

Developmental Lines

President's Remarks by Thomas Barrett



Dear Colleagues,

We are pleased that this edition of our Section II Newsletter features a focus on the important topic of "attachment." We are grateful to Miriam and Howard Steele who consented to being interviewed by Susan Goodman and Virginia Shiller, so that they could share their story of involvement in attachment research and a commitment to understanding how it profoundly impacts development and relationships across the lifespan.

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Letter from the Editor

Dear Colleagues,

We are moving thru a revolutionary time, as we synthesize all the attachment and infant-parent research findings. We hope our interview with Miriam and Howard Steele furthers your understanding of the Adult Attachment Interview and their model of intervening with young children and parents. Reading on, a panel of psychoanalysts, speak about the relevance of infant-parent research to their work with adults. Book Reviews include "The Mother-Infant Interaction Picture book: Origins of Attachment," by Beatrice Beebe, describing her video micro-analysis of the mother-infant relationship, and Virginia Shiller's book, "The Attachment Bond", which furthers our understanding of knowledge gained from attachment research as well as how to apply findings.

Hope to see you at the Division 39 Annual Meeting in New York, April 26-30!

Best,
Susan Goodman
Editor: Developmental Lines

Featuring



An Interview with:
Miriam & Howard Steele

President's Remarks from:
Thomas Barrett

Reviews by:
Jordan Bate, PH.D.
Sheryl Silverstein, Ph.D.
Susan Goodman, L.CSW

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Division 39 Conference
Sheraton Hotel
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6/2-6/2

PDM2-Conference
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Interview with Miriam Steele & Howard Steele

Picture them as young graduate psychology students, recently married and living in London in 1986: Trained in the Adult Attachment Interview (AAI) by Mary Main at the Tavistock and meeting regularly with their colleague and supervisor, Peter Fonagy, while also receiving guidance from John Bowlby. Howard Steele and Miriam Steele traveled around London, visiting homes of expectant parents, to interview them for what became known as the London Parent- Child Project. This Project, which became a major longitudinal study close to two decades, looked at intergenerational patterns of attachment and found that AAI interviews with parents during pregnancy predicted a child's security with them in the Strange Situation Procedure when they were 12 and 18 months old.

*In addition to finding the AAI very informative in predicting children's attachment security, the Steeles have paved a path with their research on the AAI's clinical uses. They are the editors of the 2008 book *Clinical Applications of the Adult Attachment Interview*. And they are also editors of the forthcoming (Sept 2017) *Handbook of Attachment-Based Interventions*. Howard Steele is the founding and senior editor of the journal *Attachment & Human Development*, now in its 19th year. Miriam, as this interview reveals, is also an Anna Freud Center trained psychoanalyst.*

Susan Goodman and Virginia Shiller sat down with The Steeles at The New School, where they co-direct The Center for Attachment Research. Howard Steele is the Director of Graduate Studies in Social Research there and Miriam Steele is the Director of Clinical training. We talked about their life together and their work.

PART I: EARLY TRAINING

Howard Steele:

I have a quick beginning to our story, which is that I didn't study psychology as an undergraduate. I studied history (BA) and I studied comparative religion (MA). I then had the great good fortune of meeting Miriam, who had done her undergraduate degree in psychology. It was on the campus of University of British Columbia (UBC), Vancouver, Canada (where we each grew up) that I said to Miriam:

I said, "I'm ready to turn away from religion. I want to study psychology. I want to learn about Freud."

"Freud is dead, they don't teach him," Miriam replied.

And they did not teach him at UBC in the late 1970s and early 1980s, like at many empirically minded and largely cognitive/behavioral psychology departments.

"Four or five months later," Howard remarked, "we were together in Jerusalem in 1983. I was wandering around the Mount Scopus campus and I see this sign, Sigmund Freud Center for Study and Research in Psychoanalysis."

I thought, "I am in the right place!" And I shared my excitement with Miriam. Soon after, we met Anne Marie Sandler and Joseph Sandler, who held the Professorial Chair at the time. We both took a course from Anne-Marie Sandler in clinical theory and technique. And I took a course from Joe Sandler in psychoanalytic theory, essentially how Freud's thinking evolved over his lifetime, and what happened after his death.

Miriam Steele:

I had heard that Anne Marie was an amazing teacher so I took the class for fun. It was two thirds of the way into the course that I began to devote full attention or internalize what Anne-Marie was teaching. There was a paper of Winnicott's that she taught, and she brought clinical cases from the Hampstead Clinic, now the Anna Freud Center. Anne-Marie was an amazing mentor and teacher. At some point it started to coalesce. By the end of that year, I made an appointment to talk to Anne-Marie. I had just turned 23, had become engaged to Howard, and sought Anne-Marie's advice regarding my professional future.

Anne-Marie started by asking: "What are your fantasies?"

I said: "This past year has been amazing, and I know I want to train to be competent at clinical work with infants and young children."

Anne-Marie said, "Come to Hampstead!"

She planted that seed. We went back to Vancouver, and got married (Sept 1984). We spent a year studying and working in the Psychology Department at UBC. Then we spent one year at Teachers College, Columbia University, earning MA degrees in Developmental and Educational Psychology.

Howard Steele:

Miriam had wanted to explore New York before going to London. So we did. There were five years in a row where we moved every August. Meeting in Vancouver on the UBC campus in 1982, going to Jerusalem to study and work at the Hebrew University (1983), returning to Vancouver to marry and study/work at UBC, going to New York for MA studies, and finally arriving in London in 1986 to begin our PhD studies.

That year in New York, I carried around and treasured this hand-written note from Joe Sandler. It said simply, "It would be nice if you came here – signed Freud Memorial Professor, University College in London."

After the year in New York, we arrived in London in September '86. I thought I was going to do a PhD with Joe Sandler on the history of psychoanalytic ideas, particularly Anna Freud's ideas about the ego and the mechanisms of defense. It was 50 years after the book had been published. We got there and we met with Joe Sandler, who explained that he was going to have bypass surgery and wouldn't be available that term. Peter Fonagy was the junior faculty member responsible for advising new graduate students; the British PhD depended entirely on having a supervisor willing to work with you on your planned research.

Miriam Steele:

"From the beginning I was going to pursue my doctoral studies with Peter. I came with the idea of doing a longitudinal study on mother-child attachment, and looking at the way in which the transition to parenthood was a developmental milestone from the mother's side. So – not just looking from the baby to the mother. Mary Main's monograph had come out, about moving mother/child attachment into the level of representation. I wanted

to do a replication of her study. Peter said, “I don’t know anything about attachment. Go talk to John Bowlby; he’s at the Tavistock.”

I wrote John Bowlby a letter. He met with me and we set up bi-weekly appointments. I told him about the idea that we wanted to look at intergenerational patterns of attachment. I met on my own with him for about six months and then Joe Sandler got ill (and) Howard transferred to work with Peter Fonagy. John Bowlby also let us know that Mary Main was coming to the Tavistock to teach the Adult Attachment Interview.

Bowlby said “You better get in that course.”

Peter Fonagy joined us on that, too. We did the AAI training and we started the longitudinal study, of 100 mothers and 100 fathers; that continued on until offspring were age 16.

Susan Goodman:

So that’s where you came together, doing the same research?

Howard Steele:

Yes. At that point. We traveled all around London, visiting the homes of expecting parents and I would interview the father-to-be, Miriam would interview the mother-to-be. This was before GPS and navigational systems. We learned the landscape of London well!

Miriam Steele:

While working on the PhD, I was accepted into the child analytic training at the Anna Freud Center. So I was much more Anna Freud Center based and Howard more research-based. When we finished our PhDs, I was hired by the Anna Freud Center to Direct a MA degree in Psychoanalytic Developmental Psychology offered jointly with University College London (UCL), where Howard began work as a junior faculty member (Lecturer).

Howard Steele:

I dabbled in psychoanalysis. I had an 18-month period in psychoanalysis and was thinking of maybe training at the Anna Freud Center and then I realized I’ll leave that to Miriam and concentrate on psychoanalytically informed research, vis-a-vis attachment.

Miriam would come back from her initial meetings with John Bowlby at the Tavistock and she’d be glowing with the reports of this fellow who showed enormous interest

in her work.

She said, “You should come to these meetings. It’s important stuff.”

I did, and we continued visits until he died. We got to know his family. We are still very friendly with his son, Sir Richard Bowlby, who adopted the inherited title “Sir” from John’s father. John Bowlby’s father was the Chief Medical Officer for the UK during the First World War. John was proud to say that his father introduced hard helmets to save a lot of brains.

John Bowlby was so enjoyable to spend time with. When we would make a plan for the next meeting, we’d look ahead and agree on a date.

Then he’d say, “I’ll be ready for a good gossip by then.”

He was the “hub” of the growing attachment field as all the foundational papers were being written. For example, Mary Ainsworth, Inge Bretherton, Roger Kobak, Mary Main, Alan Sroufe, to name just a few -- They would all mail to Bowlby preprints of their papers, that he would share with us.

Ginny Shiller:

Certainly, Bowlby mentored Mary Ainsworth. Mary Ainsworth mentored Mary Main.

But I don’t know how many people had as much direct contact with Bowlby as you did.

Miriam Steele:

I think that’s a very good point. I think it’s really flavored our different orientations. So from the British side, attachment is really understood through the lens of Bowlby and his writings. On the American side, it’s much more Mary Ainsworth and that lineage. So of course they collaborated and they had a lot of crossover. I think there are some useful distinctions, but I think at the end of the day, owing to our choices and personal contacts with him, the primary influence on our thinking is John Bowlby.

Susan Goodman:

What are some of the distinctions?

Howard Steele:

Ainsworth pioneered the systematic study of variations in maternal sensitivity as they related to individual differences in infants’ patterns of attachment. Ainsworth trained a generation of developmental psychologists,

over a time during which Bowlby chaired the Child and Family Department at the Tavistock Clinic. His mantra that he announced to his Tavi colleagues was simple and compelling 'No therapy without research, and no research without therapy.'

Miriam Steele:

Because of our personal contacts with John Bowlby and our training in psychoanalysis, we share his determination to assert one's psychoanalytic identity, despite Bowlby being long suspected by his analytic colleagues of being 'too behavioral.' This critique was shown to be hollow and inaccurate after Mary Main ushered in the 'move to the level of representation' with the Adult Attachment Interview (AAI). The AAI opened up to systematic inquiry studies of the impact of loss and trauma across the lifespan and across generations.

Howard Steele:

One of the ways the AAI made attachment theory and research suddenly very interesting to the broad psychoanalytic world was because of the strong emphasis within the AAI scoring system on how adverse experiences in childhood are defended against (in the child's mind) and how these defensive processes (e.g. denial via idealization) may become characteristics of the individual, guiding experience and its internal meaning, over time and possibly into adulthood.

While Bowlby abandoned classical drive theory in favor of a new motivational model, i.e. the impulse to establish and maintain attachment relationships, he nonetheless saw the obvious relevance of the concept of defense mechanisms, but as his motivational model involved a theory about internal working models of self and other (and did not include an ego), he rendered defense in terms of the child's (and adult's) tendency to depend on defensive exclusion in the face of overwhelming painful experiences. That is to store a model of actual experience that is excluded from consciousness, while attending consciously to a preferred (inaccurate) model. Bowlby's theory, it may be said, is an extreme version of the British object relations school, as no other objection relations approach so clearly 'excluded' or 'excised' classical drive theory.

Miriam Steele:

I think all of Bowlby's work actually pulled people to a closer understanding of how actual experiences shape the self. I think there's a lot more people talking about how important that piece was. That's where he had such big

fight, of course, with much of the British psychoanalytic world, especially the Kleinians, who were so tied to fantasies and the idea that we really never know what an individual went through. All we have are their fantasies. For Bowlby though, he firmly insisted: "Actual experience really matters, because it's on the basis of those actual experiences that we develop this internal working model of self, other and the world."

Howard Steele:

Importantly, for Bowlby, if young children are showing undue interest in sexual matters it's because somebody has shown this interest to or in them, overstimulated them, or abused them. If a child is afraid of abandonment it's because someone threatened abandonment.

Miriam Steele:

We invited Bowlby to speak at the Anna Freud Center in 1988. I was training there at the time and they used to have a lunchroom and Wednesday meetings. We invited him for lunch before the meeting. Howard and I were sitting having lunch with him at our table. My teachers were at the next table – Hanse Kennedy, Clifford York.

And Bowlby in a very big, loud voice said, "In all my years of clinical practice I've never had any use for the oedipal complex as a theory. I've never seen it before."

I said "Shhhh. I've have to live here. I've got to get through this training."

PART II: CLINICAL APPLICATION OF THE AAI

We turned our discussion to the AAI. As many readers know, the Adult Attachment Interview was developed in the 1980's for research purposes in order to assess adult attachment security. The original purpose was to understand attachment in the minds of parents and to consider how variations in parents' speech about attachment may be shown to relate to different patterns of infant-parent attachment, as determined by Mary Ainsworth's Strange Situation Procedure. The developers of the AAI wanted to understand what patterns of thought motivated parents to act in different ways (e.g. more or less sensitively) with children. Now, some clinicians increasingly use the AAI in early stages of treatment.

The AAI is a semi-structured interview composed of twenty questions that probe how adults remember their relationships and experiences with parents going back to

their first 12 years of life). Coding of interview responses takes into account evidence of defensive processes that interfere with coherent responses. Training for coding of the interview is an intensive process, requiring two weeks of direct training followed by practice scoring many interview protocols. Miriam and Howard recently became certified trainers, and are hosting their first Adult Attachment Interview Institute in New York in the first 10 days of August 2017. (The original version of the interview can be found on the web at http://www.psychology.sunysb.edu/attachment/measures/content/aai_interview.pdf. The more comprehensive and updated protocol can be obtained by emailing Naomi Gribneau Bahm at ngbreliability@gmail.com.)

Ultimately, individuals are classified as having a “state of mind” that in community low-risk samples is most often “organized” as secure-autonomous, dismissing, or preoccupied. A small percentage in the general population are labeled as lacking an organized state of mind, receiving the labels of unresolved/disorganized or “Cannot Classify.” In clinical samples, the frequency of unresolved or “Cannot Classify” is much higher. We were interested in Howard and Miriam’s thoughts about whether and how the AAI might be used by clinicians who have not undergone formal training.

Howard Steele:

The AAI can take between 45–75 minutes on average. Things happen in the flow of conversation when you ask the sequence of AAI questions that is quite unique. The claim was that the questions ‘surprise the unconscious’ and this is arguably the case. What it tells you at the end of the day is whether or not a speaker can maintain balance, coherence, and show some reflection when thinking about childhood experiences and when they’re asked about exposure to loss and trauma as well.

Susan Goodman:

Can you speak about the significance of the ordering of the questions?

Howard Steele:

The questions move from gentle broad queries about the family one was born into, and what relations were like with caregivers, what one did in the face of the ordinary calamities of childhood, including emotional upset, physical hurt, illness, separation, rejection, and then moves through systematic queries re exposure to loss or trauma during childhood and adulthood. Finally, there are a number of questions inviting the adult to speak of the

meaning(s) they attribute to their experiences.

Coding is a complex process involving numerous rating scales; ultimately each AAI is assigned a classification, or said to indicate an overall pattern, as autonomous-secure or insecure, which can either be preoccupied or dismissing. A separate consideration is made regarding whether the interview includes evidence of unresolved loss or trauma.

Descriptively, word patterns of interview responses are useful. For example, someone might be dismissing with regard to their father, and yet involved and preoccupied with the mother. Then perhaps there’s the loss issue of the grandmother and/or the partner who just left them. So you have dismissal, you have preoccupation, and you have unresolved mourning regarding loss or trauma. These are all common features of interviews from clinical samples.

Ginny Shiller:

That’s interesting. It makes sense because you’re looking at different patterns of security with one parent or the other, and with other important figures as well.

Howard Steele:

Eric Hesse in the mid-1990s, after looking at a range of clinical interviews, suggested the words ‘Cannot Classify’ in any singular way to be typical of many interviews from clinical samples.

Susan Goodman:

Makes me think of the self-states Bromberg writes about when you’re in a different relationship with each person, the shifts that go on. And you have that measured.

Miriam Steele:

There is something in most interviews that predominates – which of those self states kind of take center stage – so that you get shades of some of the others. If it’s quite dramatic – where you get these major shifts – where actually a whole part of the interview sounds dismissing or preoccupied or even secure, and then the narrative shifts into a different state/pattern. So talking about one parent in one way and then the other parent in a very different way is just one route to the “Cannot Classify” pattern.

Ultimately, at some point in the therapeutic process, what one aims for is an overall internal working model or set of mental representations that is integrated. I think

for it to be flexible and accessible you need some kind of resolution regarding how the diverse patterns come together. So, for example, being able to talk about the parent with whom there was an avoidant attachment relationship but doing so in a secure way (i.e. maintaining coherence) means that your overall classification would be secure. In other words, if it was avoidant/dismissing parenting one received, but the speaker has come to terms with that history, and there's a smoothness around making sense of it by using one strategy (even if the narrative emphasizes qualities common with some dismissing states of mind, e.g., distancing/defensive humor,) an interview may be deemed to be autonomous-secure with some dismissing features. And similarly, there are interviews that are autonomous-secure with some preoccupied features.

Ginny Shiller:

So you're saying it's possible for someone with a highly adverse history to arrive at the place of having an organized secure strategy?

Miriam Steele: "Exactly, that is what the literature refers to as 'earned security' as opposed to security that is given."

Susan Goodman:

Research regarding differences in attachment patterns among different professionals would be very interesting. The question of clinician's attachment patterns would be particularly interesting.

Miriam Steele:

Especially if you think so much of our currency from the relational side is looking at developmental models of parenting and superimposing it on a patient/therapist relationship. So – rupture and repair, or Beatrice's work. So would it be that the clinicians who are securely attached are going to have the best outcomes, perhaps most clearly if the security they have has been earned. As that 'earning' is what the therapist encourages the patient to do.

Miriam Steele:

The richness that comes from the ratings scales is also hugely important for the clinicians. So to know that this individual, if they're going to use a defensive (i.e. dismissing) strategy, are they going to be more towards the idealizing side or the derogating side? I think it's the rating scales that give a huge amount of information. So it's not just assigning the overall classification to an

individual.

Howard Steele:

The rating scales actually measure much of the stuff that ego psychologists were interested in, vis a vis defense mechanisms. So most of the defense mechanisms are observable in responses to the AAI.

Ginny Shiller:

I don't know how many therapists have or aspire to use the AAI in their work. Are there training program for how to administer it?

Miriam Steele:

Howard also does quite a lot of training on the administration of the AAI, and his plan is to film an instructional video on how to administer the AAI that may soon become available.

Howard Steele:

There's lots and lots of people who have picked up the questions – they are widely available. But when folks share with me interviews they have collected, very often there are violations of the procedure. Interviewing is a skill for which one needs training.

Ginny Shiller:

Can an experienced therapist just read the interview questions?

Howard Steele:

Of course. The question is what do they do with those questions? Who do they ask the questions to? How do they pose the questions? Do they record the interview? Do they transcribe the interview? Do they stop in the middle and go off script and start probing? I don't know and I don't think anybody knows. We do know, of course, that there's lots of therapists who report 'I interviewed my patient with the AAI or I use the AAI in my therapy.' So I think there's an unknown, wide variation in how people are using the AAI questions, without having trained in the system of making sense of the answers.

Ginny Shiller:

Are you worried about that?

Miriam Steele:

I think we're not so much worried about a clinician using a few to guide them. I think we're worried when people make judgements based on them. I think that's the biggest misuse, and probably what Eric Hesse (a

prominent researcher and trainer in AAI coding system) has expressed great concern about. We've had a lot of conversations in forensic contexts or regarding adoptive parents. What is a great concern to me is that someone would do an AAI with a potential adoptive parent and say on the basis of this you shouldn't be able to adopt. That is a definite misuse of the AAI.

Susan Goodman:

Without any coding?

Miriam Steele:

And even if there was reliable coding, the AAI should not be used in this way. It should be used to target therapeutic help to parents with experiences and states of mind that are likely to interfere with their parenting/caregiving.

Ginny Shiller:

Maybe you could talk a little bit more about that. I'm interested about the adoptive parents in particular. I understand you have conducted research with late adopted (4 to 8-year-old children) and their adoptive parents, and with highly disadvantaged parents with children aged 0-3.

Miriam Steele:

We're doing a lot of clinical work with foster care and adoptive parents. There is a unique group in Illinois called Chaddock, an attachment-focused residential treatment center, mainly for children who've been adopted. They work with families where the adoption is in a precarious place. It's one of its kind in terms of it being residential from eight to 18 years.

A Chaddock clinician approached me and said "I was AAI trained. I'm collecting some AAIs from some of the parents." She caught me on a good day. I offered to rate some of her AAI's because it was an adoption context and it was something I was interested in. So since then, we've collected over 80 of these AAI's more or less at intake from the parents and then I code them and we have a Skype consult where I annotate the AAI's line by line underlining and color coding different features, e.g. highlight sections which show idealization or derogation, or involving anger, or unresolved loss/abuse. I also note where there is high reflective functioning or this is a glimmer of reflective functioning. Then I talk to the clinician who interviewed the parent, and who is going to work with them long-term. I hear more about the case and we come up with strategies based on the AAI for

where the clinical work might go.

Susan Goodman:

So how do you recommend to the clinician starting to work with them?

Miriam Steele:

Sometimes, coming in armed with the AAI and saying "We did this interview together. Can we look at some piece of it and think together about the relationship that piece has to how you're thinking and feeling now about your child."

We work to find contrasts or places of strength as well as maybe patterns that relate to some of the difficulty that's going on now. There was one case where a mother had been abused by her father and her adolescent boy was hitting her. It seemed that the triggers and the repeated abuse, was being enacted with the mother continuing to have this adolescent boy hit her. That former abuse was revealed in the AAI and she had not made that connection.

Miriam Steele:

I think one of the things the AAI does is it opens up the therapeutic space. It automatically alerts the parent or the patient, whoever you're interviewing, that that intergenerational piece is the focus for the work we're going to do.

When you do the AAI you're asking: "When you were upset as a child what would you do?" So consciously or unconsciously, every question is about them and then you're saying now going forward, "What are your three wishes for your child or what you would like them to learn from being parented by you? Why do you think your parents behaved as they did?" It sets the whole attachment framework into an intergenerational perspective.

Just to have that experience, to be forced to answer those questions, I think, ignites a systematic process of inquiry, as compared to a regular often free-wheeling history taking.

PART III: THE STEELES' CURRENT RESEARCH AND INTERVENTIONS

Susan Goodman:

I'm wondering about clinical application in terms of intervention and change. Can you tell us about GABI (Group Attachment Based Intervention) in the Bronx, the program aimed at preventing childhood maltreatment and promoting attachment security?

Miriam Steele:

We've incorporated strategies from the best interventions. I think one of the starting points is that we've looked across many different interventions and tried to learn what has the most therapeutically powerful aspect and we've put all of that together.

So in our training at the Anna Freud Center, where there was a nursery school, we did mother/baby observations, and attended mother/toddler groups. The mother/toddler group is the biggest inspiration in some ways. A replication of that is in this Bronx work. Our colleague, Anne Murphy, initiated the components of this intervention. She had a parenting group up and running long before she gave it the title, "Group Attachment-Based Intervention" (GABI).

She began by being trained to do CPP (Child/Parent Psychotherapy – Alicia Lieberman's dyadic intervention), and then realized there are therapeutic and economic benefits to treating infants and toddlers with their caregivers in a group setting. The first piece of GABI is like a child/parent dyadic psychotherapy component, where there's one clinician with one mother and a baby and the babies are zero to three; there are as many 6 or 8 infants/toddlers in the room (circa 30 minutes). Then the parents go to another room for a parent-only group. At the same time, the children are seen separately (circa 60 minutes) before a final reunion (15 minutes).

Susan Goodman:

So individual treatment for children as well?

Miriam Steele:

It's one of the few (dyadic early intervention) treatments where there is a child-only component, rather than JUST the dyad. Toddlers gain experience interacting with

age-mates with support from therapists in the room. It's unique because most of the other treatments are dyadic or are parent only, parent training. That's what 'treatment as usual' is across the country, parent groups, where babysitters are needed for the infants/toddlers. There is a huge missed opportunity in getting a group of parents together, often with babysitting for the kids next door, but nobody actually working with the kids.

Miriam Steele:

There are three patients: (1) the parent; (2) the toddler; (3) the parent-toddler relationship. The parent-group piece permits discussion of the many cultural and demographic issues and stressors/trauma that the parents are facing. Also, in the parent groups, we show video of an individual parent and child interaction (from the opening parent-child session of GABI,) and there is a discussion of what is seen, what is felt, what could be changed about the benign interaction portrayed on film. To test for fidelity to the treatment goals, to identify moments of therapeutic action, and to facilitate training of GABI to others, we video everything.

Susan Goodman:

Based on George Downing VIP (Video Intervention Program)?

Miriam Steele:

Yes, in part. George Downing consults with us. For the parent group, often the parent/child group is videoed – A little slice of the video is shown to the target parent but in the parent group. That's incredibly powerful. So often, for a parent, it's a bit too close to home to watch themselves, even in video, but to watch their peer, it stirs up a lot. That is another place to enhance reflective functioning.

Miriam Steele:

With the child-only piece, we come from a very psychoanalytic model in terms of a clinician following the lead of a baby or young child and playing with them and that baby having an experience of what it feels like to be with someone who's sensitive and responsive to them.

The babies – when the mother comes back we had a student who tried to capture this on video. The difference at the time of reunion – that the babies expect something different from those mothers now, even if it's been (just)

20 minutes with this highly trained, sensitive clinician or trainee clinician.

Ginny Shiller:

I guess what's happening during that separation is the child gets an experience of being closely responded to, and then the parent does the same.

Miriam Steele:

Exactly. With the parent groups, they get to put into words some of the conflicts that they're having, they hear someone else. They might have had this video piece where they're asked to reflect on what they see is going on either with them (or another parent-child dyad) and it often opens them up. They then can reflect at a little bit more distance. Everyone gets a turn.

Miriam Steele:

One of the other things that's unique about this project is that there's a total interface between the research here at the Center for Attachment Research and the clinical work. So all the way through it's been embedded one with the other. Our students go up to the Bronx to video, and some of our students actually are involved in the clinical work itself.

Every week the clinicians come down, and we watch some segment of video and we're looking for therapeutic action in those few segments. It was on the basis of that that we wrote the treatment manual that was based on what actually happens and what Anne Murphy does. That's now an online platform with videos and lectures.

We had a grant from the New York State Health Foundation to implement this Group Attachment Based Intervention, or GABI, to 10 new sites. So that online platform has been very useful for that. We do a two-day, in-person training; there's seven-and-a-half hours' worth of material, with background reading and videos on attachment.

The main training here at The New School is the PhD program, but quite a few of our students get AAI training or Strange Situation trained.

Susan Goodman:

So with your interface between the research and in the clinical, in the meetings each week, what kind of advances have you made with therapeutic action?

Miriam Steele:

If every dyad leaves a session with a couple of moments where they engaged with one another differently than they did at home, or than they did last week, meeting or connecting even briefly in some joyful, reparative and mutually rewarding way, that's the therapeutic intervention.

It's really blending some of the infancy research, some of Beatrice Beebe's work in terms of what it takes to change things. And the trauma-informed aspect of the intervention is huge. GABI clinicians learn to be mindful of and sensitive to trauma issues, especially the many different triggers of trauma memories that accompany these parents' ongoing experience.

What you're working on are those interactions and getting them to be a bit different, and changing the parents' state of mind about attachment.

Howard Steele:

Suppose you sat in on one of our Tuesday sessions when Anne Murphy and some of the other clinicians are describing their work: They may be speaking about what they're doing at the beginning of the session. They welcome everyone and they're taking the pulse of the parents' mood and the children's tempo at that moment, noticing which parents (and toddlers) are hyper-aroused, preoccupied about something, or maybe hypoactive and flat. They'll work to slow things down and bring them down or bring them up. That model is consistent with a theory of affect regulation.

What's characteristic of security is that you're aware of your emotions and you can express them without becoming too sad or too angry, as it were. The dismissing speaker is downregulating, i.e., not wanting to become aware particularly of negative emotion. The preoccupied speaker is all too aware of the difficulties, and hyper-aware, angry or anxious.

The focus is on getting the parents to attune to their children, to slow down and be with the children, to follow the child's lead. That happens in the beginning part. This topic of attunement might be talked about when the parents are on their own. Beatrice Beebe and many others do clinical work now with parents; some of it is psychoeducational. Some of it is telling parents about joint attention, shared affect, about fear and frightening behavior and how children are scared when we raise

our voices and we should be careful not to intentionally frighten our children. It's going to disorganize them. So any of these important lessons from developmental research might be raised by the lead GABI clinician in a parents-only group.

Then there's a reunion at the end of the morning, as Miriam described earlier. That's a precious time for them to practice being together again in the therapeutic frame and then there's a goodbye song.

Susan Goodman:

I'm wondering what your hopes are for the interventions and the work you've done for the people of this readership – child and adolescent analysts.

Miriam Steele:

I think always the interplay. We often use Bowlby's phrase where he said "No research without therapy, no therapy without research." The clinician could look at some of this work and take some of it for their own individual work. I think there's a lot in understanding the moments of meeting and the therapeutic action

I think the window, the lens through which this clinical intervention is looking, which is such a blend of developmental research, child psychoanalytic ideas, the infancy research and the infancy interventions all blended together gives that unique perspective.

PART IV: THE HANDBOOK OF ATTACHMENT-BASED INTERVENTIONS

Howard Steele:

One of the things we've been working on for the last two years is a Handbook of Attachment-Based Interventions. Of the 21 chapters, three-quarters of them concern parent-child interventions addressing infants and toddlers. The earlier you can intervene the better. Alicia Lieberman's approach is there, the Circle of Security Approach and the Dutch Video Intervention to Promote Positive Parenting. There are three chapters focused on interventions for adolescents. Remarkably, one of the chapters about adolescents is a model that proposed work with parents (of troubled adolescents) but actually is based on work with parents (not the teens). The model, in use around the globe, is called Connect, based on the attachment-informed ideas of Marlene Moretti who's at Simon Fraser University in British Columbia, Canada.

Susan Goodman:

We'll look forward to its publication! What about training opportunities for clinicians?

Howard Steele:

The Handbook of Attachment-Based Interventions includes information on how to train in each of the interventions detailed. We have a website attachmentresearch.com that describes who we are, what we do, and what training opportunities are scheduled. This summer we'll be running a two-week Adult Attachment Interview Institutes (31 July-11 Aug, 2017). Other trainings offered include a two-day seminar on Reflective Functioning (scheduled in response to requests). We actually have a toolbox of measures that are relevant for studies of attachment across the lifespan. For example, we developed and validated The Friends and Family Interview (FFI) which is a set of structured questions you can ask any 8- to 16-year-old to get a sense of how things are going, about their personal life with their friends, with their parents, with their siblings and with their teachers.

At the end of our interview, Howard Steele asked if we would like to see the Attachment Lab. xLike proud parents, the Steele's walked us down the hall to see the playroom, the setting for the heart of their research

Reviews

How Still-Frames Can Come to Life: A review of Beebe, Cohen and Lachman's *The Mother-Infant Interaction Picture Book*

JORDAN BATE, PH.D.

I can vividly recall the first time I heard Beatrice Beebe speak at a conference in New York on affect regulation. As she clicked back and forth between frames from her video recordings of a mother and baby face-to-face, she gave a chuckle, pausing and smiling at the image, speaking as if she were the baby, her eyes lighting up as his did. The delight Beebe takes in what are simultaneously extremely nuanced and also incredibly clear mother-infant interactions is infectious. One cannot hear or see her speak without feeling something for the mothers and infants in her videos. And finally, a much wider audience can now hear her voice, with all of its care, attention to detail, and personality, through her newest work, *The Mother-Infant Interaction Picture Book*.

The book, written with her colleagues Phyllis Cohen and Frank Lachmann, brings to life much of what we have heard them write about in other formats. But here, with lifelike drawings designed to protect the identities of her subjects while showing in fine detail the essence of our most human interactions she reminds us of one of their most important findings: not only does the mother affect her infant through their exchanges, but the infant also has an effect on his or her mother. For those of us who work with children and parents, or even adults (who were of course at one time children with parents themselves), this understanding and appreciation for the mother's internal representations of self and other that influence how she responds to her baby is what allows us to understand, ally with, and help change the trajectory for both her and her child.

A unique feature of the picture book is that it combines a summary of the authors' impressive body of research alongside the illustrations, showing us how research really can translate into clinical practice. The book teaches readers how to become observers themselves. Beebe instructs us on how to dart our eyes back and forth

across the images, so we can see the movement. And she encourages freedom in our minds to imagine precisely what each may be thinking and trying to say. Her language for various facial expressions – the gape smile, a woe face, or a disgust face – is so much more than a set of operational terms used in coding. It trains us to recognize the slightest changes, and to acknowledge how much more there is going on than meets the eye.

Describing a secure parent-child attachment pattern, Beebe writes, "in the next second, the mother and infant continue in mutual gaze, both display the apex of positive affect, full gape smiles. Their heads rise in unison. As the mother raises the infant's left arm up a bit more, the infant lifts his right foot and his toes go up" (pg. 72). She similarly draws our attention to the nuances of rupture and repair moments, explaining, "about a half second later, we see an extraordinary moment in which the mother precisely matches the infant's distressed state. As the infant reorients back to vis-à-vis, with his eyes closed, he pulls in his bottom lip. This expression may indicate a way of managing an upset state, an effort to hold in distress. The mother matches the infant's pulled-in bottom lip expression" (pg. 81). Though the term 'micro-analytic approach' can sound complicated, Beebe shows us, with descriptions like these, how much easier it is to see what is happening, and to make meaning of material that can be hard to understand when we are looking with the naked eye.

The picture book is surely one that will enhance the knowledge and practice of researchers and clinicians alike, written and illustrated with an elegance that makes it accessible for those who are just being introduced to this field of work. Like the clinical work it informs, it is a work of art that weaves together verbal and non-verbal language, with a powerful effect.

Jordan Bate, Ph.D. is a doctoral candidate at The New School for Social Research, and a clinical psychology intern at Lenox Hill Hospital. She studies and writes about the applications of attachment research to psychotherapy with parents and children.

Reviews

The Attachment Bond: Affectional Ties across the Lifespan by Virginia Shiller, Ph.D.

SHERYL SILVERSTEIN, PH.D.

Virginia Shiller's book *The Attachment Bond: Affectional Ties across the Lifespan* is a comprehensive, thorough overview and synthesis of the attachment literature – history, theory and research. Clinicians working with any age group and researchers will find this book an impressive reference to understanding the implications of secure and insecure attachments with respect to a multitude of variables. While not a book focusing specifically on clinical applications, descriptions of research interventions provide insights into many ways research can be applied. She explains that her main intent is to lay the foundation of attachment research which is needed in order to understand the practical applications, and here she succeeds brilliantly.

Dr. Shiller's primary focus is how attachment security in infancy affects future development, well into adulthood. She begins by introducing the reader to John Bowlby's attachment theory which led to Mary Ainsworth operationalizing Bowlby's ideas into the development of the Strange Situation Procedure– one of the most widely used psychology measure ever developed. She then highlights findings from four longitudinal studies that tracked development and adjustment in a variety of areas from infancy through the preschool, middle school, and adolescent years. These and many other studies are reviewed and synthesized throughout the book with a lens towards the effects of attachment security.

Dr. Shiller repeatedly emphasizes that while research indicates attachment classification predicts and lays the groundwork for future development and adjustment in a variety of areas, a secure attachment does not necessarily protect a child from the effects of less sensitive parenting and other detrimental experiences that may occur later in life. Attachment classifications can and do change over the lifespan. Further, even when parenting and family experiences remain constant, parents skilled in providing attachment security may be less adept in facilitating peer relationships, setting limits, or in other parenting areas.

Dr. Shiller's discussion re continuity and discontinuity in development is balanced in reviewing the research on both sides of the issue.

For example, attachment security and its relationship to affect regulation, biological underpinnings and plasticity in the brain are presented with evidence suggesting that the brain may allow for change in internal working models and emotional responses over the course of development; though neural systems tend to be more plastic earlier in development. However, Dr. Shiller notes that investigators are uncertain about when sensitive periods for neurodevelopment in human may occur, so caution is warranted before prematurely concluding that early experiences become set in stone.

One particularly interesting finding from a study of adult attachment security in couple relationships was that a percentage of insecure partners changed their attachment classifications to secure in just 18 months of marriage, and not necessarily because they married someone with a secure attachment. Also compelling was the research cited that children who have an insecure attachment as infants are at risk for inflammation-related illnesses as adults and disorders in adulthood were shown to be linked to disorganized attachments in infancy.

Dr. Shiller delineates the differences in research methods and focuses of study in attachment between the developmental psychologists and social/personality psychologists, discussing study results in each area. She emphasizes that there is very little overlap between "attachment styles" derived from paper and pencil questionnaires used by social psychologists and "states of mind with respect to attachment" derived from the in-depth, psychoanalytically-based projective instrument, the Adult Attachment Interview – though both are often referred to as indicators of adult attachment security.

In her final chapter, Dr. Shiller summarizes the most significant findings on the role of attachment throughout life. There is a poignant section reviewing a study

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investigating aging mothers' attachments to their caregiving daughters. Finally, there are voluminous references at the end of each chapter that are useful to any reader who desires further readings.

While Dr. Shiller's summary of attachment research is a thorough review and compilation, my own preference would have been to have more of an emphasis spent on two sensitive topics briefly covered, namely the relationship between attachment security and impact of day care and the effects of frequent overnight visitation for infants and toddlers on attachment security. With so

many children in day care as more mothers work outside the home and a fifty percent divorce rate in this country with contentious fighting over visitation –frequency and type—a more detailed and qualitative review of the studies addressing these salient issues would have been informative to child clinicians.

Announcements

Seth Aronson, Psy.D. and Craig Haen, Ph.D. recently published “Handbook of Child and Adolescent Group Therapy: A Practitioner’s Guide” by Routledge. Board member Norka Malberg, Psy,D. contributed a chapter.

Henry Kronengold, Ph.D, recently published Stories from Child & Adolescent Psychotherapy: A Curious Space, by Routledge. This is a book of case studies, meant to invite the reader into the therapy room to consider clinical issues.

Martha B. Straus, Ph.D, recently published “Treating Trauma in Adolescence: Development: Attachment and the Therapeutic Relationship,” by Guilford.

Miriam and Howard Steele were among the five people honored with ‘Bowlby-Ainsworth Awards’, by the Society for Research and Development, a community of attachment researchers from around the world. Miriam was honored ‘for innovative longitudinal studies and translational research on attachment and mental representation. Howard was honored for his work ‘as a scientist, editor and clinical innovator’.

Research Study for Children

Looking for families who have a child with behavior problems to help us investigate a new treatment, Regulation Focused Psychotherapy for Children (RFP-C) To learn about the study, please call Sophia Aizin at (347) 719-0390 or visit <http://tracyprout.wixsite.com/researchlab>. The Manual is available from Routledge at <http://tinyurl.com/gtmkd6y>. Leon Hoffman is available for information at hoffman.leon@gmail.com

Dialogue: Analogies Between Infant-Parent Research and Work with Adults

SUSAN GOODMAN, L.CSW

There is a beloved children's book called *Jacob Two Two Meets the Hooded Fang*, about a little boy who said everything twice because no one listened to him the first time. He became nervous and upset until he felt understood, said Jessica Benjamin, who spoke at The New School earlier this year on the parallels between parent-infant research and adult treatment.

Benjamin presented on a panel with three other distinguished psychoanalysts after a screening of Beatrice Beebe's new documentary, "Mother-Infant Communication." Beebe is clinical professor of psychology at Columbia University Medical Center. The film describes Beebe's video microanalysis of moment-to-moment communications between caregivers and infants, and key contributions of infant research for a psychoanalytic theory of development and treatment. The panelists, Miriam Steele, Spyros Orfanos, Frank Lachman, and Jessica Benjamin, described how the findings inform the way they think and work with adults.

In her plea for a "measure of more mutuality and recognition", Benjamin said "what we call regulation goes hand in hand with recognition. With Beebe's work, we see that 'the baby senses mom gets it and can relax. Otherwise the nervous system tells the baby she can't relax.' For adult treatment, Benjamin stressed that we don't want patients to feel they have to keep saying what they want us to understand over and over. "I mis-attune fairly frequently," she said, noting that mismatching situations enrich and allow us to take the idea of disruption and repair in infancy into adult therapy. "I mis-attune fairly frequently," she said, noting that mismatching situations enrich and allow us to take the idea of disruption and repair in infancy into adult therapy.

Spyros Orfanos, who spoke about the evolution of research in psychoanalysis, said that in the 1940's and 50's, analysts studied audiotapes and written transcripts of sessions, but then that method of research slowed down. It picked up again with developmental research. He pointed out that these researchers are also master adult clinicians. "We are very glad the baby-parent watchers came into being," Orfanos said. "Now we are in the age of the relational baby."

Dr. Orfanos described how the research findings have inspired him to develop his powers of observation and to slow down. He told the story of work with a 23-year-old. "He had a terribly slow rhythm, and I have an 8th avenue fast rhythm," Dr. Orfanos said. "I adapted, though, to his slow tempo. It doesn't happen often, but I had three amazing thoughts in the middle of a session one day and I wanted to share them. I started, but he said, 'STOP!'" Orfanos said they discussed the rupture and how their rhythms and tempos were different. "He felt I was verbally looming in," said Orfanos. "These breaks, the ruptures, the repairs, chase and dodge are going on in the consulting room all the time."

Frank Lachman gave the example of a patient turning away during a session. "If we understand it in terms of self regulation and affective overstimulation, We see the person is taking care of himself, and if you wait, the patient will come back again when feeling less stimulated. Miriam Steele told the audience that the Mother-Infant Interaction Picture Book and documentary will be very helpful for training and early intervention. "With video analysis one can see what is driving specific behavior sequences, such as the "chase and dodge" or "looming" sequence," she said. "The capacity to slow down and notice sequences of behavior between parent and infant is a core part of training."

Susan Goodman is an adjunct instructor in the NYU Post Master's Social Work Program. She maintains a private practice in Westport, CT, and Manhattan.

The Mother-Infant Interaction Picture Book: Origins of Attachment, was co-authored by Beatrice Beebe, Frank Lachman and Phyllis Cohen. (See review in this issue.)

PANELISTS: Jessica Benjamin, Clinical Professor of Psychology, NYU Postdoctoral Program in Psychotherapy and Psychoanalysis; Frank Lachmann, Ph.D., faculty, Psychoanalytic Study of Intersubjectivity, and faculty, NYU Post Doc; Spyros Orfanos, Ph.D., ABPP, Clinic Director at NYU Postdoc; Miriam Steele, Ph.D., Director of Clinical Training, The New School for Social Research, Co-director of the Center for Attachment Research.

President's Corner

Dear Colleagues,

We are pleased that this edition of our Section II Newsletter features a focus on the important topic of “attachment.” We are grateful to Miriam and Howard Steele who consented to being interviewed by Susan Goodman and Virginia Shiller, so that they could share their story of involvement in attachment research and a commitment to understanding how it profoundly impacts development and relationships across the lifespan.

Since November, those of us involved in supporting mental health have been reeling from the profound response to our country's Presidential election. In recent years, many had felt a modicum of hope and optimism regarding what appeared to be a shift in respect for and acknowledgment of human rights. The events of the past months, including the first weeks of the new administration, have left many feeling a sense of disenfranchisement, pessimism, anger, and even despair. However, a feeling of steadfast determination may be finding its voice.

Division 39 of the American Psychological Association has long emphasized its commitment to human rights and to redressing the myriad factors that work against the realization of those rights. In particular, the Division's efforts to demand the reversal of APA policies regarding harsh interrogation methods and torture and to support the “Independent Review Relating to APA Ethics Guidelines, National Security Interrogations, And Torture” (the “Hoffman Report”), provides an example.

More recently, the Division is developing, with the help of point person, Dr. Usha Tummala-Narra, the “Resource Network for Working with Immigrants and Refugees,” a listserv and a resource list for persons striving to help asylum seekers, torture victims, immigrants with legal status, and undocumented immigrants. (For assistance in joining this listserv, contact Ruth Helein at Div39@namgmt.com.)



As we strive to reconstitute our convictions and determination to persevere as advocates for change and for the enduring support of all human rights, I want to use the podium of in this newsletter to share another matter that should remain a priority. In an essential way, it expands our focus on attachment from the “micro” of the healthy developments of the individual child to the “macro” of the healthy development of all children. It is the nearly century-long struggle to bring attention to the “the Rights of Children.” Throughout the world, and throughout history, children have remained one of the most disenfranchised and unprotected groups of society. Sadly, it still occurs that for many if not most of the world's children (and their parents), they are not able to live and grow in environments that are safe and secure. Even their basic human rights remain unprotected.

In 1924 the League of Nations adopted the Declaration of the Rights of the Child (a.k.a., the Geneva Declaration of the Rights of the Child). This document advocated basic human rights for children, primarily in terms of food, clothing, housing, medical care, etc. Shortly after its founding, the United Nations, in 1946, resolved to expand

upon this document. In November of 1959, the UN adopted its "Declaration of the Rights of the Child."¹ It expanded provisions for health care (including pre- and post-natal care) and well-being to include for those who are "physically, mentally, or socially handicapped." Also supported were the rights to grow up within a family environment, an education, and to "be protected against all forms of neglect, cruelty, and exploitation." Specific provisions forbade trafficking or employment before "an appropriate minimum age."

To provide further gravitas to this Declaration, in 1989, the UN, adopted its "Convention on the Rights of the Child." This "human rights treaty," a legally binding, contractual agreement between ratifying countries, is a comprehensive, worthy-of-study construction of 54 Articles.²

Many do not know that the ONLY member country of the United Nations NOT to have ratified the Convention on the Rights of the Child is the United States. While the U.S. played an active role in drafting the document and signed it in February of 1995, ratification has not occurred, ostensibly as a consequence of opposition from conservative political and religious organizations.

It is my sincere hope that, as we strive to re-galvanize our determination to establish acknowledgment and protection of all human rights for all persons, we hold firmly in our consciousness the sobering fact that as a nation, we have still fallen short in our protection of those among us who remain in many ways our most vulnerable. As psychologists, as psychoanalysts, and as members of Division 39 of APA, should we accept anything less?

(Endnotes)

1. <https://web.archive.org/web/20130926070812/http://www.un.org/cyberschoolbus/humanrights/resources/child.asp>
2. <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

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