

# Gehechtheidsgericht werken met kinderen, jongeren en gezinnen

Guy Bosmans

Tara Santens

Leen van Vlierberghe

Ilse Devacht

Marlies Wintmolders

**KU LEUVEN**





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8

8A

# CORE HYPOTHESES OF ATTACHMENT THEORY

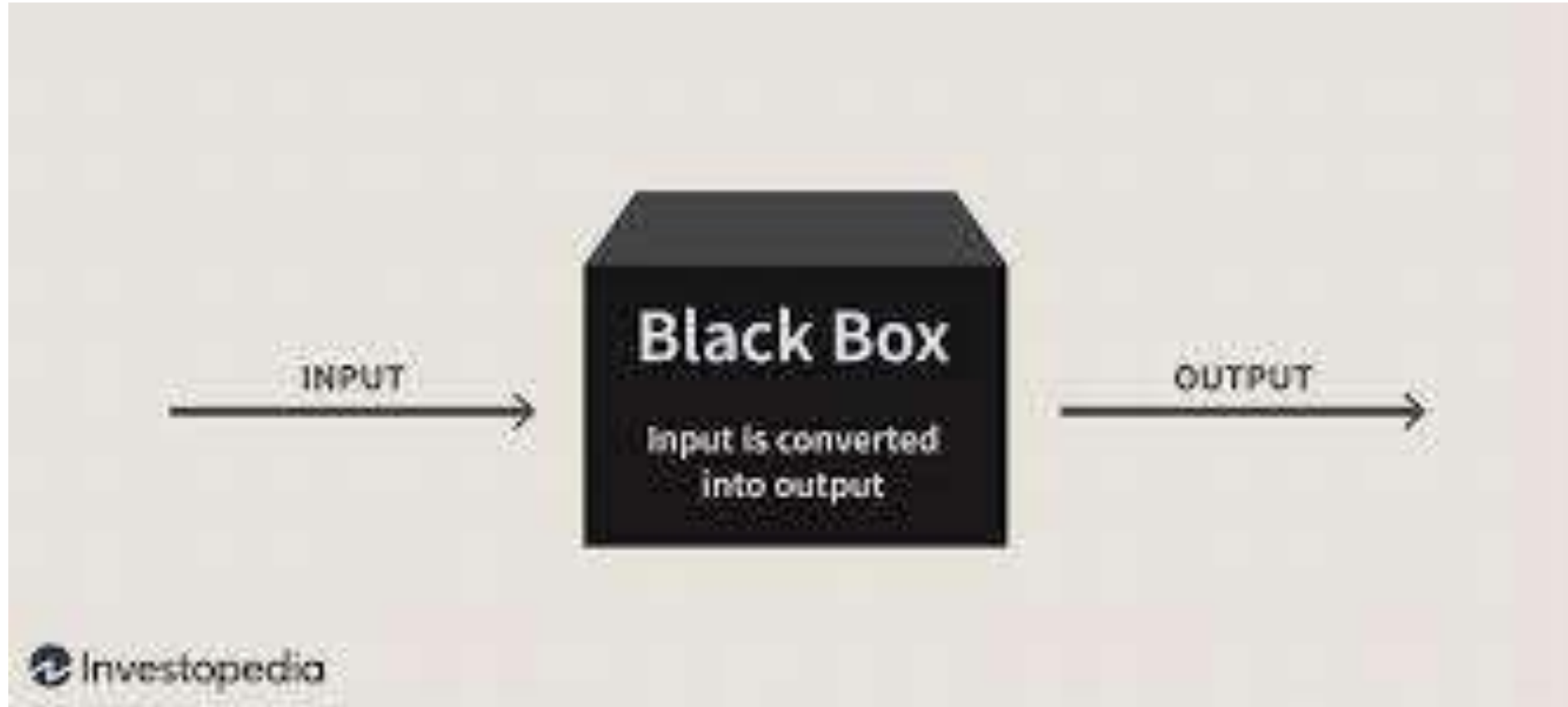


Attachment security-insecurity is caused by the environment

Attachment patterns, laid down in early life, are stable over time and transmitted across generations

Attachment security is crucial for children's mental health

# De zwarte doos van gehechtheidstheorie



Ross Thomson, 2016, Handbook of Attachment  
Groh et al., 2014, Monographs of SRCD  
De Wolff & van Ijzendoorn, 1997, Child Development  
Helen Beckwith, 2021, *PhD Dissertaton*  
Verhage, Tharner, Duschinsky, Bosmans, & Fearon, 2022, JCCP

UNIVERSITY of PENNSYLVANIA  
PHILADELPHIA 19104

DEPARTMENT OF PSYCHIATRY

John Bowlby, M.D.  
Tavistock Institute of Human Relations  
120 Belsize Lane  
London N.W. 3  
England

Dear Dr. Bowlby:

Thank you so much for sending me reprints of your recent articles.

I have just finished reading your paper "Cognitive Processes in the Genesis of Psychopathology," which you presented before the Society for Research and Child Development in Boston. I was very much pleased--excited is more accurate--to read this paper because it fits in so closely with my own thinking in this area.

Your conceptualization for the mechanisms involved in the phenomenon of detachment rings true to me. It seems that these hypotheses would be testable through some kind of a correlational or experimental investigation.

I enjoyed your discussion of your case examples. I could see easily where we would have handled these cases in much the same way. I would, for instance, have tried to elicit from the patient Mrs. G. the notion (which is close to consciousness and possibly even framed in words): "I will never allow myself to be attached again." The formation of this rule, which takes the form of an imperative, then shapes her subsequent behavior. Similarly, the rule that evolves in the relationship to the analyst would run something like this, "Being attached is dangerous. I must fend off any advances by other people."

I found your description of information-processing extremely interesting. As you probably know, a number of studies has shown that the selective recall of depressed patients reflects primarily a deficiency in recalling positive experiences. The mechanism, following from your exposition might very well be that their channels simply do not admit positive experiences. In any event, this model could account for such clinical phenomena as selective abstraction, arbitrary inference, magnification over-generalization, etc.

You were quite correct in your statement that my theory is deficient in the skippy attention I've paid to the developmental roots of depression.

Please reply to:  
Room 602  
133 South 36th Street  
Philadelphia, Pa. 19104

July 29, 1981

Adm. 8/5/81

BECK  
29 July 81

My focus on the "here and now" does not reflect any lack of interest or minimization of the importance of development. Indeed, over the years I have been gradually accumulating notions regarding the longitudinal development of the depression-prone person but have not - am not quite ready to commit them to paper. Nonetheless, I did discuss how the development of negative schemas in childhood can predispose an individual's way to depression (see pages 275 to 276 in Depression, 1967). My only experimental flight in this direction was based on the following notion. Since depressed patients seem to view losses as irreversible and irremediable, is it possible that some overwhelming experience implanted this idea in their cognitive organization. We conducted a study of parental loss and found that the incidence of loss of a parent in childhood was twice as great for severe depressives as for a matched control group of nondepressed patients. Obviously other important kinds of "loss" or separation occur in childhood, but I found no easily documented way of obtaining a reliable record of these events.

I was interested to note that you observed in your paper that my ideas of cognitive processes come from a school other than psychoanalysis. Of course, other writers in the field have made this observation. It might be a point of curiosity therefore for you to know that my psychiatric training was completely and exclusively psychoanalytic. Most of my residency was at the Austen Riggs Center in Stockbridge at the time of Robert Knight, Erik Erikson, David Rappaport, Roy Schafer, and Margaret Brenman. I then moved to Philadelphia and graduated from the Philadelphia Psychoanalytic Institute in 1956.

Hence my immersion in psychoanalysis was thorough. I would consider my theoretical work as derivative from ego psychology rather than from cognitive psychology or learning theory. At the present time in fact I am trying to reformulate many of the basic psychoanalytic concepts into cognitive terms.

I'm taking the liberty of enclosing a copy of the paper I prepared for the 1981 meeting of the American Psychopathological Association. If you have the time to review this paper I would very much appreciate hearing your comments, particularly regarding the last section that deals with the relationship between the dimensions of personality (sociotropism and autonomy) and the clinical phenomena. Incidentally, we have found that while the types of precipitating episodes in women follow pretty closely those described by George Brown, the precipitation of depression in men seems to revolve more around the theme of defeat and are related more to reverses at work than to strictly interpersonal difficulties.

I hope that we will be able to continue to exchange our ideas either by mail or, hopefully, in person.

With warm regards,

Sincerely,

A. T. Beck  
Aaron T. Beck, M.D.

ATB/rb

Enclosure - 1. copy of APPA paper

2. photocopy of pages 275-276 of Depression

Naturally, I find the way that the ideas of all of us are converging most heartening. Perhaps we shall yet live to see a unified theory of personality development and psychopathology.

With very good wishes for your further work.

Yours sincerely

John Bowlby, M.D.

# Een leertheorie van gehechtheid



Contents lists available at [ScienceDirect](#)

## Neuroscience and Biobehavioral Reviews

journal homepage: [www.elsevier.com/locate/neubiorev](http://www.elsevier.com/locate/neubiorev)



Review article

## A learning theory of attachment: Unraveling the black box of attachment development

Guy Bosmans<sup>a,\*</sup>, Marian J. Bakermans-Kranenburg<sup>b</sup>, Bram Vervliet<sup>c</sup>, Martine W.F.T. Verhees<sup>a,b</sup>,  
Marinus H. van IJzendoorn<sup>d,e</sup>

<sup>a</sup> *Clinical Psychology, KU Leuven, Belgium*

<sup>b</sup> *Clinical Child and Family Studies, Vrije Universiteit Amsterdam, the Netherlands*

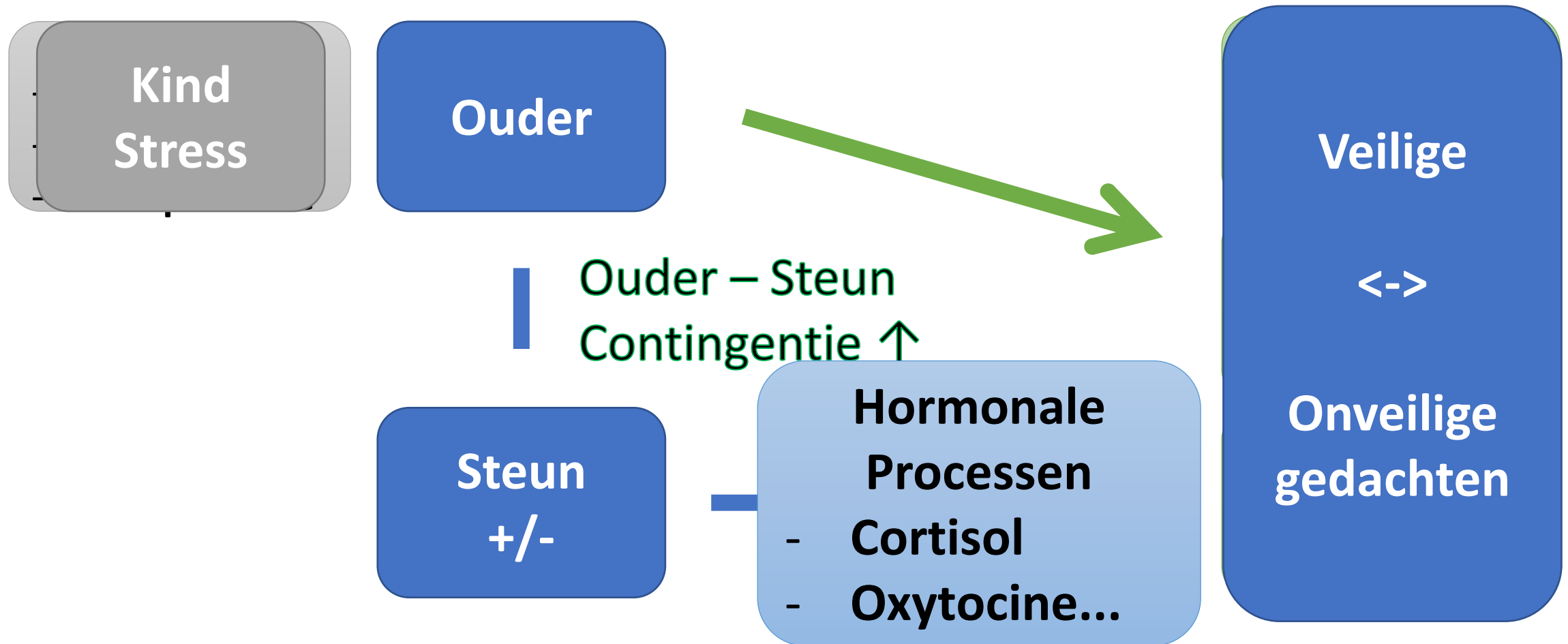
<sup>c</sup> *Laboratory for Biological Psychology, KU Leuven, Belgium*

<sup>d</sup> *Department of Psychology, Education and Child Studies, Erasmus University Rotterdam, the Netherlands*

<sup>e</sup> *School of Clinical Medicine, University of Cambridge, UK*



# Veiligheidsleren: Emoties en gedachten





# Attachment safety learning: Behavior

## Antecedent Context

Kind  
Stress

Kind  
Gedachten

## Response Gedrag

Veilig  
Ambivalent  
Resistent  
Gedrag

## Consequenties Bekrachtigers

Hormonale  
Processen

- Cortisol
- Oxytocine...

**Parent**

**Child**

**Non-supportive Responses**

**Distorted Attachment Signals**

**Self Defensive Strategies**

**Self Defensive Strategies**

**Misreading Distorted Signals**

**Negative Interpretation Bias**

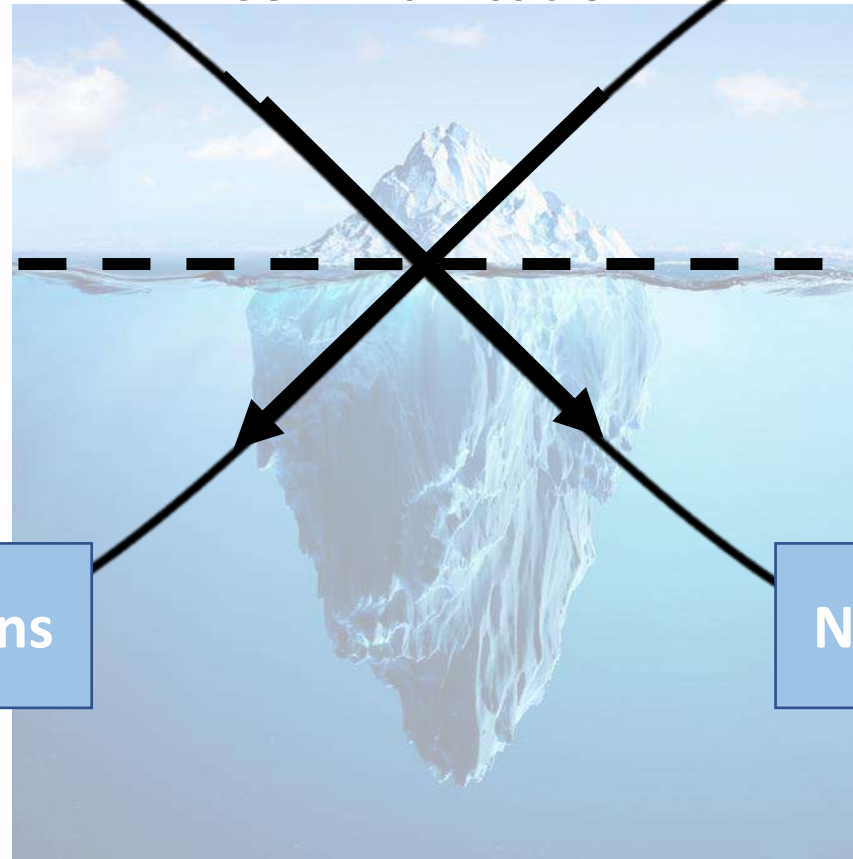
**Negative Expectations**

**Negative Expectations**

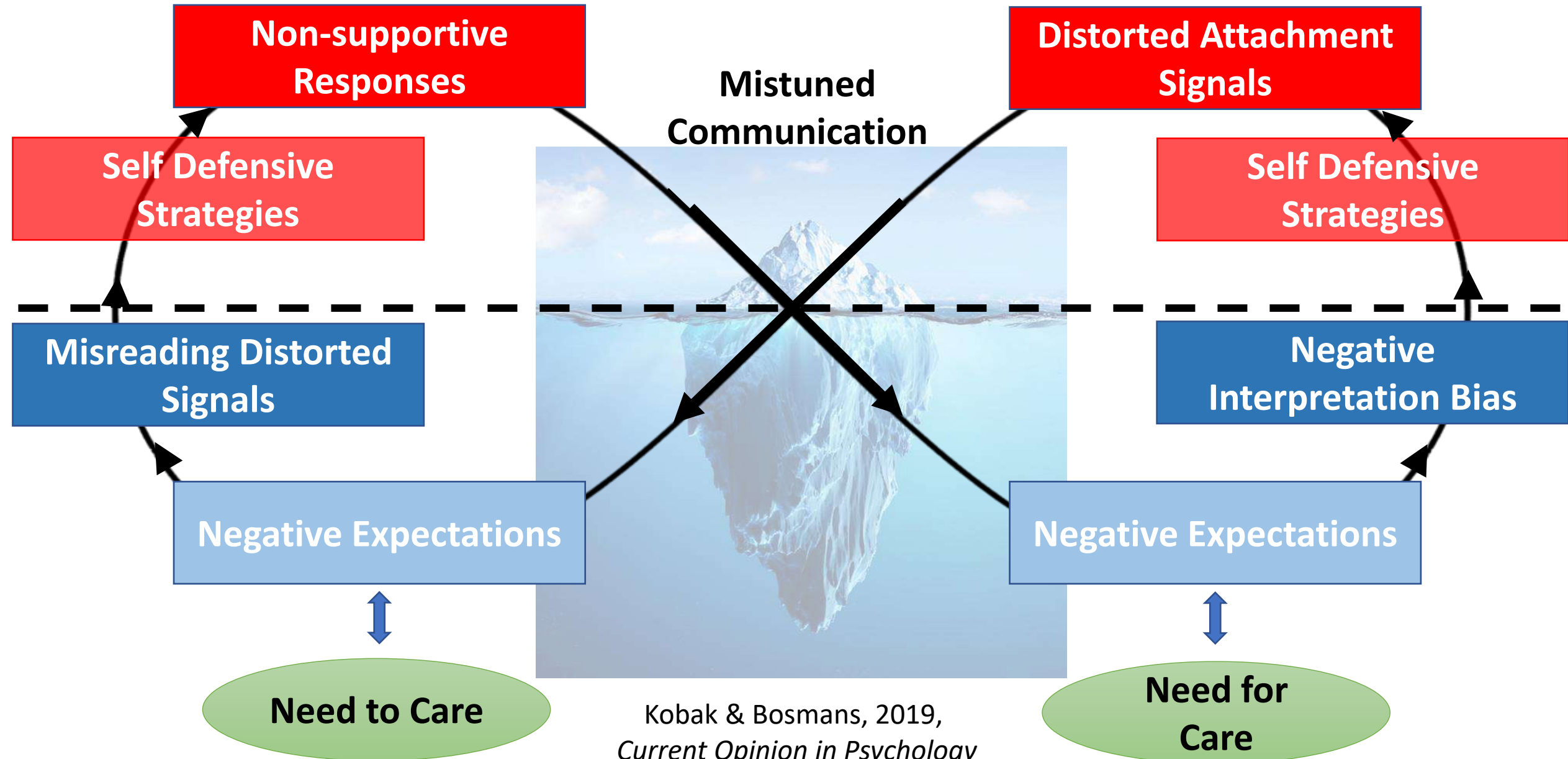
**Need to Care**

**Need for Care**

**Mistuned Communication**



Kobak & Bosmans, 2019,  
*Current Opinion in Psychology*



# Klinische toepassing van de leertheorie van gehechtheid

Clinical Child and Family Psychology Review  
<https://doi.org/10.1007/s10567-021-00377-x>

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## A Learning Theory Approach to Attachment Theory: Exploring Clinical Applications

Guy Bosmans<sup>1</sup>  · Leen Van Vlierberghe<sup>1</sup> · Marian J. Bakermans-Kranenburg<sup>2</sup> · Roger Kobak<sup>3</sup> · Dirk Hermans<sup>4</sup> · Marinus H. van IJzendoorn<sup>5,6</sup>

Accepted: 28 December 2021  
© The Author(s) 2022

### Abstract

Although clinicians typically acknowledge the importance of insecure attachment as one factor that can contribute to children's psychopathology, translating attachment theory into clinical practice has proved a challenge. By specifying some of

# Implicaties voor de klinische praktijk

**Hoofddoel** -> Toename Ouder - Steun contingentie

## **Mogelijke Strategieën:**

Context-gerichte strategieën

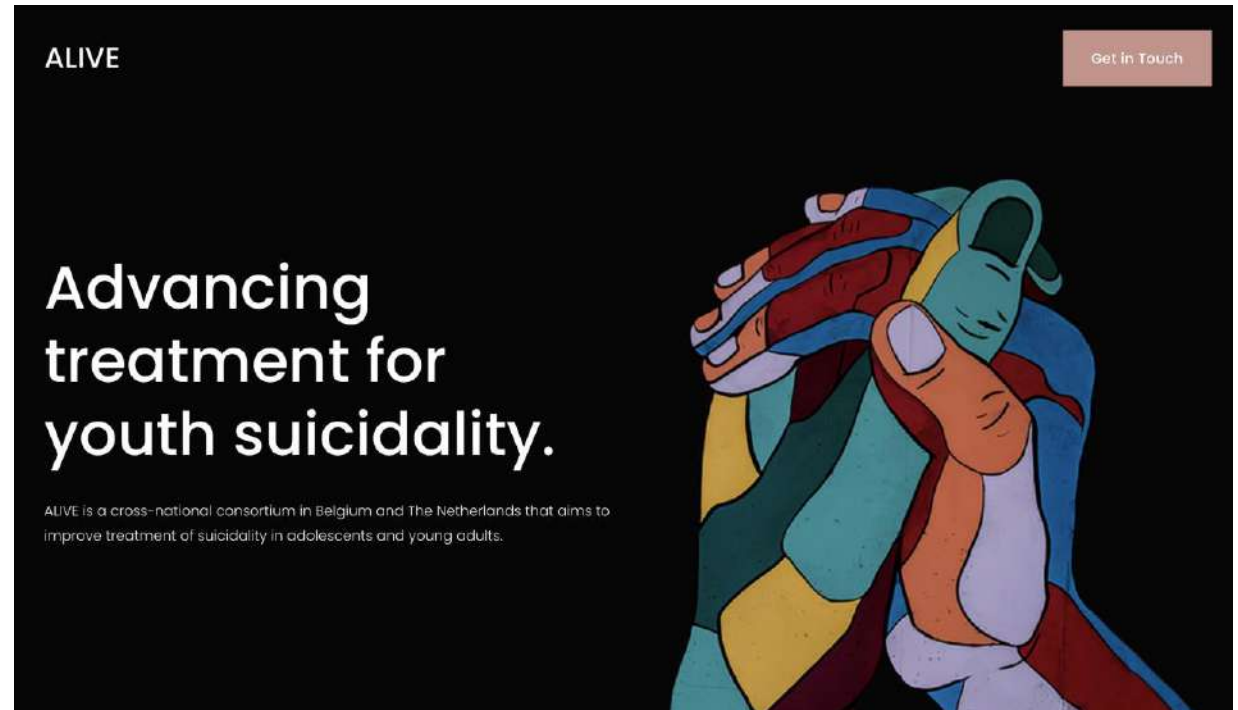
Bekrachtiger-gerichte strategieën

Verwachting-gerichte strategieën

Bekrachtigers:  
Consequent Control

Verwachtingen (vertrouwensbreuken):  
Exposure Therapy

# Recente ontwikkelingen:



TRAWANT

INTERSECTORAAL  
SAMENWERKINGSVERBAND RTJ  
REGIO ZUIDKANT PROVINCIE ANTWERPEN

**BeNeFIT**

The logo features the word 'BeNeFIT' in a bold, black, sans-serif font. The 'e' and 'e' are stylized with the colors of the Belgian and Dutch flags (yellow, red, and blue) respectively.



# Toepassingen:

- Tara Santens: Attachment-Based Family Therapy als roadmap om onveilige cycli te doorbreken en nieuw gehechtheidsleren te faciliteren bij adolescenten
- Leen van Vlierberghe: Mag het op onze manier? Het bevorderen en herstellen van veilige gehechtheidsrelaties bij lagere schoolkinderen en hun ouders
- Ilse Devacht: Met vereende krachten van 2/112 naar 30/112? Just wing it
- Marlies Wintmolders: Attachment-based Blended Care: de ontwikkeling van een nieuwe laagdrempelige online tool

# Learn2trust Lab

## PhD students

Carmen Winters  
Paulien Odent  
Bien Cuyvers  
Melisse Houbrechts  
Minoo Pouravari  
Samuel Budniok  
Chu-Chun Chen  
Kexin Li  
Marlies Wintmolders  
Ilse Devacht

## Post Docs

Leen van Vlierberghe  
Adinda Dujardin  
Magali Van de Walle  
Simon De Winter  
Joke Heylen  
Chloe Finet  
Tara Santens  
Martine Verhees  
Ba Tuan Vu  
Sien Vandesinde  
Nadja Boder



## In collaboration with

Rudi De Raedt  
Caroline Braet  
Marinus van Ijzendoorn  
Marian Bakermans-Kranenburg  
Theodore Waters  
Guy Diamond  
Roger Kobak  
Kathy Kerns  
Everett Waters

...

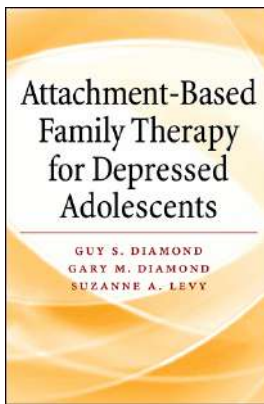




# Attachment-Based Family Therapy



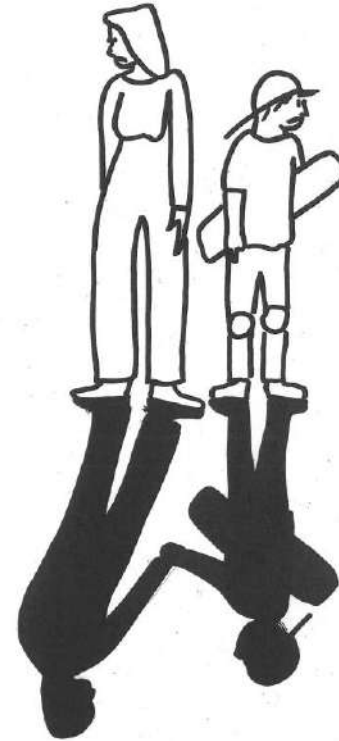
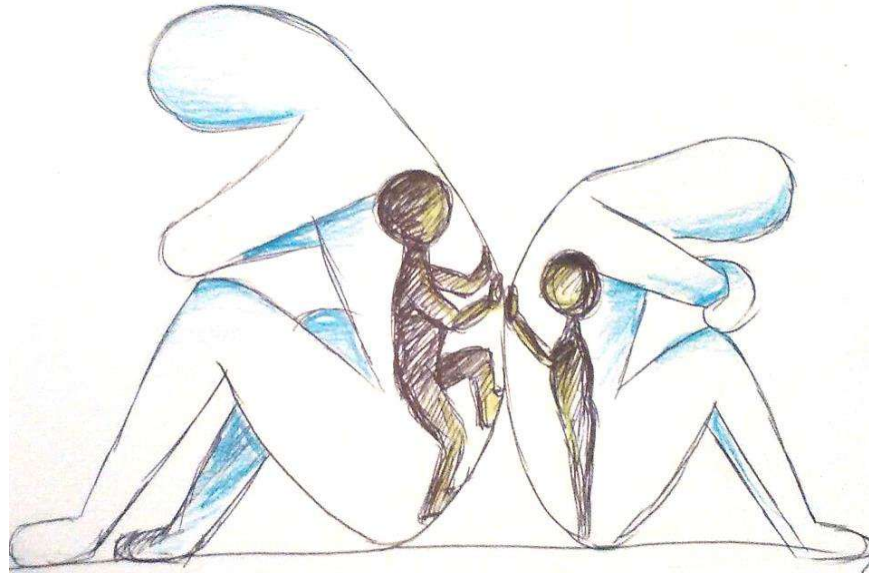
*Een evidence-based, systeemtherapeutisch behandelprogramma voor depressieve en suicidale jongeren en hun gezin*



# Attachment-Based Family Therapy

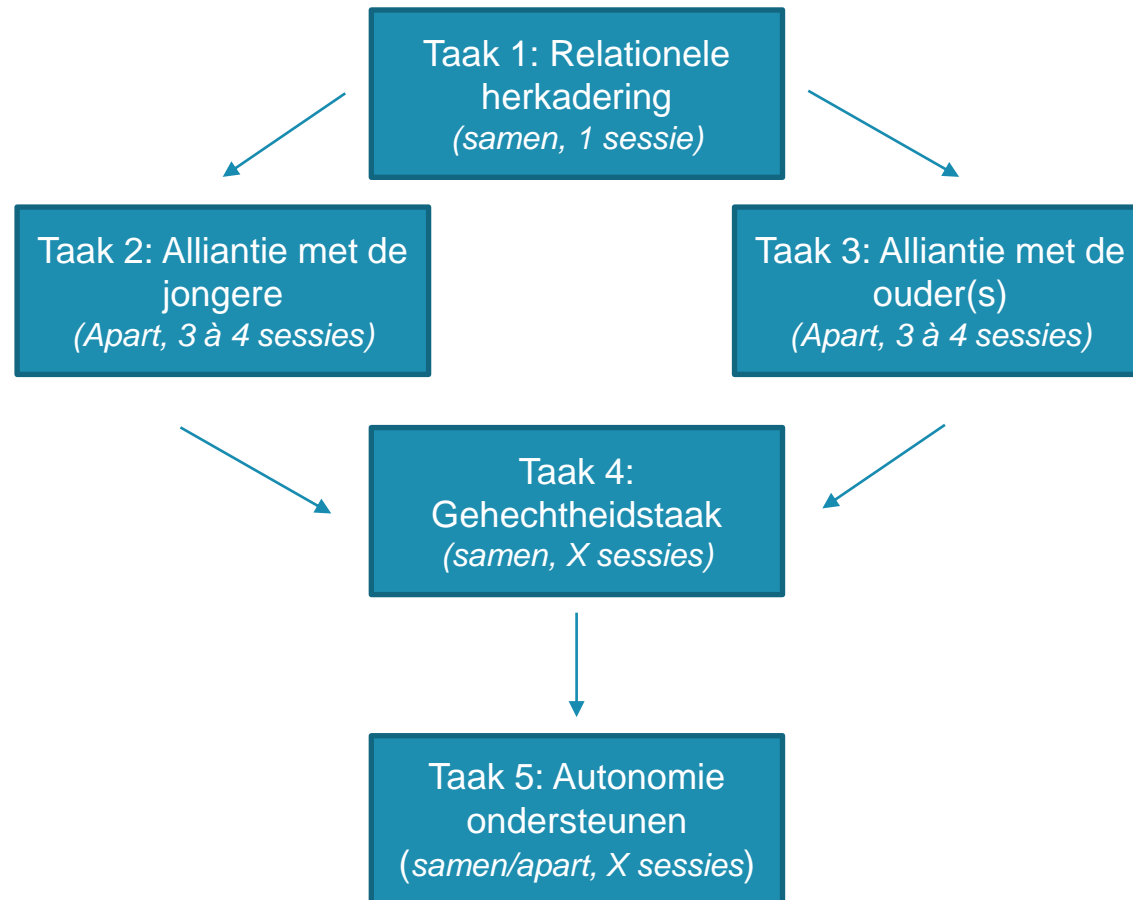
- Guy Diamond, Gary Diamond, Suzanne Levy (Drexel University, Philadelphia, USA)
- Systeemtherapeutisch behandelprogramma voor depressieve en suïcidale adolescenten (~ Lijdensdruk)
- Primaire doel: Herstellen/versterken van vertrouwen van de jongere in de ouder(s)/primaire zorgfiguur als veilige haven en basis, als een bron van steun. Samen een sterk(er) team!
- +/- 16 weken
- Georganiseerd rond 5 behandeltaken – roadmap, doelgericht & principe-gestuurd
- Gebaseerd op onderzoek en sterke evidentie via RCT studies

# Verbinding met ouder(s) / primaire zorgfiguren als belangrijk deel van het medicijn



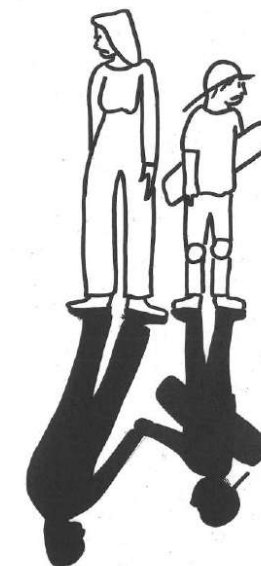
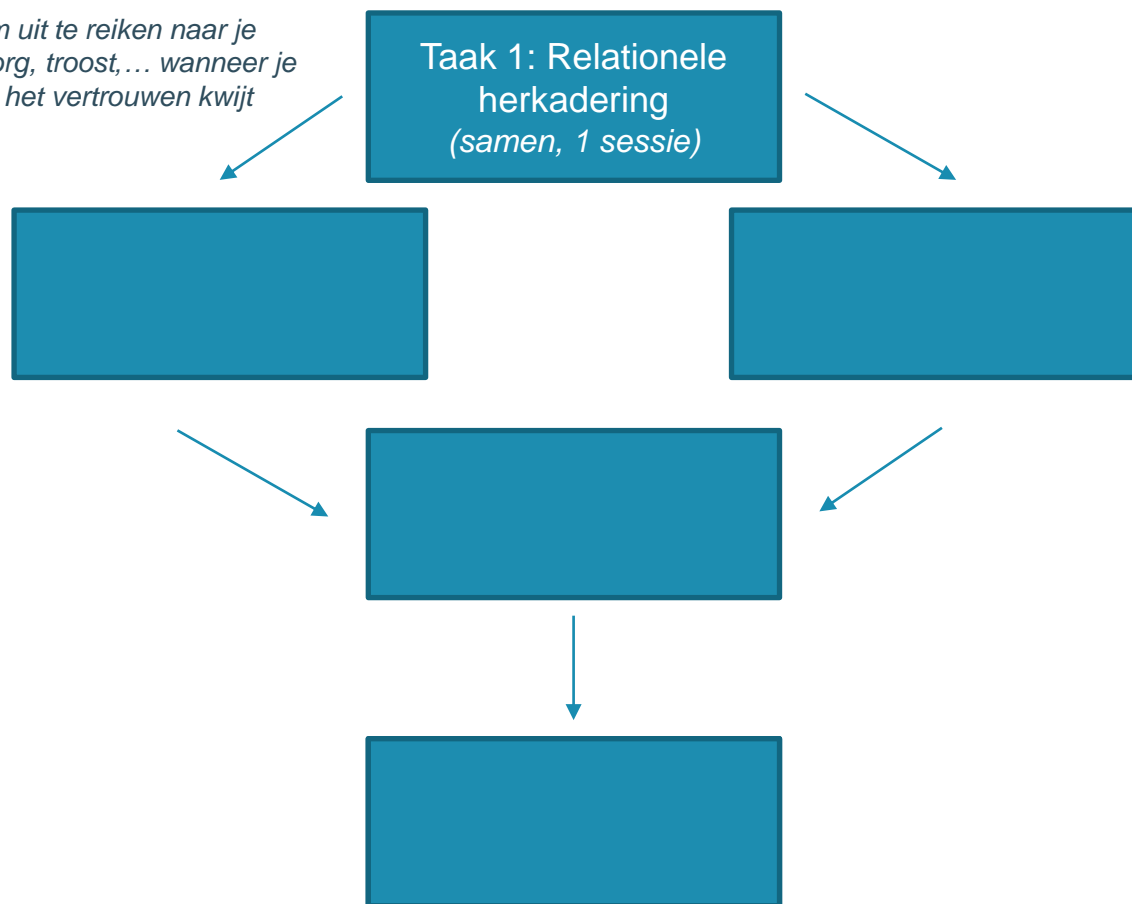
*De sleutel van ABFT ligt in het mensen helpen (her)ontdekken en communiceren dat ze onderliggend aan alle conflicten en afstand vooral met elkaar verbonden willen zijn*

# Roadmap van 5 ABFT behandeltaken – doelgericht & systematisch



# Attachment-Based Family Therapy

*Wat zit er in de weg om uit te reiken naar je ouder(s) voor steun, zorg, troost, ... wanneer je worstelt / lijdt? Waar is het vertrouwen kwijt geraakt?"*



# Taak 1: Relationele Herkadering

- Doel: relationeel herkaderen
  - Shift van de 'jongere als probleem' naar 'gezinsrelaties als belangrijk deel van de oplossing'
  - Erkennen van de relationele breuk
    - “Als je je zo verdrietig en bang voelt, waarom ga je niet naar je ouder voor steun?”
  - Benadrukken van de gevolgen van de relationele breuk en het verlangen van verbondenheid
  - Verantwoordelijkheid voor verandering bij alle gezinsleden. Gezin als belangrijke context voor herstel en groei
- Taak: Bekomen van behandelingsovereenkomst (contract)  
Kunnen we eerst werken aan het herstellen van de relatie?

# Attachment-Based Family Therapy



Taak 1: Relationale  
herkadering  
(samen, 1 sessie)

Taak 2: Alliantie met de  
jongere  
(Apart, 3 à 4 sessies)

Taak 3: Alliantie met de  
ouder(s)  
(Apart, 3 à 4 sessies)

Wat zit er in de weg om uit te  
reiken naar je ouder(s) voor  
steun, zorg, troost, ... wanneer je  
zo worstelt / lijdt? Waar is het  
vertrouwen kwijt geraakt?"  
~ Een doorvoeld coherent  
gehechtheidsverhaal weven



## Task 2: Alliantie met de adolescent

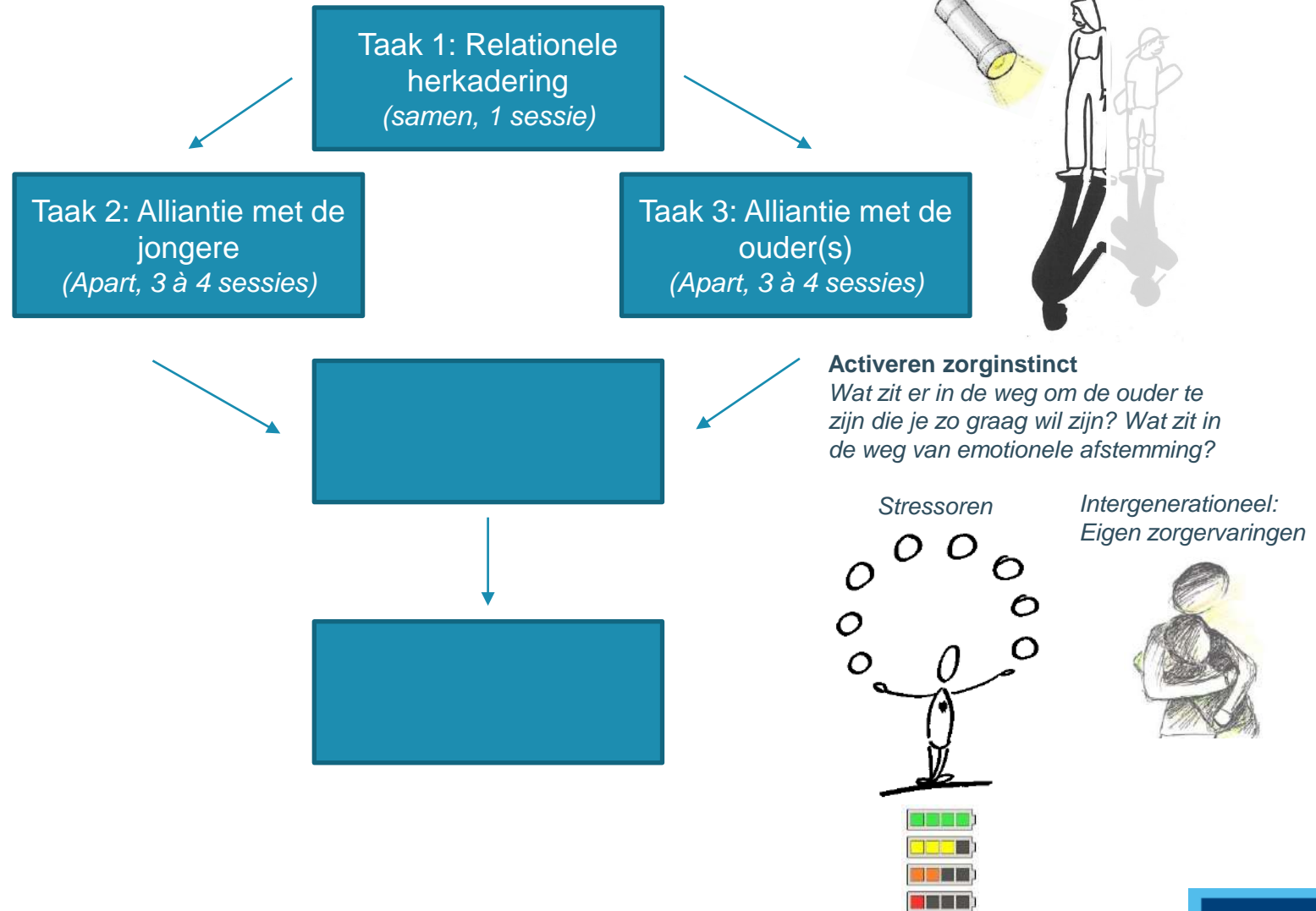
- Doel: Co-construeren van een meer coherent en doorvoeld gehechtheidsverhaal ~ samen weven
  - Identificeren van breuken in vertrouwen en onbeantwoorde zorgnoden
  - In voeling komen met meer kwetsbare, primaire emoties (of assertieve boosheid) geassocieerd met deze vertrouwensbreuken en met zorgnoden
  - Linken van breuken aan aanmeldingsproblematiek (direct/indirect)
  - Vergroten van gevoel recht te hebben op het delen van breuken en deze rechtstreeks uit te drukken aan ouders op een gereguleerde manier.
- Taak: Adolescent motiveren en voorbereiden op de Gehechtheidstaak.



# Voorbeelden van breuken in vertrouwen

- Traumatische gebeurtenissen (*gehechtheidstrauma – Big T*)
  - “Mijn mama heeft me niet beschermd toen papa me sloeg. Hoe kan ik haar nu vertrouwen?”
- Negatieve interactiepatronen in gezin (*gehechtheidskwetsuren – little t*)
  - “Mijn papa accepteert mij niet”
  - “Mijn mama bekritiseert me en is controlerend”
  - “Mijn papa springt meteen in (onafgestemde) oplossingen/adviezen”
- Ouderlijke psychopathologie/stressoren
  - “Mijn mama flipt als ik haar mijn problemen vertel”
  - “Ik wil mijn papa niet belasten, hij draagt al genoeg op zijn schouders.”

# Attachment-Based Family Therapy



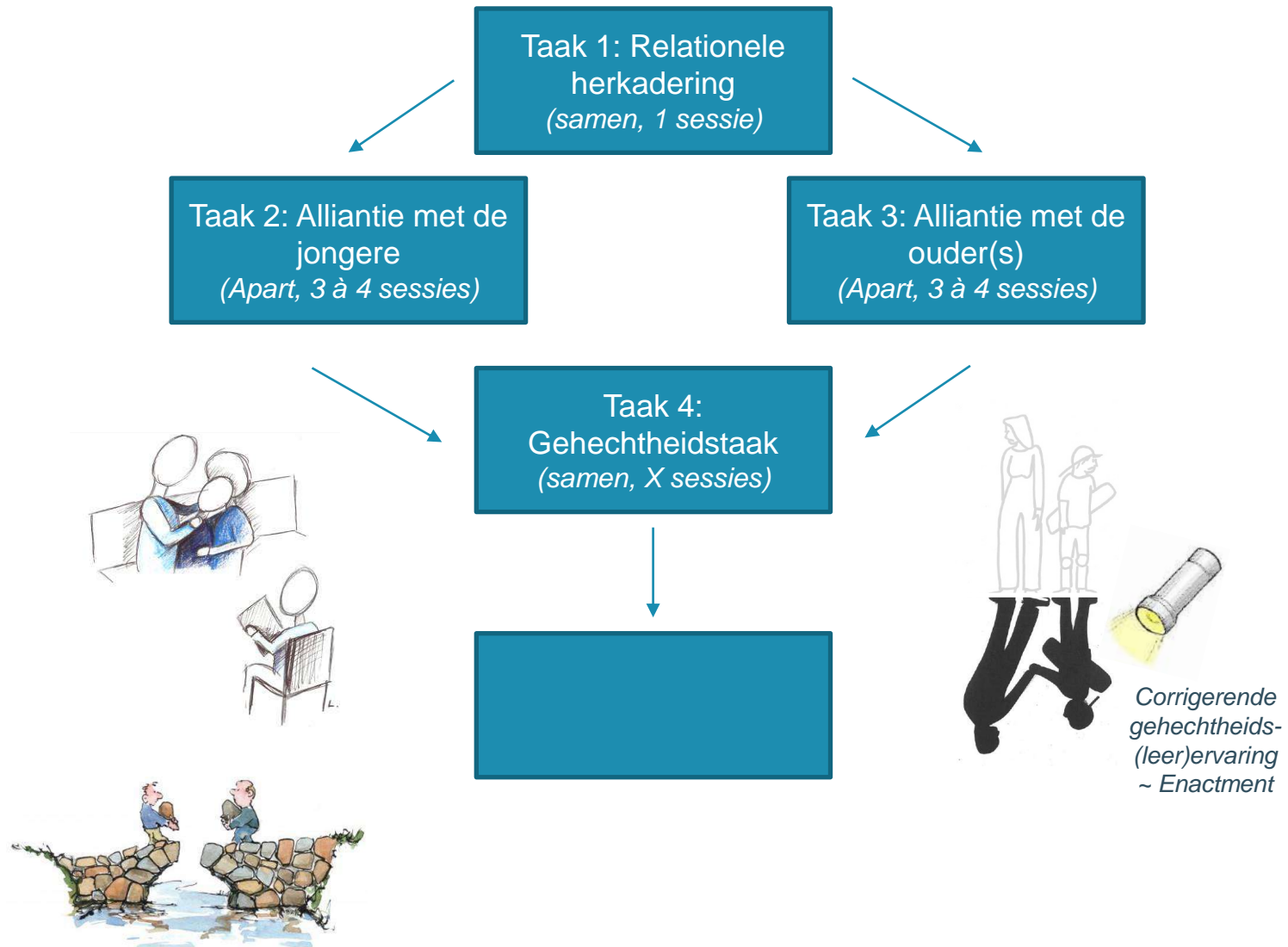
# Taak 3: Alliantie met de ouder(s)

- Doel: Activeren van zorginstinct van ouders

In voeling komen met (psychologische, historische, sociale...) factoren die een impact hebben op het opvoeden/ouderschap

- Huidige stressoren + impact op ouderschap / jongere
  - Eigen gehechtheidsgeschiedenis + impact op ouderschap / jongere
- 
- Taak: Ouder(s) motiveren en voorbereiden op de Gehechtheidstaak

# Attachment-Based Family Therapy



# Corrigerende gehechtheids(leer)ervaring



**Jongere** uit op een directe en geregleerde manier kwetsbare gehechtheidgerelateerde gevoelens en noden

**Enactment**

**Ouder(s)** luistert empathisch, sensitief en responsief naar de beleving van de jongere en reageert met troost, steun, zorg, liefde, bescherming en respect

# Corrigerende gehechtheids(leer)ervaring

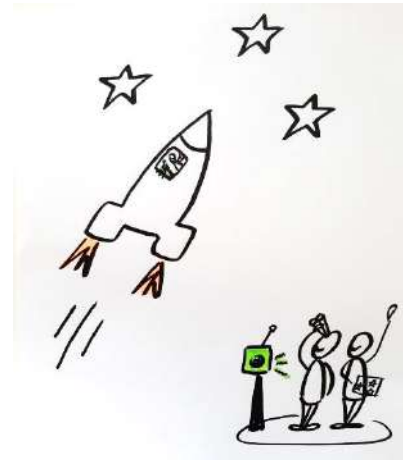
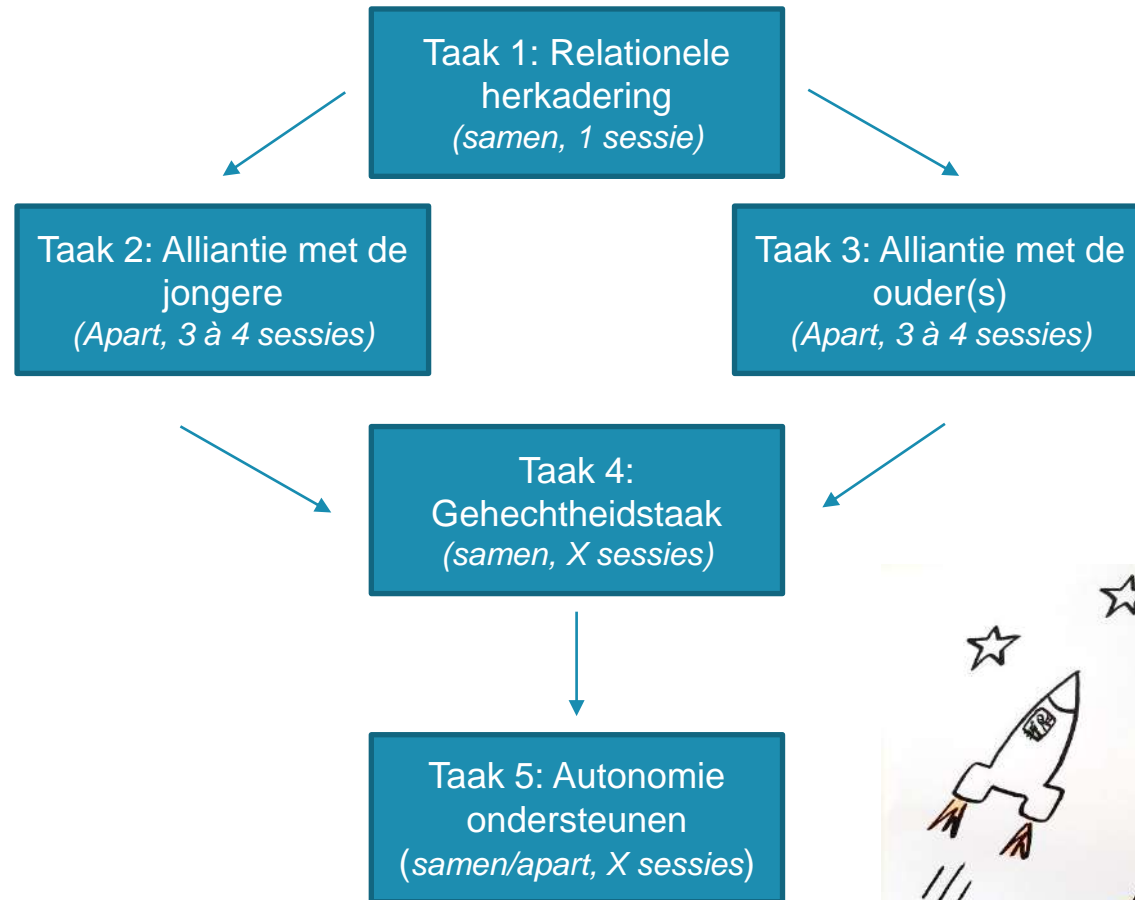
*Als de jongere momenten van eenzaamheid en existentiële pijn – meestal ervaren in relatie met de ouder tijdens stress (dus, tijdens onveilige cycli) – kan delen met de ouder*

*en*

*als de ouder hierop erkennend, emotioneel afgestemd en ondersteunend kan reageren,*

*dan leert de jongere dat de ouder in staat is om ook over de moeilijkste en kwetsbaarste thema's zorg en steun te bieden.*

# Attachment-Based Family Therapy



# Taak 5: Autonomie ondersteunen

- Herinstalleren van samenwerking/onderhandeling mbt autonomie, steunend op het verlangen om verbonden te blijven.
- Inhoud
  - Andere stressoren dan ouder-kindrelatie die bijdragen tot emotionele problemen
  - Bouwen aan autonomie/competenties van de jongere
    - Academisch, sociaal, hobby's, etc.
  - Identiteitsontwikkeling
    - Partnerrelaties, seksualiteit, etniciteit, klasse, religie, spiritualiteit, etc.
  - Belangrijke anderen uitnodigen (siblings, steunfiguren,...)
  - Bijkomende behandeling (indien nodig)



# Wetenschappelijke evidentie via RCT studies

FAMILY PROCESS



## Attachment-Based Family Therapy: A Review of the Empirical Support

GUY DIAMOND\*  
JODY RUSSON†  
SUZANNE LEVY†

*Attachment-based family therapy (ABFT) is an empirical model designed to capitalize on the innate, biological desire for relationships. The therapy is grounded in attachment theory and is a process-oriented, trauma-focused approach to treating adolescent trauma. Although a process-oriented therapy, ABFT offers a model to help therapists quickly address attachment ruptures that occur in the family. Several clinical trials and process studies have demonstrated the efficacy of this model and its proposed mechanism of change. This article reviews the clinical model and the existing empirical support for ABFT.*

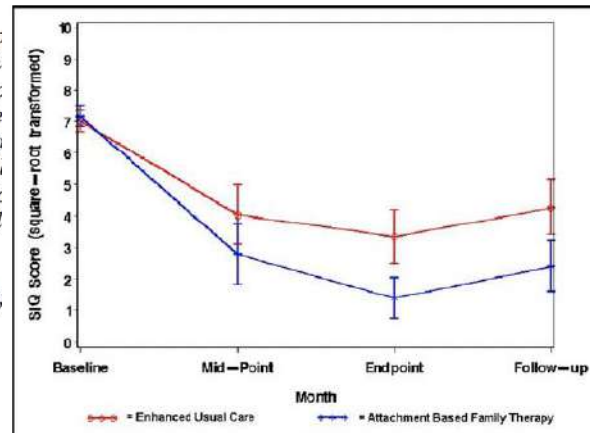
**Keywords:** Attachment-Based Family Therapy; Adolescents; Ideation; Research

## Attachment-Based Family Therapy for Adolescents with Suicidal Ideation: A Randomized Controlled Trial

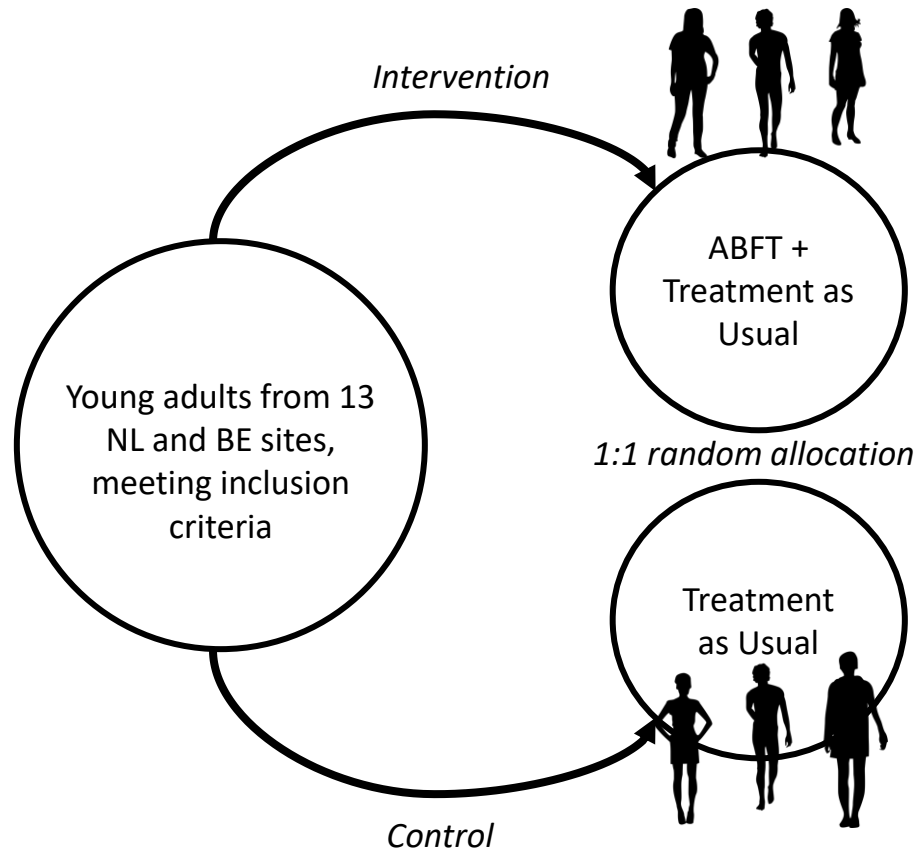
Guy S. Diamond, Ph.D., Matthew B. Wintersteen, Ph.D., Gregory K. Brown, Ph.D., Gary M. Diamond, Ph.D., Robert Gallop, Ph.D., Karni Shelef, Ph.D., Suzanne Levy, Ph.D.

**Objective:** To evaluate whether Attachment-Based Family Therapy (ABFT) is more effective than Enhanced Usual Care (EUC) for reducing suicidal ideation and depressive symptoms in adolescents.

**Method:** This was a randomized controlled trial of suicidal adolescents between 12 and 17 years of age identified in primary care and emergency departments. Of 341 adolescents (50% female) entered the study for 3 months of treatment. Assessment was conducted at baseline, 12 weeks, and 24 weeks. ABFT consisted of individual and family sessions of a facilitated referral to other providers. All participants received access to a 24-hour crisis phone. Trajectory of change and clinical recovery on suicidal ideation and depressive symptoms were compared between ABFT and EUC. **Results:** Using intent to treat analysis, ABFT demonstrated significantly greater rates of change on self-reported suicidal ideation and depressive symptoms. Benefits were maintained at follow-up, with a moderate effect size ( $ES = 0.97$ ). Between-group differences were similar on clinician-rated suicidal ideation and depressive symptoms. More patients in ABFT met criteria for clinical recovery on suicidal ideation (87%; 95% confidence interval [CI] = 74.6–99.6) than patients in EUC (54.32%). Benefits were maintained at follow-up (ABFT, 70%; 95% CI = 54.3–85.7; 95% CI = 15.6–54.2; odds ratio = 4.41). Patterns of depressive symptoms were similar, as were results for a subsample of adolescents with suicidal ideation. Retention in ABFT was higher than in EUC (mean = 9.7 versus 7.1). ABFT is more efficacious than EUC in reducing suicidal ideation and depressive symptoms in adolescents. Additional research is warranted to confirm treatment proposed mechanism of change (the Family Safety Net Study). *J. Am. Psychiatry*, 2010;49(2):122–131. **Clinical Trial Registry Information:** ClinicalTrials.gov, NCT0064097. **Key Words:** adolescents, suicide, family therapy



# Grootschalig onderzoek in BE & NL vanaf 11/2022



**ALIVE-PROJECT**  
**Targeting Suicidality in Young Adults**  
**Pragmatic RCT: (Cost-) Effectiveness of Treating Suicidal Young Adults**

# ABFT, smaakt naar meer?

## **ABFT publicaties**

<https://drexel.edu/familyintervention/publications/abft/>

## **ABFT handboek**

Diamond, G. S., Diamond, G. M., & Levy, S. A. (2014). *Attachment-Based Family Therapy for Depressed Adolescents* (1st ed.). Washington, DC: American Psychological Association. <http://doi.org/10.1037/14296-000>

Te verkrijgen via: <https://www.apa.org/pubs/books/attachment-based-family-therapy-for-depressed-adolescents>

## **Gratis ABFT webinars**

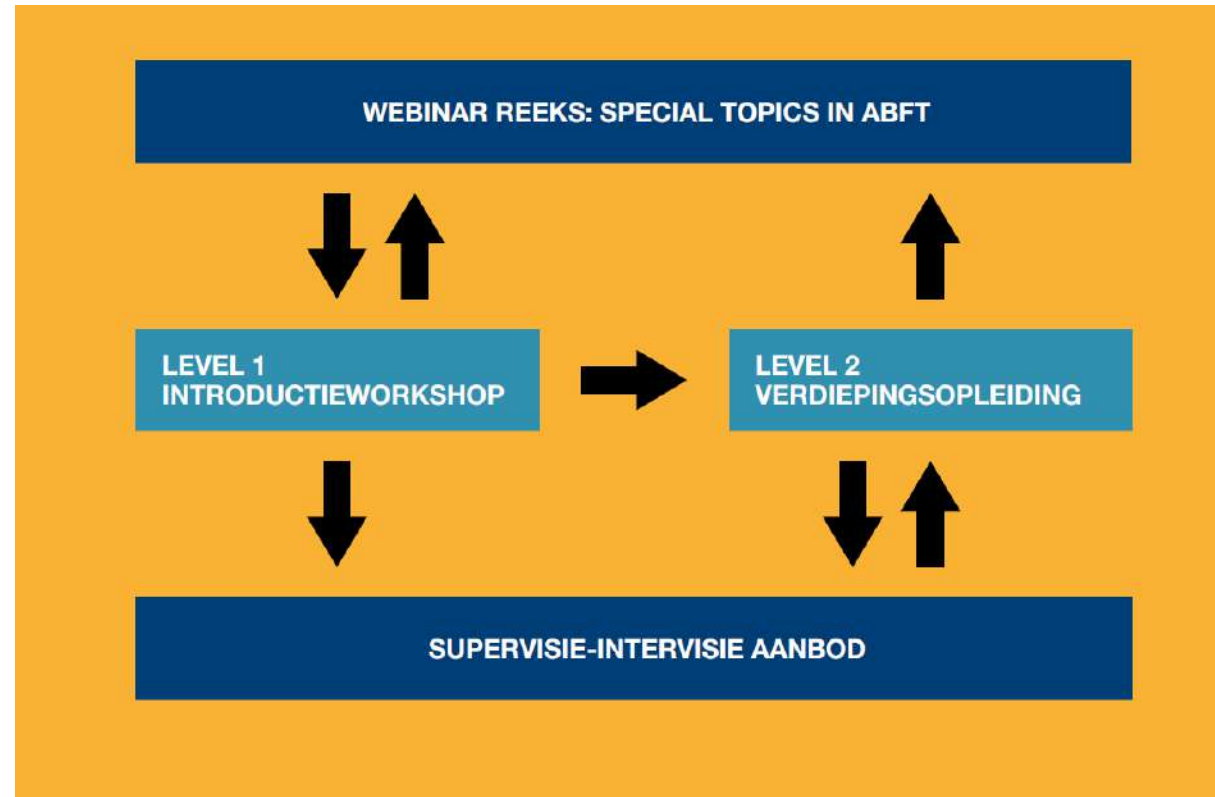
- In het Engels, door ABFT-ontwikkelaars Prof. Guy Diamond en dr. Suzanne Levy:  
<https://www.youtube.com/watch?v=KcwHznzq-S4&t=1917s>

- In het Nederlands, door Prof. Guy Bosmans:  
<https://www.youtube.com/watch?v=4m9Tbb5-wT8&t=1040s>



# ABFT Belgium opleidingsaanbod 2022 - 2023

*Gecertificeerd door en in nauwe samenwerking met de ABFT ontwikkelaars*



[www.ppw.kuleuven.be/abft/opleiding](http://www.ppw.kuleuven.be/abft/opleiding)

[ABFT@kuleuven.be](mailto:ABFT@kuleuven.be)



# Gecertificeerde ABFT training in Nederland

## ABFT Belgium & RINO Zuid

### ABFT Level 1

<https://www.rinozuid.nl/aanbod/attachment-based-family-therapie/20220324/>

### ABFT Level 2

<https://www.rinozuid.nl/aanbod/attachment-based-family-therapy-level-2/>



## ABFT Belgium & PPO Groningen

### ABFT Level 1

<https://www.ppo-opleidingen.nl/bij-en-nascholing/cognitieve-gedragstherapie-schematherapie-emdr-act-abft/attachment-based-family-therapy-abft>



# ABFT Mailinglijst

Schrijf je in en blijf op de hoogte van ons ABFT opleidingsaanbod via <https://ppw.kuleuven.be/abft/ mailinglijst>

**KU LEUVEN**

Attachment Based Family Therapy

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[Home](#) > [ABFT mailinglijst](#)

## ABFT mailinglijst

**E-mailadres \***

**Maak uw keuze \***

inschrijven voor ABFT bekendmaking

uitschrijven voor ABFT bekendmaking

**Spambeveiliging \***

Ik ben geen robot

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**Verzenden**

# Vind een ABFT hulpverlener in je buurt

Cliënten en doorverwijzers kunnen de weg vinden naar ABFT hulpverlening via <https://ppw.kuleuven.be/abft/ABFT-hulpverleners>



The screenshot shows the website for Attachment Based Family Therapy (ABFT) at KU Leuven. The header includes the KU Leuven logo and navigation links: 'wat is ABFT', 'opleiding', 'wie zijn we', 'opstart opleiding', 'hulpverlener', 'info voor ouders & jongeren', and 'literatuur & links'. The main heading is 'Vind een ABFT hulpverlener'. Below this, there is a link 'Klik hier' for an overview of therapists in the neighborhood. A section titled 'Toelichting ABFT opleidingsniveau' provides details on three levels of training: Level 1 (4-day introductory course), Level 2 (one-year deepening course), and International Certification (Drexel University, USA).

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Attachment Based Family Therapy

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## Vind een ABFT hulpverlener

[Klik hier](#) voor een overzicht van **ABFT hulpverleners in jouw buurt**.

**Toelichting ABFT opleidingsniveau**

**ABFT Level 1 getrainde hulpverlener:** deze hulpverlener volgde de 4-daagse ABFT introductie cursus bij ABFT Belgium (KU Leuven) en kan ABFT-geïnspireerd werken.

**ABFT Level 2 getrainde hulpverlener:** deze hulpverlener slaagde voor de éénjarige ABFT verdiepingsopleiding bij ABFT Belgium (KU Leuven) en kan de kerncomponenten van ABFT aanbieden zoals bedoeld door de ontwikkelaars.

**Internationaal gecertificeerd ABFT hulpverlener:** deze hulpverlener behaalde internationale ABFT certificatie bij de ontwikkelaars (Drexel University, USA; [zie website](#)) en biedt ABFT aan zoals bedoeld door de ontwikkelaars.