

## FAMILY ATTACHMENT THERAPY: GUIDING PRINCIPLES

Developed by Deborah N. Silverstein, L.C.S.W.



# ACT

Participant  
Resource  
Notebook

Diversity,  
Healing &  
the Family

Practice  
Tools

*NOTE: Attachment therapy has been widely confused with “Holding Therapy” which has been controversial and misused. However, family attachment therapy focuses on a continuum of interventions. The goal is to provide opportunities for the entire family to learn new skills, to teach parents how to decode the child’s behaviors and to engage the entire family in experiences of attunement. Attunement is the experience of “feeling felt” by another person and “forms the nonverbal basis of collaborative, contingent communication” (Siegel, 1999).*

- Is based on arousal/relaxation cycle and re-education of parent and child
- Involves reassuring, consoling, comfort-providing, stress-and-anxiety reducing behaviors, heightened affective level, mutual pleasure
- Is experiential in nature
- Involves all five senses—is physical
- Is reciprocal
- Heightens parent’s compassion and empathy; thereby putting into place safeguards against abuse or disruption of the relationship
- Permits parents to offer child comfort, safety and security
- Helps tie past trauma and lost attachments (for parent and child) to present behaviors and affect; helps parents not take child’s behavior personally
- Supports parents’ exploration of their Internal Working Model and that of the child
- Deals with trauma (parents’ or child’s) openly, in detail with affect available
- Provides positive experiences for family and child both in therapy setting and in home
- Is frequently based in some form play (shown infants who have had more fun with their mothers tend to become more securely attached)
- Permits regression: replicates early parent/infant relationship in all its aspects—developmental re-parenting
- Models normal caregiver/infant interactions—physical, playful, frivolous, fun-filled, and personally engaging
- May involve four categories: *structuring* (rules—beginning, middle, and end, adult in charge, order in universe), *challenging* (push child toward growth, overcome anxiety, help child master tension, understand boundary between real and make believe), *intruding* (get around child’s defenses and resistance, unexpected, delightful, stimulating—high excitement, joy, suspense, especially necessary for withdrawn child or too highly structured), and *nurturing* (play with feeding) (See *Theraplay materials developed by [www.theraplay.com](http://www.theraplay.com)*. Theraplay® is a short-term, therapist-directed play therapy for children and their parents. It is designed to enhance attachment, raise self-esteem, improve trust in others and create joyful engagement)
- May reveal triggers for misbehavior; parent joins with child to teach new skills, making child responsible for behavior
- Helps parent learn of child’s disordered perceptions and allows for correction
- Increases parent’s self-esteem, capacity to cope, and enjoyment of child
- Provides opportunities to integrate positive aspects of child’s past into present



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- Establishes roles and responsibilities—demonstrates strength of parent and protection that parents offers
- Protects marital (couple) relationship;
- Helps parents identify own attachment style and blocks to forming secure attachment with child;
- Promotes healthy grieving for past losses (parent and child);
- Offers opportunities to encourage and praise when child's defenses are down;

**Important note:** cocaine and other drug exposed babies must be stimulated with extreme care so as not to overtax and provoke crisis because they have not developed the capacity to modulate properly.

### Reference

Siegel, D.J., & Hartzell, M. (2003). *Parenting from the inside out*. New York, NY: Putnam.

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