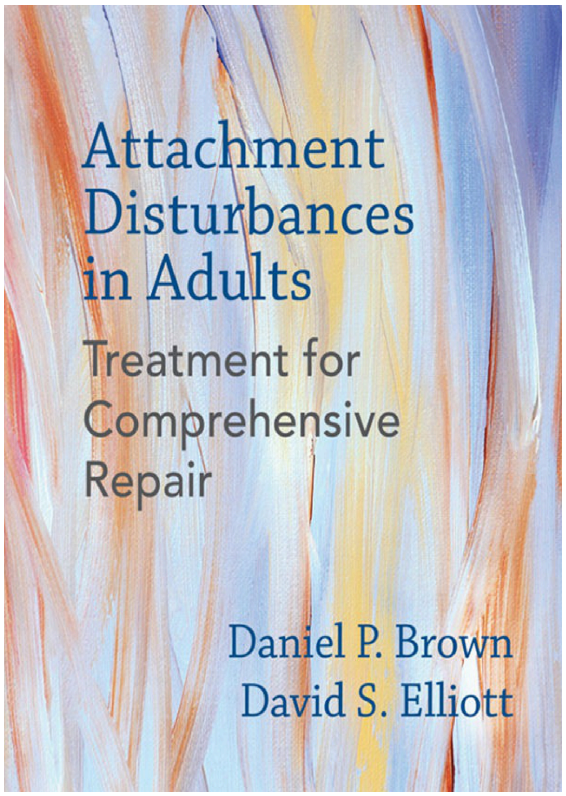


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Administration of the AAI
AAI Analysis and Coding
AAI Attachment Classifications
Incorporating the AAI Into Clinical Practice
The AAI Q-Sort Scoring System
The Dynamic-Maturational Model (DMM) Methods of Assessment
The DMM-AAI
DMM Classification Methods
DMM Classification of Attachment Strategies
Incorporating the DMM Into Clinical Practice
The Current Relationship Interview (CRI)
The Adult Attachment Projective Picture System (AAP)
Self-Report-Based Assessment
Peer and Parental Attachment in Adolescence
The Prototype Approach—Romantic Attachment
Forced Choice Prototype Self-Assessment
Categorical and Dimensional Measures of Adult Romantic Relationships
The Adult Attachment Scale (AAS)
Attachment Style (AS)
The Adult Style Questionnaire (ASQ)
The Relationship Questionnaire (RQ)
The Relationship Scales Questionnaire (RSQ)
Experiences in Close Relationships (ECR)
Interview vs. Self-Report Assessment
Assessment of Attachment-Related Behaviors in Treatment
The Working Alliance Inventory (WAI)
The Client Attachment to Therapist Scale (CATS)
The Therapist Representational Inventory (TRI)
CHAPTER 5. Attachment and Psychopathology
An Overview of Attachment and Psychopathology
Self-Report vs. Interview Assessment of Attachment
Attachment, Emotional Distress, and Psychiatric Distress
Attachment and Anxiety Disorders
Attachment and Affective Disorders
Affective Disorders and Suicidality
Attachment and Bipolar Disorder
Attachment and Somatic Symptom Disorders, Factitious Disorders, and Malingering
Somatic Symptom Disorders
Factitious Disorders
Malingering
Trauma-Related Disorders
Posttraumatic Stress Disorder
Attachment and Dissociative Disorders
Depersonalization/Derealization Disorder (DRD)
Dissociative Identity Disorder (DID)
Attachment and Addictions
Alcoholism and Substance Abuse
Eating Disorders
Attachment and Personality Disorders
Personality Disorders in General
Borderline Personality Disorder
Conduct Disorder and Antisocial Personality
Conclusions About Attachment Status and Psychopathology

The Orphanage Study: Attachment and Complex Trauma

PART III. TREATMENT: BACKGROUND AND THE THREE PILLARS MODEL OF COMPREHENSIVE ATTACHMENT REPAIR

CHAPTER 6. An Overview of Treatments for Attachment Disturbances
Starting Points: Bowlby's Attachment-Based Psychotherapy
Psychoanalytic Approaches
Interpreting Defenses and Working Through the Transference
Mourning the Loss of What Was Never Given by Attachment Figures
Attachment-Informed Psychotherapy
Attachment, Intimacy, and Autonomy
Clinical Patterns of Attachment
Attachment-Based Psychotherapy
Dynamic-Maturational Model Integrative Treatment
Targeting Dysfunctional Attachment Representations and Internal Working Models
Working With Attachment Representations Independent of Transference
Imagery of the Good-Enough Therapist Together With the Patient
New Forms of Attachment-Informed Treatment
Schema Therapy for Patients With Personality Disorders
Accelerated Experiential Dynamic Psychotherapy (AEDP)
Intersubjectivity-Based Treatment
Intersubjectivity and Adult Treatment
Exploratory Psychotherapy
Metacognitive Attachment-Informed Psychotherapies
Mentalization-Based Treatment (MBT)
The Modular Approach to Metacognitive Development
Beyond Mentalizing and the Representational Self: Mindfulness and Transcendence of Self
A Consensus-Based Model for Attachment Treatment
Comprehensive Treatment of Attachment Disturbances

CHAPTER 7. Introduction to the Three Pillars of Comprehensive Attachment Treatment
Attachment Disturbance as One Type of Overall Relational Disturbance
Treating Attachment Disturbance: The Three Pillars
The First Pillar: The Ideal Parent Figure Protocol
Background and Core Assumptions
Ideal Parent Figures as the Medium for Attachment-Promoting Qualities
The Five Primary Conditions That Promote Secure Attachment
1. Felt Safety/Protection
2. Feeling Seen and Known/Attunement
3. Felt Comfort/Soothing and Reassurance
4. Feeling Valued/Expressed Delight
5. Best Self/Unconditional Support
Attachment-Based Imagery Over the Course of Treatment
The Second Pillar: Fostering a Range of Metacognitive Skills
Basic Metacognitive Skills
Intermediate Metacognitive Skills
Advanced Metacognitive Skills
The Third Pillar: Fostering Collaborative Nonverbal and Verbal Behavior
The Interdependence of the Three Pillars of Treatment
1. Attachment Imagery Promotes Metacognitive Development
2. Metacognitive Development Promotes Attachment
3. Collaborativeness Promotes Metacognitive Development
4. Metacognitive Development Promotes Collaborativeness

5. Collaborativeness Promotes Attachment
6. Attachment Imagery Promotes Collaborativeness
The Benefits of Three Pillars Treatment
CHAPTER 8. The First Pillar: The Ideal Parent Figure Protocol
Overview: Positive Remapping
The Foundational Protocol
Setting the Therapeutic Ground
Facilitating the Creation of Ideal Parent Figure Imagery
Clinical Vignettes
Principles and Practices for Framing and Responding to Patients' Experiences
General Context Principles
Shape the Patient's Imagery and Experience
Suggest Attachment-Promoting Qualities in the Imagined Parent Figures
Contextualize the Patient's Experiences Within the IPF Frame
Suggest Changes in Scenes or New Scenes With Ideal Parent Figures
Bring Attention to Experience and Amplify Positive States
Anchor Positive States in Body Experience
Integrate Methods for Enhancing Positive States
Concluding the IPF Session
Suggest That Positive States Remain as Imagery Fades
Create a Bridge for a Smooth Transition Back to the Therapy Room
Reorient the Patient to the Present
Allow but Don't Encourage the Patient to Speak of the IPF Session Experience
Normalize the Experience and Reassure the Patient About any Negative Experience
Signs of Progress
Signs of Engagement With the Attachment-Promoting Imagery
Signs of the Beneficial Effects of Positive Attachment Representations
Manifestations of An Internalized Secure Base
Reinforcing the Internalized Secure Base
Working With Present Experience and Reducing the Frequency of IPF Sessions
Common Challenges During the IPF Treatment Process
Difficulties Patients May Experience With the IPF Protocol
Difficulties Therapists May Have With the IPF Protocol
Difficulties Pertaining to the Patient–Therapist Dyad
Recognizing Successful IPF Treatment
CHAPTER 9. The Second Pillar: Metacognitive Interventions for Attachment Disturbances
The History and Development of Metacognition
First Generation: The Appearance–Reality Distinction and the AAI
Second Generation: Intersubjectivity, Mentalization, and the Reflective Functioning Scale
Third Generation: The Modular, Psychopathology-Specific Approach
Fourth Generation: Beyond Mental Constructions and Relativism of Mental States
The Spectrum of Adult Development
A Unified Model of the Development of Cognition and Metacognition
Clinical Applications: Methods for Promoting Metacognitive Skills in Patients
Basic Metacognitive Skills: The Pre-formal and Formal Levels
Awareness of the State of Mind in Self and Others
Metacognitive Monitoring
Contingency Detection and Metacognitive Mastery
Action Plans and Goal-Orientation
Meaning-Making
Intermediate Metacognitive Skills: The Post-formal Level
Recognition of How the Past Shapes Current Experience

Appreciating the Relativity of All States of Mind and the Limitations of Knowledge
Seeing More Deeply Into Underlying Assumptions and Expectancies
Optimizing Action Plans
Sensitivity to Context
The Capacity to Take Perspective
Advanced Metacognitive Skills: Later Post-formal Levels
The Ability to Take A Wider Perspective
The Ability to Develop an Orientation
Awareness of Organization or Coherence of Mind
Recognition of Interdependence
Metacognitive Development of a Wider Perspective or Ultimate Concern, Action Plans of Actualization, Freedom From Internal Contradiction
Moving Beyond the Limitations of Conceptual Thought to Direct Awareness of a Wider Reality
The Self as a Temporary Functional Organizing Principle
Higher-Order Metacognitive Skills
Overview
CHAPTER 10. The Third Pillar: Fostering Collaborative Capacity and Behavior
The Adaptive Function of the Cooperative Behavioral System
Collaborative Communication and Shared Intentionality
Cooperation and Collaboration in Children With Caregivers and Peers
The Clinical Relevance of Lack of Cooperation and Collaborativeness
Defining Psychotherapy as Collaborative Partnership: The Contribution of Interpersonal Psychotherapy
Starting Points: Fostering Collaboration at the Beginning of Therapy
A Mutually Negotiated Treatment Plan and Informed Consent
Establishing the Treatment Frame as Collaborative Partnership
Fostering a Collaborative State of Mind in Psychotherapy: The Contribution of the Rome Center of Cognitive Psychotherapy
Fostering Collaborative Behavior in Ongoing Therapy
Improving Nonverbal Collaboration
Improving Verbal Collaboration
The Origins of Verbal Collaborative Behavior
The Structure of Verbal Collaborative Behavior: Grice's Maxims
The Failure of Collaborative Verbal Communication in Adults With Insecure Attachment
A Model for Collaborative Dialogue in Treatment
Eleven Steps for Establishing Collaborative Verbal Communication in Insecurely Attached Patients
Signs of Successful Activation of the Collaborative Behavior System
Case Illustration

PART IV. TYPE-SPECIFIC TREATMENT: THE APPLICATION OF THREE PILLARS TREATMENT TO DISMISSING, ANXIOUS-PREOCCUPIED, AND DISORGANIZED ATTACHMENT

CHAPTER 11. Treating Dismissing Attachment
The Origins of Dismissing Attachment
The Therapeutic Stance With the Dismissing Patient
Using Ideal Parent Figure Imagery With the Dismissing Patient
Fostering Collaboration in the Dismissing Patient
Enhancing Metacognitive Skills in the Dismissing Patient
Stages in the Treatment of the Dismissing Patient

Case Illustration
CHAPTER 12. Treating Anxious-Preoccupied Attachment
The Origins of Anxious-Preoccupied Attachment
The Therapeutic Stance With the Anxious-Preoccupied Patient
Working With Ideal Parent Figure Imagery With Anxious-Preoccupied Patients
Fostering Collaboration in Anxious-Preoccupied Patients
Enhancing Metacognitive Skills in Anxious-Preoccupied Patients
Stages in the Treatment of the Anxious-Preoccupied Patient
Case Illustration
CHAPTER 13. Treating Disorganized or Fearful Attachment
The Origins of Disorganized or Fearful Attachment
The Therapeutic Stance With the Disorganized Patient
Using Ideal Parent Figure Imagery With Disorganized Patients
Fostering Collaboration with Disorganized Patients
Enhancing Metacognitive Skills in Disorganized Patients
Stages in the Treatment of the Disorganized Patient
Case Illustration

PART V. TREATMENT GUIDE AND EXPECTED OUTCOMES

CHAPTER 14. A Step-by-Step Treatment Guide
CHAPTER 15. Treatment Outcomes
Indicators of Successful Treatment
A Case Illustration of Successful Treatment and Its Measurement
A Pilot Outcome Study
Conclusion

APPENDIX A. The Core Self, Proactive Self-Agency, Self-Esteem, and the "Best" Self
Normal and Incomplete Self-Development
Methods for Developing the Core Sense of Self
Scene Generation
Defining and Enumerating Unique Qualities
Amplification of the Self Qualities
Stabilization and Maintenance of the Self Qualities
Transferring the Self Qualities to Other Contexts and Situations
Common Problems in Self-Definition Development in Patients With Severe Self-Deficits
Methods for Developing Proactive Self-Agency
Scene Generation for Proactive Self-Agency and Interpersonal Self-Agency
Development of Goal-Setting and Action Plans
Learning the Causes and Effects of Behavior
Reducing Contradictory Goal-States
Being Proactive
Methods for Developing Healthy Self-Esteem
Situation-Based Self-Esteem Enhancement
Enhancing Self-Esteem in the Context of Relationships
Skill Development
Stress Challenge
Integrating Self-Esteem as a Way of Being
Developing the Best Self
Self-Development From an Attachment Perspective
APPENDIX B. Protocols for Developing Adult Secure Intimacy in Individuals and Caring Behaviors in Couples

Adult Secure Intimacy in Individual Patients
Promoting Secure Intimacy in Psychotherapy: An Outline of Our Approach
Shaping the General Vision of Adult Romantic Secure Intimacy
Articulating the Five Primary Conditions That Promote Secure Intimacy
Individualizing the Secure Intimacy Protocol
Caring Behaviors in Couples

References
Contributors
Author Index
Subject Index

A Reader's Guide

Attachment Disturbances in Adults: Treatment for Comprehensive Repair is intended to be a complete resource book for understanding attachment, its development, and the most clinically relevant findings from attachment research, and for using this understanding to inform systematic, comprehensive, and clinically effective and efficient treatment of attachment disturbances in adults.

We realize that readers approach this book from various backgrounds in attachment theory. Readers who have a strong background in the field of attachment may wish to read through certain chapters, such as the Part I "Foundational Concepts" chapters, primarily to find what we believe to be important and how we frame the state of the field, whereas other readers who are less familiar with the field may want to carefully read this entire first section.

Readers less familiar with attachment theory will get an overview of the seminal ideas in the history and development of the attachment field through a careful reading of Chapter 1, "Attachment Research: A History of Ideas." This chapter covers such foundational concepts as John Bowlby's ideas and work on the attachment bond, Mary Ainsworth's research on patterns of attachment, cross-cultural patterns of attachment, intergenerational transmission of attachment, attachment states of mind and internal working models of attachment, the development of metacognition, intersubjectivity, and nonverbal and verbal attunement and misattunement.

Likewise, readers who are less familiar with factors contributing to the development and change of patterns of attachment over time will want to pay particular attention to Chapter 2, "Understanding the Development of Attachment Bonds and Attachment Behavior Over the Life Course." In this chapter, we trace the origins of attachment behavior in infancy, show how stable prototypical patterns of attachment emerge during the second year of life, and illustrate how these prototypical patterns of attachment remain stable, change, or transform during the toddler, preschool and school years, and adolescence. We also focus on how attachment patterns appear in adult intimate relationships.

Part II, "Assessment," addresses issues pertaining to the assessment of attachment disturbances. Chapter 3, "Adult Attachment Prototypes and Their Clinical Manifestations," is designed for the reader who is less familiar with the specific clinically relevant prototypes of attachment: secure, dismissing, anxious-preoccupied, and disorganized/fearful. Emphasis is given to the specific patterns of attachment behavior, organization of self, and affect regulatory functions for each of these patterns of attachment. The main purpose of this chapter is to help clinicians appreciate how deactivating, hyperactivating, and disorganized attachment styles are likely to manifest in the treatment setting and outside of it in various relationships, so that clinicians can better identify and understand the appearance of these patterns.

Chapter 4, "The Assessment of Adult Attachment," is intended as an overview of attachment assessment for the clinician. We review in some detail the main interview-based and self-report measures of attachment to give the reader an overview of the available assessment tools. Furthermore, we make practical recommendations about what we consider to be the best approaches to attachment assessment for the clinician to use. This chapter also describes a number of instruments that are useful for assessing attachment behavior within the therapeutic relationship.

The contributions of early childhood attachment disturbance to adult psychopathology have been of great research interest. Chapter 5, "Attachment and Psychopathology," is designed as an overview of how patterns of insecure attachment are related to various psychiatric conditions such as anxiety disorders, affective disorders, somatic symptom disorders, posttraumatic stress and dissociative disorders, personality disorders, and addictive behaviors. This chapter also includes a summary of the research findings from our study of adults who were abused as children in an orphanage. This sample included children who were physically and sexually abused, many by the same abusers, and were either securely or insecurely attached at the period of their abuse. It was possible to separate out the relative and independent contributions of early attachment status and childhood abuse to adult psychopathology. These data strongly suggest that treatment of patients with complex trauma, personality disorders, and/or dissociative disorders should focus first on attachment repair before any phase-oriented trauma processing.

Part III, "Treatment," addresses treatment approaches to attachment disorders in adults. Those less

familiar with the range of available attachment-based treatments should carefully read Chapter 6, "An Overview of Treatments for Attachment Disturbances." This chapter reviews a wide range of currently available attachment-based treatments. We have tried to present both the advantages and limitations of each approach as we have come to understand them. This overview of available treatments, along with a discussion of their underlying assumptions and limitations, serves as the rationale for why we developed a new treatment approach.

Chapter 7, "An Introduction to the Three Pillars of Comprehensive Attachment Treatment," is a must-read for the clinician. In this chapter readers are given an overview of what we believe to be the three essential ingredients (the "three pillars") of clinically effective and efficient attachment-based treatment. These include (a) systematically utilizing ideal parent figure imagery to develop a new positive, stable internal working model of secure attachment; (b) fostering a range of metacognitive skills; and (c) fostering nonverbal and verbal collaborative behavior in treatment. This chapter concludes with a discussion of how each pillar of treatment is interdependent with the other pillars, thereby forming an internally consistent, unified method of treatment.

Chapter 8 is a richly detailed instructional guide for using "The First Pillar: The Ideal Parent Figure Protocol." We show the clinician how to introduce the protocol, shape the imagery, and conclude the session. The chapter presents and describes three mutually enhancing approaches to shaping the ideal parent figure (IPF) imagery: one based on research findings about attachment, one based on the five primary conditions that promote secure attachment, and one based on a patient's descriptions of her or his early experiences with caregivers. Special attention is given to the wording of the imagery instructions, and these are richly illustrated with clinical vignettes. We also highlight the problems clinicians typically encounter when working with IPF imagery and provide guidance for avoiding these problems or resolving them when they occur.

Chapter 9 addresses "The Second Pillar: Metacognitive Interventions for Attachment Disturbances." This chapter presents four generations of the development of metacognitive approaches to treatment. The second generation has developed a treatment method, the increasingly popular *mentalization-based treatment*, (MBT). This approach serves to develop a general capacity for reflective function in patients, which in turn increases overall coherence of mind. There is impressive outcome data from MBT studies of patients with borderline personality disorder. The third generation, the modular or condition-specific approach, is less familiar to many. Yet the research that underlies this approach shows that patients with different diagnoses tend to have very specific metacognitive skills and weaknesses. Recognizing the specific metacognitive deficits of a given patient allows treatment to focus on developing the specific metacognitive skills that the patient is lacking. The chapter concludes with our own model and methods of fostering metacognitive skills. We have found that most existing metacognitive-based treatments are grounded only in preformal and formal stages of cognitive development and that no existing metacognitive-based treatments consider metacognitive skills that develop at more mature, advanced stages of adult cognitive development. In presenting our approach, we hope the reader will come to appreciate that there are a wide range of post-formal metacognitive skills that have very important implications for mental health.

Chapter 10 presents "The Third Pillar: Fostering Collaborative Capacity and Behavior." We review a variety of social anthropological findings that illustrate what distinguishes the human species from primates in the evolution of inherently collaborative behavior. This innate tendency toward cooperation and collaboration is strongly manifest in the nonverbal and verbal exchanges between a secure infant–caregiver intersubjective dyad. Evidence suggests that this innate nonverbal and verbal collaborativeness is impaired in insecurely attached individuals. Chapter 10 covers how to detect and address the main failings of nonverbal and verbal collaborativeness in adult patients with clinically significant attachment disturbances so as to enable such patients to develop healthy collaborativeness over the course of treatment.

Part IV, "Type-Specific Treatment," illustrates the very specific treatment protocols we have developed for each of the three insecure attachment prototypes. We show the reader that our attachment-based treatment is not only generic (the "three pillars") but that we also modify the methods within the generic structure according to what is most clinically effective for each of the three insecure prototypes. Chapter 11 is devoted to treating dismissing attachment, Chapter 12 to treating anxious-preoccupied attachment, and Chapter 13 to treating disorganized/fearful attachment. The approach to Chapter 13 is especially relevant to clinicians treating patients with borderline personality disorder and dissociative identity disorder. Each chapter has the same format: a review of the research findings on the etiology of that particular type of insecure attachment, specification of the necessary therapeutic stance, guidelines on how to tailor IPF imagery specifically for that kind of insecure attachment, and instruction on how to foster the metacognitive skills and collaborative behaviors specifically deficient in that kind of insecure attachment. Each chapter ends with a case illustration that includes transcripts excerpted from therapy sessions. The purpose of the transcripts is to show clinicians

how all three pillars of treatment are included systematically as a consistent focus within and across treatment sessions.

Part V is devoted to "A Treatment Guide and Expected Outcomes." Chapter 14 includes an outline of a step-by-step treatment manual to assist the clinician in using the Three Pillars approach to attachment-based treatment. Chapter 15 gives an overview of the indicators of successful treatment and how to assess them. This chapter also presents a pilot outcome study we conducted using the Three Pillars treatment. Our data illustrate that this treatment can lead to the development of high coherence of mind and greater metacognitive capacity. Most important, after treatment all patients in the pilot sample had switched from pre-treatment insecure attachment to post-treatment earned secure status.

Appendix A, "The Core Self, Proactive Self-Agency, Self-Esteem, and the 'Best' Self," gives the clinician an overview of our approach to specifically enhancing self-development. We include this section because many adult patients with dismissing, anxious-preoccupied, or disorganized/fearful attachment show inhibited self-development, usually in several of its dimensions. Appendix A shows clinicians the methods for enhancing self-development in such patients. Appendix B, "Protocols for Developing Adult Secure Intimacy in Individuals and Caring Behaviors in Couples," addresses the issue of secure intimacy in adulthood. The overall goal of using IPF imagery is to help the patient develop a new, positive, stable internal model for secure attachment. However, the development of this new internal working model is largely based on the ideal parent figures associated with childhood. In Appendix B we illustrate for the clinician how to expand this new positive map into a model for secure intimacy pertaining to a dyadic adult romantic partnership, both for patients not in an intimate relationship and also for patients in a relationship who wish to improve the quality of secure intimacy in the relationship.