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INTRODUCTION

The Challenges and Promises of Attachment Theory for Mental Health Practitioners

Consider a 10-year-old child who presents for treatment alongside a caregiver but appears unwilling to discuss thoughts, emotions, or prior experiences while the caregiver is in the room. Once alone with the clinician, the child reveals a lack of trust in the caregiver and uncertainty about whether the relationship may be improved. Alternatively, imagine a married couple seeking help as their relationship is in danger of ending. As they discuss their problems in session, one partner appears particularly sensitive to critical comments while the other partner seems distant and unwilling to engage.

The issues highlighted in these two cases are not specific to any one diagnosis or problem. For instance, perhaps the 10-year-old child displayed depressive symptoms, posttraumatic stress disorder, or conduct problems. Regardless, the poor relationship with the caregiver complicates treatment. The same can be said for the married couple; perhaps one partner is struggling with a diagnoseable mental illness, or maybe infidelity occurred. It is obvious in both situations that interpersonal difficulties are at least a maintaining factor in the clinical distress being presented, if not the primary etiological cause of the problems. But, how did these individuals come to hold such perspectives, and how might they be effectively addressed in session?

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An effective understanding of attachment theory and research may prove useful in answering such clinical questions, as they provide a coherent and empirically grounded way to conceptualize interpersonal difficulties while suggesting helpful clinical directives. In addition, the current state of the knowledge is sufficiently developed that the role of attachment processes in the etiology of myriad mental health conditions are now well specified, suggesting potentially fruitful pathways for both intervention and prevention efforts. Unfortunately, training in attachment theory and research is sparse and often limited to discussions of specific research procedures, such as the Strange Situation Procedure, during a survey course in developmental psychology. This state of affairs leaves most practicing clinicians unprepared and unable to implement insights from attachment theory in clinical practice. This book aims to remedy the problem.

KEY TERMS AND CONCEPTS

It is important to recognize at the outset that attachment theory includes a number of constructs specific to the field. Certainly, it is the case that all theoretical understandings develop their own terminology to identify the concepts being described, such as "stimulus generalization" among behaviorists or "repression" among psychoanalysts, but in attachment theory one will find that many of the constructs are identified by using the term "attachment." For instance, "attachment behavior" refers to a very specific form of observable behavior, while "attachment classification" refers to a defined pattern of attachment behavior. The list goes on: "attachment script," "attachment style," and "attachment figure," to name a few. This similarity of terminology offers the potential to confuse one with little exposure to the field as the terms appear to blend together, even though each refers to a specific, albeit often related, concept. Throughout the book, I clearly define each term, provide concrete examples, and avoid using terms interchangeably.

Two specific terms deserve special mention. The first, "attachment disorder," is neither a recognized syndrome within any diagnostic nomenclature nor a term used by the vast majority of reputable researchers. Rather, it was coined by a fringe group of clinicians who often failed to test the idea or to provide a scientifically justified rationale for its usage (not to be confused with "reactive attachment disorder"; see Chapter 6 in this volume). The second, "attachment therapy," was brought into the clinical lexicon by the same group of clinicians, but it does not refer to any coherent systematic approach to treatment. Scientifically minded attachment researchers and

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clinicians tend to employ the term "attachment-based intervention" to distinguish their efforts from the discredited concept of "attachment therapy." The history of these two terms and the controversies they created are discussed in detail in Chapter 10.

GOALS AND APPROACH TO CONTENT

Contemporary attachment theory is a vast and ever-expanding field with cadres of researchers focused specifically on examining the structure, function, development, and clinical applications of attachment concepts. It is simply not possible to provide a comprehensive treatment of the subject. However, such an in-depth examination may serve to obscure the most clinically relevant aspects. Therefore, the goal of this book is to provide an accessible introduction to the topic of attachment theory and research that demonstrates its relevance in applied settings. Secondarily, my hope is that this book will stimulate an interest in the field of attachment theory, which may prompt you to learn more about the science of attachment and how it might be used in your specialty area of practice. If you find yourself desiring more detailed information on a particular topic, this book is designed to serve as sufficient background that will allow you to benefit from more advanced training in attachment theory as well as attachment-based clinical interventions.

A few notes of clarification are necessary to help explain the structure of the chapters and the content included. First, the specification of the developmental science of attachment is presented in Chapters 2 through 5 in a manner designed to demonstrate the evolution of attachment constructs over time (e.g., attachment behavior is discussed during the chapter on infancy and young children, internal working models are reviewed in the chapter on middle childhood). This organization should not be construed to suggest that the specific constructs examined are of relevance only to the given developmental period (e.g., attachment behavior is not only relevant during the infancy and early childhood years). Rather, the sequential ordering of these chapters largely reflects the most salient issues at a particular stage of development and methodological differences to assessing attachment constructs. I have attempted to demonstrate the interconnective nature of the various attachment-related constructs over time while maintaining a focus on presenting the material in a clear, coherent, and user-friendly manner.

Second, it is important to recognize the many different perspectives to attachment theory. The original approach of developmental scientists to

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understanding attachment examined the antecedents and consequences of observable behavior, which then progressed to exploring the cognitive bases underlying such behavior. In time, other constructs were added by researchers with different perspectives on examining human behavior (e.g., social psychologists). In short, the diversity of terms and constructs subsumed under the umbrella of "attachment theory" increased exponentially over the decades, many times to the chagrin of the developmentalists who originally pioneered the field. Without understanding the origins of these different perspectives and how they are (or are not) related, one may be prone to conflate terms, misunderstand and misapply empirical findings, and consequently curtail the applied value of attachment theory. As such, this book includes reviews of several different perspectives and areas of research that each claim the mantle of "attachment theory."

Third, Chapters 6 through 9 are designed to clarify and define attachment concepts commonly discussed in clinical settings as well as to demonstrate the applicability of scientifically derived attachment theory for clinical practice. Each of these chapters begins by reviewing etiologic and diagnostic issues before specifying treatment approaches. Although it is sometimes the case that attachment-based interventions directly target attachment constructs to improve a given clinical condition or presentation, this is not always the case. What qualifies as an "attachment-based intervention" is currently a hotly debated topic: Is it necessary for an intervention to specifically target an attachment construct, or is an intervention using attachment as its theoretical basis sufficient to qualify? Is an intervention "attachment based" if it was developed using a different theoretical lens (e.g., social learning) but is demonstrated to change attachment constructs? Given the lack of consensus on this definition, I selected interventions for review using a broad definition of the term "attachment-based intervention."

Finally, the chapters focused on clinical applications make liberal use of case examples. There is an inherent balance one must strike between detail and brevity when writing such vignettes. While there are always additional pieces of a clinical presentation that one may wish to know, providing richer and more thorough descriptions of the cases requires additional space and may obscure the most relevant aspects of the case. Remembering that the goal of the case illustrations is to demonstrate the application of attachment theory and research to practice, I provide sufficient material to answer the questions included with each case vignette. If you find yourself asking for additional details, it may be beneficial to refocus on the question at hand rather than the larger clinical issues that may be driving your curiosity.

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INTENDED AUDIENCE

This book assumes that the reader possesses no significant knowledge of attachment theory and research; however, those with some limited background on the topic will still find it useful. The primary audience is mental health clinicians (e.g., clinical social workers, counselors, psychologists, psychiatrists), child welfare and adoption case workers, and those working in allied disciplines. Although the practical applications of the material are focused on the provision of mental health services, it is not assumed that the typical reader is a seasoned mental health professional. Researchers interested in integrating attachment constructs into their work may also benefit from the book as assessment methods are frequently discussed and the findings presented are based in peer-reviewed research.

OUTLINE OF THE CHAPTERS

If a clinician wishes to integrate attachment concepts into practice, it is first necessary to understand the scientific foundations of the field. Attempting to learn how attachment concepts can be applied to clinical techniques without spending time on the more basic research aspects is akin to wanting to learn behavior modification techniques but not taking the time to learn about operant conditioning. Part I is designed to provide this foundation.

The origins of attachment theory are reviewed in Chapter 1, focusing primarily on the work of John Bowlby, Mary Ainsworth, and their colleagues. Then, Chapters 2 through 5 provide an overview of the current state of the developmental science. Each chapter pertains to a different developmental period (infancy and early childhood, middle childhood, adolescence, and adulthood), but I urge readers to not skip directly to the period of greatest interest. As a developmental theory, attachment examines continuities across time as well as how change occurs. Skipping the chapter on infancy and early childhood, for instance, and diving directly into middle childhood may leave one confused as to how attachment scripts develop, for instance. In addition, each developmental period is directly relevant to the others. Attachment states of mind among adults are logically covered in detail when discussing adulthood in Chapter 5, but they are directly relevant to issues of parenting and infant attachment behavior as discussed in Chapter 2. I suggest reading Chapters 2 through 5 in succession.

Part II reviews the clinical implications of the science of attachment discussed in Part I. Chapters 6 through 9 allow for more flexibility, however,

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and are meant to be relatively freestanding. If you successfully comprehended the scientific aspects presented in the earlier chapters, the rationale for and implementation of the interventions discussed should be easily comprehended. I do want to note that I have spent a considerable portion of my career advocating for the dissemination and implementation of interventions with demonstrated efficacy, established through sound clinical trial research. I see no reason to change that perspective. As such, the clinical interventions reviewed either represent tested and validated approaches to treating the concern indicated or possess promising evidence and are presently undergoing further evaluation. Where conflicting findings are present, I review them for you.

Part III reviews notable controversies in attachment research and clinical practice and addresses common questions. Chapter 10 includes a discussion of an assortment of assessment and treatment approaches that appropriated the name "attachment theory," although, in fact, they were not based in attachment research. Many of these techniques caused serious harm and even death to children, unfortunately giving many the impression that attachment-based interventions are unethical at best and potentially lethal at worst. I hope to dispel the myths surrounding these interventions, traditionally termed "attachment therapy," and help the reader become savvier and more sophisticated in evaluating any intervention claiming attachment as its theoretical foundation. Chapter 11 answers frequently asked questions about attachment theory and its clinical applications, summarizing key points from Chapters 1 through 10.

Two special features repeatedly occur throughout this text. The first, titled "A Closer Look," provides a more focused discussion of a specific topic that may be particularly relevant for clinicians, examines a controversial topic, or highlights an important study in the field. Narrowing the subjects to showcase in these sections was a difficult task, as there are many worthy and interesting topics. For instance, I originally planned to discuss emerging research demonstrating the role of attachment processes on immunological functioning (e.g., Jones et al., 2017). To keep this book at a reasonable size, I was forced to consider those topics most relevant to practicing clinicians and, alas, the topic of immunological functioning, as well as others, did not make the cut.

The second special feature consists of the case studies provided in Chapters 6 through 10. Instead of reviewing the applications of attachment research in a didactic format, I thought it more interesting and engaging to ask you to consider for yourself how an attachment perspective might inform a given clinical presentation. Most cases are based on real-life patients directly

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assessed or treated by myself or by clinicians I supervised over the years. The only exceptions are the case studies related to adults, which are amalgams of several different parents and families with whom I worked. Each case study presents the pertinent clinical information before presenting a series of questions. These vignettes are not designed to demonstrate how a specific branded intervention is applied (e.g., Attachment and Biobehavioral Catch-Up) but rather to demonstrate the applicability of attachment principles in practice. I provide a discussion of each question for each case study at the end of the chapter. It should be noted that all names are fictitious and details not affecting the concepts being discussed were altered to protect patient confidentiality.

CONCLUSION

I want to emphasize that this text is meant to be an introduction to the topic of attachment theory and research. I harbor no illusions that those reading this book will afterward be fully capable of implementing attachment principles in practice. Rather, I hope this book provides you with an overview of the field that might stimulate an interest in attachment theory and research. I have included at the end of each chapter resources that might be helpful in furthering your exposure to this field, including links to reputable training resources in the assessment and treatment programs discussed. I envision that this text will be adequate background for those wishing to attain training in any specific approach.

In conclusion, I welcome you to the field of attachment theory and research. It is a field with a rich history, a promising future, and a number of complicated challenges and questions waiting to be addressed. In the hands of gifted practitioners, it also holds significant potential for improving the services we provide.