procedure and Assessments: 1)The Dyadic Adjustment Scale (Spanier, 1976)

2)The Edinburgh Postnatal Depression Scale(Cox, Holden and Sagovsky, 1987)

3)Bates Infant Characteristic Questionnaire(Bates 1979)

4)The couple attachment interview

5)Qualitative interviews

The DMM & a community education model
Irrmie Nickel, Kim Barthel, & Dawn Isaac
(Canada)

To teach the DMM to a variety of human service workers. To adapt the training for First Nations communities. To broaden the range of intervention options by teaching the neuroscience of attachment.

One training method does not work for all resulting in a specialized training program for First Nations communities. Both versions include adaptations of the Neuroscience of Attachment.

The DMM prepares child care professionals for service in a multicultural province. Special emphasis is placed on First Nations Communities and the Neuroscience of Attachment.

Subjects include service providers from all disciplines providing child and family services, with special emphasis on First Nations child protection workers and foster parents.

Focus on attachment behaviour; cognitive, affective and sensory information processing. Develop a decision making tool to guide practitioners with assessment and treatment planning.

Using a Participatory Action Research model, participant experiences have been collected and analyzed. Adjustments have been made using these findings and further feed back from participants has been sought.

The DMM offers a framework for teaching observation, assessment and treatment planning skills which helps professionals and paraprofessionals to make good decisions about intervention choices.

Landy, Sarah. (2004) Fishbane, M.D. (2007)

Shore, A.N. (2001)

TUESDAY - POSTER DISCUSSION SESSIONS:

5. Parenting and the transmission of attachment (POSTER DISCUSSION)

Attachment and sensitivity in a low-risk sample

**Airi Hautamäki, Laura Hautamäki, Leena Neuvonen & Sinikka Maliniemi-Piispanen
(Finland)**

A low-risk sample (Ntotal=135) of parents expecting their first child and maternal grandmothers was followed up from pregnancy until the child was 3. The Adult Attachment Interview (AAI) was used to assess attachment in mothers in pregnancy, fathers and maternal grandmothers. After the birth of the baby, the CARE-Index was used to assess parental sensitivity when the baby was 7 weeks and 6 months old. The Strange Situation Procedure (SSP) was used to assess attachment in infants at 12 months. The Preschool Assessment of Attachment (PAA) was used to assess attachment in 3-year-old children. The parents also completed the CBCL. Type A attachment was predominant for fathers (64.7%), children at the age of 3 (51.5%), and for grandmothers (42.4%). There was a lower than expected frequency of Type B attachment for distributions of samples drawn from normative populations. Like Grossman et al.'s (1985) Bielefeld, this study also represented an "outlier" in cross-cultural comparison. The thesis of the numeric normativity of secure attachment was not supported. The predominance of Type A1-2 and the low rate of Type B children were not associated with parent-rated psychopathology. None of the parent ratings of their child on the CBCL fell into the clinical range. The low level of parental sensitivity validated the predominance of insecure attachment. The mothers were more sensitive than their spouses and the babies were more cooperative with their mothers. Maternal sensitivity and infant cooperation predicted the secure attachment of 1- and 3-year-old children. The mother's Type B classification predicted her sensitivity and the cooperation of her baby. The results are discussed in terms of the thesis of the normativity of secure attachment, the self-protective cultural scripts of the old rural way in Finland, the size of the sample and the scoring procedures used.

Attachment and rearing practice in Kosovo

**Elisabetta Ibernì, Mimoza Shahini, & Moshe Landsman
(Italy)**

Hypothesis: The attachment theory is grounded in evolutionary biology and one of its

core assumptions is that infant caregiver attachment is an universal phenomenon, even if most empirical studies are limited to Anglo-Saxon and mainstream European cultural contexts. This research adopts an emic approach and focuses on social and behavioural configurations specific to the Kosovo culture. First, the “universality hypothesis” will be tested, exploring if the secure attachment concept according to Kosovar mothers is similar to ideal attachment in Western culture. Secondly, the “sensitivity hypothesis” will be tested, by observing how secure attachment and child rearing practices are related in the opinion Kosovar mothers and fathers. The third hypothesis is related to gender differences in rearing practices, with respect to the distinction between mothers and fathers in parenting style and/or in relation to the gender of the child.

Goals: a. Formulating a culturally meaningful definition of family and attachment relationships between parents and children in Kosovar context;
b. Observing if secure attachment and child rearing practices are influenced by gender of children, education and social status/income of parents; the status of the woman in the society;
c. Observing if families with multiple caregivers and families with more than one infant/small child influence secure attachment and child rearing practices.

Subjects: 80 parental couples of children aged from zero to three. Gender of children and socioeconomic level will be balanced.

Design: Cross sectional

Procedure and Assessments: Mothers and fathers will be contacted through public educational institutions. During a session of evaluation they will be asked to complete a Demographic Questionnaire and the Hopkins Symptoms Check List HSCL-25. Mothers and fathers will assess the ideal profile of secure attachment with Attachment Q sort (AQS) (Waters and Deane, 1985). They will evaluate their usual rearing practices using the Child Rearing Practice Report (CRPR) (Block, 2008). The presence of psychopathological traits will be controlled with a self report on anxiety and depression (HSCL 25).

Instruments: 1) Demographic and family questionnaire; 2) Attachment Q sort (Waters and Deane, 1985), a 90 items q sort with equal distribution on nine piles, which describes attachment relationship between child and mothers according to the dimension of security; 3) Child Rearing Practice Report (CRPR) a 91 items with equal distribution on seven piles, which describes different behaviours and interactions with the child; 4) Hopkins Symptoms Check List 25, a 25 items with 5 points Likert scale aimed at assessing depression and anxiety.

Results: Results are analysed with qualitative and quantitative methods. Non parametric statistical analyses are conducted on demographic variables. Q sort data will be analysed with multivariate statistical methods as Cluster Analysis and Principal Component Analysis.

Implications for theory and /or practice: This study is aimed at providing integration in the field of attachment cross-cultural research taking Balkans context as main object of analysis. Empirical findings will give evidence for the universality hypothesis but taking in account contextual components. Indeed the qualitative analysis of data will highlight the influence of cultural and religious values on parental attitudes and rearing practices.

Reference 1: van Ijzendoorn, M. H., and Sagi A.. (2008)

Reference 1: Posada G., Gao Y., Wu F., Posado R., et al. (1995)

Reference 1: Waters, E. (1985). The Attachment Q-Set.

Attachment and behaviour

**Ines Pinto & Neide Urbano
(Portugal)**

Goals: Evaluate the theory about the link between parent-child attachment with internalizing and externalizing problems in childhood .

Results: Insecure attachment is linked with also both externalizing and internalizing behavior in children.

Is there a link between parent-child attachment and internalizing and externalizing problems in childhood?

Subjects 5 to 13 years old.

Design: review

Procedures and Assessment: Children were assessed with face-to-face interview and YSR. Parents were assessed with CBCL, FACES-III, EADS-21 and face-to-face interview. Teachers also collaborate filling TRF scale.

Implications: Children with insecure attachment can have in childhood and adolescence both externalizing or internalizing problems.

**Maternal sensitivity and culture
Emma Svanberg/PO Svanberg
(UK)**

To explore potential differences in interactional behaviour between mother-infant dyads in India and the UK in order to inform a cross-cultural perspective on attachment-related concepts.

Two-way independent samples ANOVAs were used. Main findings were as follows: (1) UK mothers were significantly more sensitive and UK infants more cooperative than Indian mothers and infants, and (2) Indian slum-dwelling mothers were significantly more unresponsive than Indian 'professional' mothers.

Significant differences will exist in maternal and infant interactional behaviour between samples of mother-infant dyads from Calcutta and the UK Mother-infant dyads (infants under 18 months) in Calcutta and an archival sample from Sunderland, UK.

The study was divided into two separate experiments, each of 2 x 2 independent samples design, comparing both within the Indian sample and between the Indian and British dyads. The CARE Index was chosen for its emphasis on the dyadic function of behaviour rather than structure. Dyads were filmed in a play interaction in accordance with CARE Index instructions. Clips were coded by both authors (the 2nd author blind coded a selection) and inter-rater reliability obtained.

Although this is an exploratory study, it is the first of its kind in India. The results suggest that variations in attachment strategies may be looked at in terms of adaptiveness to environment.

Crittenden, P.M. & Claussen, A.H. (2000). DeWolff, M.S. & van IJzendoorn, M.H. (1997). Sagi, A. (1990).

**Child controllingness: Precursors to role reversal
Dianne Thompson & Susan Timmer
(USA)**

Hypothesis: Case studies suggest precursors of role-reversal are observed as early as 2 years of age and role-reversal is established by 6 years. A similar pattern should be observed in clinic-referred children.

Goals: The purpose of this study is to examine the developmental trajectories of child controllingness and to investigate timing of the appearance of role reversal behaviors in a clinic-referred sample.

Subjects: This study sample consisted of 114 biological mother-child dyads. The children were referred to treatment primarily by Child Protective Services. Children ranges in age from 2 to 8 years (mean=4.73).

Design: Using a cross sectional design and observational measures, we examined controlling and role reversal behavior of children.

Procedure and Assessments: Mother-child dyads were videotaped as they played for 15 minutes. Children's controlling attempts were assessed by the Child's Controlling Behavior coding system. Children's emotional availability and role reversal behaviors were evaluated using the Brief Emotional Availability Screener Trianalogue.

Results: Results of analyses showed that younger children attempted to control interactions more than older children, using punitive and caregiving strategies.

However, younger children were less likely to show parentified behavior than older children and equally as likely to show punitive role-reversal.

Implications for theory and /or practice: Understanding when developmentally appropriate controlling behavior can be interpreted as parentification or role reversal can help clinicians better assess the meanings of these behaviors.

Reference 1: Lyons-Ruth & Jacobvitz (2008)

Reference 1: Main & Cassidy (1988)

Reference 1: Timmer, Thompson, Nelson, West, & Culver (2010)

TUESDAY - POSTER DISCUSSION SESSIONS:

6. Assessment (POSTER DISCUSSION)

A new approach to coding narrative stems for assessing attachment in preschool and school years children

Steve Farnfield

(UK)

Narrative stems are an established doll play procedure in which the interviewer, using a few simple props, gives a child the beginning of a story (the stem) and asks her to "tell me or show me what happens next". Although a number of systems are available their success in assessing attachment has been mixed with only one approach differentiating between types of attachment security.

This workshop will demonstrate a new way of coding narrative stems with preschool children, aged 37 – 72 months, and children aged 6 – 11 years. The model emphasises both attachment and exploration and achieves its results by blending DMM theory and procedures (Care-Index, PAA and the AII) with Donald Winnicott's use of the potential space and internal/external worlds.

Validation studies are currently in progress for both the pre-school and school aged systems comparing the narrative stems with results from other DMM measures with the same child (Care-Index or a Child Attachment Interview).

The workshop will outline the underpinning theory and present the DMM and play based constructs together with video examples of narrative stems with children aged from 37 months to 8 years. Extracts from a range of attachment strategies together with examples of unresolved trauma and depression will be shown for audience discussion.

Compared to the Strange Situation/PAA, Narrative stems offer an easy to administer, non invasive, child friendly way of assessing attachment and trauma in young children and provide pointers to the types of intervention most likely to succeed.

TUESDAY - POSTER DISCUSSION SESSIONS:

7. Forensic applications (POSTER DISCUSSION)

Exploring the attachment narratives of foster-care Anna Tissandier, Arlene Vetere, Nicky Crockett (UK)

Goals: Primary research question - Do the attachment narratives of foster-carers appear to be influential in the way they make sense of their current relationships with their foster-children?

Hypothesis: Foster-carers' early experiences of being parented and the way they construct these experiences will be influential in the way they make sense of current relationships with their foster children.

Subjects: Between 5-10 foster-carers currently receiving a service from the CAMHS Looked After Childrens Team

Design: Semi-structured narrative interviews with foster carers.

Procedure and Assessments: Interviews will be recorded, transcribed and analysed using a narrative analysis approach.

Implications for theory and practice: I hope this in-depth exploration will provide insights into how foster-carers understand their experiences, such that the results might be used to inform psychological interventions.

References: Dallos, R. and Vetere, A. (2009). Systemic Therapy

Golding, K., Dent, H., Nissim, R. and Stott, L. & Dallos, R. (2006). Attachment Narrative Therapy.

The DMM assessment in conjunction with the family systemic interviews Debbie Holmes (UK)

I am a family therapist working for Family Care in Peterborough. As an organisation, Family Care uses the DMM and its assessment tools extensively, e.g. for court reports, parenting assessments, assessments informing adoption placements, etc. I would like to present our recent new work using DMM attachment assessment tools combined with systemic assessment, for young people in local authority residential care. This would be a workshop involving a presentation followed by a group discussion on the issues arising from it.

All family therapists will probably have heard of Attachment Theory as described by Bowlby, Ainsworth and Main; however, relatively few seem to have heard of the DMM – although recently there has been some interest (Crittenden and Dallos, 2009; Pocock 2009; Clinical Child Psychology and Psychiatry issue, in press). As a family therapist trained in a model with strong links to social constructionism, when I joined Family Care I was curious about whether and how we could usefully use the DMM and post-modernist systemic psychotherapy in conjunction with each other for the benefit of our clients. For me, this involved an in-depth exploration of the relationship between attachment theory in general - and the DMM in particular - with family therapy. Can the

two approaches be integrated; if not, how may they effectively be used alongside each other?

Recently, at Family Care we have used DMM assessment tools in conjunction with systemic interviews in order to contribute to the long-term care plans for young people aged between 11 and 17 years, currently in a local authority residential home. We have been able to produce comprehensive reports which benefit from the depth and detail of the DMM and the breadth of contextual information provided by the systemic assessment. The DMM provides a snapshot of the young person's attachment strategy at this point in their development, while systemic interviews, with the young person, their birth family, social worker and others, add important current and historical contextual information.

Reference 1: Crittenden, P.M. and Dallos, R. (2009) All in the family: integrating attachment and family systems theories *Clinical Child Psychology and Psychiatry*, 14(3):389-409;

Reference 2: Pocock, D. (2009) Working with emotional systems: four new maps. In Flaskas, C. and Pocock, D. (Eds) *Systems and Psychoanalysis: Contemporary Integrations in Family Therapy* (pp. 93-109). London: Karnac ;

Reference 3: Pocock, D. (in press) Emotions as ecosystemic adaptations *Journal of Family Therapy*, in press