Group Attachment-Based Intervention:
An intergenerational model for families that have experienced trauma

January 13, 2015
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Presentation Outline

- Theoretical underpinnings of the Group Attachment Based Intervention (GABI)

- Implementation of GABI and the REARING model
Trauma Informed Intergenerational Care

IDENTIFY RUPTURES
Adverse Experiences Study, the effects of toxic stress on health and development

CREATE REPAIRS
Clinical interventions to provide the protective factor of a secure parent-child attachment relationship to buffer effects of toxic stress and adversity

THERAPEUTIC STANCE. Tread softly
“Although the capacity for developmental change diminishes with age, change continues throughout the life cycle so that changes for better or for worse are always possible. It is this continuing potential for change which means that at no time of life is a person impermeable to favorable influences.”
Attachment Theory and Research: Interest to Clinicians

Focus on Trauma

Intergenerational patterns of attachment

Moves to the level of representation

Offers an evidence-based methodology

Core Methods:
Strange Situation
Adult Attachment Interview
Ainsworth’s Strange Situation

Activate the attachment system via separation
Activate the exploration system via novel playroom

Observe the child’s strategy upon reunion:

- Secure (55-65%)
- Avoidant (15-20%)
- Resistant (5-10%)
- Disorganized (5-10% in non-clinical populations but up to 80% of maltreated infants)
Change in salivary cortisol level from baseline before Strange Situation

Spangler & Grossmann, 1993 in Child Development
Mary Main on Disorganization in Infancy

- The common denominator: absence, breakdown, or collapse of an organized strategy

- The paradox - “fright without solution” (Hesse & Main, 2000; Main & Solomon 1999)

Indices of disorganized attachment behavior (if displayed in the presence of the parent):

- sequential or simultaneous display of contradictory behaviors, such as distress and avoidance

- undirected or misdirected movements

- Anomalous postures; freezing or stilling behaviors; expressions of fear or apprehension, confusion
Adult Attachment Interview
(George, Kaplan & Main, 1985)

- **What happened?**
  - 5-adjectives for early relationship w/mother and w/father
  - Emotionally upset?
  - Physically hurt?
  - Separated? Rejected?
  - Abuse? Loss?

- **What do you make of it?**
  - Why do you think your parents behaved the way they did?
  - Has childhood influenced the kind of person you are today?
Intergenerational Patterns of Attachment

- Dismissing (minimizing)
- Autonomous (balance and valuing)
- Preoccupied (maximizing)
- Unresolved re past loss or trauma (absorption in grief)
- Avoidant (15%)
- Secure (65%)
- Resistant (10%)
- Disorganized (10%)
Prenatal Classification of 96 Mothers and 90 Fathers on AAI by Infant-Mother (12 mos) & Infant-Father Attachment (18 mos)

Steele, Steele & Fonagy, 1996, Child Development
Indicators of past deprivation

- Prolonged separation (>3mos) from parents before age 11
- Single - parent family
- Low SES
- Paternal unemployment > 3 months
- Severe illness in mother or father
- Boarding school experience before age 11
Frequency of Secure and Insecure Infant-Mother Classifications Grouped by Mothers’ Past Experiences of Deprivation and Present Reflective-Functioning

Fonagy, Steele, Steele, Higgitt & Target, 1994, *Journal of Child Psychology & Psychiatry*
Entrants versus 6-month completers of Group Attachment Based Intervention (GABI): Suggestive of how GABI may help shift disorganized attachments to organized ones

Fisher’s Exact *p* < .05, two-tailed: Note that pre-treatment AAI status was similar for these two groups both being > 60% U (unresolved) re past loss or trauma or CC (can’t classify)
Steele, Murphy, & Steele, 2010
ADVERSE CHILDHOOD EXPERIENCES STUDY
(Felitti et al., 1998)

TEN CATEGORIES OF ADVERSITY

ABUSE (3)
- Psychological, physical and sexual

NEGLECT (2)
- Emotional and physical neglect

HOUSEHOLD DYSFUNCTION (5)
- Parental separation/divorce
- Mother treated violently
- Parental mental illness/suicide
- Parental substance abuse/alcoholism
- Parental incarceration
Table 2: Prevalence (%) of childhood exposure to abuse, neglect and household dysfunction in current sample (N=75) and published ACE findings (N=4,665)

<table>
<thead>
<tr>
<th>Category of Childhood Exposure</th>
<th>Community n= 34</th>
<th>Clinical n= 41</th>
<th>Dube et al., 2003 N= 4,665</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abuse</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>24</td>
<td>81</td>
<td>12</td>
</tr>
<tr>
<td>Physical</td>
<td>29</td>
<td>68</td>
<td>25</td>
</tr>
<tr>
<td>Sexual</td>
<td>27</td>
<td>61</td>
<td>24</td>
</tr>
<tr>
<td><strong>Neglect by category</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>27</td>
<td>68</td>
<td>17</td>
</tr>
<tr>
<td>Physical</td>
<td>18</td>
<td>68</td>
<td>9</td>
</tr>
<tr>
<td><strong>Household dysfunction by category</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother treated violently</td>
<td>3</td>
<td>65</td>
<td>14</td>
</tr>
<tr>
<td>Parental separation or divorce</td>
<td>44</td>
<td>88</td>
<td>25</td>
</tr>
<tr>
<td>Mental illness in household</td>
<td>44</td>
<td>83</td>
<td>25</td>
</tr>
<tr>
<td>Household substance abuse</td>
<td>24</td>
<td>61</td>
<td>31</td>
</tr>
<tr>
<td>Incarcerated household member</td>
<td>3</td>
<td>66</td>
<td>7</td>
</tr>
<tr>
<td><strong>ACE Score</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>21</td>
<td>2</td>
<td>31</td>
</tr>
<tr>
<td>1</td>
<td>24</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td>2</td>
<td>15</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>3</td>
<td>15</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>4 or more</td>
<td>27</td>
<td>84</td>
<td>19</td>
</tr>
</tbody>
</table>
What does it mean to have >4 ACEs?
Adverse Childhood Experiences Study (Felitti et al., 1998)

- Alcoholism and alcohol abuse
- **Cancer**
- Chronic obstructive pulmonary disease (COPD)
- Depression
- **Diabetes**
- Fetal death
- Health-related quality of life
- Illicit drug use
- **Ischemic heart disease (IHD)**
- Liver disease
- Obesity
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
Adverse Childhood Experiences (ACE) & the Adult Attachment Interview (AAI)

- N = 41
- >4 ACEs: 83%
- AAI's Unresolved: 76%
- >4 ACEs: 65% AAI Unresolved with respect to Loss and Trauma

Murphy, A., Steele, M., Dube, S. R., Bate, J., Bonuck, K., Meissner, P., Goldman, H., & Steele, H. (2014).
Clinical Applications of High ACES/Disorganized Attachment

- Refusal to get pre-natal care/breastfeed
- Negative attributions/unrealistic expectations
- Fear of separation from child
- Reluctance to use child care
- Refusal to leave abusive spouse
- Expectation of abandonment
- Lack of education
- Social isolation (fear, mistrust)
- Hyper vigilance with child’s appearance (hair, clothes)
GABI

Group Attachment-Based Intervention
Demographic characteristics of participating mothers (and children): N=60

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Mothers</th>
<th>Children (55% girls)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>12%</td>
<td>4%</td>
</tr>
<tr>
<td>Black</td>
<td>31%</td>
<td>29%</td>
</tr>
<tr>
<td>Latino</td>
<td>37%</td>
<td>37%</td>
</tr>
<tr>
<td>Bi-racial</td>
<td>15%</td>
<td>27%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mothers’ Schooling Level</th>
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</thead>
<tbody>
<tr>
<td>No high school</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Some high school</td>
<td>41%</td>
<td></td>
</tr>
<tr>
<td>High school Diploma/GED</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>Some College</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>College Diploma</td>
<td>7%</td>
<td></td>
</tr>
</tbody>
</table>

- Not employed: 69%
- Medicaid: 100%
- Lost custody of prior child(ren): 19%
- Previous psychiatric hospitalization: 15%
- History of incarceration: 10%
- Homeless/shelter: 22%
- BMI normal: 28%
- BMI overweight: 28%
- BMI obese: 44%

Murphy, Steele, Bate, Nikitiades, Allman, Bonuck, Meissner & Steele, 2014
Parent ACE Score-Child ACE Score

Opportunity for Redemption/Repair

- Since your child was born.....
- Emotional neglect
- Physical neglect
- Psychological Abuse
- Physical Abuse
- Sexual Abuse
- Parental separation/mental illness/incarceration/substance abuse/exposure to domestic violence
GABI’s Conceptual Framework: “REARING”

- Reflective Functioning
- Emotional Attunement
- Affect Regulation
- Reticence:
  - Winnicott: “The infant needs a period of hesitation" in which to rediscover self and object
  - Trevarthen: “Good communication involves reticence on the part of the mother’” (1977)
  - Lieberman & van Horn: Common therapeutic miss-steps, “involve moving too fast to persuade the parent to forego his subjective experience and to adopt the child’s point of view” (2008)

- Intergenerational patterns

- Nurturing

- Group context
GABI Format

- Parent-Child Session
- Child-Only Session
- Parent-Only Session (+ Video Feedback)
- Reunion
Video as a projective

What do you see when you look at this?
Reflective Supervision

GOAL: To increase reflective functioning in the trainees and clinicians

- Wouldn’t the kids be better off in foster care?
- How can she act like that?
- Why don’t they work?
- Why doesn’t she use birth control?
- Most difficulty with reticence
- Over identification with child
- Sense of urgency
Birth to Three: A Pragmatic Clinical Trial for Child Maltreatment

R40 Funded by HRSA, Maternal Child Health Bureau 2012-2015

June 18, 2012
Randomized (n=148)

GABI (n=84)
- Intake (n=69)
  - Dropped (n=15)
  - Baseline Assessment (n=56)
    - Dropped (n=13)
    - Currently Attending (n=17)
    - Completed Tx (n=22)
      - Follow-Up (n=12)

STEP (n=64)
- Intake (n=51)
  - Dropped (n=13)
  - Baseline Assessment (n=39)
    - Dropped (n=12)
    - Currently Attending (n=12)
    - Completed Tx (n=16)
      - Follow-Up (n=8)

Supported by the Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA), United States Department of Health and Human Services
Group Attachment Based Intervention (GABI):  
A Promising Practice for Preventing Childhood Maltreatment  
Invitation to become a member of the GABI Learning Collaborative

With funding from the New York State Health Foundation we are initiating a Learning Collaborative (LC), to train centers in the Group Attachment Based Intervention (GABI). GABI is aimed at preventing child maltreatment and promoting organized secure attachments for children aged birth-to-three and their parents.

Participation in the Learning Collaborative entails:

(i) a 2-day in-person workshop in NYC

(ii) access a website with written and video material to facilitate implementation of GABI

(iii) video/communication technology to collect data, and receive feedback on adherence

(iv) two site-visits from GABI trainers to provide individualized consultation (with ongoing day-to-day support)

(v) monthly collection and reporting of implementation and outcome data
Acknowledgements

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- The Robin Hood Foundation

- New York State Health Foundation

- Einstein-Montefiore Institute for Clinical and Translational Research
  - CERC Pilot Grant
  - RFK-IDDRC Pilot Grant
“Just as children are absolutely dependent on their parents for sustenance, in all but the most primitive communities, are parents especially mothers, dependent on a greater society for economic provision. If a community values its children it must cherish their parents.” (1951, p. 84)