Emotional Availability and Emotional Availability Zones (EA-Z):

From assessment to intervention and universal prevention

By Hannah Saunders,

Zeynep Biringen,

Julie Benton,

Lia Closson,

Erandi Herndon,

Julie L. Prosser,

Colorado State University, USA

Abstract

Emotional availability (EA) refers to the emotional quality of a caregiver-child relationship, and it includes dyadic qualities that go beyond those relevant for attachment. In addition to sensitivity, EA also includes a caregiver's capacity to create a positive emotional environment, support learning, set limits, grant autonomy, and regulate negative emotions. Further, this framework considers the child's side, assessing his or her responsiveness to and involvement of the adult. Therefore, although EA certainly assesses attachment concepts, such as sensitivity and responsiveness, it extends upon these by incorporating other important aspects of relationship quality. The EA Scales assess these six dimensions of EA, and they are among the most widely used measurement tools for assessing the quality parent-child interactions. Further, the EA Scales can be used among any age group and have been validated in a wide range of cultures, both within the U.S. and worldwide. In recent years, due to both the comprehensive nature of the EA Scales and their validity as an assessment tool, researchers have begun moving toward applying EA concepts in an intervention setting. We offer recommendations, based in research and our own experience delivering an EA program, for researchers or practitioners seeking to use the EA scales in an applied setting. The "four R's" of Brief EA intervention: resources for psychoeducation, role model videos, reflection, and relaxation/regulation are offered as guideposts for delivering EA concepts as a prevention or intervention program.

The Concept of Emotional Availability

"Emotional availability" (EA) refers to the quality of the emotional connection between a child and adult. Emotional availability emphasizes not only an adult's responsiveness to the child, but also his or her healthy emotional presence. Further, EA encompasses the give and take between adult and child (Emde & Easterbrooks, 1985). Such emotional presence on the part of the adult conveys that the adult is available to respond with appropriate emotions to the child. Similarly, the child's emotional availability to the parent is also important. As has been described in Biringen, Harman, Saunders, & Emde (in press), "Not only are the parent's emotional presence and attunement important for the child, but it is also important for the child to communicate to the parent, and of course, for the parent to be seeing, hearing, and understanding the child's communications" (p.1).

Further, emotional availability of both adult and child refers not only to attunement and responsiveness when the attachment behavioral system is heightened, such as in times of stress, but also during real-life, everyday situations. Can the child and adult connect through shared activities and have fun together? Can the adult support the child in a nonintrusive manner so the child's lead is being followed? At the same time, can the adult offer suggestions that support the child's growth and evolution as a strong and robust individual? The EA framework offers a way to assess these important aspects of adult-child relationships.

Assessing Emotional Availability

The Emotional Availability (EA) Scales were developed by Biringen and colleagues (Biringen, 2008; Biringen et al., 1998), and they encompass an observational system, with the clear premise that observation can assess what is happening in a relationship at a particular point in time.

Attachment theory and systems theories have contributed to this framework, which assesses relationships in everyday, real-world settings (e.g., play, bedtime, feeding).

The Emotional Availability (EA) Scales consist of four adult characteristics (sensitivity, structuring, nonintrusiveness, and nonhostility) and two child characteristics (child responsiveness to the adult and child involvement of the adult). Sensitivity describes mostly the affective presence and appropriate responsiveness of the adult. Structuring refers to appropriate strategies that guide the child and set limits in a preventive manner. Both structuring and nonintrusiveness describe control-related qualities, yet nonintrusiveness refers to the adult's ability to withhold behaviors that could interfere with the child's interests and to support age-appropriate autonomy. The final adult scale, nonhostility, refers to whether or not the adult demonstrates subtle or overt negative emotions. Hostility that is directed toward the child is taken into account, as well as hostility that the child witnesses, such as between spouses or toward other children.

The child's responsiveness to the adult refers to the child's affective presence and emotional responsiveness to the adult's bids for connection. On the other hand, the child's involvement refers to the child's initiative in bringing the adult into interaction in appropriate and positive ways. The EA Scales provide a multidimensional look at interactions. The adult may be affectively present but not structure effectively, or the adult may be unstructuring as well as intrusive. That is to say, each participant of the interaction receives a pattern of scores, and for some interactions the different EA dimensions are only moderately correlated with one another.

Emotional Attachment Zones (EA-Z)

Two of the components described above—adult sensitivity and child responsiveness are ways of describing attachment, and more specifically, what we refer to as "emotional attachment." Adult sensitivity is used to indicate a zone of emotional attachment for the adult and child responsiveness is used to indicate the child's zone of emotional attachment. The four zones emotional attachment for the adult are: emotionally available," "complicated," "detached," and "problematic/disturbed" (Biringen et al., 2014). These zones are patterned after the four attachment styles, secure, insecure-anxious/resistant, insecure-avoidant, and insecure-disorganized, respectively (Ainsworth & Bell, 1978; Main & Soloman, 1986). The same four zones are used for the child. Further, the adult and child do not need to be in the same zone.

EA-Z is the translation of the Emotional Availability Scales into Emotional Attachment. "Emotionally available" is the high end of EA-Z and refers to an adult who is nurturing a healthy emotional connection, one where s/he is warm and tuned into the child, both verbally and nonverbally. Only the highest sensitivity scores, where the adult embodies a generally positive affective and authentic presence would be placed here. Similarly, only the highest child responsiveness scores, suggesting a healthy emotional attachment to the adult and a positive, robust, or relaxed demeanor, would be placed here.

The middle part of EA-Z refers to an over-connection or a "Complicated" emotional attachment. When an adult is sometimes but not consistently tuned in or the adult's affective presence is warm/positive, yet immature or unreal/inauthentic, then the adult is categorized as "complicated." To be placed here, the adult would need to receive a sensitivity score that is in the middle range. For a child to be placed here, the child's scores would need to be placed in the middle areas of the child responsiveness dimension, suggesting that the child may be dependent, anxious, or otherwise not relaxed and robust in his/her affective presence.

The lower end of EA-Z is referred to as "Detached." On sensitivity, scores that are lower than the middle range in sensitivity are placed here, and suggest that the adult is cool, mechanical, distant, and potentially avoidant of close emotional connection. Such an adult is still a competent caregiver, especially with respect to basic care, yet, the quality of those interactions may be emotionally shut down or emotionally distant. Similarly, a child who is emotionally shut down, avoidant, or ignoring of close affectional ties would be placed here.

Still lower than the above would be what is referred to as "Problematic/Disturbed." This zone suggests that the adult is displaying affective presence that is odd (e.g., stillness or utter silence), does not seem to engage in a basic level of care or interaction, or may be highly intrusive and hostile (e.g. introducing violent themes). Adults with sensitivity scores in the lowest range get placed here. On the child's side, affective qualities such as dysregulation, odd behaviors (e.g., throwing himself on the ground) or emotional frailty or acting out would be placed here. Children with the lowest responsiveness scores receive EA-Z scores in this zone.

The additional EA dimensions (structuring, nonintrusiveness, nonhostility and child involvement) do not provide as much information about emotional attachment quality and, therefore, do not directly contribute to the zones of emotional attachment. Nevertheless, they hold important information regarding attachment. For example, caregiver hostility is a predictor of disorganized attachment (Lyons-Ruth, Melnick, Bronfman, Sherry, & Llanas, 2004), so it may be relevant when determining a caregiver's emotional attachment zone.

These additional caregiver and child dimensions are also important aspects of the EA system, not only because relationships occur with non-attachment figures, but also because relationship quality involves more than attachment. When a caregiver is intrusive during play interactions, she may communicate (even unwittingly) that the child is less capable. When a caregiver raises his voice during drop off at school as he realizes his son has forgotten his homework, he signals frustration with the child. When a mother raises her voice to her partner, she communicates to her son that the family is less unworthy of respect. Such ordinary daily events can be outside the traditional realm of attachment-activated times, (such as stress, illness, or danger) but they remain very important to a child's emerging sense of self.

Given the EA-Z zones and EA Scales have now been described, the question of adult-child concordance arises. Theoretically, the adult and the child can appear very different, both in terms of their EA-Z zone and their scores on the EA scales more generally. Practically, can there be an emotionally available parent in the presence of an emotionally unavailable child (e.g., Complicated, Detached, or Problematic)? Certainly. This occurs most commonly when the parent and child do not have a shared history (such as adoptive or foster parents or parents who are parenting at a distance after separation, divorce, or deployments). For example, we know that in 22% of adoptive families, parent and child are in different attachment zones (Barone, Lionetti, Dellagiulia, Alagna, & Rigobello, 2015). Can there be an emotionally available child when the adult is not emotionally available? Again, certainly. We have seen this in the context of child care, where a child from a secure and supportive home interacts with a child care professional who is detached and unstructuring with this child and potentially with all the children in the site. Alternatively, we have seen a caring and positively expressive child care professional who interacts with and tries to draw out a cool, lonely, and withdrawn child.

The possibility of the parent and child having different perspectives of the relationship has always been viewed as a real possibility, or should have been, in the field of attachment, given no higher than moderate relations between maternal sensitivity and child-to-parent attachment (De Wolff & van IJzendoorn, 1997). When one brings in the father into the family system, the relation between his side of the relationship (that is, sensitivity) and child-to-father attachment is even more complicated than the relation of the mother's sensitivity and child-to-mother attachment (van IJzendoorn & De Wolff, 1997).

The Emotional Availability system (the EA Scales and the EA-Z) have been used heavily as an assessment tool in research. Further, cross-cultural studies have demonstrated its validity, both for subcultures within the United States and across the world (for a review, see Biringen et al., 2014). The system is also now used heavily in clinical or practice contexts, particularly by parenting evaluators (e.g., child custody, social service) and sometimes by therapists to evaluate therapy process and potential progress. At present, the system can be used for a wide developmental spectrum (at present, pregnancy-14 years) and thus has had versatile applications as an assessment tool. In addition to pure assessment for the purposes of accountability or to assess clinical outcomes, some have used it to enhance the training of therapists, workshop facilitators, or supervisors of evidence-based practices and programs (e.g., Parents Under Pressure) (Harnette & Dawe, personal communication, 2015).

Moving Beyond Assessment to Intervention

Given the widespread use of the EA framework as an assessment system, it makes sense to expand upon this framework to include preventive and treatment-focused interventions. We have developed and evaluated a 4-to-6 session EA intervention manual (summarized in Baker, Biringen, Meyer-Parsons, & Schneider, 2015; Biringen et al., 2010) that can be delivered in group or individual sessions. The intervention is based in the "three pillars" of our work: attachment, emotional availability, and mindfulness (Biringen et al., 2015). Using these core concepts, the program helps parents or caregivers to consider their own attachment history, learn about emotional availability through psychoeducation, practice mindfulness, and reflect upon a video of their own interaction. A key "active" ingredient of this and other attachment-relevant interventions is the video playback (Bakermans-Kranenburg, van IJzendoorn, & Juffer 2003). Unlike other attachment-relevant interventions, however, ours involves the use of the more multifaceted EA framework, which has proven useful and valid for assessment (Biringen et al., 2014; Lotvin et al., 2015). How do we suggest that researchers, clinicians, and interventionists use EA as part of their intervention approach? Here are the 4-Rs of Brief EA:

1. Resources for Psychoeducation.

Prior to teaching parents and other caregivers skills, it is important to both describe the EA framework and to "sell" the importance of a research-based framework. First, each of the six EA Scales should be described so that participants understand them. Next, offering research regarding the predictive value and importance of emotional availability can make caregivers more receptive to and interested in the intervention. As an example of a successful intervention that does this; the Gottman Couples Method uses psychoeducation to teach couples basic research the predictors of divorce (Gottman & Gottman, 2008). Similarly, an interventionist using the EA framework to facilitate behavior change for a caregiver-child relationship can teach basic research about EA and attachment. This could include describing the positive social-emotional and behavioral outcomes associated with a secure attachment (e.g. Sroufe, 2000). It could also describe how higher caregiver sensitivity and structuring predicts greater child compliance (Lehman et al., 2002). More basic research on the predictive value of EA for child developmental outcomes, as well as for caregiver well-being, can be found in Biringen et al., 2014. Educational resources may be presented verbally, through a brief handout or booklet, with videos, or through a visual presentation. Some caregivers may find it challenging to receive psychoeducation. For example, a caregiver with an anxious representation may express extreme guilt regarding her parenting behaviors that interferes with her ability to reflect upon the new information. Alternately, a caregiver with a rigid view of relationships may become defensive and protest the ideas presented. If a group facilitator cannot effectively help these caregivers process these internal challenges in the group setting (or if it detracts from other caregivers' learning), we advise that caregivers be referred to individualized therapy. This could be individual, couple, or family work, depending on the needs and preferences of the caregiver.

2. Role Models Videos.

So that participants can learn to apply their newly acquired knowledge of the EA framework, it is important to show them role model videos of caregivers interacting with their children. In order to foster a full understanding, it is helpful to show a range of cases that represent a variety of EA-Z zones. The use of these brief clips helps participants apply what may initially seem like either abstract or unimportant ideas. Additionally, observing and discussing another parent's behavior and emotional expression can help set the stage for participants' self-reflection later in the intervention. As they watch the role model videos, participants are asked to describe what they see, using the language of emotional availability. The facilitator helps to guide this conversation by pointing out both strengths of the interaction and areas of growth. The facilitator should also draw a parallel between the EA-Z zones and attachment styles during this activity so that participants can begin to recognize signs of insecure and secure attachment. Watching and discussing role model videos prepares participants for is the next stage of the intervention, reflection.

3. Reflection.

Participants engage in three types of reflection: (1) Using the role model videos, they imagine what the parent and child are each experiencing. (2) Participants are guided through reflecting upon their attachment history and the parenting they received as a child. (3) Participants engage in self-reflection regarding their own current behavior and emotional expression with their children with their own children.

a. Role model video reflection:

By considering what the parent and child are feeling and doing in the role model video, the participants begin to practice perspective-taking and empathy, both of which are important in their own interactions with children.

b. Attachment history reflection:

Next, when participants reflect upon their own early relational experiences, they can gain insights into their current behavior and states of mind about relationships. This reflection may be relatively brief for some participants and much more elaborated for others. Helping participants to identify their childhood attachment style can be useful in facilitating these conversations. Some participants may have traumatic childhoods or otherwise find it difficult to identify positive aspects of their primary attachment figures, leading them to feel unresolved and confused about relationships. Asking these participants to identify a positive adult figure from their childhood who made them feel accepted, loved, and understood can help them develop a new model for relationships (Lieberman, Van Horn, & Ghosh Ippen, 2005). Nevertheless, it is important to also refer these adults to external services for more extensive therapeutic work. Depending on each of these participant's situations, this could be additional video-based work using the EA framework, or it may be more targeted trauma-informed individual therapy.

c. Self-reflection:

Finally, participants should be offered opportunities to reflect upon their own interactions with their children. Ideally, this occurs by watching and discussing a short videotaped interaction between the participant and their child. This could also occur through a live observation of the caregiver-child interaction. The facilitator should use strengths-based feedback, commentary that highlights the child's perspective, and

questions about what surprised the caregiver. For example, strengths-based feedback could include: "That was a frustrating situation, yet you managed to keep your cool" (nonhostility); "Look at how quickly you noticed your child's uncertainty about that new toy. I imagine she felt very comforted when you offered reassurance" (sensitivity). Commentary regarding the child's perspective could include: "Notice how eagerly he showed you that toy, I wonder if he's also showing you how much he loves to play with you" (child involvement); "Did you see how she pulled back a little when you tickled her face with the toy? She may be telling you that's too much" (nonintrusiveness). For older children or adolescents, facilitators may also choose to invite the child to offer insights into his or her feelings and thoughts during the videotaped interaction. During this self-reflection process, it can also help to ask participants what they found surprising while watching themselves. In our interventions, some caregivers have noticed important qualities of their own style, such as, "I looked more aloof with my child than I realized." While some of these constructive self-realizations may come from the participant after a video review, the interventionist can also gently bring about such conversation. Video-based feedback is a powerful tool to enhance parental sensitivity and improve parent-child relationship quality (Bakermans et al., 2003). However, it is also important to maintain a positive, collaborative, and accepting attitude when working with parents/caregivers in order to avoid them feeling judged or stigmatized. For this reason, it is important to build trust and rapport and to use strengths-based feedback.

4. Relaxation and Regulation.
The adult's capacities to regulate his or her own emotions and to stay in the present moment are important to being emotionally available. Therefore, we recommend introducing mindfulness attitudes as a way to promote these skills (Kabat-Zinn & Hahn, 2009). These attitudes can then be integrated and practiced in several ways. The facilitator can offer brief mindfulness meditations that focus on breathing and relaxation. Participants may also choose ways to integrate mindfulness into their daily lives. Finally, participants may choose ways to integrate relaxation and regulation more generally, as self-care. Self-care includes everyday activities (such as exercise, social engagement, sleep, and proper nutrition), as well as a general attitude of self-compassion. These tools help parents and other caregivers remain calm, relaxed, natural, and comfortable, both with their children and in their everyday lives. Again, for caregivers with rigid, anxious, or unresolved states of mind, this task may be particularly challenging. These caregivers may require referrals to individualized therapy that can facilitate deeper processing.

This process describes the critical and active ingredients of our manualized EA intervention, but it can also be used as an add-on to enhance any treatment process. In particular, self-reflection upon caregiver-child interactions can easily be added to any intervention or treatment delivered to parents or teachers, for it is a powerful tool of change. The process of the "Four R's" is simple, yet profound in its ability to not only convey the language of emotional availability but also to provide seeds on attachment history and mentalizing/insight as one is interacting with one's child. It also imparts to the parent the importance of self-care. Each portion, or "R," of the intervention is a "seed" and an invitation to learn and practice more. The intervention can consist of a brief 1 hour consultation with a parent, conducted by itself in a private practice setting. It could then be repeated in later sessions to gain further depth, and using a new video of the parent and child to track progress. Alternatively, this program can be used in a group setting, allowing the process to become one in which there is collective parenting discussion across participants. Given the wide applicability of the EA framework, across ages and cultural groups, this intervention offers a simple tool to enhance parent-child relationship quality among a wide range of populations.

Brief EA should be conducted by those already trained in the EA system (for more information see www.emotionalavailability.com). Facilitators should also be able to skillfully guide participants to understand the subtleties of perception and observation. Awareness of these qualities is a necessary condition for reworking them. Finally, facilitators should possess basic helping skills, such as empathy, acceptance, and reflective listening skills in order to create a warm and welcoming environment.

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Translating Theory to Practice: New Resource

By Deborah J. Weatherston,

Michigan, USA

Tackling the Tough Stuff: A Home Visitor's guide to Supporting Families At Risk

Angela M. Tomlin & Stephan A. Viehweg (2016) Brookes Publishing Co.: Baltimore.

Relationships are at the center of this very illuminating and practical book that integrates developmental and clinical theories with many examples for home visitors to support effective service with families and, most important, healthy outcomes leading to growth and change. Connections between parents and child, parents and providers, and providers and supervisors provide the central thee throughout the book, with continuous reminders that relationships offer the cornerstone for effective service provision and the instrument for optimal growth and change.

Reflective practice goes hand in hand with relationship-centered service. The authors recognize the tremendous stressors that families face. Stress often affects parental capacity to care sensitively and effectively for their very young children. Stressors may include a diagnosis of significant mental illness, parental depression, a motor or sensory impairment, an intellectual disability, substance use or addiction, or domestic violence. Past and present experiences of trauma and loss, as well as economic struggles and severe poverty, exacerbate these risks.

After describing barriers, challenges, and risks, the authors offer practical tips and strategies for home visitors to use when entering into relationships with very vulnerable young children and families. Among the most creative strategy is a problem-solving framework, PAUSE,that blends relationship and reflective skills. The acronym for PAUSE is Perceive, Ask, Understand, Strategize, and Evaluate. The authors offer illustrations for each component, exploring ways to think deeply and reflectively in partnership with families.