

Therapeutic Application of the Adult Attachment Interview: Working with Parents of Children with ARFID

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Overview

- *‘Parent’s own attachment experiences are the best predictors of their child’s attachment strategies’ (Crittenden, 2016)*
- Clinical case to illustrate the benefits of working with parent’s own attachment experiences for the good of their child
- Value of the Adult Attachment Interview
- Family: Lillian & David



The Feeding Referral



Clinical Case: David

- 11-year old boy
- ARFID: >10 safe, predictable foods
- Main concerns:
 - Severe constipation caused by v. poor fibre intake
 - Leakages. Reliance on continence pads.
 - Refusal of nutritional supplements
 - Parental anxiety. Query PEG

Post-Intervention Assessment

- Tolerates supplement
- Achieved continence
- Modest gain in weight/energy
- Improved curiosity about foods
- Increased # foods by 18(4 reg)
- Tolerates variations of preferred foods (pasta) & less brand-loyal



Post-intervention meeting with parents

- *‘Having David was like being hit by a bus’. ‘He was a nightmare’*
- *‘Food has become a battleground’*
- *‘Trust is gone. He doesn’t trust me’*
- *‘This child is going to be in prison by age 16’*
- *‘We considered giving him up for adoption’*



*‘I’ve been waiting
for 11 years for
someone to ask me
how I am’*



Adult Attachment Interview (AAI)



What is the AAI?

- Semi-structured interview
- Comprising questions about childhood & adolescent experiences with their AFs
- Increase challenge & threat
- Activate attachment system
- Recorded & transcribed
- Discourse analysis



What are we looking for in the AAI?

1. The story (Threat/danger)
2. How story is constructed & communicated (Speech)



Story Construction & Communication

- Dysfluency: Disruptions in flow of speech
- Distortions/Transformations:
 - Omit, deny, falsify, confuse etc.
- Tells us the speaker is feeling threatened & is altering what is being recalled
- Function of distortions: To hide/obscure the reality of experience from themselves & to create alternative meanings for childhood threat as a means of self-protection

1. Lillian's Story (Dangers/Threats)

- Maternal mental disorder involving hospitalization that precipitated significant physical violence
- Threat of abandonment leading to separation anxiety
- Maternal rejection, verbal abuse & denigration in adolescence
- Father's failure to protect Lillian
- Sudden & traumatic death of brother by suicide
- Identity difficulties: One half of a twin-pair; sister of brother. She changed her name
- Significant level of danger including maternal violence, rejection verbal abuse, & death, for which she received neither protection nor comfort. Mother is source of danger

2. Speech (What is hidden?)

- Pattern of speech that distanced her from negative emotions assoc. with parents & dismissed self
 - Separating her mother from her violent behaviour
 - E.g. Q: *'And she hit you'?* A: *'I was hit'*
 - Cutting-off negative conclusions
 - False positive affect (FPA)
 - Omit emotional impact of threat/danger
 - Distorting meaning of words
 - Exonerating parents & taking responsibility herself

Example: Relationship with Mother

- Q So I'd like you to describe, um, your relationship with your mother as far back as you can remember.
- A: '<laugh>Um, I think *H* she, // yeah, *rst* far back..*dysf* I think *H* I would've *H* been very clingy to her. But she was quite good at rejecting us or // you know Negative into positive
- Q: So can you tell me about a specific occasion when your relationship was clingy?
- 'I guess *H* I was literally clinging to her <laugh> or // yeah....*rst* she went in with my sister and I sat outside the door <laugh> and cried. Yeah.Yeah. I presume *H* she came out and was annoyed that I didn't go in, which I can understand' *exon, self-blame, dsm-self*

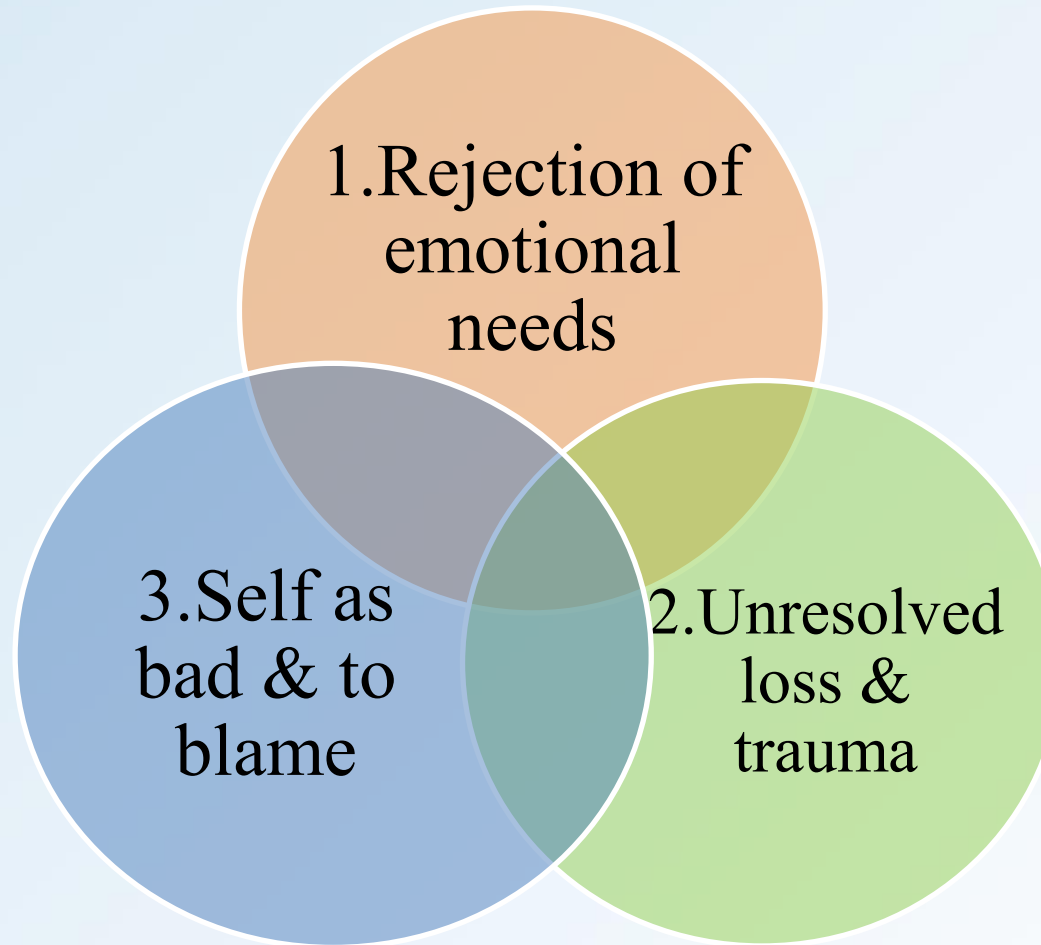
Discourse Pattern Pointed to..

- Type A(6) strategy of ‘Compulsive Self-Reliance’
- Constructs a self-protective shell against relationships as a means of preventing rejection & loss. Significant inhibition of distressing attachment-related memories that might motivate her to seek comfort from others.
- Ul/Utr(complex)brother:
- Superficial understanding of causes: No link to family
- Does not *recognise* the limitation of her understanding

Relevance of AAI findings to Parenting David



Areas Relevant to Parenting



1. Rejection of Emotional Needs

- Rejection of her own emotional needs & dependency on others, meant that she did not know what to do with her children's emotional needs.
- Cognitively re-defined their needs as 'clingy'
- Emotionally shut down



2. Unresolved Trauma - Brother

- Challenge of Utr is that the past experience lives on *as if* it were in the present. Present through past 'lens'
- Conflated death of brother with children
 - Preoccupation with loss/death of children
 - *'If I have a child, I have to be prepared to lose a child'*
 - Fear of having boys
 - *'Having boys was not the plan'*
 - Specific link between David & brother
 - *'It frightens me that David is like my brother'*.
 - Fear of their loss, reinforces need for emotional distance

3. Self as Bad & to Blame

- Belief that she needs to protect her children from herself. That, like her own mother, she is the source of harm to her boys e.g. fear of putting harmful thoughts into them if she tells them about her brother.
 - ‘*..the boys don't know about my brother, don't know I had a brother and I don't want to tell 'em 'cause I don't want to put ideas in their head that would worry me*’.
- Further reinforces need for emotional distance

Therapeutic Intervention using AAI



Intervention: Process

- 15 x 1 hour sessions over 5 months
- Selected excerpts. Explored together
 - Using speaker's own words as a mirror (ZPD)
 - Small bites increasing over time
- Check-in at beginning of each session
 - *'Nothing has changed....but.....'*
- Sessions 14 & 15 review report

Therapy Progress: ‘Setting Mind in Motion’

- Began to observe & understand her own strategy in action
 - False Positive Affect: *‘Here we go. I’m preparing myself for the negative!’*
- Improved mentalization of her children’s minds
 - *Are my kids doing the same thing I did?*
 - *‘What’s David not getting when he’s trying to take care of me?’*
- Began to consider her own needs – return to work
- Began to process her brother’s suicide.
- Began to process rejection by her mother
- Challenged her own idealization of father: *‘He may not have been the most supportive to my mother’*
- Named her twin-sister for the first time

1. Recognise Children's Emotional Needs

- Understand that her greatest challenge as a parent is remaining 'emotionally open' to her children & their 'big negative' emotions.
- *L: 'I was talking to a friend of mine & she's had a challenging upbringing, so I did explain some of this & but when I said to her about it, she said but you've always done so much for your kids blah blah blah, bringing them to this professional & that person, & I said yes but, its about being emotionally available, coz it isn't just about going to everybody else to get the help. And that really struck her for her own situation. I mean that's the thing. You can be as involved..I mean my mother tried to help me with things along the way, but it didn't include being emotionally available'. [Session 15, recorded]*

1. Re-defining 'Clingy'

'[I got]insight into how.. what was effecting my relationship with the kids. And you know, ideas that I had about being a child and what, this thing about being clingy eh, that its ok. And like even this week, it's been really helpful because Mark, is really feeling the struggle of being without his classmates...and he said mommy I think I'm scared of lots of things. And because of this [work], I was able to say....you know Mark its ok to be scared at 9. I was really scared when I was 9. That's what we're there for. And I said stuff that wouldn't have come to me until I read your report, and I read it just in time! [laugh]... Its ok to feel you need daddy and me around. That's why we're here, to protect you in all of that. All the stuff that didn't happen for me. But, so that's been huge, huge!' [Session 15, recorded]

2. Utr Brother & Relationship with David

- *Possible link between her brother's suicide & family dangers*
- *Better understood trauma-link between David & brother*
 - e.g. Skin colour, aptitude for maths
- *Identity: 'I'm doing to my son what was done to me'*
- *'By taking the time to slowly uncover my own fears and defence strategies, she [Ruth] has revealed to me my habit of interpreting my relationship with David through a lens blurred negatively by events unrelated to him. In doing so, I now feel empowered to see my son as he is, a beautiful little boy' (Letter to management)*

3. Linking Attachment with Restricted Feeding

‘I’ve always thought that David has been looking for something, more than I can give him & you know....to be the, the concrete interpretation of that would be that I can’t feed him the way he wants to be fed or that he doesn’t feel safe with what I am offering him. But obviously now I’m more aware now that, about his emotional attachment. ..& if I’m more emotionally available to him, through this, then he will let down that guard & be more expressive with me & hopefully then with the food, & he’ll take those chances. I have to make him feel emotionally safe in other ways first & then see, because clearly Ruth, we saw that he can eat the food. He ate it here with you. Without this, I would not have progressed with the feeding’. [Session 15, recorded]

Value of AAI to Parent work

- *‘The strongest predictor of secure or insecure infant attachment found thus far, is the parent’s state of mind. How the parent thinks about the child & how they process information concerning comfort & danger’ (Crittenden, 2016). Lillian!*
- *‘If a community values its children, it must cherish their parents’ (John Bowlby, 1951)*

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