

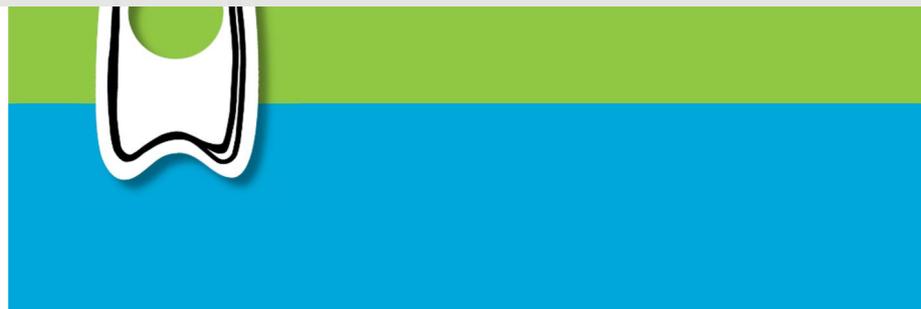
BONDING BOARD

An instrument for diagnostics, counseling,
therapy and coaching for attachment,
relationship and stress related issues



Excerpt partially covered

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on www.bondingboard.com.*



Manual

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1. Introduction

The 'bonding board' or 'attachment board' as it also can be called, is a tool for diagnostics, counseling, therapy and coaching in connection with attachment, behavior and relationship issues. Its structure is based on Bowlby's attachment theory and its further development.

Different behavioral processes and relationship situations can be presented and analyzed with a focus on the central dimensions of emotionality and closeness in the context of relationships. The game board and the stylized figures allow those concerned to deal with their own behavioral tendencies in a mixture of identification and distance with structuring help.

The people who are related to each other are placed facing to each other on the game board. It is also implicitly clear, without it having to be said, that the topics presented do not only depend on one person, but are a result of action and reaction. This in turn promotes the attitude that changes can also be initiated on both sides.

The board is suitable as an exploration tool, as a basis for structured diagnostic interviews, for counseling, further training and coaching or supervision. It was developed in a child and youth psychological and pedagogical context. Since the main features of human attachment behavior continue in adulthood, it can also be used there, dealing with relationships among adults, be it between parents and teachers, in relationships of couples, friendship relationships or in the context of leadership issues. Attachment has an effect before birth and also affects our social environment after death.

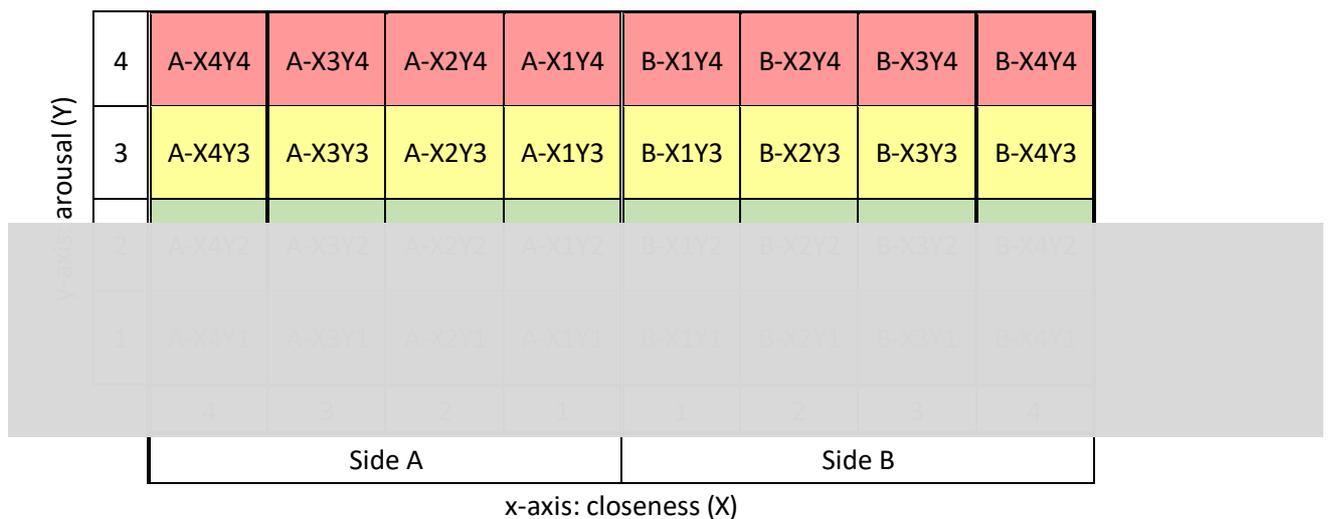
Problems lead to stress. And stress triggers attachment patterns. Consequently, the bonding board can be used to analyze the stress reaction in almost all problem situations and provide useful

that we can not yet present scientific studies results covering the bonding board yet. Information on incorrect considerations in the design, hints to errors or ideas for further development possibilities are gladly accepted.

If the instrument is used diagnostically, it should be noted that it is subject to the same sources of error as all diagnostic instruments based on self-declaration. As with questionnaires, for example, a response tendency in the direction of social desirability can be expected. There are still no validation studies on the use of the bonding board as a diagnostic tool. The attachment board cannot be used to diagnose an attachment disorder according to the ICD or DSM classification systems. A diagnosis of a attachment pattern should not be made exclusively with the bonding board. However, it can be used as a screening method or as a validation tool in addition to other established tools.

2. Structure of the bonding board

The bonding board is reminiscent of a game board. As a result, it generates a highly inviting atmosphere and takes some of the heaviness out of a possibly stressful topic. It is divided into two mirror-symmetrical halves, in each of which a person can be symbolically placed with a figure in a 4x4 field scheme. The character cannot leave the half of the field assigned to it. The left side is marked with A, the right side with B. In the pedagogical context, the left side is used for the adult attachment figures, the right side for the children or youths. Four columns and four rows are distinguished within each half of the game board. The following coding of the fields is used in the text:



The board

The x-axis shows the emotional closeness to the second person. The following four gradations are used for this, with the numbers indicating the distance to the center line:

'Close': Placing a character in the 'near' column (X1), this means that the person is currently close to the second person or seeks to be close to them.

'Accessible': The second column (X2) means that the person



is currently close to the second person or seeks to be close to them. The second column (X2) means that the person is currently close to the second person or seeks to be close to them. The third column (X3) shows that the person is emotionally unavailable to the other person at the moment, i.e. closed to or withdrawn from the other person. The farthest column (X4), shown in a paler colour, signals that the person is physically absent, for example when a parent is at work or a child withdraws into the children's room.

'Unreachable': The third column (X3) shows that the person is emotionally unavailable to the other person at the moment, i.e. closed to or withdrawn from the other person.

'Absent': The farthest column (X4), shown in a paler colour, signals that the person is physically absent, for example when a parent is at work or a child withdraws into the children's room.

Note that the first three columns are not about physical closeness, but about emotional closeness. Of course we humans use physical proximity or distance to send emotional signals. However, if someone is sitting right next to me 'disgruntled', the person is physically close, but would be represented on the attachment board as 'unreachable' - because emotionally unavailable to me at

symmetrical coordinate systems, a figure in the 'near' column can seek closeness, while the other figure in the 'unreachable' or 'absent' column retreats.

The emotional state of the respective person is shown on the Y-axis. There are also four levels here. They are numbered from bottom to top, blue to red:

'Calm': If a character is in the first, bottom, blue row (Y1), this means that it is relaxed and calm at the moment. She is in a serene, tranquil state.

'Active': The second, green row (Y2) indicates that the person is active, possibly fully focused on a job but not under stress.

'Stressed': The third, yellow row (Y3) indicates that a person is under stress, whether from real or imagined dangers, or from work or relationship stress.

'Scared / Angry': A figure is placed in the fourth, top, red row (Y4) when the person loses emotional control, 'decompensates' and only acts out of flight/fight mode.

The board is also available in an unlabelled version. This is intended for certain interviews. It can also be used when you want to give the client less strict guidelines and thereby encourage the use of own vocabulary.

The figures and materials

The **character figures** are stylized to serve as a projection area for a wide variety of clients, regardless of gender, appearance, etc. They are available in



stomach area. When they are placed on the game board, the underlying color of the game board is visible through this hole. If it is pushed around, the current emotional arousal of the person can be read 'in the stomach' - the intuitive seat of the emotions.



The multi-colored **magic figures** can be used therapeutically as imaginary people with special abilities, target states, etc. The colored figures in the four basic colors are used in a diagnostic interview and can also be used to symbolize different states.

There are also thin **discs** with different hole sizes: the ring disc with a large hole, the perforated disc with a small hole and the fully filled circular disc. They are available in the four basic colors of the bonding board, blue, green, yellow and red, as well as in brown, black, gray and white. Placing it in the figures' hole represents that the figure, regardless of its position on the board, feels a little, a lot



or completely the emotional arousal corresponding to the color of the disc. For example, if you put a yellow ring in the stomach of a child character, it shows that it is under mild chronic stress, even if the figure is pushed into the blue row, which indicates outwardly visible calmness. The

negative in nature, the white disc is used when the person has only limited or no access to emotionality. The small hole in the stomach area is for not or only partially visible. This can be used to indicate that a person is showing difficulty to not perceiving the real emotion or that it is difficult for those around them to perceive it. The large hole is used when the person is aware of the emotion.

Also still in experimental use are the long bars and the arrows, the white bars can be

used to indicate when a figure is denied certain fields, for example calmness or closeness are not possible. The arrows can be used when a character rejects the opponent or tends in a direction. Gradually colored bars can be placed at the edge of the board to indicate that a person's emotional state is dependent on distance.

In a child with separation anxiety it is therefore with the blue end on 'near' and the red end on 'absent', while in a child

with traumatic experiences of assault it is likely to be reversed, since closeness is linked to fear of the harm inflicting attachment figure and distance to calm and security.



The whole set is complemented by symbolic game pieces that can be arranged in the characters' stomachs or on the board, for example as goals or fears. Among other things, the Kasperle characters can be used in connection with the symbolic interaction game in the attachment-based CARE program. Empty game pieces, on which the users or clients can draw themselves, enable diverse, creative use in counseling and therapy.

Mirror: The so-called **mirror neurons** cannot be counted among the more complex behavioral systems described below, but they form an important



role in our social behavior. Their function has not yet been fully clarified, but it is assumed that thanks to them we reflect and internally imitate the behavior and emotions that we

perceive in our counterparts. Mirror neurons are nerve cells that show activity when we ourselves are motor or sensory active and also come into action when we are only passively observing the actions of others. As a result, we feel the same within ourselves, so we can understand the other person and influence each other emotionally. This allows us to develop a social sensorium and synchronize in a group. This is a cornerstone of communication, which goes beyond the purely factual content of the message. An example of this is observed with the mother, who exaggeratedly imitates the smiling baby, which in turn evokes the same reaction in the baby. In this way, the mother gets to know the child and the baby learns to classify its own emotions in the reflection. Put simply, the program of the mirror neurons is: "If other living beings are there, then imitate them, at least internally, so that you synchronize yourself." With increasing age, the processes are supplemented verbally, the emotions are given names and reasons for feelings are discussed.

Seek shelter: A stressed baby seeks closeness to the caregiver(s) by crying for them to come or by moving towards them. The program, called the **attachment behavioral system**, is activated from birth and tells us,



establish closeness with the caregiver. Grant protection: The child's stress signals trigger the so-called caregiving behavioral system in the caregiver. Attachment and caring behavior are thus intertwined and coordinated. The caregiving behavioral system is already activated during childbirth, which can be observed when the mother holds her newborn child.



However, it is of greatest importance for parents, because it says: "If the child (or, to a lesser extent, another member of the group / specie / creature) is stressed or in danger, then establish closeness, ward off the danger and then become calm so that it too calms down."

Explore: If there is no danger, it makes natural sense for us to explore our environment or be active, be it crawling as a toddler to get to know new things or as parents taking care of family or work. If there is security, which we can interpret observing the behavior of our fellow human beings, the child primarily from the parents, and we are calm inside, then the exploratory behavior system is triggered. It instructs us from birth: "If you are calm, there is no danger to you and your fellow species and they are



the sexual behavioral system ensures reproduction. Since they are not directly relevant to the formation of attachment patterns, these two behavioral systems are still being ignored here.

The attachment patterns

Man adapts to his living conditions. If a child grows up in an environment in which the behavioral systems described above are activated and in which their needs are responded to appropriately, they will experience security and will acquire a secure attachment pattern. However, if it does not receive adequate care, over time it will leave the genetically programmed behavior pattern and develop patterns that are better adapted to the unfavorable behavior of caregivers and other adverse circumstances. A 'disturbed' attachment behavior is not primarily pathological in this sense, but is to be seen as long-term adaptive behavior. Through repeated experiences, the child develops an internal working model with which it makes predictions about how the carers will behave.

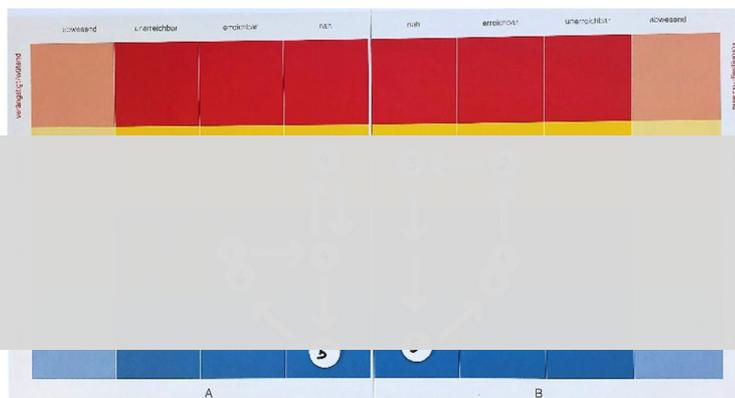
Of course, genetics still play a role. On the one hand, recent research shows that genes in stressed parents cannot be changed, but that via epigenetic processes their effect can be switched on and off and passed on to the next generation in this state. Even prenatal stress can - expressed positively - cause a higher sensitivity for dangers, and - expressed negatively - lead to a higher level of stress. On the other hand, some correlations were found between temperament and attachment style, although from an attachment-oriented point of view this is to be regarded as an indirect influence: It stands to reason that parents with a 'difficult' temperament are more likely to show difficulty in demonstrating adaptive caregiving and that a child with a 'difficult' temperament will make it more difficult for parents to respond in an adaptive caregiving manner.

Research shows that once an attachment pattern has been established, it often remains relatively stable over time, but can still be changed through experience and therapeutic intervention. Also, one no longer attempts to make a purely categorical assignment to one of the patterns, but to record gradual gradations and tendencies depending on the situation in which attachment behavior is shown.

a) **Secure Attachment Pattern:** The basic pattern of secure attachment behavior, type B, is genetically preformed and, if there is no disturbance, is spontaneously displayed by the child and parents or other caregivers, since it results from the logical sequence of the behavioral systems described above.

On the bonding board, the unfolding process can be represented as follows:

1. **Starting position:** The child is busy with some activity (field B-X2Y2 / reachable-active). the attachment



2. **Stressful situation:** The child becomes stressed (→A-X1Y3 / close-stressed).

3. **Attachment behavior:** The stress triggers the attachment behavioral system in the child, it sends out attachment signals, for example screams or seeks closeness to the mother/caregiver (→B-X1Y3 / close-stressed).

4. **Caregiving behavior:** The caregiver realizes the child's stress, which triggers the caring behavior system in her. She also seeks proximity and offers help (→A-X1Y2 / close-active). Depending on the severity of the problem, she too can become stressed (→A-X1Y3 / close-stressed).

5. **Reassurance:** When there is no longer any imminent danger, the carer switches to calmness (→A-X1Y1 / close-calm). This state is slowly passed on to the child, who also calms down (→B-X1Y1 / close-calm).

6. **Exploration:** When both have entered the resting mode, the exploration behavioral system is activated in both the child and the caregiver and they switch back to exploring (back to the starting point: →A-X2Y2 = reachable-active and B-X2Y2 = reachable-active) until stress occurs again and the cycle begins once more.

Long-term adaptive behavior:

Since the child has positive experiences with the preformed behavioral system, this behavior pattern is maintained. Parents managing situations, which even



playground of life and still

experience security. The child will also be able to build trusting relationships in contacts outside of the family, based on mutual perception and support, be it with teachers, in peer groups or later in a partnership relation and in the occupational environment.

b) Insecure-avoidant attachment pattern: An avoidant attachment pattern, called type A for avoiding, arises when the child's attachment cues fail to activate the caregiver's caregiving behavioral system and the caregiver exhibits rejecting caregiving behaviors. This can often be observed in people who had to cope with stress themselves as children and thus did not learn how to create or allow emotional closeness. The process can be represented on the bonding board as follows, with the first three stations still being unchanged:

- 1. Starting position:** The child is engaged in some activity (field B-X2Y2), as is the attachment



triggers the attachment behavior system in the child, it sends out attachment signals, for example screams or seeks closeness to the caregiver/mother (B-Y3→X3).

- 4. Caring behavior:** She realizes the child's stress, but this does not trigger caring behavior in her. She rejects the child, be it with negative 'coldness' (A-X2Y2→X3Y2) or under excessive demands, combined with personal stress (A-X2Y2→X3Y3) and offers neither closeness nor help.
- 5. No quick reassurance:** The child cannot calm down and may even experience greater stress (B-X2Y3→X2Y4). Because we don't have unlimited supplies of adrenaline, stress levels do decline over time, a process called habituation. It is, however, a fragile pseudo-tranquility (→B-X2Y3).
- 6. Distraction instead of exploration:** The child has experienced that when it is stressed, no care is given. This leaves a permanent latent stress. This is not down-regulated by the caregiver, which is why the child has to look for an alternative strategy for stress regulation. It finds what it is looking for by distracting itself thanks to superficial activity and thus being able to reach a lower external stress level (B-X3 Y2).

Long-term adaptive behavior: If this experience lasts for a long time, the child learns that the



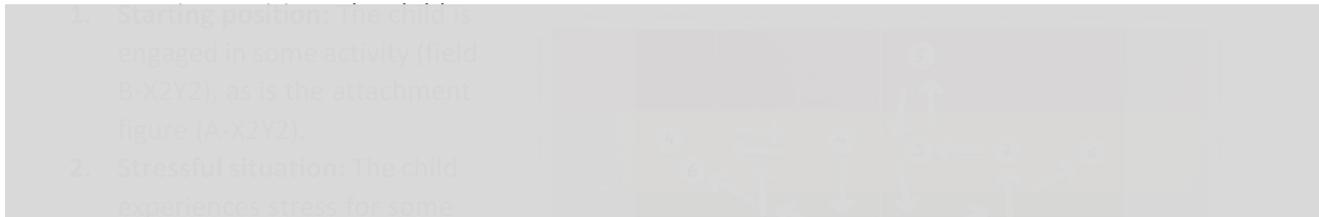
since the caregiver responds to the attachment cues with rejection.

Over time, it skips points 3 through 5 and, when stressed, goes straight to the 'problem solving' strategy or, failing that, to 'distraction'. Outwardly, this gives the impression that the child is self-sufficient, independent, not needing help and contacts and is nevertheless peacefully occupied. Since the child sends out less and less stress and attachment signals, the caregiving behavior of the attachment figures is rarely triggered (proximity search on A-X1Y1 to 3 fails, the caregiver

remains in columns A-X2 or X3). Internally, however, the child has to cope with a chronic, light stress, which also makes it difficult for it to go into exploration with peace. Over time, it settles into a detached position, oscillating between active and stressed (B-X2Y2 and X2Y3 or B-X3Y2 and X3Y3).

- c) **Insecure-ambivalent attachment pattern:** The ambivalent attachment pattern, type C, develops when the primary caregiver exhibits insensitive-discontinuous caregiving behaviors. These may be parents who are conflicted themselves, at times lacking time or energy for caring responsibilities, are overprotective, or need the child and its closeness to regulate their own emotional distress.

Representing the process on the bonding board, the first three stations remain unchanged:



reason (B-X2Y2→X2Y3).

3. **Attachment behavior:** The stress triggers the attachment behavioral system in the child, it sends out attachment signals, for example screams or seeks closeness (B-X2Y3→X1Y3).
4. **Caregiving behavior:** However, the caregiving person's reaction is variable and therefore unpredictable for the child. Sometimes she shows closeness and tries to calm the child down. Since she is stressed herself, this usually does not succeed (A-X2Y2→X1Y3 instead of X1Y1). The attachment figure may often leave the child alone with his or her stress because, for example, she does not feel able to endure another unsuccessful attempt to calm it down (A-X2Y2→X3Y3). Or, through stressed overprotection, she prevents the child from being exposed to stressful experiences that are also detrimental to the attachment figure (A-X1Y3 to 4).
5. **No deep reassurance:** The child may be able to calm down a bit (B-X1Y3→X1Y2), but often this does not succeed or does not succeed deeply enough (not up to B-X1Y1), even if help is offered, since this is not offered with calmness and certainty (A not on X1Y1). The child remains in the existing stress (on B-X1Y3).
6. **Clinging instead of exploration:** The child has experienced inconsistent caregiving when stressed. Even if help has been provided and the triggering stressor has been eliminated, the fear builds up in him that the attachment figure could abandon him again. It reacts to this with a new stress, fear of loss, and instead of letting itself be calmed down, chooses an alternative strategy: It no longer lets go of the caregiver. In the end, both caregiver and child do not calm down (remain on A-X1Y3 and B-X1Y3) until habituation slowly develops (A-X1Y2 and B-X1Y2) or the caregiving person rejects the child because she is overwhelmed (A-X3Y3), which refreshes the loss experience and further strengthens the clinging.



Long-term adaptive behavior: If this experience persists over time, the



move away from the caregiver because if stress occurs the latter may not be available anymore. Over



time, it sticks to the skirts, but despite the proximity, it is not calm and secure. It has to expect rejection at any time, because the constant closeness it demands cannot be maintained permanently by parents. This leads to a constant self-reinforcement of the negative cycle. If the caregiver returns after a separation, they even run the risk of being punished by the child in a passive-sulking or active-aggressive way (B-X3Y3 or X3Y4). The child and the parent involved are caught in constant stress. Neither rest nor stress-free exploration is possible. Over time, the child and caregiver oscillate permanently under stress in varying degrees of closeness and detachment (B-X1Y3 to X3Y3 and A-X1Y3 to X3Y3).

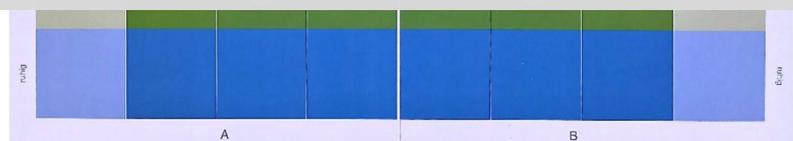
d) Disorganized attachment pattern: Attachment patterns B, A, and C follow a consistent pattern over time. They are coordinated in their actions and reactions, they are 'organized'. This is not the case with attachment type D. Here, traumatic experiences mean that neither the natural behavior patterns nor the alternative strategies open up reasonable, adaptive options for the child. This happens when the caregiver is the source of the stress, for example in the case of abusive parents, or when the neglect is so great that it cannot be endured, solved by oneself and by distracting oneself, or when parents due to their own burdens or (addictive) illnesses are unable to adequately care for their child.

The process of the development of this type of attachment deviates completely from the preformed basic pattern and cannot be represented on the bonding board as a schematic deviation after the third station, as is the case with the types just described. As a rule, a dominant basic pattern, usually type A or C, is established before or parallel to the traumatizing experience. If the alternative behavior strategies are not sufficient, the traumatization forces a more radical alternative. For the sake of simplicity, we number the turning point again with point 4, but traumatization can occur at any time, even while a child is peacefully occupied under point 1:

4. **Caregiving behavior:** The caregiver behaves in a way



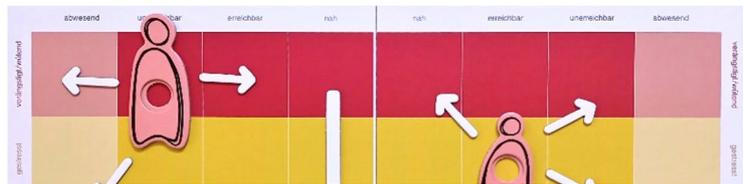
child (A-X3Y3 to 4), committing an aggressive act against the child, frightening, humiliating, physically mistreat or even sexually abusing the child. (Although the person is then physically close, they are also



represented as unreachable on A-X3Y4. In contrast, parents providing assistance to a child in panic after an accident would be placed on A-X1Y4.) Tragically, parents having had traumatic experiences themselves, when they are 'triggered' by an overloading educational situation, also tend to to reactions that are traumatizing for the children.

5. **Panic:** The child cannot protect itself from the feelings that are triggered by being left alone, being attacked or being disturbed by parents who may be mentally ill and who have suddenly 'changed'. All it can do is isolate itself inside (B-X3Y4). If we are overwhelmed by impressions, they are no longer stored in our episodic memory as a coherently retrievable experience, but fragmented in a separate system that is difficult to access.
6. **Triggers:** Such separate systems can later be activated in a variety of ways. Typical triggers are feelings of constriction and situations that contain elements of the traumatic experience. A look, a sound, a smell, etc. can trigger such a flashback. As in the trauma situation, the reaction to this can be inner isolation or apathy. However, since the trigger situation allows other behaviors that were not available in the trauma situation, it can also lead to panic flight or aggression (B-X3Y4 to X4Y4).

Long-term adaptive behavior: If traumatic experiences last for a longer period of time, the child learns that neither exploratory nor attachment behavior is effective.



develop strategies to prevent

stressful situations and, in a role reversal, even take on caring responsibilities for the needy parent (B-X1Y4) or, the closer it gets to a caregiver, it will no longer calm down, but rather react stressed to panic (B-X2Y4 to X3Y4). Even if a parent changes, it will be a long process to rebuild trust and comforting closeness. In the child, exploration and the development of relationships are severely impaired, calmness is hardly possible and the probability of overreactions under stress is high. In the school context, at best, the acquired basic pattern A, B or C can be identified as the primary reaction, but the hyperattention, which is directed to relationship issues, makes normal exploratory activity massively more difficult and is often misinterpreted as inattention. And once the child is ineffective with the basic pattern responses, the disorganized pattern is triggered.

4. Practical use in diagnostics, counseling and therapy

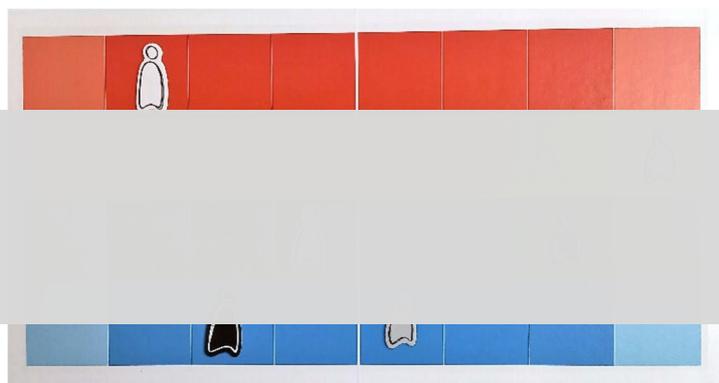
Visualization

We will provide step-by-step interviews on our homepage, which enable professionals with consulting experience to immediately gain initial practice with the bonding board without the need for lengthy training. However, it is important to remember that attachment experiences are among our most intimate experiences and diagnostics can always lead to painful insights. Even more important than sound knowledge of attachment theory is therefore, that the specialist has a feeling for how much depth the client wants to allow and that she or he can provide emotional support if necessary.

Of course, the bonding board can be used in exploratory conversation or in counseling and therapy without a fixed procedure. One can

- present a history of origins or a current situation,
- explain the normal or pathological reaction patterns in a psychoeducational manner,
- make differences visible and thus usable,
- make aware of or work out different perspectives, patterns or possibilities,
- facilitate a change of perspective,
- even in the face of a symbolic figure in need of help activate the caregiving behavioral system
- or, thanks to identification and projection, achieve greater emotional involvement and thus a more realistic description of the situation.

By default, two people are placed opposite each other. In the educational context, however, mother and father



similar response patterns under stress, these can vary significantly, particularly when the caregivers exhibit different

response styles. It is then necessary to play through the situations for different people separately. If several people are to be represented, the other shaded gray figures can be used. The white child figure then represents the behavior and emotions towards the white adult figure, e.g., the mother, while the gray child figure and the gray adult figure, for example the father or the teacher, can show other action and reaction patterns. In this way, the behavior of the child – and the caregivers – can be compared depending on the situation and person, and positive abilities can be recognized and used.

Diagnostics

The attachment board helps to quickly locate everyday behavior in the attachment context. With appropriate psychoeducation, parents and teachers can easily understand this. Thanks to the view from several perspectives, it is easier to derive fields of action for all those involved from the diagnostics.

The symbolic power contained in a visualization can quickly contribute to the formation of hypotheses. This is a great help, but can also be understood as a danger, since images, even if they are not verified, can have a lasting influence on our thoughts and actions. Diagnostics belong in the hands of trained professionals. It is therefore advisable, if there are diagnostic intentions, to always use the semi-standardized and standardized interviews for children, parents and teachers which will be available in separate documents and, as long as no validated diagnostic version is available, to use the attachment board diagnostically with caution and only as a diagnostic supplement to established procedures.

The bonding board allows to display not only attachment-related questions. Well-known disorders or typical ways of reacting, where primary characteristics are based on the dimensions of emotionality and closeness, can also be viewed in the light of attachment and care. In the diagnostic process, it is important to keep in mind that unfavorable attachment patterns cannot always be blamed on faulty caring behaviors. Our automated behavioral systems are programmed to the behavioral patterns of healthy children. Intuitively 'right' ways of reacting can strengthen problematic attachment patterns in children with certain disorders. Even 'good' parents or teachers must then be made aware of the

Most of the factors presented here are individual-related. Nevertheless, it must not be forgotten that various environmental factors can have an impact on the formation of attachment patterns: socio-demographic factors, family stress, school stress with different backgrounds, bullying, lack of social integration, critical life events, unfavorable factors at school, etc. Addressing such systemic factors can also be a strategy to mitigate the negative effects of unfavorable attachment experiences.

Self-exploration and fitting

Attachment always has to do with one's own history. And the caregiving patterns that we show as teachers, parents or therapists are also indirectly linked to our attachment experiences.

The attachment board can be used to help actors with caregiving roles look at their own attachment history. This is already valuable in terms of self-knowledge, but it also helps to recognize which of your own reaction tendencies you have to take into account. Difficulties in everyday pedagogical work can sometimes be traced back to the lack of a fit between child and caregiver and can be tackled more constructively with less pathologizing explanations.

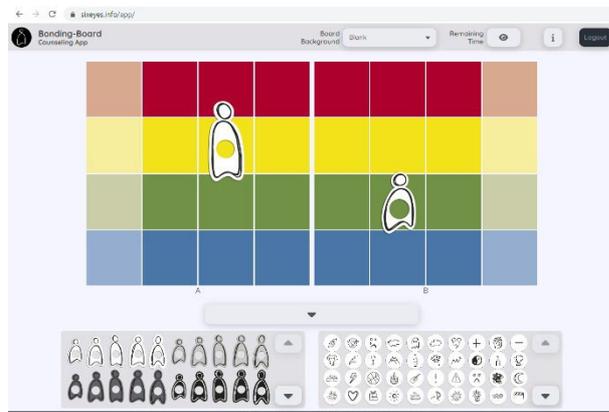
Finally, it is advisable for therapists and specialists who use the concepts of attachment theory in a professional context to reflect on their own patterns within the framework of self-awareness with the instrument.

5. The products

The bonding board is currently available in three variants.

The game board in cardboard:

It offers the advantage that the clients see something concrete in front of them, which can also be directly manipulated. It is used for freely configurable counseling processes or (semi-)structured interviews from anamnesis to a counseling conclusion. It is initially available in German and English. It has a simple, elegant and timeless design, has a pleasant textile-style feel and the figures are durable thanks to their double strength and dirt-repellent coating.



The game board as a consulting web app:

It is the digital version of the game board and serves as an entry point for professionals who want to try out the bonding board first without having to buy it straight away. It is also useful for coaching, supervision and online therapies, or if you want to save the history of counseling work with the screen print function. The app is browser-based and runs on Windows, Android, Mac and iPad.

The diagnostics web app:

In this, everyday stressful situations are 'read out' to the parents, teachers and children by an avatar. At the same time, the above-mentioned personal figures are moved on a digital attachment board and typical ABCD attachment patterns are compared. Clients then use Likert scales to rate each response to match the child's behavior. These story interviews offer a time-saving and entertaining access to the multi-perspective self-assessment and external assessment of attachment patterns in the family and school context. This app is also browser-based and cross-platform. However, use on small cell phone screens is not recommended. For the moment it is available in German in a not yet commercially usable beta-version.



All products merge seamlessly and can be used in parallel as required. In this way, diagnostic information, presented visually, can be used immediately in the counseling process.

6. References

These titles served as a framework for orientation during the development phase of the bonding board and the web applications:

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Additional resources are being planned and will be made available on our website on an ongoing basis.

Beta and mini versions of the bonding board in cardboard or electronic form, as well as the diagnostic applications and evaluation tools, may be used as long as the corresponding definitive versions are not yet available on the market. They are then to be replaced with original products, sent back, disposed of or deleted.

This english translation of the german original has not been professionally edited and proofread. Thank you for pointing out errors or suggesting improvements.



EAN-13:



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