

Enjoy a Magical Evening in the Dining Hall where Harry Potter was Filmed!

Come to the fantastic space immortalised in the Harry Potter film as if it was **Hogwarts Banquet Hall** and enjoy a wonderful meal with colleagues from all over the world.

Come and hear about the amazing work of **Camila Batmanghelidjh**, our Dinner Speaker. More than 14,000 children in London – and others elsewhere in England – are benefitting from her ability to imagine a new future for them and to turn that fantasy into reality.



Beginning in 1996 with a small grant and big mortgage on her home, Batmanghelidjh has become one of the UK's leading advocates for the rights of disadvantaged and disenfranchised children. She founded **Kids Company** to reach out to children who were abandoned by their parents and let down by services unable to respond to their multiple and complex needs. Kids Company provided practical, emotional and educational support – from basics like food to support to get an education and therapy.

In 2005, “Camila”, as she is fondly known to most of us, won **Social Entrepreneur of the Year** and was named **Woman of the Year** in 2006. Kids Company was awarded the **Liberty and Justice Human Rights Award** in 2007 and this year was selected as the “**Child Poverty Champion**” by the End Child Poverty project.

Camila is an inspiring and powerful speaker who will inspire you to make magic for children and families where you live.



The great Dining Hall at St. John's is the perfect location to hear Ms. Batmanghelidjh's inspiring message!

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** These authors are speakers at IASA's conference in Cambridge, UK, Aug. 29-31.*



Patricia Crittenden

Germany Cares: The Use of the CARE-Index as a National Program Evaluation Tool

Since 2005, Germany has been pursuing an ambitious policy of (1) responding to the needs of troubled families and (2) gathering data on the effectiveness of intervention. It is gratifying that the CARE-Index has been chosen as one of the assessment and intervention tools to be implemented throughout Germany. It's not really surprising, however; thanks to Dr. Ute Ziegenhain, **Germany has been on the forefront of DMM work for three decades, even before we had the term Dynamic-Maturational Model.**

Cultural Variations in Attachment Security

Ideas about cultural variation entered the DMM through work in Berlin, including the former East Berlin, in the early 1990's. **East German samples showed less security than West German, but the 'anxious' A and C strategies helped East German families to adapt to a different set of threats than those in the West.** This is a reminder that cultural groups can have different rates of security and sensitivity without one group being inferior. **It's about adapting to your situation.**

Although that issue has mellowed, concerns about child abuse and neglect are rising. For sure, maltreating mothers are less sensitively responsive than adequate mothers and their children are not securely attached. Why are these parents so insensitive?

Danger and Variations in Protectiveness

Nicola Sahhar's story of a brief treatment (see p. 3) demonstrates how a mother's desire to protect her son produced rebellion on his part. She had learned about danger during war and, with the best intentions, had (mis)applied what she had learned to her son's life in safe circumstances. Sahhar also shows how treatment itself can be dangerous.

Mary Heller studied PTSD and treatment of PTSD and found that early exposure to unprotected and un comforted danger could result in maladaptive behavior in adulthood (see p. 7). In reading her work, Sverre Varvin and Augusto Zagsmutter (both

speakers on trauma at IASA's conference in Cambridge) discover that different theories of treatment have much in common.

What Does that Mean for Abusing and Neglecting Parents?

Can we take the lessons about cultural variation and exposure to danger and apply them to maltreating families? **Parents do not harm their children unless they fear greater harm if they fail to punish.** They don't neglect their children unless they are absorbed with their own basic survival or believe themselves to be helpless (see, Raising Parents, Crittenden, 2008).



I hope that the German programs that we highlight will remember that low sensitivity in parents and high compulsiveness, difficultness, or passivity in children are signs of adapting to danger. Rather than only trying to increase sensitivity, **intervention should identify and work to change the threats in troubled families.** This perspective can engage families who need help - where accusations and threats will only increase their defensiveness.

Let's apply what we've learned about culture and trauma to caring for maltreating families. Think of them as a threatened subcultural group. **Our job is to find the protective meaning of their behavior and to build the bridge across which they can reach safety.**



Nicola Sahhar

Attachment in Action

After the war: Psychoanalytically oriented treatment can profit from DMM derived information

The Presenting Problem

'Elisia', in her mid-thirties and from the former Yugoslavia, asked for counselling. When we met, she

impressed me with her insight; she was convinced that her current problems with her 13-year old son were connected with her over-protective attitude towards him. She described a nice boy who seemed very bright, but who confronted her repeatedly with statements about his widening autonomy and his desire to decide himself what was dangerous and what not. I got the impression that their relationship was stable and affectionate.

As an example of their problems, she mentioned his not turning the lights off when he left rooms. She knew this might be typical for teenagers. Anyway she couldn't tolerate it, becoming very furious and reproachful.

I couldn't understand if treatment was needed, nor which sort of treatment was indicated, nor what the aim would be. So I wanted to find out if any intrapsychic conflict was present to shape a possible psychoanalytically oriented treatment.

Elisia's Frightening History

As my usual analytical way of getting more information, I asked Elisia to tell me a bit more about her life, her former and current relationships.

Elisia had survived the atrocities during the ethnic war in Yugoslavia. She had witnessed her former neighbours, transformed into furious enemies, shooting at her house where she cared for her grandmother. The electricity was off and light was very dangerous at night because it would make inhabitants a prime target for snipers. Despite her grandmother's fragility, she sometimes behaved like a slave-driver, commanding Elisia and complaining about her way of organizing the household. Elisia was shocked cold when she was told that her younger brother – a volunteer soldier – had been killed.

After the war, Elisia resumed her university career, then went to Germany to work. There she married an Italian man, 10 years her senior, who opened a restaurant. She sacrificed her academic plans and worked with him. Soon she recognized her limited affection towards him. She described a nice, but emotionally distant, man who worked all time.

Over three sessions, I got an image of a sad woman, longing for her own intellectually challenging life, who instead felt (again!) responsible for taking care of her husband and beloved son. She intuitively felt the risk of a therapeutic adventure, which could lead to a new evaluation of her relationship.

Starting the Treatment

Using my DMM knowledge, I had a hypothesis of a couple who probably both used compulsive (A+) self protective strategies in which affect and authentic needs were kept under tight control. I also expected that Elisia was traumatized, although she did not lose control when she recalled the war and she was appropriately sad about her brother.

Her complaints of being overprotective and too furious with her son suggested the possibility that Elisia might disconnect (or dis-associate) affect and behaviour. This fits a compulsive strategy and unresolved trauma that was dismissed (Utr(ds)) and it connects her fear of death that I heard in the recurring, imaged theme of light with its importance to her and its danger.

I decided to try an interpretation to:

- reconnect 'light' with her feelings of danger and need for protection;
- help her to recognize that her son did not face life threatening danger;
- appreciate her best intentions to protect her son;
- help her to tolerate that her needs were different than her son's needs.

I told her that I could understand that light was very dangerous during war and that her forgotten feelings of fear might come up very strongly when she feared that her son behaved carelessly. To my surprise, this interpretation had a strong effect. In the next session, she told me that she had thought a lot about light and her war-related memories. It had an immediate effect on her relation to her son: the tensions eased because she could see that he was careless because he felt safe at home.

Did the Treatment Work?

One week later, she came to end the therapy. She knew that, if she continued with an analytically-oriented therapy, she would have to confront all her painstakingly buried needs and longings. Right now, such an adventure appeared too risky, including feeling she was in the wrong place with the nice, but emotionally distant husband. This might result in a separation which could cost her son his father. I think this brief therapy, just five sessions, was somehow successful. It helped Elisia to differentiate sources of danger and to make a decision about what to protect in her current situation. Maybe she will come back later in life, when her son will have started his own life, outside of her household?

Nicola Sahhar, Psychoanalyst, Düsseldorf, Germany



Nicola Sahhar

The DMM's Spreading

Different research groups in Germany use different interventions and different instruments to assess their outcomes. With the use of DMM based assessments, especially with the CARE-Index to assess risks in parent-infant interaction, one instrument was introduced to have a comparable standard.

In 2008, with funds from the Nationale Zentrum Frühe Hilfen to prevent risk to families and children and intensive effort by Ute

Ziegenhain (University of Ulm), almost 20 people were trained in the CARE-Index. Since then, another 25 professionals from Germany, Switzerland, Luxemburg and Austria have been trained.

This German issue of the DMM News presents four research projects. We hope to see the outcomes in a future DMM News. Ulrike Zach introduces us into her first contact with Crittenden's DMM and describes its value in contrast to other attachment-based approaches. She invites interested people to cooperate in further research using DMM assessments.

Nicola Sahhar & Martin Stokowy, Invited Editors, Cologne, Germany



Martin Stokowy

A Good Start to Life

The Problem

Child protection issues in Germany have garnered attention from the media and politicians. This led, in 2005, to child protection legislation and a state-funded program of early warning and intervention; the "National Centre of Neglect and Maltreatment in Early Childhood" was founded. This centre is responsible for research and dissemination of knowledge related to early intervention (www.nzfh.de).

Solving the Problem

"A Good Start to Life" (Guter Start ins Kinderleben) was established to:

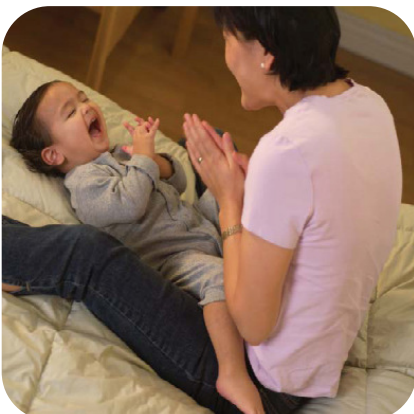
- Prevent child abuse and neglect in young children
- Foster interdisciplinary cooperation and networking
- Optimize early preventive services

The Ulm Model

The "Ulm Model for Attachment-Based Intervention" will evaluate a sample of at risk mothers and children (teenage & psychiatrically ill mothers; preterm & disabled children). It is suitable for individual guidance, diagnostic information and the management of supportive resources.

The model emphasizes:

- Early infant's development,
- Infant's signals of stress and self-regulation,
- Parental sensitivity.



Melanie Pillhofer



Ute Ziegenhain

High risk parents receive:

- Support in strengthening their relationship with their newborn child,
- Emphasis on preventing relationship problems
- Video-feedback on interaction.

Early Results Are Positive!

The "Ulm Model" has improved maternal sensitivity in a small sample of teenage mothers (Ziegenhain, Derksen & Dreisörner, 2004; Ziegenhain, 2007). Evaluation with a larger high-risk sample, which is currently in progress, will measure changes in maternal sensitivity, using the CARE-Index (Crittenden, 2007).

References:

- Crittenden, P.M. (2007). CARE-Index: Coding Manual. Unpublished Manuscript, Miami, FL.
- Ziegenhain, U., Derksen, B. & Dreisörner, R. (2004). Frühe Förderung von Resilienz bei jungen Müttern und ihren Säuglingen. *Kindheit und Entwicklung*, 13, 226-234.
- Ziegenhain, U. (2007). Förderung der Erziehungs- und Beziehungskompetenzen bei jugendlichen Müttern. *Praxis der Kinderpsychologie und Kinderpsychiatrie*, 56, 660-675.

Melanie Pillhofer & Ute Ziegenhain, University Hospital Ulm, Germany



Anna Sidor & Elisabeth Kunz

Early Intervention for 'At Risk' Families

'Nobody Slips through the Cracks' (KfdN) is an intervention project for at risk families with babies. The aims are to support young families who would not seek help on their own, to prevent child abuse

and neglect, and to support parent-baby relationships.

What We Do

During home visits, midwives teach and support parents in:

- 1) Self care (get to know oneself and one's own needs)
- 2) Transition from partnership to parenthood (communication with one's partner)
- 3) Detecting baby's signals
- 4) Coping with baby's problems (crying, regulation...)
- 5) Parents' intuitive competencies.

Our Research Design

PFIFF (Intervention Project for Families) is evaluating the effectiveness of KfdN. We are separate from KfdN to be sure that the research is objective and not influenced by our enthusiasm for KfdN.

We have a quasi-experimental design that is a group comparison in

naturalistic setting. The families have high levels of poverty, alcohol or drug misuse, lack of social support, teenage mothers, and maternal psychiatric disorder. The control group is recruited outside the implementation area. The control (N=150) and intervention (N=150) groups are matched for risk. Evaluation occurs at 4 months, 6 months, 1 year, and 2 years of age.

Hypotheses

We expect the intervention group to demonstrate:

- a) Higher parental competence;
- b) More appropriate child development.

Procedure & Instruments

The assessments are administered by trained psychology students in a home setting and take about 1 hour.

We used the CARE-Index to evaluate mother-infant interaction and the Ages and Stages Questionnaire (Squires, Potter & Bricker, 1999) to assess infant development. Self-report questionnaires will gather data on psychosocial risk and the family situation.

Anna Sidor, Elisabeth Kunz, Daniel Schweyer & Manfred Cierpka

University Clinic Heidelberg, Institute for Psychosomatic Cooperation Research and Family Therapy

References

Squires, J., Potter, L., & Bricker, D. (1999). The ASQ user's guide for the Ages & Stages Questionnaires: A Parent-Completed, Child-Monitoring System (2nd ed.). Baltimore: Paul Brookes.

How Can We Support Socially Disadvantaged Young Mothers?

We are testing whether parental competence and parent-child relationship are the keys to positive child development. The preliminary results of the home visiting program "Pro Kind" (which means: "For the child") suggest that they are.

Our Program

"Pro Kind" has been running since 2006 to prevent child maltreatment. We've helped more than 700 socially disadvantaged first-time mothers with home visits by midwives and social pedagogues based on the success of the US Nurse Family-Partnership. The program begins in the 28th week of pregnancy. By random assignment, some mothers receive our special program and other mothers receive the usual services.

How the Program Works

Home visitors work with mothers on reading children's signs more sensitively, responding more promptly, and improving the mother-child relationship. For example, mother-infant play sequences are videotaped and analyzed with the CARE-Index. (www.howtoreadyourbaby.org/PipeCurriculumandModel.html).

Preliminary Results

A randomized trial will determine whether the program is effective. Each mother reports several times on her feelings about

motherhood and her relationship to her baby. The CARE-Index is coded and the babies are assessed with the Bayley Scales of Infant Development. The results from both groups will be compared.

The study ends in 2012, but there are already preliminary results concerning children's development. Although children of both groups are below the norm, children in the Pro Kind treatment group tend to catch up by 12 months of age.

Now we want to know if the better results in the treatment group remain stable and what the CARE-Index analysis of the videotapes will reveal about the mother-infant relationship. We will analyze everything, including the CARE-Index data, after both groups have completed the program.

Vivien Kurtz, MPH, Psychologist, Criminological Research Institute of Lower Saxony, Germany

Tanja Jungmann, Ph.D., Psychologist, ISER, University of Rostock, Germany



The Pro Kind Team

Validating the CARE-Index

The CARE-Index assesses adults' sensitivity to babies using 3-minute videotaped adult-infant play. The adult's behaviour is coded as sensitive, controlling, and unresponsive. Infants' behaviour is coded as cooperative, compulsive, difficult, and passive. The results will be used for research and to plan and implement intervention.



Anke Lengning



Laura Albus



Verena Heenen



Nadine Lüpschen

What We Want to Know

Ample research has substantiated inter-rater reliability and validity of the CARE-Index (Lengning, 2008). According to Crittenden (2005), the CARE-Index offers robust results in different settings: home, clinic, laboratory, and social services rooms and can be used with any toys. We want evidence of this. We also want to know if the results are stable over short periods of time. If the CARE-Index is versatile and stable, it can be used as a diagnostic and research instrument.



Our Study

We are studying the context, toys, and stability at the Technical University of Dortmund. The CARE-Index was conducted three times, at two week intervals, in different settings and with different

toys. The mothers were given questionnaires to check validity. We recruited 28 mother-infant pairs and one father-infant pair from a baby massage group, intervention, and a playgroup. The babies were 3-13 months of age. There were three groups: one (N=10) was videotaped at home, one (N=10) in social services rooms, and the last (N=8) in social services rooms first, then two times at home. The data analysis will be done by an independent research group.

Dr. Anke Lengning (Juniorprof.), University of Dortmund. Cand. Dipl. Psych. Laura Albus, Cand. Dipl. Psych. Verena Heenen, and Nadine Lüpschen

References

Crittenden, P. M. (2005). Der CARE-Index als Hilfsmittel für Früherkennung, Intervention und Forschung. *Frühförderung interdisziplinär*, Special issue: Bindungsorientierte Ansätze in der Praxis der Frühförderung 24, 99-106.
Lengning, A. (2008). Abgleich der Erhebungsinstrumente der im Rahmen des Aktionsprogramms Frühe Hilfen vom BMFSFJ geförderten Modellprojekte. Expertise im Auftrag des Deutschen Jugendinstituts München.



Ulrike Zach

Some Reflections about the Dynamic-Maturational Model *A non-traditional approach to attachment*

A Time of Discovery

I first met Pat Crittenden in 1994 at one of her training events. I and my colleagues were all fascinated by her coherent way of describing the Dynamic-Maturational Model (DMM)

and other new ideas about the attachment story, which prompted lively and critical discussions amongst our professional group. New, exciting and amazing variations, outcomes, questions and quarrels had and still have to be discussed in the attachment field.

Since that first introduction, I have seized every opportunity to attend Pat's international courses in order to further develop my understanding of human development across the life-span. I am especially interested in learning more detail about her discoveries of cultural variations. In addition, I have turned my attention more and more to developmental problems and practical interventions, particularly the concepts of danger and behavioural functional adaptations which are specified in the DMM.

Training in the DMM – A Worthwhile Investment

In the training and education of psychotherapists, counsellors, professional caregivers, social workers or legal advisors, the DMM has increasingly turned out to be a valued topic within academic

education. However, let me give you a word of warning: If you follow what I call Pat's 'non-traditional account of attachment theory' (my own term for the DMM), you face the challenge of continuously adapting your own thinking and investing a lot of time in becoming a reliable observer / coder. There are also many demands to make contributions to data collection. Financing is often still a barrier, especially for many interested practitioners.

Even so, the investment is worth it; from the beginning, you are rewarded with professionally advanced expertise and sudden insight into perplexing questions. There is also the pleasure of meeting many new inspiring colleagues and friends.

To sum up: the effort is worth the investment, not only for ourselves but on behalf of our interest in creating a better world for our children!

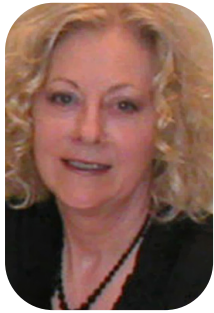
Finally, please note the offer for cooperation at the end of this article. The project is intended to help promote the DMM and to help individuals to attend courses.

Thanks to **Liselotte Ahnert** who invited Pat Crittenden to the Institut für Angewandte Sozialforschung, Berlin, in 1994. And thanks to **Heidi Keller** who sent her scholars, S. Völker and M. Abrams at the time.

Ulrike Zach, Fachhochschule Frankfurt am Main, Germany

**INVITATION FOR PRACTICAL PROJECTS AND RESEARCH IN
THE FIELD OF THE DYNAMIC-MATURATIONAL MODEL OF ATTACHMENT**
Send proposals to Prof. Dr. Ulrike Zach, Fachhochschule Frankfurt am Main,
FB 4: Soziale Arbeit und Gesundheit, Nibelungenplatz 1, 60318 Frankfurt am Main

What's Been Published Recently?



Exposure to Unprotected and Uncomforted Danger in Childhood and Predisposition to PTSD in Adulthood

Mary Heller has published two articles discussing her work on chronic PTSD. She found that adults with chronic PTSD recalled, in Adult Attachment Interviews, dangerous experience when they were children. Two

things stood out: they did not tell about being protected or comforted during the dangerous experience in childhood and, in adulthood, their AAls showed evidence of continuing unresolved trauma around the event. She also found that the adult patients used three different attachment strategies, suggesting that patients with PTSD might need different sorts of treatment.

We asked two eminent therapists to review Heller's articles. Sverre Varvin works in a psychoanalytic framework – as does Heller. Augusto Zagmutt works in a post-rationalist cognitive framework – unlike Heller. We are interested in what these approaches to therapy have in common and what differentiates them – with regard to treatment of chronic PTSD.

Patricia Crittenden

Heller, M. (2010). 'It was an accident waiting to happen!' An investigation into the dynamic relationship between early-life traumas and chronic post-traumatic stress disorder in adulthood. In M. E. Heller & S. Pollet (Eds.). *The work of psychoanalysts in the public health sector* (pp. 140-155). New York, NY, US: Routledge/Taylor & Francis Group.

Heller MN, 2010. Attachment and its relationship to mind, brain, trauma and the therapeutic endeavour. In R. Woolfe, S. Strawbridge, B. Douglas, & W. Dryden. *Handbook of Counselling Psychology* 3rd edition, (pages 653 – 670). London: Sage.



Attachment and Its Relationship to Mind, Brain, Trauma and the Therapeutic Endeavor

Heller reviews the latest neuro-scientific evidence which seems to strongly support the thesis of attachment theory claiming a close connection between early attachment and psychological propensities in adulthood. The chapter addresses the relation between early traumatic attachment and the propensity to develop PTSD in adulthood and suggests that there are neurochemical mediators involved in these phenomena. Heller's analysis suggests important conclusions for psychotherapy. Interestingly, despite the fact that the author belongs to the mainstream of psychoanalysis, these findings seem generally useful for other therapeutic approaches as well.

"It Was an Accident Waiting to Happen!"

An Investigation Into the Relationship Between Dynamic Early Life Trauma and Chronic Post-Traumatic Stress Disorder in Adulthood

This article could well be the continuation of the previous one. The author delves into the understanding of the traumatic experience in first person, showing that the effect of trauma is more



How to understand and help the chronic traumatised patient

Why do some persons develop chronic post-traumatic disorders after threatening and overwhelming events and others do not? What is the underlying mechanism promoting resilience during and after adverse experiences? And – how should we treat those who "fall ill" after a traumatising event?

Sverre Varvin

Mary Heller discusses these riddles in trauma research in two recent papers – and she gives

some interesting answers. The key is unresolved childhood trauma, together with attachment security or insecurity, as mediator for vulnerability to traumatic influences.

In a retrospective study of 22 persons with PTSD, she demonstrates how early unresolved traumas and losses predispose individuals for later development of PTSD should the worse happen. This confirms what has been found in prospective studies (not possible to do on humans) on animals (Rhesus monkeys): that good, caring early attachment environment protects against adversities and promotes resilience (Suomi et al., 1998).

The underlying neurobiological processes are described and the attachment-based understanding is coherently contextualised with psychoanalytic theory on trauma. We then have a solid scientific basis for therapeutic work with these unfortunate patients, many of whom struggle for years with chronic PTSD. Even if treatment technique needs more thorough discussion, these articles can be highly recommended as a coherent, well-researched and, in my mind, groundbreaking contribution to the understanding and treatment of the traumatised patient.

References:

Attachment and its relationship to mind, brain, trauma and the therapeutic endeavour. Suomi, S. J., & Levine, S. (1998): *Psychobiology of intergenerational effects of trauma: Evidence from animal studies*. In Y. Daniele (Ed.), *International handbook of multigenerational legacies of trauma*. New York: Plenum Press, 623-637.

Sverre Varvin, University of Oslo, Norway

dependent on personal psychological structure than on the traumatic event structure. The meaning of the traumatic event is more relevant than the event itself.

Despite language that is clearly psychoanalytic, the author's position is quite similar to constructivist one because it understands the experience as self-referential. It stresses that the main challenge facing a person with PTSD is their inability to put the experience into words and, thus, being unable to put the traumatic event in a dimension of the past.

The question posed is "What is the nature of this predisposition in some people? The answer is sought by a research whose main instrument is the Dynamic Maturational version of the AAI (Crittenden) in which 20 of the 22 participants showed high rates of child traumatic attachment. This confirms that non-integrated affect promotes the emergence of psychological symptoms in adulthood. From a content analysis of four patients stories, Heller concludes that there is a close relationship between the contents of childhood trauma and the contents of the current PTSD event. It is mainly at this point that I disagree with her. In the analysis of these four cases, the non-integrated affect is considered as content. I think we can better understand what happens with non-integrated affect in terms of emotional meaning processes.

Augusto Zagmutt Cahbar, Universidad de Chile, Santiago, Chile

Integrating Theories of Treatment

Paul Dignam and his colleagues address a central issue in the DMM: What self-protective strategies are associated with different psychiatric disorders – and **what are the implications of this for treatment?**

Two up-coming publications will add data to this topic. Rudi Dallos, who reviews Dignam's article, has arranged a special issue of **Clinical Child Psychology and Psychiatry** that comes out in July, 2010. Look at the wonderful papers that will be in that volume! All your favorite DMM authors and more are there! Patricia Crittenden and Andrea Landini review all the published articles using the DMM-AAI in their new book, **The Adult Attachment Interview: Assessing Psychological and Interpersonal Strategies**. New York: Norton.

Detached from Attachment: Neurobiology and phenomenology have a human face.



Paul Dignam

Paul Dignam, Peter Parry & Michael Berk

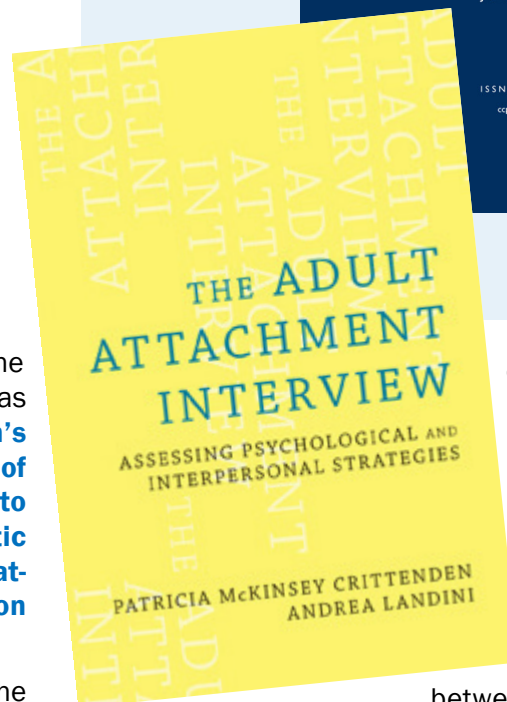
This paper is to be published in the journal of Acta Neuropsychiatrica.

The title does not hint that the paper attempts to cover what has been **Patricia Crittenden's mission for a considerable of period of time, namely to deconstruct DSM diagnostic categories and offer sophisticated**

psychological formulations based on attachment theory.

The authors offer a review of literature regarding the links between attachment processes and a variety of psychiatric conditions: depression, ADHD, personality disorders, psychosis and Asperger's Spectrum Disorder. A core concept that they employ, which is found widely in attachment theory driven research, is that of avoidant attachment strategies being associated with internalising disorders, e.g. anxiety and depression and anxious-ambivalent strategies with externalising symptoms, such as processes being associated with symptoms such as conduct and personality disorders.

Although they describe correctly that DMM offers a more complex analysis in terms of thinking about combinations of A and C patterns, what is missing is mention of the important analysis in DMM of the inter-weaving of the differentiated patterns, that is, compulsive (A3-8) and obsessive (C3-8) strategies, unresolved states and the modifiers, e.g. disorientation, de-pression and intrusions. For example, in their analysis of personality



disorders, the formulation is essentially tied to a simple distinction between A and C patterns.

There is also confounding here of the core difference in DMM

between compulsive (A) and obsessive (C) strategies.

It is tempting to detail further what this paper lacks, but we should note that it is a laudable attempt to apply an attachment lens to formulate about a range of disorders. **Some relevant criticism of DSM is offered, especially in relation to the need to consider the functions of different forms of symptoms in relation to protection from danger.**

Rudi Dallos, Plymouth University, UK



Rudi Dallos

**Copies of this issue
will be on sale
at IASA's conference
in Cambridge,
August 29-31,
2010**

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**Clinical Child
Psychology
and Psychiatry**

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