Attachment-Based Family Therapy (ABFT)

Program Snapshot

Evidence Ratings*

Effective	Suicidal Thoughts and Behaviors
Effective	Depression and Depressive Symptoms

*Ratings definitions can be found in the appendix.

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Program Type
Mental health treatment

Gender
Male
Female

Age
13-17 (Adolescent)

Geographic Locations
Urban
Non-U.S.
Information not provided

Settings
Outpatient Facility

Race/Ethnicity
Black or African American
White
Other

Implementation/Dissemination
Implementation materials available
Dissemination materials available

Program Description

Attachment-Based Family Therapy (ABFT) is a 16-week treatment for youths ages 12–24 who have experienced depression, suicidal thoughts, suicide attempts, or trauma. ABFT addresses the problems that emerge when processes such as family conflict, detachment, harsh criticism, or traumas (e.g., abandonment, neglect, abuse) rupture the secure base of family life, denying youths the normative developmental protective context. The program also addresses how a lack of parental comfort, support, or help can compound the youth's experience of stressful occurrences outside the home (e.g., bullying). ABFT aims to strengthen or repair parent–youth attachment bonds and family communication so that parents become a resource to help youths cope with stress, experience competency, and explore autonomy.

ABFT treatment consists of the following five therapy tasks: 1) relational reframe, which is conducted with the youth and parent(s) together in the first session. The goal is to set the therapeutic foundation for treatment by accessing the parent's desire to protect their child and the adolescent's need to be cared for by the parent; 2) adolescent alliance, which is conducted with the youth alone (two to four sessions). The goal is to build a bond between the therapist and youth, help youths identify and express experiences of family interactions and events that have damaged their trust, and to prepare them to discuss these issues with their parents; 3) parent alliance, which is conducted with the parent(s) alone (two to four sessions). The goal is to explore parents' current stressors and personal history of attachment to activate their caregiving instincts, and learn to use new attachment-promoting skills to coach their children; 4) attachment, which is conducted with the youth and parent(s) together (two to six sessions). The goal is to engineer a "corrective attachment experience," in which the youth directly expresses his/her vulnerable thoughts and feelings about parent–child relational conflicts, and the parent(s) respond with empathy and caring, which challenges the adolescent's expectation of parents' rejection and indifference; and 5) autonomy, which is conducted with the youth and parents together (four to six sessions). The goal is to have parents serve as a secure base to help the youth address other factors contributing to his/her emotional distress and promote and support developmentally appropriate autonomy inside and outside the home.

Evaluation Findings by Outcome

OUTCOME: SUICIDAL THOUGHTS AND BEHAVIORS

PROGRAM EFFECTS ACROSS ALL STUDIES	This program is effective for reducing suicidal thoughts and behaviors. The review of the program yielded strong evidence of a favorable effect. Based on one study and two measures, the average effect size for suicidal thoughts and behaviors is .88 (95% CI: .41, 1.35). Click here to find out what other programs have found about the average effect sizes for this outcome.
KEY STUDY FINDINGS	By posttest, patients in the intervention group were more likely to self-report suicidal ideation in the normative range, compared with the control group. Similarly, intervention patients were more likely to have reported to their clinician no suicidal ideation in the past week, compared with the control group. These differences were statistically significant (Diamond et al., 2010).
MEASURES	Diamond et al. (2010): Suicide Ideation Questionnaire – Junior (SIQ-JR); Scale for Suicidal Ideation (SSI)
ADDITIONAL DETAILS	This outcome was also assessed at a 24-week follow-up period (Diamond et al., 2010). Follow-up findings are not rated and therefore do not contribute to the final outcome rating.

OUTCOME: DEPRESSION AND DEPRESSIVE SYMPTOMS

PROGRAM EFFECTS ACROSS ALL STUDIES	This program is effective for reducing depression and depressive symptoms. The review of the program yielded strong evidence of a favorable effect. Based on two studies and three measures, the average effect size for depression and depressive symptoms is .78 (95% CI: .35, 1.21). Click here to find out what other programs have found about the average effect sizes for this outcome.
KEY STUDY FINDINGS	Diamond et al. (2010) found that, by posttest, patients in the intervention group were more likely to report depressive symptoms in the nonclinical range, compared with patients in the control group. However, this difference was not statistically significant. In a study of Norwegian adolescents, Israel and Diamond (2013) found that, from pretest to posttest, youths in the intervention group demonstrated a statistically significant improvement in clinician-rated depression, but not in self-rated depression, compared with youths in the control group.
MEASURES	Diamond et al. (2010): Beck Depression Inventory – II (BDI-II), Israel and Diamond (2013): Hamilton Depression Rating Scale (HAM-D); Beck Depression Inventory – II (BDI-II)
ADDITIONAL DETAILS	This outcome was also assessed at a 24-week follow-up period (Diamond et al., 2010). Follow-up findings are not rated and therefore do not contribute to the final outcome rating.

Study Evaluation Methodology

DIAMOND ET AL. (2010)	
STUDY DESIGN NARRATIVE	Participants were adolescents identified as having suicidal thoughts during routine clinical interviews in primary care offices and the emergency department of a children's hospital in Philadelphia, and their parents. After providing consent, eligible adolescents and parents were randomized to either receive ABFT or enhanced usual care (EUC) through an urn randomization procedure with four stratification variables: age, gender, past suicide attempt, and family conflict. Patients randomized to the EUC condition were referred to private practice or community mental health centers. They received individual therapy, group therapy, family therapy, and/or case management.
SAMPLE DESCRIPTION	The sample comprised 66 adolescents and their parents. The intervention group consisted of 35 participants; the control group consisted of 31 participants. Adolescents ranged in age from 12 to 17 years, with a mean age of 15. The majority (74%) were African American and female (83%). Of the parents, 41% had an income of less than $30,000, 26% were married, and 70% had no more than a high school diploma. There were no statistically significant between-group differences in any demographic or clinical variables.
ISRAEL AND DIAMOND (2013)	
STUDY DESIGN NARRATIVE	Patients were randomly assigned to either the intervention group or to receive treatment-as- usual, through a randomization table stratified by age, gender, and depression severity. Patients assigned to the control group were referred to central intake for scheduling with a clinic therapist. Some patients in the control group received individually focused outpatient treatment provided by staff therapists in the host clinics. Other control group patients did not receive treatment during the study period, as they were placed on a waiting list to be assigned a staff therapist.
SAMPLE DESCRIPTION	Participants were 20 adolescents with major depression and their families, recruited from three outpatient clinics in Norway. The intervention condition included 11 participants; the control condition included 9 participants. Over half (55 %) of the participants were female. Patients ranged in age from 13 to 17 years, with a mean age of 15. There were no statistically significant between-group differences on comorbid variables, including internalizing disorders, externalizing problems, and attention problems.

References

STUDIES REVIEWED

Diamond, G. S., Wintersteen, M. B., Brown, G. K., Diamond, G. M., Gallop, R., Shelef, K., & Levy, S. (2010). Attachment-based family therapy for adolescents with suicidal ideation: A randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(2), 122–131.

Israel, P., & Diamond, G. S. (2013). Feasibility of attachment based family therapy for depressed clinic-referred Norwegian adolescents. *Clinical Child Psychology and Psychiatry*, 18(3), 334–350.

SUPPLEMENTAL AND CITED DOCUMENTS

None provided.

OTHER STUDIES

Diamond, G., Creed, T., Gillham, J., Gallop, R., & Hamilton, J. L. (2012). Sexual trauma history does not moderate treatment outcome in attachment-based family therapy (ABFT) for adolescents with suicide ideation. *Journal of Family Psychology*, 26(4), 595–605.

Resources for Dissemination and Implementation *

** Dissemination and implementation information was provided by the program developer or program contact at the time of review. Profile information may not reflect the current costs or availability of materials (including newly developed or discontinued items). The dissemination/implementation contact for this program can provide current information on the availability of additional, updated, or new materials.*

Implementation/Training and Technical Assistance Information

Providers include licensed therapists, counselors, psychiatrists, and psychiatric nurses, with a master's-level or higher degree, who are trained individually or in groups of 6–30 to implement the program. They deliver the program as independent practitioners or from community mental health agencies, outpatient services, day treatment, home-based services, and residential placements.

Interested agencies are provided with a starter packet that explains the program requirements and contains criteria that agencies can use to assess their implementation readiness. There are free Webinars and podcasts that interested agencies may share with their staff to educate them on ABFT. Materials that explain the training process are listed on the ABFT website www.abfttraining.com. Independent practitioners may take part in the training program.

The ABFT treatment manual provides guidance for therapists and supervisors for each of the therapy tasks in the model and describes the framework and rationale of the intervention, the session content, and the skills required for therapists in the treatment process. The introductory workshop uses a variety of teaching methods to present materials and engage participants in learning about the theory and empirical support for ABFT, as well as how to implement the five treatment tasks. An advanced workshop provides therapists with ongoing support and additional skill development.

The therapist's adherence to and competency with the model are monitored through Web-based group supervision meetings and a supervisor's review of videotaped treatment sessions. Therapists are provided with the quality assurance protocol and adherence measures. Therapists-in-training are also provided with therapy aids, case studies on ABFT, and articles about the concepts incorporated in ABFT. A video of the first task of ABFT is provided by the American Psychological Association. After a therapist completes all training and meets adherence on ABFT, they can become certified ABFT therapists. Ongoing consultation is offered to therapists following certification. Therapists-in-training may also participate in ABFT's private Facebook group with other therapists who use ABFT. Once certified, therapists may participate in the ABFT Supervisor and/or Trainer Certification Program.

According to the program developer, the program is used by one or more clinicians in over 60 sites worldwide. In the United States, ABFT is being used in California, Illinois, Minnesota, Oregon, Pennsylvania, and Virginia. Internationally, ABFT is being used in Australia, Belgium, Canada, England, Germany, Iceland, Ireland, Israel, Norway, and Sweden.

Dissemination Information

Therapists who use the program are provided with a brochure they may share with their clients. Agencies that use the program can use the Web-based Behavioral Health Screen, an online assessment instrument, to track change and outcomes among clients. The data collected are automatically provided to therapists for use in assessing treatment outcomes and maximizing the quality of program implementation. ABFT Training Program staff are available to assist agencies with program implementation as needed.

Summary Table of RFDI Materials

Description of item	Required or optional	Cost	Where obtained
Implementation Information			
Attachment-Based Family Therapy for Depressed Adolescents textbook for counselors, couple and family therapists, mental health professionals, psychiatric nurses, psychiatrists, psychologists, psychotherapists, and social workers; available in hard copy, paperback, and e-book; also available in Swedish	Required	$45	https://www.amazon.com/Attachment-Based-Family-Therapy-Depressed-Adolescents/dp/1433815672/ref=sr_1_1?s=books&ie=UTF8&qid=1487878230&sr=1-1&keywords=Attachment-Based+Family+Therapy+for+Depressed+Adolescents http://www.apa.org/search.aspx?query=,%20Attachment-Based%20Family%20Therapy%20for%20Depressed%20Adolescents
ABFT 3-day Introductory Workshop for counselors, couple and family therapists, mental health professionals, psychiatric nurses, psychiatrists, psychologists, psychotherapists, and social workers; in-person training, 24 hours over 3 days; also available in Dutch/Flemish, Swedish, and Norwegian	Required	Varies	Contact program supplier: Suzanne Levy, Ph.D. slevy@drexel.edu or visit www.abfttraining.com
Advanced ABFT Workshop for counselors, couple and family therapists,	Required	Varies	Contact program supplier or visit www.abfttraining.com

mental health professionals, psychiatric nurses, psychiatrists, psychologists, psychotherapists, and social workers; in-person training, 24 hours over 3 days; also available in Dutch/Flemish, Swedish, and Norwegian			
Individual or Group Supervision training for counselors, couple and family therapists, mental health professionals, psychiatric nurses, psychiatrists, psychologists, psychotherapists, and social workers; delivered via web conferencing or in-person; 42, 1-hour sessions, for individuals or groups of 6 or less, or 63 hours for groups of 6 to 15; also available in Dutch/Flemish, Swedish, and Norwegian	Required	Varies	Contact program supplier or visit www.abfttraining.com
Consultation Leading to Certification for counselors, couple and family therapists, mental health professionals, psychiatric nurses, psychiatrists, psychologists, psychotherapists, and social workers; also available in Dutch/Flemish, Swedish, and Norwegian	Required	Varies	Contact program supplier or visit www.abfttraining.com

1-day Introductory Workshop for counselors, couple and family therapists, mental health professionals, psychiatric nurses, psychiatrists, psychologists, psychotherapists, and social workers; delivered in person for 8 hours, or 1-to 4- hour overview talks; also available in Swedish and Norwegian	Optional	Free	Contact program supplier or visit www.abfttraining.com
Dissemination and Implementation Guide for agencies wanting to implement ABFT	Optional	Free	Contact program supplier or visit www.abfttraining.com
ABFT Introductory 3-day Workshop Binder: • PowerPoint slide handouts • Emotion Coaching handout • Adherence Measures • All 5 Tasks Overview packet • Frequently Used Attachment Themes list For counselors, couple and family therapists, mental health professionals, psychiatric nurses, psychiatrists, psychologists, psychotherapists, and social workers; delivered during 3-day introductory workshop; also available in Dutch/Flemish and German	Required	Included in cost of 3-day workshop. Access to German materials requires a fee. Contact the supplier for details.	Contact program supplier or visit www.abfttraining.com
ABFT Supervisor Requirements for certified ABFT therapists. Delivered as written materials, videos, and web	Required	Varies	Contact program supplier or visit www.abfttraining.com

conferencing over 37 hours			
ABFT Trainer Requirements for certified ABFT therapists to conduct a 1-day training and certified ABFT supervisors to conduct a 3-day introductory and advanced training; delivered as written materials, videos, and web conferencing over 46 hours	Required	Varies	Contact program supplier or visit www.abfttraining.com
ABFT Task 1 Video, part of APA's Relationships Video Series, for counselors, couple and family therapists, mental health professionals, psychiatrists, psychologists, psychotherapists, and social workers; delivered as DVD, more than 100 minutes	Optional	$99.95; $69.95 for members	www.apa.org/pubs/videos/4310925.aspx
Overview Webinar(s) for anyone interested in learning more about ABFT	Optional	Free	Contact program supplier Or visit www.youtube.com/watch?v=KcwHznzq-S4
Podcast, [Episode 96] in the Social Work Podcast, for anyone interested in learning more about ABFT	Optional	Free	http://socialworkpodcast.blogspot.com/2015/03/ABFT.html
ABFT Facebook group for therapists who have attended the 3-day introductory training	Optional	Free	www.facebook.com/groups/ABFTgroup/
Ongoing supervision/support for therapists during 60- or 90-minute Web conference sessions; also available in Swedish and Norwegian.	Optional	Varies	Contact program supplier or visit www.abfttraining.com
YouTube page for anyone interested in	Optional	Free	www.youtube.com/channel/UC2ERm0G9HqZsIueysbGEpsQ

learning more about ABFT. Webinars and short clips on ABFT, 3- to 48-minutes long			
ABFT Advanced Workshop Binder for counselors, couple and family therapists, mental health professionals, psychiatric nurses, psychiatrists, psychologists, psychotherapists, and social workers; delivered during the Advanced Workshop, materials include the Emotion Deepening Skills in ABFT slides and the Adherence Measures; also available in Dutch/Flemish	Required	Included in advanced workshop cost	Contact program supplier or visit www.abfttraining.com
Quality Assurance Protocol for administrators at agencies wanting to implement ABFT	Optional	Free	Contact program supplier or visit www.abfttraining.com
ABFT Facebook page for therapists.	Optional	Free	www.facebook.com/Attachment.Based.Family.Therapy
Dissemination Information			
ABFT Brochure for clients/patients/families	Optional	Free	Contact program supplier
Website with names and contact information of certified ABFT therapists, for clients/patients/families	Optional	Free	www.drexel.edu/familyintervention/abft-training-program/therapists

Appendix

Evidence Rating Definitions

Effective	The evaluation evidence has strong methodological rigor, and the short-term effect on this outcome is favorable. More specifically, the short-term effect favors the intervention group and the size of the effect is substantial.
Promising	The evaluation evidence has strong methodological rigor, and the short-term effect on this outcome is favorable. More specifically, the short-term effect favors the intervention group and the size of the effect is substantial.
Ineffective	The evaluation evidence has sufficient methodological rigor, but there is little to no short-term effect. More specifically, the short-term effect does not favor the intervention group and the size of the effect is negligible. Occasionally, the evidence indicates that there is a negative short-term effect. In these cases, the short-term effect harms the intervention group and the size of the effect is substantial.