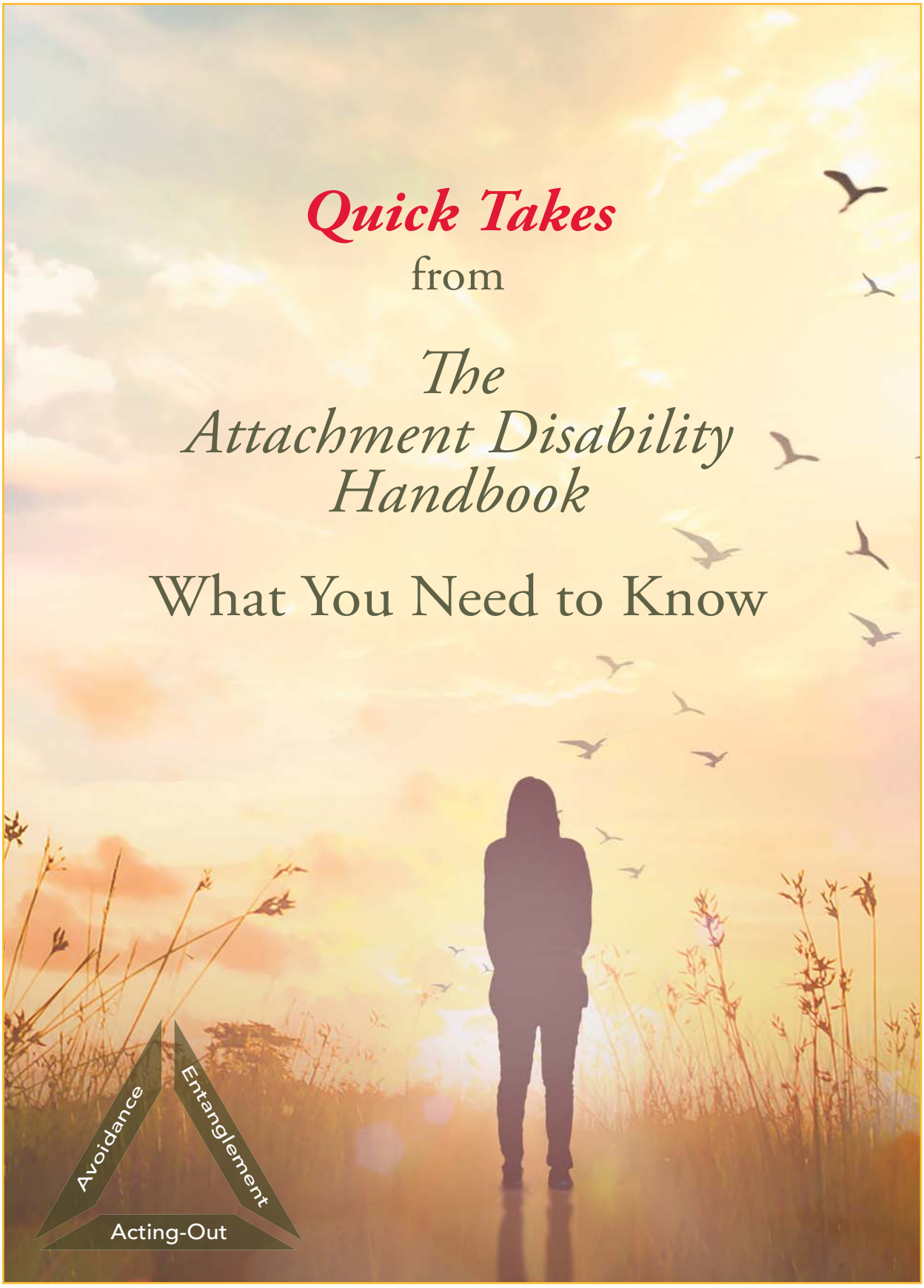
Quick Takes

from

The Attachment Disability Handbook

What You Need to Know

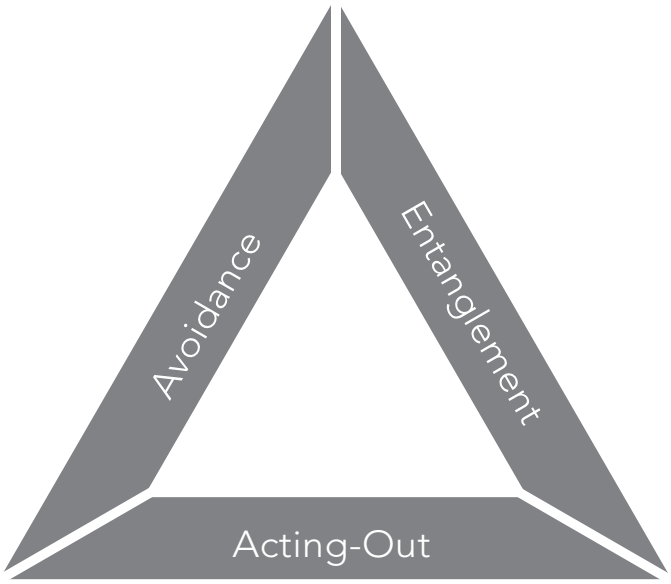


Quick Takes from *The Attachment Disability Handbook:* What You Need to Know

For easy reference, the following pages contain the main takeaways from the two triads discussed in the book. The first triad describes the varieties of Attachment Disability and the second the steps to managing it.

May this summary serve you and those you counsel well.

Triad 1: Varieties of Attachment Disability



from *The Attachment Disability Handbook*
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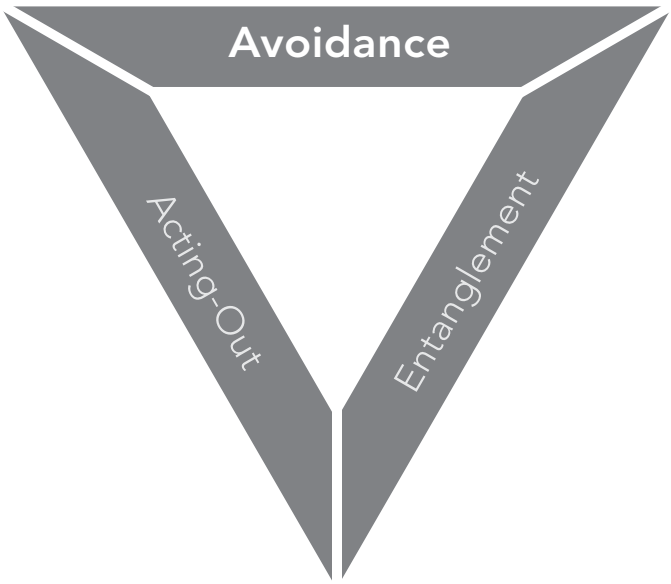

Your Takeaways: Avoidance

The attachment avoidant person is unable to reach out for fear of being hurt again.

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The anxiety resulting from loss can paralyze; withdrawal and hiding are hallmarks of Attachment Avoidance.

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Inexplicable sabotage of success is a hallmark of trauma; watch for a decline in school or work performance.

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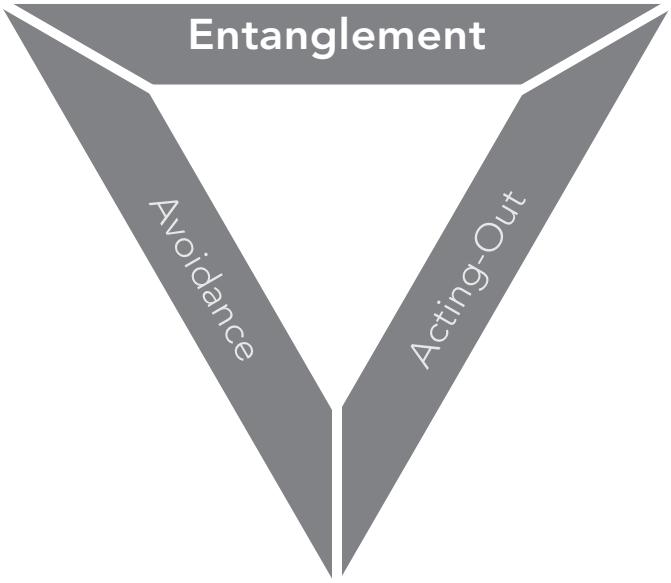
Attachment Avoidance can make failure feel like the only safe haven in a risky world. Relationships create vulnerability.

▲

Healing from loss involves accepting the uncertainty of life.



Your Takeaways: Entanglement

With entanglement, others' needs dominate your needs.

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The empathy of Attachment Entanglement can paralyze, even destroy people.

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Cutting is always a sign of Attachment Entanglement.

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A social support vacuum breeds suicide potential.

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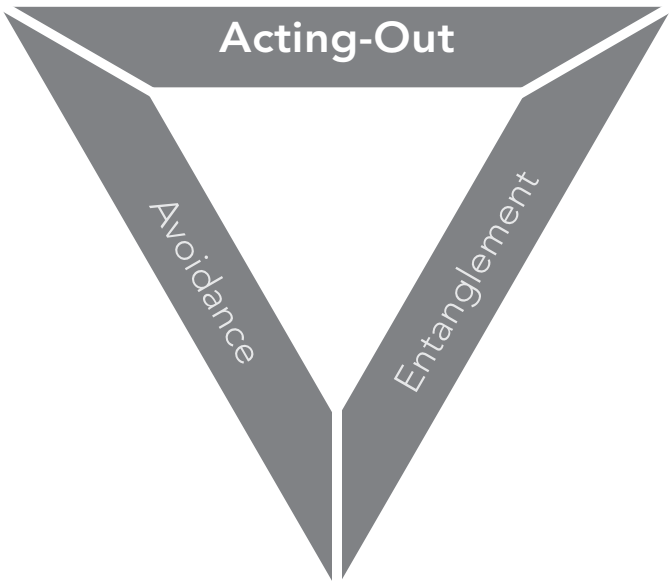
"Good enough" parenting does not require perfection for the child's survival, only adequacy. The same is true of therapists.

▲

Stagecraft requires modulating the degree of intimacy versus distance from the individual in order to retain their attention.



Your Takeaways: Acting-Out

Attachment Acting-Out is characterized by ambivalence: those affected are deeply attached but terrified by the impulse to attach.

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Disruptiveness is a disguised plea for help and support.

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Unmet needs drive "oppositional" behavior.

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Adolescents expect and need Mom and Dad to be grown up.

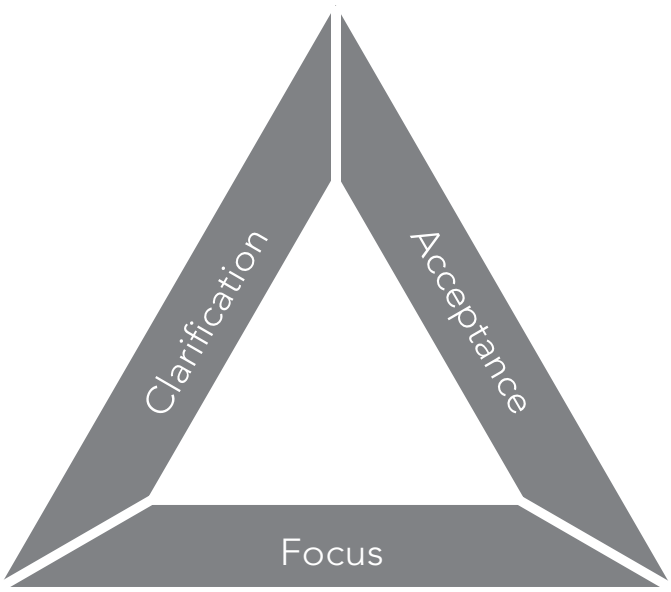
▲

Provocativeness hides abandonment fears; anger is safe.

▲

Secure attachments promote trust and strengthen self-confidence; both are undermined when attachments are weakened.

Triad 2: Managing Attachment Disability



Your Takeaways: Strategy and Tactics

Attachment Disability management requires replacing the paradigm of *diagnosis/treatment* with a more effective one: *understanding/management.*

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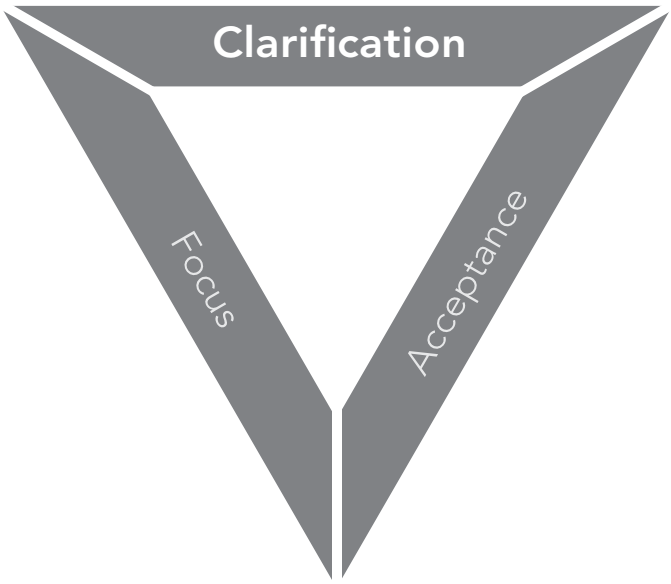
Fear of subsequent relationships is a *normal* response to the traumas of abandonment, loss, or abuse. It is important to not misinterpret this relationship disability as disease.

▲

Your goal is to *avoid making things worse.*

▲

You need to acquire the skills to address the constraints inherent in this therapeutic relationship. You must learn to:
Recognize the person's autonomy, their power to resist; deal with their inattentiveness; time your feedback.



Your Takeaways: Clarification

Healing is like walking up a spiral, building on what you have learned as you climb.

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To distinguish "depression" from anxiety, it can be helpful to suggest the individual use the word "worried" instead of "depressed."

▲

Never accept an individual's self-report uncritically.

▲

Clarifying questions can be experienced as intrusive or rejecting; timing is critical.

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Search for distortions of your message and be prepared to restate it.

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Management of Attachment Disability involves teaching people to learn to *describe* their suffering with less *judging* of it.

▲

Anxiety is an *emotion*; "depression" is *cognitive*, an error in judgment when people blame themselves for the paralysis caused by anxiety.

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Suicidal thinking accompanies hopelessness; extreme hopelessness is lethal.

▲

Anger and fear are different manifestations of one underlying dynamic: concerns about separation and loss. Both are energies associated with unmet needs.

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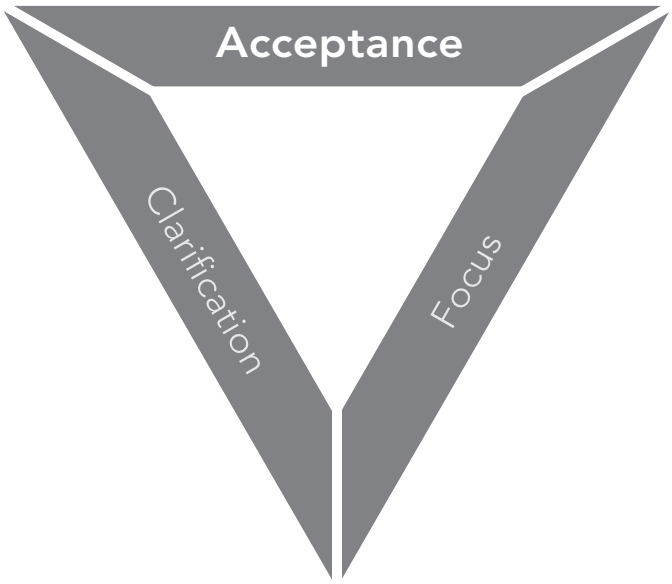
Once people understand the grip of their own attachment issues, they will develop their own explanation for why they are gripped.



Your Takeaways: Acceptance

Life is uncertain—but we didn't make life that way.

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Own the pain, not the blame. It is not the pain of life that crushes people; it is the blame for the pain.

▲

Forgive but *never* forget.

▲

Choice is always voluntary but not always free.

▲

To accept what can't be replaced means to recognize what can be replaced.

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Knowing when to say something and when to say nothing … that's how therapy builds trust.

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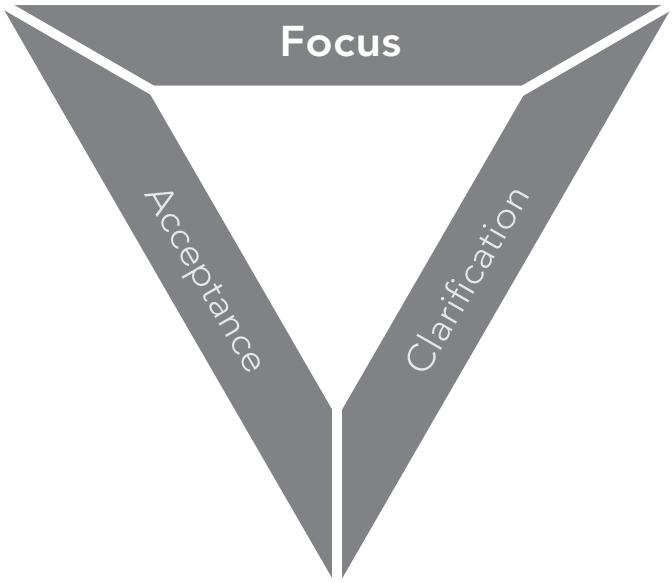
A therapist's task is to allow patients to "own" their suffering while resisting the temptation to "fix" it.



Your Takeaways: Focus

Clarification, *acceptance*, and *focus* are intertwined, not consecutive; inevitably your therapeutic work will be a mixture of all three.

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Reframing is *identifying* a target disability that is susceptible to change.

▲

Redirection is maintaining *focus* on the targeted disability.

▲

Identifying what can be changed includes its inverse: identifying what can't be changed … today.

▲

Teach people to own their thoughts and feelings rather than hide from them.

▲

In a FUBAR world conflict-free options are unlikely.

▲

Teach people to replace the word "should" with the word "need."

▲

Crippling distrust is the primary effect of trauma.

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Distrust is rarely liquidated by the direct approach of earnestly soliciting trust.

▲

The most common cause of rambling and discursive speech is abandonment concerns.

▲

Always test your clarifying statements by asking for feedback.

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Be concise and focused when making inquiries and providing feedback.

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▲ Your Takeaways ▲

Recognize achievement without any subtext that implies you expect continuing performance.

▲

From time to time unstructure the dialogue to give people a chance to focus on their own needs rather their perception of yours.

▲

Undermine resistiveness by recognizing the limits of your own powers.

▲

Habitual apologizing saps one's power.

▲

Redirect habitual apologizing by:
(1) gently recalling the counseling goal of asserting without apologizing
(2) restating without apologizing
(3) using a gesture during the session to flag the behavior
(4) providing a written prescription for posting to prompt recall