

COUNSELORS EXPLORE THEIR ATTACHMENT ORGANIZATIONS:
AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

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This study explored participants' experiences of being interviewed with the Adult Attachment Interview as a means of supporting counselor self-awareness and fostering effective counselor-client working alliances. A sample of first-year counselor education doctoral students ($n = 7$) completed an AAI interview and feedback session. Participants completed five reflective journals over three weeks and explored their experiences in individual, semi-structured interviews. Data were analyzed according to interpretative phenomenological analysis protocol. Four superordinate themes emerged from the analysis: (a) reactions to the AAI interview process, (b) process with AAI feedback, (c) AAI and intrapersonal process, and (d) AAI and interpersonal process. Additionally, there were eight subordinate themes: (a) surprised by AAI interview process, (b) interview process sparked reflection, (c) initial reaction to AAI feedback, (d) evolving process of integrating AAI feedback, (e) AAI process increased awareness, (f) increased self-awareness increased self-efficacy, (g) awareness from AAI process prompted relational shifts, (h) impact of AAI on clinical work, (i) importance of relationships, (j) importance of self-awareness, and (k) mutual influence of personal and professional. Findings in this study suggest that the AAI is an effective tool in supporting counselor self-awareness regarding attachment strategies. Additionally, findings suggest multiple personal and professional benefits, such as increased awareness of conflict and stress management strategies. Limitations to the study and further discussion of the results are presented. Implications for clinical practice, counselor education, and future research are also included.

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COUNSELORS EXPLORE THEIR ATTACHMENT ORGANIZATIONS:
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Introduction

The advent of attachment theory presented a seismic shift in the view of relationships, deepening the understanding of the saliency of humans' first relationships and their holistic impact on development. Since the publication of Bowlby's (1969/1982) seminal work, a large body of research has emerged with careful attention to human development, clinical diagnoses, and adult relationships (Cassidy, 2016; Feeney, 2016; Marvin, Britner, & Russell, 2016); Stovall-McClough & Dozier, 2016). More recently, researchers have applied attachment theory to the counseling relationship by investigating connections to the working alliance, an evidence-based model for conceptualizing and researching the counseling relationship (Bucci, Seymour-Hyde, Harris, & Berry, 2015; Cassidy & Shaver, 2016). A systematic review of the literature focusing on counselor attachment style and the working alliance revealed that counselors' attachment style contributed to the development of the working alliance and counseling outcomes (Degnan, Seymour-Hyde, Harris, & Berry, 2016). Based on the strength of their findings, Degnan et al. (2016) recommended counselors receive training and supervision regarding their attachment styles in order "to be skilled in exploration of their own and their clients' attachment styles and how they interact to produce more positive alliance and outcome" (p. 63).

Self-exploration is in line with educational, developmental, and ethical expectations of counselors. Counselors are expected to gain awareness of their personal contributions to the therapeutic relationship, including beliefs, values, and personal history that influence their professional decision making (American Counseling Association [ACA], 2014; Council for

Accreditation of Counseling Education and Related Programs [CACREP], 2016; Pompeo & Heller Levitt, 2014). Research results indicate counselors' attachment strategies influence relationships with clients and supervisors. Given the critical importance of the counseling relationship to successful outcomes (Horvath, Flückieger, & Symonds, 2011) and the valuable role of clinical supervision to counselor competency (Bernard & Goodyear, 2014), research on interventions for fostering counselor awareness of attachment strategies is needed. In the following pages, I review relevant literature with attention to attachment theory, working alliance, and counselor self-awareness prior to presenting methodology and results of a study designed to promote counselor self-awareness of their own attachment strategies.

Literature Review

John Bowlby is considered the pioneer of attachment theory (Cassidy & Shaver, 2016). He made a case for an innate motivation to seek proximity to one's primary caregiver as a biological function for survival, alleviation of distress, and emotion regulation (Bowlby, 1988). Individual differences in attachment behavior arise from experiences and expectations regarding the availability of attachment figures (Bowlby, 1988). Beginning in infancy, attachment transactions between caregiver and child help to regulate baby's arousal levels and emotional states, resulting in patterns of interpersonal relating that continue into adulthood (Daniel, 2006). Bartholomew (1990) described adult attachment as internal working models that provide schemas for assessing relationships. Based on the concept that adults also seek proximity and safety in relationships, researchers have applied attachment theory to a variety of adult processes and concerns, including the construct of the working alliance (Bucci et al., 2015; Obegi, 2008; Pistole, 1989/1999).

Bowlby (1988) theorized that counselors serve as attachment figures for clients, resulting in therapeutic change. Decades of research on the application of attachment theory to the therapeutic process have demonstrated the occurrence of attachment processes within the counseling relationship (Bowlby, 1988; Obegi, 2008; Slade, 2016). Dozier, Cue, and Barnett (1994) pioneered research demonstrating how clinicians' attachment security predicted their capacity to react to client needs in a therapeutic manner. Specifically, secure clinicians responded more flexibly, regardless of client attachment style, and insecure clinicians tended to get derailed by clients' defenses and respond in a nontherapeutic manner. Further, insecure clinicians responded to overt client communication, whereas secure clinicians could respond to underlying meaning, feelings, and needs of clients. Secure clinicians were able to respond to vulnerability needs in clients who had dismissing attachment and promoted autonomy in clients who had preoccupied attachment. In contrast, insecure clinicians were more likely to become enmeshed with preoccupied clients by heightening and magnifying client defenses rather than exploring them (Dozier et al., 1994). The findings from Dozier et al. (1994) have been replicated and expanded, pointing to "clear implications for clinical training, supervision, and practice" (Slade, 2016, p. 769). Researchers have utilized the framework of the working alliance to better understand the interaction between clinicians' and clients' attachment organizations.

The working alliance is an evidence-based model for conceptualizing and researching the counseling relationship (Horvath, 2013; Horvath, Del Re, Flückieger, & Symonds, 2011). Over the last 50 years, the proliferation of research regarding the working alliance has demonstrated the connection between the quality and strength of the counseling relationship and intended outcomes, such as symptom reduction (Del Re, Flückiger, Horvath, Symonds, & Wampold, 2012; Horvath, 2013; Horvath & Symonds, 1991; Martin et al., 2000).

To understand the larger picture of counselor contributions to the alliance, Del Re et al. (2012) conducted a meta-analysis of counselor effects across research studies focusing on the alliance ($k = 69$). The researchers analyzed data to determine the degree to which counselors accounted for effects on the alliance-outcome correlation. Even when controlling for psychiatric diagnosis, research method, rater of the alliance, and type of measures used, counselors' contribution to the alliance was a statistically significant predictor of outcome (magnitude - .40), a relatively large correlation (Del Re et al., 2012).

Recently, evidence for the influence of attachment styles, both of the client and counselor, on the working alliance is gaining attention in the literature (Bernecker, Levy, & Ellison, 2014; Bucci et al., 2015; Diener & Monroe, 2011; Mallinckrodt, 2010). There is some support for the hypothesis that an opposite match in attachment style between counselor and client may support more positive outcomes in counseling (Bucci et al., 2015). Specifically, greater differences in preoccupied attachment between counselor and client resulted in a more positive working alliance from counselors' perspective, and greater differences in dismissive attachment styles resulted in more positive alliance scores from client perspectives. The authors hypothesized that when counselor and client have opposite attachment styles, counselors react in ways that are disconfirming to clients' maladaptive patterns and thus provide an opportunity for change (Bucci et al., 2015; Mallinckrodt, 2010).

Although the link between counselor attachment style and alliance outcomes is not straightforward, researchers recommended that counselors use supervision to "formulate the impact of their own attachment patterns and how these interact with those of their clients" (Bucci et al., 2015, p. 164). Given the saliency of counselors' attachment processes to the counseling relationship and the call for counselors to become more aware of how their attachment strategies

influence the development of the counseling relationship, potential interventions to foster self-awareness need to be identified (Degnan et al., 2016). The Adult Attachment Interview (AAI; George, Kaplan, & Main, 1984/1996) discussed in the next section, has the potential to be one such means of counselors exploring their attachment strategies.

Purpose of the Study

In the present study, the researcher utilized interpretive phenomenological analysis (IPA; Smith, Flowers, & Larkin, 2009) to explore how counselors experienced the process of being interviewed and receiving feedback regarding their own attachment states of mind and, in the process of reflection, increased awareness regarding professional and personal relationships. Specific research questions were: (a) how have the counselors been influenced, or not influenced, by the process of being interviewed with the Adult Attachment Interview? (b) how have the counselors experienced, or not experienced, a greater self-awareness? and (c) how has the process of being interviewed with the Adult Attachment Interview influenced, or not influenced, the counselors' work with clients?

Methods

The phenomenology tradition of qualitative research seeks to describe the lived experiences of participants as it occurs in their consciousness (Hays & Singh, 2012). Smith et al. (2009) recommended the use of IPA for studies that “focus on personal meaning and sense-making in a particular context, for people who share a particular experience” (p. 45). In this case, I used IPA to understand how a set of counselors made sense of their experience being interviewed with the AAI.

The philosophy driving IPA includes phenomenology, hermeneutics, and idiography (Smith et al., 2009). Building on the work of philosophers Husserl, Heidegger, Merleau-Ponty,

and Sarte, IPA researchers emphasize studying the experience and perceptions of participants in the context of their world, objects, language, culture, and concerns (Smith et al., 2009). This allows researchers to construct a “complex understanding of ‘experience’ invokes a lived process, an unfurling of perspectives and meanings, which are unique to a person’s embodied and situation relationship to the world” (p. 21).

Participants

The population of interest was developing counselors, specifically in the Novice stage, as defined by Rønnestad and Skovolt (1992, 2003). In this stage, counselors-in-training are within the first five years of graduating from a training program and are developmentally ready for an intervention regarding exploration of attachment strategies due to the focus of development being an intense self-exploration (Rønnestad & Skovholt, 1992, 2003). To target this population, the criteria for inclusion were licensed professional counselor interns within five years of graduation from a masters counseling program. Additionally, participants were in their first year of a CACREP-accredited doctoral program at a large public university in the Southwest United States. The program has a special emphasis on clinical practice.

Participants ranged in age from 24 to 31; the average age of participants was 27 years. Five participants identified as women and two identified as men. Five participants identified as White, one participant identified as White/Ukrainian, and one participant identified as Afro-Latina. Participants described themselves as conducting counseling from a person-centered theoretical orientation ($n = 4$), relational-cultural theory ($n = 1$), Gestalt theory ($n = 1$), and exploring ($n = 1$). Years of clinical experienced ranged from 1.5 to 3.0; the average number of years of clinical experience was 1.9, and participants reported a variety of clinical settings in which they had gained their clinical experience. Participants described varying levels of

familiarity with attachment theory; no participant reported extensive training in attachment theory. To protect participant confidentiality, demographics are presented in aggregate only, and pseudonyms are used throughout this manuscript.

Adult Attachment Interview Intervention

The AAI is a semi-structured interview intended to gain a presentation of the speaker's life history so as to determine the speaker's state of mind with respect to attachment (George et al., 1984/1996; Hesse, 2008). The central goal of the AAI is to elicit reflections on memories related to attachment while maintaining collaborative discourse with an interviewer. This process highlights what are presumed to be deeply internalized strategies for regulating emotion and attention when discussing attachment-related experiences (Hesse, 2008).

Utilizing a standardized coding system (Main, Goldwyn, & Hesse, 2003), scoring of the AAI results in one of three main adult attachment classifications: (a) secure-autonomous (F), (b) insecure-dismissing (Ds), and (c) insecure-preoccupied (E; Hesse, 2016). In non-clinical samples, the distribution is 58% secure, 23% dismissing, and 19% preoccupied (Bakermans-Kranenburg & Van IJzendoorn, 2009). Researchers conducted several studies to measure the psychometric properties of the AAI (Bakermans-Kranenburg & Van IJzendoorn, 1993; Sagi-Schwartz et al., 1994; Van IJzendoorn, 1995). In regards to discriminate validity, researchers have ruled out the influence of intelligence and memory as confounding variables (Bakermans-Kranenburg & Van IJzendoorn, 1993; Van IJzendoorn, 1995). Researchers have found 78%-90% test-retest stability, with times between interviews ranging from 2 to 11 months (Bakermans-Kranenburg & Van IJzendoorn, 1993; Benoit & Parker, 1994; Sagi-Schwartz et al., 1994).

The AAI has been widely used to gain understanding of various mental health disorders, including understanding how certain disorders develop. Bakermans-Kranenburg and Van

IJzendoorn (2009) analyzed the first 10,000 AAIs completed and discovered personality disorders, depression, and post-traumatic stress disorder (PTSD) were associated more frequently with insecure attachment and unresolved attachment experiences. Additionally, researchers have suggested that the instrument could be used with clinicians-in-training to support their awareness of their own attachment histories and strategies as an adjunct in developing effective clinical skills (Steele & Steele, 2008).

Procedures

In the following section, I review the procedures of the study, including recruitment and screening, administration of the AAI, data collection, and concerns related to trustworthiness. I also outline the data analysis process.

Recruitment and screening. Upon approval from the Institutional Review Board (IRB), a class announcement was sent via email to all individuals in the first-year cohort of a doctoral program. Seven of nine members of the cohort responded to the call for participants, and completed a screening Qualtrics survey. All respondents met criteria and gave consent to participate in the study.

AAI intervention. All participants participated in the AAI (George et al., 1984/1996) with a licensed professional counselor who was certified as trained coder through the Adult Attachment Trainers Consortium. The interviewer was not affiliated with the participants' training program. Participants completed the AAI and the feedback session over the phone. Additionally, the participants received feedback written feedback from the interviewer.

Data collection. After participants completed the AAI interview and interpretation process, the primary investigator sent five journal prompts via Qualtrics to complete over the course of three weeks as a means of facilitating reflection on the experience of being interviewed

with the AAI and receiving their results. The act of journaling can provide deeper understanding of experiences and increase application of knowledge and theory to a practical learning experience (Arter, Wallace, & Shaffer, 2016; Griffith & Frieden, 2000), and reflective journals are often used as a means of data collection in qualitative research (Hayman & Jackson, 2012). For this study, participants engaged in reflective journaling to support their exploration process of their attachment strategies.

Upon completing journal entries, the primary investigator conducted in-person, individual, semi-structured interviews with each participant. The audio-recorded interviews were carried out in a university-based clinic and ranged from 22 to 43 minutes and averaged 34 minutes. The interview protocol included seven questions with the initial set of questions designed to gain context of the participants, specifically in regards to experiences that were characteristic of their counselor development, and to build rapport (Smith et al., 2009). The grand tour question was “What was your experience being interviewed with the Adult Attachment Interview?” The grand tour question was designed to elicit data regarding the phenomenon under study, specifically the participants’ experiences of the AAI. The remaining questions were structured to mirror the reflective journal prompts as a means of fostering interpersonal reflection on their experience and allowing participants an opportunity to share further reflections post-journaling. The recorded interviews were transcribed verbatim for data analysis.

Trustworthiness

Rigorous qualitative research requires the investigator demonstrate transparency of the process as well as including a system for checks and balances of researcher bias (Hays & Singh, 2012). Prior to beginning data collection, I completed a researcher reflexivity statement in which

I explored my own attachment experiences and related personal counseling, my prior clinical training and experience, and my own training with the AAI. Triangulation of data was supported via use of a research partner who had academic and clinical experience with attachment theory, advanced qualitative research expertise, and served as a faculty member in a Southeastern university. We utilized weekly team meetings to bracket experiences and prior knowledge of attachment theory and the AAI.

Data Analysis

Semi-structured interviews and journal entries were analyzed according to the 6-stage process outlined by Smith et al. (2009). IPA analysis includes examination of each case individually prior to examination of all cases together. To begin, we individually read through reflective journals and interview transcripts for the first case to become familiar with it as a whole. Second, as a pair, we re-read each data piece again, this time making notes of responses and questions in the left-hand margin (Smith et al., 2009; Storey, 2007). Our goal at this step was to attend to semantic content and language use in an attempt to develop an understanding of how the participant was understanding and thinking about the phenomena. Third, we developed emergent themes and mapped out interrelationships, connections, and patterns for each case (Smith et al., 2009).

At this point, I conducted in-person member checks of case-based emergent themes with each participant. Although some participants provided feedback regarding wording of emerging themes, all participants endorsed the emerging themes with minor changes. In the fourth step, we searched for connections across emerging themes to chart how the themes fit together. The final step was to search for connections and patterns between data pieces.

Results

Results included four superordinate themes and eight subordinate themes. The themes are listed in Table 1.

Table 1

Themes

Superordinate Themes	Subordinate Themes
1. Reactions to the AAI interview process	1a. Surprised by interview process 1b. Interview process sparked reflection
2. Process with AAI feedback	2a. Initial reaction to the AAI feedback 2b. Evolving process of integrating AAI feedback
3. AAI and intrapersonal process	3a. AAI process increased awareness 3b. Increased self-awareness increased self-efficacy
4. AAI and interpersonal processes	4a. Awareness from AAI process prompted relational shifts 4b. Impact of AAI process on clinical work

To provide context for the data collection and assist others in assessing transferability, interviews included discussion of participants' previous development as counselors. Participants identified a range of factors that have influenced their process of development as counselors. As a whole, participants described how self-awareness, relationships, and mutual influence between the personal and professional had been salient in their development prior to engagement in the AAI Interview process.

Superordinate Theme 1: Reactions to the AAI Interview Process

Surprised by interview process. The theme of surprise was prevalent across participant experience with regard to the initial experience of the AAI. Some participants described the process of recalling memories was difficult, and for some it was upsetting or uncomfortable:

I was surprised that I struggled to identify specific memories regarding my mom and felt uncomfortable when I realized that some of the memories I recalled about my dad could be looked at negatively. (Grace)

You know there were certain things about it that caught me off guard, like being asked to name five words that were in relation to my parents. Then to give like a story that comes up with that word was surprising in terms of like oh wow there is kind of like a performance pressure. . . . It was just a new way of thinking about those relationships. (James)

Some participants unexpectedly experienced emotions related to childhood memories. They noticed and were surprised by the strength of those emotions:

I felt angrier than I expected. So much of this material has been the subject of my previous counseling, so I was surprised to have strong emotional responses to certain memories. (Margaret)

The first part of the interview process (administration of the AAI) brought up old memories that triggered feelings of sadness, anger, and hurt. I was surprised at how strong some of my childhood memories are to this day. (Rosemary)

In all, participants expressed surprised regarding the AAI. Although some were surprised by external factors, such as the interview questions or the interviewer, others were surprised by their internal reactions to the process of the interview.

Interview process sparked reflection. Administration of the AAI sparked participants to reflect on their personal relationships and relationships in general. Some reported the content of their reflection included attention to their interpersonal style:

It's causing me to think a lot more about how I relate to other people and notice differences in how I've been relating to how I relate now—in that I definitely have much more secure attachments but I definitely remember in the (not so recent) past having much different experiences. (Henry)

Additionally, several participants expressed appreciation for the opportunity to reflect on their childhood experiences and their potential influence on the present:

I appreciated that the interview gave me the chance to look at my attachment in a new way. I often think about individuals and not necessarily the relationships, and the ways

those can be different or consistent with my attachment figures. I have new insight from describing the relationship I had with my mom, not just qualities of my mom. (Margaret)

I appreciated the questions in the AAI because they encouraged me to take another look at my childhood and consider the impact of my experiences during childhood on my development. (Rosemary)

Participants used the interview process to reflect on their interpersonal styles and ways in which their childhood experiences influenced their current way of being.

Superordinate Theme 2: Process with the AAI Feedback

Initial reaction to the AAI feedback. Participants' initial reactions were varied in that some expressed feeling defensive while others reported feeling validated. Some participants were surprised or questioning of their attachment classification:

I was really surprised by my results because he was like, "You know I see . . . the majority of the markers I see are for secure attachment and there's some markers for entangled and dismissive, but mostly markers for secure attachment." That was really surprising to me because that's not how I experience myself. (Henry)

The facilitator described my attachment style in the context of answers he interpreted to be minimizing or dismissive, explaining that given the trauma I experienced, the memories associated with the adjectives I used to describe my relationships should be more violent or abusive. I wonder how much of his interpretation is true—do I truly minimize my experiences or abuse or are the more subtle moments I recalled the ones that hurt me the most? (Margaret)

Some participants felt anxious or frustrated with the feedback process:

Yeah, so the process of doing it was good, just a little anxiety provoking to get into that depth. (Rain)

I think when I first received the feedback, I was just really aware of my culture, and how unintentionally, we can oppress other people, or we can really impose our beliefs and our way of thinking on others. So that to me was really striking, because I know that the interviewer didn't mean it in that way. (Rosemary)

While Rain found the level of intimacy anxiety provoking, Rosemary felt frustrated with what she described as lack of cultural responsiveness of the AAI instrument and the interviewer.

On the other hand, some participants reported they felt affirmed by their attachment classification, because it reflected their personal experiences:

Overall, I have a sense of comfort having received the feedback that my primary attachment style appeared to be secure. Of course, this was good to hear—it appeased the piece of me that likes to achieve, the superiority in my personality ("Oh, yeah, I did that necessary growth!"). (James)

The secondary attachment style is something that has really stuck with me in that it helped me recognize and validated for me some of the experiences from my family of origin that I have found frustrating or irritating. (Alicia)

James reported feeling affirmed by the AAI feedback because he felt it reflected his personal growth. Similarly, Alicia expressed feeling validated regarding her family of origin concerns.

Participants' collective reactions to the AAI feedback were mixed. Some were surprised, anxious and frustrated while others described feeling affirmed. All participants seemed to have an expectation of being classified as securely attached. They had negative reactions when they received results conflicting with that expectation and positive reactions when their feedback was in line with their expectation.

How participants received the feedback seemed to mirror their self-reported attachment classifications. Participants who reported their feedback was a dismissive classification were anxious about the level of intimacy associated with the interview and were minimizing of the process. In contrast, participants who reported a primary or secondary classification as preoccupied demonstrated elevated levels of frustration, a characteristic of preoccupied attachment. While participants' initial reactions seemed congruent with their attachment classifications, they also demonstrated an evolving process of integrating their feedback.

Evolving process of integrating feedback. All participants expressed an evolving process of integrating the feedback from the AAI. As participants had more time to reflect about their experience completing the AAI and receiving feedback, they came to hold different perspectives

or awareness of themselves in relationship. Some of the participants described the integration process:

I think actually the most significant part of the AAI itself is the processing afterwards for me. I think that's been a lot more . . . because the experience itself, it was exhausting. I finished it and I was tired, and I was looking forward to receiving my results when I got them, but I think the processing, that's been the most significant part. (Alicia)

A lot of it, I think, also is really unconscious. Really having to think about it . . . and then also, in some ways, not being sure how it's impacted. Feeling like, "Okay, I know that this has made some sort of impact, but I can't put my finger on what or how much." It's not until something happens that I realize that it's there. (Henry)

Beyond the interview and feedback process, participants described the significance of being able to process their results. They identified how the processing was not in the forefront of their awareness, suggesting that implications of their feedback could be ongoing. Some participants described how their view of the feedback or their relationships changed:

I'm still integrating the information but I feel like I'm looking back at the memories a bit differently and more objectively than I had before the AAI. (Henry)

So that was challenging, during the feedback portion of it. But then when I read some of the comments, then I was like, "Yes, I could totally see this. And maybe this isn't as fitting, culturally." So after I had time to step away from it, I was able to actually take some things away. (Rosemary)

The process of the AAI seemed to provide clarity regarding the dynamics of childhood experiences and an opportunity to gain a new perspective. Some participants acknowledged the difficulty of receiving the feedback and they also took the time to reflect on the accuracy and personal application of the feedback.

Other participants expressed how their understanding of their attachment organization has evolved and how they are integrating this awareness into their understanding of themselves:

Yet, I have also been giving continued thought to the aspects of the interview that were seen by the interviewer as dismissive or entangled. I am pleased, and perhaps surprised, at how "okay" I am with those pieces. They make sense to me. I appreciate having gone

through the interview process, taking time to explore my childhood, my parents, and my understanding of our relationships. My current way of being makes sense. (James)

Reflecting on it now, I realize the attachment style itself is a tool I can use to more fully understand myself. However, I have felt a lot of emotional heaviness the past few weeks, and I know this has impacted my interpretation of the AAI results, but I also wonder how much the results added to the heaviness. Although I am intentionally viewing this as a learning experience and am hopeful how it will impact me long term, I am still wrestling with the results and what they mean for me moving forward. (Grace)

Over a period of reflection, participants were able to identify how their feedback was congruent with their childhood experiences and current approach to relationships. Participants who experienced negative reactions were able to develop emotional and psychological distance from their feedback to harvest the personal growth benefits of the AAI experience.

Finally, some participants began to apply how their understanding of their attachment organization could be integrated into how they understand their relationships:

Part of me feels like, I almost see it as I have a tipping point to be more honest in some of my relationships or set different boundaries or find ways to be secure within the relationships I have and move away from some of those patterns that are not healthy or threatening or whatever you want to call them. I have a blank slate so I might as well focus on the healthy relationships and the strengths and stuff like that. (Margaret)

I spent time processing through how I have seen some of the aspects of dismissive attachment play out in my current relationships, especially in times of high stress (such as this doctoral program). (Rain)

In this way, participants described utilizing the feedback that they had originally interpreted as negative as an opportunity for change.

Superordinate Theme 3: AAI and Intrapersonal Process

Increased awareness of way of being in relationships. Participants described having more awareness of how they were in relationships. Participants described gaining new insight about their tendencies in relationships, new understanding of their emotion regulation strategies, and an

ability to choose reactions in interpersonal dynamics. Some participants reported having more self-awareness in general:

I believe that this process was meaningful for me in exploring my own patterns of attachment and challenging some assumptions that I had held about my attachment that were possibly skewed by my experiences. (Henry)

I suppose it has helped to spark my wonderings and consideration of how it is that I am in relationship. I suppose there are moments I can reflect on now, specific happenings or reactions I have related to relationships, and I can more deeply understand why it is I reacted or felt a certain way. (James)

Participants identified the utility of the AAI process in gaining greater self-awareness, specifically in how their way of relating to self and others. Participants described having increased understanding of their patterns in conflict and how they react to stress:

I think it's made me more aware of how I tend to relate to people and also given me some, I don't like the word insight because it makes it very cognitive, but it does help me make sense of things; insight into like in times of conflict or stress how I respond to those situations and help me be more mindful about how those situations work, how I respond in those situations, which I think has been helpful. (Alicia)

So, with cohort members, but even with clients, when I'm at a point of exhaustion and high stress, in what ways do I default to some of those ways of relating with others? (Rain)

Participants connected their conflict management styles and stress regulation strategies to their attachment classifications.

Other participants expressed that their increased understanding of their interpersonal way of being helped them understand their relationships and how their past experiences may influence their current reactions:

It's also helped me to understand some my patterns in intimate relationships. I've been able to be more open to experiencing new/current relationships as they are instead of reacting from my early attachment experiences. (Rosemary)

I have paid more attention even just to my language and the way that I describe things and am curious about the way that I push painful memories from my moment-to-moment

awareness just in the way that I describe things, even in safe relationships or just to myself. (Margaret)

Insight gained from the process helped participants gain a meta-like awareness of how their past experiences of pain and difficulty could be influencing their current way of being and interactions. The new awareness provided an opportunity to address the pattern.

Increased self-efficacy. Participants reported feeling an increase in self-efficacy, or self-confidence in multiple areas as a result of gaining self-awareness. Some described feel more confident to express themselves, while others expressed feeling empowered to alter what they perceived to be unhealthy relational dynamics.

I think that I often try to dismiss or separate my feelings and try to behave in a way that seems right by other people, but I have found more comfort and confidence in just sharing my experience without being overly concerned about how another person will respond. (Margaret)

Some participants reported that the new awareness affirmed their personal work in counseling and increased their capacity to differentiate from their clients:

This is impacting the work I'm doing in my own counseling as well as impacting my family of origin relationships and my work with clients. The more aware I become of myself, the more I'm able to separate my experience from that of my client, and the fewer blind spots I find for myself.

In addition, I believe it was affirming. I feel connected with myself and comfortable with my way of being in relationship. I also feel confident in the fact that I have experienced much growth, and I believe I will continue to do so as I move forward. (James)

Other participants described feeling more confident in their ability to trust their perceptions and assessments of relational dynamics:

I think that I feel more confident in my ability to trust myself and my perceptions of things. (Margaret)

This understanding has influenced my ability to assess both healthy and unhealthy dynamics within my friend group and family, and begin to work towards changing some of those less functional ways of relating that no longer serve a purpose in my life. (Rain)

Participants expressed an increase in self-efficacy and agency in self-expression, personal growth, and relational dynamics.

In all, participants described how the process of the AAI illuminated their intrapersonal dynamics, from stress regulation to conflict management. Further, participants described new insight regarding how family of origin experiences influenced their relational interactions, creating opportunity for change.

Superordinate Theme 4: AAI and Interpersonal Process

Awareness from AAI process prompted relational shifts. Action regarding new awareness from the AAI process was a common theme among participants. Some participants described addressing boundaries in their relationships:

Since doing the AAI, I have made significant changes in the way I choose to set boundaries in relationships in my personal life. (Alicia)

I have started to challenge the way that I operate in some of my relationships, by establishing firmer boundaries or by seeking more closeness or becoming more vulnerable. (Margaret)

Others took action in addressing conflict:

Most recently, I came to an epiphany regarding an unsatisfactory relationship with a current supervisor, and how aspects of dismissive attachment have played out in our relationship, and used this insight to initiate a conversation regarding ways our supervisory relationship could improve. (Rain)

I think it's impacted my experiences with other people in my life. For example, with some of my friends. Now I'm able to see if I'm being more guarded in my relationships with them. If there's something that maybe they said that I found offensive. Instead of saying how I was feeling about it, maybe I retreated from the relationship. So maybe being more mindful of how I'm interacting with people that are close to me. (Rosemary)

In all, becoming aware of their attachment patterns helped participants facilitate relational change within their current relationships.

Impact of AAI process on clinical work. In addition to changes in personal relationships, participants described how the AAI process influenced their work with clients. While some participants described the utility of attachment language in conceptualizing clients' presenting concerns, other participants reported a more general shift in how they approached client-counselor relationships. Participants described using attachment theory to conceptualize client concerns and systems:

Similarly, just being aware of the way that they relate and attach to me in session, and considerations for their attachment styles, like family of origin, and especially in my work with kiddos, and seeing that dynamic unfold in front of me with parents in the waiting room, and also just consideration for, getting all meta, like, so, here's attachment with child and parent, and what was parent's attachment like with their parent, and how does that fit into this relationship and influence their way of being with their child? Just lots of added conceptualization, I think. (Rain)

One participant described how the new awareness has facilitated personal internal regulation:

I think it has affected my work with clients, to the extent that the more integrated and regulated I am as a counselor—the more aware I am of myself overall and within each moment, the more I am able to provide my clients with necessary conditions for change.

James was particularly descriptive of how understanding his attachment organization supported his awareness of his transference to facilitate a successful therapeutic relationship:

I had this feeling of threat of like I wasn't able to connect with her because she wants to latch on a cling to me and I couldn't understand why. I was processing and supervision and a lot came up in terms of like I hate having to prove myself to parents . . . I expect to be rejected and so with this client I was wanting to push her away, it wasn't safe. You know that's a new level of considering how am I in relationship with my clients?

In all, participants reported how their new awareness of their attachment organizations and their further understanding of attachment theory supported their clinical work. Their self-understanding fostered their awareness of the dynamics happening with clients and supported their effectiveness in intervening at a systemic level with their clients.

Areas of Divergence

Descriptions of how participants diverged in their experiences of the AAI illuminates the idiosyncrasies of participants while adding to the depth of understanding how they converged by providing contrast. In this study, areas of divergence included mixed reactions to the person of the interviewer, cultural concerns in regards to the interview and feedback process, utilizing relationships to integrate AAI feedback, and suggestions for future use with the AAI.

Reactions to the interviewer were polarized. Some participants described feeling comfortable responding to the AAI assessment while others had strong negative reactions to the person of the interviewer. Some participants reported feeling comfortable while others described they felt cautious, guarded, and defensive. Some participants expressed cultural concerns regarding the interviewer as well as the AAI assessment. The participants reported that they felt invalidated, confused, and frustrated. This diverged from other participant reports of discomfort in they did not address cultural concerns. Participants expressed feeling frustrated regarding what they reported was the interviewer's lack of cultural awareness. They described how their experience of cultural bias impeded their ability to be open to the administration and feedback of the AAI.

A few participants mentioned utilizing their immediate relationships as a means of processing and integrating the feedback from the AAI. Those that used the interpersonal process to understand their attachment organization discussed consulting their personal counselor, as well as trusted family and friends. This diverged from other participants that did not mention processing their AAI results with others.

Discussion

The increases in self-awareness, self-efficacy, and stress management are consistent with prior research in clinical intuition (Bove & Rizzi, 2009; Grayer & Sax, 1986; Jeffrey, 2011; Watkins, 1985) and intra and interpersonal effectiveness (Bove & Rizzi, 2009; Jeffrey, 2011). The value of counselor self-awareness is reflected in the ethical and educational standards for the counseling profession (ACA, 2014; CACREP, 2016). During training, counselors are expected to gain awareness of their personal contributions to the therapeutic relationship, including beliefs, values, and personal history that influence counselors' professional decision making (Pompeo & Levitt, 2014). Thus, being more aware of one's attachment history would be important both ethically and professionally.

Themes that emerged from participants' accounts regarding the AAI experience mirrored the cycle of experiential learning outlined by Kolb (2015). Kolb understood knowledge to be gained through the transforming of experience via work, education, and personal development (Kolb, 2015). Critical thinking experiences are transformed through a 4-stage learning cycle, which includes (a) concrete experience, (b) reflective observation, (c) abstract conceptualization, and (d) active experimentation. Similar to the experiential learning cycle, participants had the concrete experience of the AAI and then engaged in reflective observation through responding to journal prompts. Similar to abstract conceptualization (Kolb, 2015), participants developed an increased awareness of their interpersonal dynamics and engaged in active experimentation by making adjustments to their interpersonal relationships based on their new learning. The cycle of learning dovetails well with how the participants engaged with the AAI and how they reported their process with their results. Experiential learning theory (ELT) also has potential for

supporting the implementation of the AAI by providing a theoretical framework for implementation of the intervention.

Some participants identified cultural concerns with the AAI and the administration. They described how their experience of cultural bias impeded their ability to be open to the administration and feedback of the AAI. There has been debate in the literature regarding the universality of attachment due to the Western origins of the theory (Mesman, Van IJzendoorn, & Sagi-Schwartz, 2016; Rothbaum, Weisz, Pott, Miyake, & Morelli, 2000; Van IJzendoorn & Sagi-Schwartz, 2008). In the most recent meta-analysis of cross-cultural attachment research, Mesman et al. (2016) concluded a need for a balance between established universal trends in attachment patterns and contextual elements. They expressed that a rigid adherence to attachment expression does not allow room for adaptation and evolution of attachment strategies. Perhaps the participants in the current study detected an imbalance that placed them outside the bounds of normal distribution.

Limitations

Though we adhered to a rigorous protocol for data collection and analysis, there were limitations to the current study. First there were contextual considerations that limit the ability to transfer results. All participants were in their first year of one doctoral training program and in the social context of a cohort within a program that emphasizes clinical development. Additionally, there are faculty members encouraging of self-exploration, self-awareness, and personal growth as part of the training program, and several faculty members endorse attachment theory as an area of interest. Thus, the program environment is one that would encourage the participants in exploring their attachment classifications as a means of self-exploration. In addition, the primary investigator had served in multiple roles in relationship to participants,

including assistant director of the university-based clinic where the participants counseled, in a time-limited supervisory role, and as a peer in the same training program. The multiple roles of relationship could have impeded or encouraged participants to share their experiences, and thus was limiting factor of the study. Conducting the AAI and feedback session could have also been a barrier in the process for the participants as well as the limited amount of time for reflection and integration.

Implications for Practice and Research

The literature points to the necessity of counselors being awareness of their own attachment histories and how they influence the therapeutic relationship (Degnan et al., 2016), and data from the current study support the potential of the AAI as a tool for increasing self-awareness of counselors' attachment strategies. Counselor educators could encourage students to practice incorporating an attachment theoretical lens as an adjunct to case conceptualization. Clinical supervisors could also initiate conversations regarding the attachment dynamic between the supervisee and clients to foster supervisees' effectiveness with clients. At minimum, counselor educators could incorporate attention to attachment theory in human development courses, encourage attention to it in courses on ethics and professional development, and foster personal awareness of attachment dynamics in counseling skills courses and clinical supervision. In addition, counselor-training programs may consider providing students opportunities to be assessed with the AAI.

Participants expressed the value of time for reflection, interpersonal processing, and opportunities to practice their new awareness. If counselor educators were to implement the AAI, they would need to provide similar opportunities for students to reflect on the in process and provide space for processing in the context of relationships. In the safety of a supervision

relationship, students could explore the influence of their attachment strategies on their counseling relationships and learn how to effectively navigate client attachment dynamics (Degnan et al., 2016; Petrowski et al., 2013). Counselor educators and supervisors could also consider becoming more aware of their own attachment histories in order to facilitate effective processing with students and supervisees. At the same time, implementation of the AAI within the context of a training program may create concerns regarding protection of student confidentiality and role management of counselor educators. As with other types of self-growth activities, counselor educators should take safeguards to protect student privacy (ACA, 2014). Counselor educators who find implementing the AAI prohibitive in terms of cost or privacy, might consider introducing the instrument and attachment theory in general as part of training curriculum in courses such as human development and counseling skills.

Future researchers could apply quantitative methods to the use of the AAI as an intervention with counselors. Researchers could use measures of self-awareness to assess the effectiveness of the AAI as an intervention at pre-intervention, post-intervention, and following a period of reflection and integration. Such a study may also include attention to impact of participants' attachment classifications on their experiences with the AAI.

Researchers could investigate the potential for other modes of attachment assessment, such as the Attachment Style Questionnaire (ASQ; Feeney, Noller, & Hanrahan, 1994) or the Experiences in Close Relationship Scale (ECR; Brennan, Clark, & Shaver, 1998) as potential resources in helping counselors increase self-awareness of their attachment strategies. Both measures are self-report and could present a more cost-effective and time-limited option for implementation with counselors. Researchers could focus on adding didactic education on attachment theory to support participant experiences of the AAI process.

Participants in the current study identified the AAI as an effective tool in supporting their self-awareness, specifically of their attachment strategies. Participants also identified personal and professional benefits, such as increased awareness of conflict and stress management strategies and greater awareness of family of origin influences. Although the process was difficult for some counselors, all of the participants identified how having a greater awareness of their attachment histories influenced their counseling practice.

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APPENDIX A
EXTENDED INTRODUCTION

Introduction

Attachment theory is a well-validated lens for understanding interpersonal patterns, emotion and attention regulation strategies, and overall development of humans (Bucci, Seymour-Hyde, Harris, & Berry, 2015; Cassidy, 2016; Coan, 2016; Daniel, 2006; Mikulincer & Shaver, 2016). The advent of attachment theory presented a seismic shift in the view of relationships, deepening the understanding of the saliency of humans' first relationships and their holistic impact on development. Since the publication of Bowlby's (1973, 1980, 1969/1982) seminal works on attachment and loss, a large body of research has emerged. There is research with addiction disorders, eating disorders, personality disorders, mood disorders, emotion regulation, adolescents, and the child-parent relationship (Anolli & Balconi, 2002; Barone & Guiducci, 2009; Bokhorst et al., 2003; Borelli et al., 2013; Macfie, Swan, Fitzpatrick, Watkins, & Rivas, 2014; Monti & Rudolph, 2014; Zegers, Schuengel, Van Ijzendoorn, & Janssens, 2006, 2008).

Researchers have also applied attachment theory to therapeutic relationships, and they have investigated relationships between attachment theory and the working alliance (Bucci et al., 2015; Obegi, 2008; Pistole, 1999). The working alliance is an evidence-based model for conceptualizing and researching the counseling relationship. Although the working alliance has varied definitions, Bordin's (1979) tri-part model of goal, task, and bond has wide support in the literature and the associated measurement, the Working Alliance Inventory, is well-validated and widely accepted as the research standard for investigating the working alliance (Martin, Garske, & Davis, 2000). Using the working alliance construct, researchers have been able to demonstrate a link between the quality and strength of the working alliance and varied counseling outcomes, such as scales of anxiety, depression, and global functioning (Horvath, 2013; Horvath & Bedi,

2002; Horvath, Del Re, Flückieger, & Symonds, 2011; Horvath & Symonds, 1991; Martin et al., 2000). To better understand the nature of the working alliance, researchers have investigated client and counselor contributions to the alliance (Anderson & Levitt, 2015; Castonguay, Castantino, & Grosse Holtforth, 2006; Constantino & Smith-Hansen, 2008; Del Re, Flückiger, Horvath, Symonds, & Wampold, 2012). Recently, evidence for the influence of attachment styles, both of the client and counselor, on the working alliance is gaining attention in the literature (Bernecker, Levy, & Ellison, 2014; Bucci et al., 2015; Diener & Monroe, 2011; Mallinckrodt, 2010). While clients' attachment styles have meaningful influence on the working alliance (Bernecker et al., 2014), counselors' attachment styles are thought to have even greater impact on the working alliance (Del Re et al., 2012).

In a systematic review of the literature focusing on counselor attachment style and the working alliance, Degnan, Seymour-Hyde, Harris, and Berry (2016) reported that counselors' attachment style contributed to the development of the working alliance and counseling outcomes, but the relationship is not straight forward. Based on their review, the authors acknowledged the potential for counselors' attachment styles to influence the working alliance and client outcomes, and they recommended counselors receive training and supervision regarding their attachment styles in order "to be skilled in exploration of their own and their clients' attachment styles and how they interact to produce more positive alliance and outcome" (Degnan et al., 2016, p. 63). A possible mode of enhancing counselors' understanding of their own attachment styles is to experience the AAI (George et al., 1984/1996).

The AAI (George et al., 1984/1996) is a powerful tool that has the potential to support counselors' exploration of their attachment styles, as proposed by Steele and Steele (2008). The AAI is a semi-structured interview intended to gain a presentation of the speaker's life history to

determine the speaker's state of mind with respect to attachment (George et al., 1984/1996; Hesse, 2016). George et al. (1984/1996) described the AAI as having the power to surprise the unconscious and unearth powerful insight into the client's internal landscape. The central goal of the AAI is to elicit reflections on memories related to attachment while maintaining collaborative discourse with an interviewer. This process highlights what are presumed to be deeply internalized strategies for regulating emotion and attention when discussing attachment-related experiences (Hesse, 2016).

The advent of the AAI is "arguably the single most important development in attachment research over the last 25 years" (Steele & Steele, 2008, p. xiii). Steele and Steele (2008) identified how clinicians have gravitated to the use of the AAI in clinical settings because of its power to illuminate key experiences that could be contributing to clients' current distress including separations and losses and draw attention to how speakers have negotiated and coped with such experiences. Additionally, the authors contended the AAI is a legacy of the original thinking of John Bowlby, in that he proposed children and adults could be better helped with a clearer understanding of familial patterns. Specifically, Steele and Steele (2008) noted that "these intergenerational patterns . . . point to avenues for intervention aimed at helping adults resolve emotional, cognitive, and social difficulties stemming from their attachment history" (p. xiv).

The AAI may also be used as a measurement of process and change in counseling (Steele, Steele, & Murphy, 2009). The authors reported that research suggests administration of the AAI at the outset of therapy can help set the therapeutic agenda, identify areas of concern, and form the therapeutic alliance. Further, Steele et al. (2009) suggested that re-administration of the AAI periodically or at the termination of therapy can pinpoint areas of change in helping clients identify how therapy has fostered "a more balanced, reflective, and coherent account of

their attachment history” (p. 641). Additionally, the authors indicate the AAI “may be a useful motivator within therapy and a telling indicator of increases in organization and coherence in, and, between, the internal and external worlds” (Steele et al., 2009, p. 641).

The AAI has the potential to support the training of counselors (Steele & Steele, 2008). Researchers have recommended that counselors increase their awareness of their own attachment states of mind to improve the working alliance (Bucci et al., 2015; Degnan et al., 2016). Although researchers have suggested that counselors’ attachment states of mind are influential on the process of counseling, to date researchers have not evaluated the use of attachment interventions in the training and supervising of counselors (Dozier, Davis, & Barnett, 1994; Steele & Steele, 2008). Training programs could encourage counselors to be assessed using the AAI as a means of self-exploration and personal growth and encourage the use of supervision to increase counselors’-in-training awareness of attachment dynamics (Degnan et al., 2016; Steele & Steele, 2008).

Statement of the Problem

Although researchers have established the importance of counselors’ attachment styles in counseling outcomes, there is a lack of support for evidenced-based interventions for facilitating counselors’ exploration of their attachment styles (Bucci et al., 2015; Degnan et al., 2016). There is a need to develop interventions to support the training and supervision of counselors’ exploration of their attachment styles and how it influences the counseling process (Degnan et al., 2016). Given established connections between attachment and working alliance, the AAI (George et al., 1984/1996) has the potential to serve as an intervention to assist counselors in understanding of their own attachment styles and, ultimately, supporting positive outcomes in counseling. To date, research regarding the AAI in practice has been correlational in nature

based on snapshot observations of counselor attachment states of mind and client experiences; a research study has not been used to investigate using the AAI as a means of supporting counselors' exploration of their own attachment styles.

Purpose of the Current Study

Through interpretive phenomenological analysis (Smith et al., 2009), the researcher explored how counselors experience the process of being interviewed and receiving feedback regarding their own attachment states of mind and, in the process of reflection, potentially how they have experienced their increased self-awareness. The use of qualitative methods is encouraged when "researchers examine topics that have not been investigated or need to be investigated from a new angle" (Hays & Singh, 2012, p. 4).

Research Questions

Research questions for the study are as follows:

1. How have the counselors been influenced, or not influenced, by the process of being interviewed with the Adult Attachment Interview?
2. How have the counselors experienced, or not experienced, a greater self-awareness?
3. How has the process of being interviewed with the Adult Attachment Interview influenced, or not influenced the counselors' work with clients?

Significance of the Study

This study has the potential to identify the AAI (George et al., 1984/1996) as a means of facilitating counselors' exploration of their own attachment style. The potential for counselor education programs includes the value of the attachment framework as a means to foster counselor development through a well-validated procedure that may support counselors-in-training to explore their own attachment histories and foster their ability to develop effective

working alliances with clients. If counselors have increased knowledge of attachment theory and their own personal attachment patterns, the literature points to the possibility that increased positive outcomes in counseling are possible (Degnan et al., 2016).

Definitions of Terms

Attachment state of mind – the degree to which an individual is able to maintain collaborative discourse with an interviewer while discussing reflections on memories related to attachment. The individual’s capacity for collaborative discourse is thought to highlight what are presumed deeply internalized strategies for regulating emotion and attention when discussing attachment-related experiences (Hesse, 2016).

Working alliance – the collaborative stance between counselor and client developed by three interrelated process: the agreement on counseling goals, agreement on counseling tasks, and the quality of the relational bond between counselor and client (Bordin, 1979).

Adult Attachment Interview – The AAI is a semi-structured interview intended to gain a presentation of the speaker’s life history to determine the speaker’s state of mind with respect to attachment (George et al., 1984/1996; Hesse, 2016).

Counselor-in-training – an individual who has completed a master’s level program in counseling and is within five years post-graduation (Rønnestad & Skovholt, 1992, 2003).

APPENDIX B
EXTENDED LITERATURE REVIEW

Introduction

Attachment theory is a well-validated conceptual framework for understanding human development and relationships (Bucci, Seymour-Hyde, Harris, & Berry, 2015; Cassidy, 2016; Coan, 2016; Daniel, 2006; Mikulincer & Shaver, 2016). Researchers have utilized attachment theory to explore everything from personality disorders to substance use disorders (Anolli & Balconi, 2002; Barone, Fossati, & Guiducci, 2011). The working alliance is also an evidenced-based construct that has been used to conceptualize and research the counseling relationship, and researchers have found a positive correlation between the quality and strength of the working alliance and successful counseling outcomes (Horvath, 2013). Further, researchers have applied attachment theory to the working alliance as a means of understanding the influence of attachment of the client and counselor on the working alliance (Bernecker et al., 2014; Bucci et al., 2015; Degnan et al., 2016; Diener & Monroe, 2011; Mallinckrodt & Jeong, 2015; Sauer, Lopez, & Gormley, 2003).

The following is an extended review of the literature supporting an attachment-focused intervention with counselors-in-training. First, attachment theory is reviewed, including historical context, empirical foundations, and applications to counseling. Then, the working alliance is reviewed, including the history and definition and current research. Additionally research on the working alliance and attachment theory is reviewed. I then present literature on the AAI, including the development, classification system and scales, research, and clinical applications. Finally, I address the relevancy of the AAI to counselor development.

Attachment Theory

Attachment theory is a well-supported lens for development across the lifespan, the therapeutic process, and mental health outcomes. Researchers have applied attachment theory

as a means of empirically investigating the critical components of therapeutic relationships and successful counseling outcomes (Bernier & Dozier, 2002; Lilliengren, Falkenström, Sandell, Mothander, & Werbart, 2015; Martin, Bucheim, Berger, & Strauss, 2007; Mikulincer & Shaver, 2007; Sauer et al., 2003). In the following sections, I explore the historical context of attachment theory, an understanding of personality development, the change process, and stages and techniques from an attachment theory perspective.

Historical Context

John Bowlby is considered the pioneer of attachment theory (Cassidy, 2016). He made a case for an innate motivation to seek proximity to one's primary caregiver as a biological function for survival, alleviation of distress, and emotion regulation (Bowlby, 1988). Within safe and secure relationships, infants are able to develop healthy capacity for social and emotional processes (Bowlby, 1969/1982).

The genesis of Bowlby's work on attachment theory began during the time he worked at a home for maladjusted boys. His observations of young boys with attachment disruptions significantly impacted him and fueled his later work with juvenile delinquents, which led him to believe in the importance of children's relationships with mothers for later development (Cassidy, 2016). Bowlby was not satisfied with the secondary drive explanation of psychoanalysis: the idea that the infant becomes attached to the mother simply due to being physically nourished and the emotional bond is secondary. Instead, Bowlby worked toward integrating concepts from evolutionary biology, ethology, developmental psychology, cognitive science, and control systems theory (Bowlby, 1969/1982; Cassidy, 2016). For example, Bowlby included the work of ethologists who described animal instinctual behavior (Bowlby, 1969/1982). In his historic study of rhesus monkeys, Harlow (1958) observed that in times of

distress, infant rhesus monkeys preferred the comforting cloth-covered “mother” over the wire “mother” that provided food.

A member of Bowlby’s research team, Mary Ainsworth, applied the concepts of Bowlby’s expounded theory in the now-famous study of the parent-child relationship in the Strange Situation (Ainsworth, Blehar, Waters, & Wall, 1978). The researchers analyzed toddler/parent responses to being briefly separated and then reunited. Ainsworth et al. (1978) delineated differences in attachment and produced categories based on children’s interactions with caregivers: secure, anxious-ambivalent, or anxious-avoidant. The terms described not only infants’ set of behaviors, but also infants’ beliefs about availability of caregivers and their organization around levels of caregivers’ responsiveness (Weinfield, Sroufe, Egeland, & Carlson, 2008). Ainsworth’s work moved Bowlby’s theory of attachment forward and sparked a large body of empirical research that is still growing today (Cassidy, 2016; Shaver & Mikulincer, 2008). Specifically, researchers have sought to understand how the environment influences the unfolding of the attachment system.

Role of the Environment

The environment is a significant factor in personality development within the context of attachment theory. Relationships with primary caregivers have the potential and power to shape how people regulate distress, emotions, and interpersonal distance (Obegi & Berant, 2008). Beginning in infancy, patterns of inter and intrapersonal relating are developed and are thought to be stable through the life span (Daniel, 2006).

From his perspective of control systems theory, Bowlby (1969/1982) understood children’s attachment behaviors to have a variety of meanings and functions to maintain proximity to primary caregivers. The set of behaviors have now been termed as the attachment

behavioral system (Cassidy, 2016). Often circumstances, both internal and external, will influence children's desired proximity to their mothers. For example, hunger, illness, or pain may increase children's desire to be held or need to be near their caregivers. Similarly, environmental conditions might prompt attachment behavior due to perceived threats. Bowlby (1969/1982) utilized the metaphor of a heat-seeking missile, which once launched is able to incorporate information about the target's location and accordingly adjust its trajectory. Similar to the missile, children will utilize variety of behaviors to gain proximity to their mothers such as crawling, crying, calling, and clinging.

Siegel (2001) noted that attachment relationships play a critical role in social and emotional development during the early stages of life. How individuals relate to self and others is impacted through the development of attachment styles. Essentially, an attachment style is an individual's adaptation to the repeated response pattern of the caregiver. Bowlby (1988) described individual differences in attachment behavior as arising from experiences and expectations regarding the availability of attachment figures. For example, insecurely attached children learn from experience that caregivers will be unresponsive during their distress. In turn, the children experience a constant low-level of anxiety that allows them to be open to responding to the possibility of a threat (Weinfield et al., 2008). Conversely, "from a history of responsive care and smooth dyadic emotion regulation come a sense of efficacy, a capacity for self-regulation, and positive expectations regarding interpersonal relationships" (Weinfield et al., 2008, p. 84). Beginning in infancy, attachment transactions between mother and child are regulating the baby's arousal levels and emotional states and patterns of interpersonal relating are developed that are thought to continue through to adulthood (Daniel, 2006).

Bowlby (1988) suggested that the need for attachment figures continues into adulthood.

Departing from the wide-held belief of childhood dependence giving way to adulthood emotional independence, he conceptualized healthy adults as ones who seek proximity to significant attachment relationships in times of vulnerability, distress, and illness. Daniel (2006) succinctly described attachment relationships by “a need to maintain proximity, distress upon separation, joy upon reunion, and grief at loss” (p. 969). Additionally, the author described a salient characteristic of an attachment relationship is the use of the attachment figure as a safe base from which to explore the world and a safe haven to run to in times of distress. Adult attachment patterns are thought to begin in childhood and remain relatively stable in adulthood as working model for intimate, significant, and attachment relationships (Daniel, 2006).

Bartholomew (1990) described adult attachment in terms of internal working models that provide schemas for individuals when assessing relationships. Adults termed secure believe the self is worthy of love and that others are trustworthy. In contrast, individuals with insecure attachment beliefs have either preoccupied attachment and see the self as unworthy of love and believe others are trustworthy, or have dismissive attachment and see the self as worthy of love but others are untrustworthy.

Based on the concept that adults also seek proximity and safety in relationships, researchers have applied attachment theory to a variety of adult processes and concerns. As previously noted, researchers have used the framework of attachment theory to study addiction disorders, eating disorders, personality disorders, mood disorders, emotion regulation, attention, and memory (Anolli & Balconi, 2002; Barbasio & Granieri, 2013; Barone & Guiducci, 2009; Borelli et al., 2013; De Rick, Vanheule, & Verhaeghe, 2009; Fraley, Garner, & Shaver, 2000; Levy et al., 2006; Macfie et al., 2014; Monti & Rudolph, 2014; Ravitz, Maunder, Hunter, Sthankiya, & Lancee, 2010; Tyrell, Dozier, Teague, & Fallot, 1999).

The role of the environment is a critical component in the development of attachment patterns and thus how individuals understand and perceive relationships. Further, individuals' attachment patterns are a key part in their level of wellness.

Model of Functionality

Researchers widely agree that attachment security is a key factor in normative development and critical in understanding the antecedents of psychopathology (Bakermans-Kranenburg & Van Ijzendoorn, 2009; DeKlyen & Greenberg, 2008). Attachment security is the primary vehicle for conceptualizing the attachment theory perspective on the development of mental wellness and unwellness in humans. A related concept is self-regulation, which Fonagy and Target (2002) argued is the link between early relationships and later functioning. In the following section, I will explore wellness and unwellness from an attachment theory perspective.

Wellness. As noted previously, attachment security is developed out of repeated interactions with caregivers, based on their responsiveness in times of need and distress. Individuals develop a felt sense of security when attachment figures are consistent in serving as a safe base from which to explore and a safe haven to return to in times of crisis (Shaver & Mikulincer, 2008). Individuals' experiencing a felt sense of security have a core understanding that "the world is a safe place, that one can rely on others for protection and support, and that one can confidently explore the environment and engage in social and nonsocial tasks and activities without fear of damage" (Shaver & Mikulincer, 2008, p. 20).

In their landmark 30-year longitudinal study, Sroufe and his colleagues set out to investigate if differences in attachment quality charted the course for later differences in personality and adult functioning (Sroufe, 2005; Sroufe, Egeland, Carlson, & Collins, 2005). In the mid-1970s, the researchers recruited 200 mothers that were in their third trimester of their

first pregnancy and were assessed as being at moderate risk for experiencing parenting challenges due to poverty. Beginning before birth, the research team conducted detailed assessments at every age to develop a comprehensive picture of all salient domains of experience and functioning and a multitude of potentially mediating factors. Observational measures, parent and teacher interviews, assessments of language development, birth assessments, temperament assessments, and intelligence measures are just a handful of the myriad of assessments the researchers used with the children and their mothers from birth to age 28 (Sroufe et al., 2005). Although the authors note that attachment experiences do not determine individuals' later development, "early variations in attachment are viewed as initiating conditions, launching individuals on pathways that are only probabilistically related to outcomes" (Sroufe, 2005, p. 362).

The authors described that out of attachment security grew individuals' capacity for self-reliance, emotion regulation, and social competence. For example, during the longitudinal study, the researchers conducted several preschool and summer camps to collect data. Based on teacher and counselor ratings, children with secure attachment histories were consistently rated as more self-confident, higher on self-esteem, and higher capacity for resiliency. They explicated that resiliency was demonstrated in children with secure attachment histories as flexible, curious, and adaptive (Sroufe, 2005; Sroufe et al., 2005). The researchers reported that attachment security is not directly predictive of wellness, it is a protective factor (Sroufe et al., 2005).

Connecting current research trends, Fonagy and Target (2002) theorized that the process of developing attachment security between infant and caregiver is a critical component in infants' development of self-regulation capacities. Caregivers support infants in developing tools

to manage stress, regulate attention, and gain reflective functioning. When caregivers demonstrate increased care and physical touch, infants' levels of the stress hormone cortisol are decreased and negative affect de-escalates. Thus, a supportive, early social environment has the power to help infants adapt to stress (Fonagy & Target, 2002; Perry, 1997). Further, an increased capacity to regulate stress is connected to healthy neurological development in brain regions associated with managing intensity of emotions (Schoore, 2001).

Similarly, early attachment relationships can play a key role in infants' capacity for reflective functioning or mentalization (Fonagy & Target, 2002). Mentalizing is the capacity to hold in mind the psychological state of the self and others and it is a key skill in navigating human social relationships (Bouchard et al., 2008). In the attachment dance between caregiver and child, caregivers provide verbal and physical feedback to infants regarding their internal states, facilitating infants' capacity for understanding their own psychological states and those of others (Fonagy & Target, 2002). Slade, Belsky, Aber, and Phelps (1999) demonstrated a positive connection between mothers' capacity for mentalization and the development of their children's attachment security. In connection with wellness, it is well supported that increased attachment security is linked to "cognitive competence, exploratory skill, emotion regulation, communication style and other outcomes" (Fonagy & Target, 2002, p. 323). Just as attachment security can foster individuals' ability to regulate stress and emotions, attachment insecurity has been linked to individuals' difficulty in self-regulation capacities (Fonagy & Target, 2002).

Unwellness. Attachment insecurity has been associated with poor mental health functioning (Bakermans-Kranenburg & Van IJzendoorn, 2009). Infants develop insecure attachments when they are in relationship with caregivers who demonstrate inconsistent, absent, or disorganized responses to their needs and distress (Cassidy, 2016). Insecurely attached infants

are “anxious about the availability of their caregivers, fearing that the caregivers will be unresponsive or ineffectively responsive when needed” (Weinfield et al., 2008, p. 79). Differences in insecure attachment were developed out of the Strange Situation experiment (Ainsworth et al., 1978). Based on infants’ behaviors before, during, and after caregivers left a room, infants were classified as “secure,” “avoidant,” or “resistant.” The “disorganized/disoriented” category was later added to classify infants who demonstrated significant disorientation in the experiment (Main & Solomon, 1986). Infants classified as avoidant of caregivers demonstrated behaviors of ignoring the absence of the caregiver, demonstrating a lack of affect, and expressing a lack of effort to connect with the caregiver. Infants categorized as resistant of caregivers sought proximity to caregivers but were unable to soothe and demonstrated anger towards caregivers. Infants classified as disorganized failed to demonstrate a clear strategy for managing contact with caregivers. Infants displayed fear of caregivers and behavior including behavioral stalling, or becoming motionless (Weinfield et al., 2008, p. 79).

Attachment insecurity has been linked to a decreased capacity to regulate stress response, resulting in increased levels of stress hormones, which can lead to changes in the body’s ability to maintain tissue, regulate immunity, and facilitate reproductive functions (Fonagy & Target, 2002). As noted earlier, infants learn how to regulate stress in relationship with caregivers, and inconsistent or absent responses from caregivers can lead to infants’ diminished capacity for stress regulation. Similarly, infants’ capacity for attention regulation decreases without the availability of consistent caregivers. Insecure attachment has been linked to decreased neural activity in the brain’s executive functioning region, the part of the brain responsible for focused attention, decision-making, and emotion regulation (Fonagy & Target, 2002).

Further, individuals with insecure attachment have demonstrated a decreased capacity for mentalization, which results in significant difficulty regulating affect and managing interpersonal dynamics (Fonagy & Target, 2002). Although attachment security is thought to be a relatively stable construct, there is evidence that one's internal attachment model can be open to change (Shaver & Mikulincer, 2008). Relationships with secure attachment figures can provide new experiences of a caregiver being available, present, and attuned, which could also be applied in the therapeutic relationship. In attachment theory, the mechanism for developing greater attachment security and shifting insecure attachment patterns is the experience of a secure attachment relationship.

Mechanism of Change

From the lens of attachment theory, the dynamic of the therapeutic relationship is the vehicle for change. Bowlby (1988) theorized that counselors served as attachment figures for clients, resulting in therapeutic change. Testing out this hypothesis, Parish and Eagle (2003) investigated the nature of clients' attachment to their counselors. Participants were in long-term therapy and answered questions regarding their therapeutic relationship and their closest personal relationships. Based on the collected responses, investigators asserted that there is evidence for understanding counselors as attachment figures. Specifically, clients reported seeking proximity to their counselors, turning to them when in distress, eliciting a mental representation of counselors when not in session, and trusting counselors as a safe base from which to explore themselves in counseling. Further, clients reported experiencing strong feelings towards counselors and regarding their counselors as irreplaceable (Parish & Eagle, 2003). The authors reported an overlap between clients' relationships with their counselors and their primary attachment figures.

The conceptual framework for understanding the therapeutic process from an attachment framework has been widely discussed (Daniel, 2006; Mallinckrodt, 2010; Obegi, 2008; Obegi & Berant, 2008). Recent movement has been toward understanding and investigating how the attachment process unfolds between counselor and client (Obegi, 2008).

Stages of Counseling

Obegi (2008) developed a preliminary conceptual framework for understanding how the attachment process unfolds between counselors and clients. He proposed a four-stage model, including pre-attachment, attachment-in-the-making, clear-cut attachment, and goal-corrected partnership. The author identified behavioral, emotional, and cognitive aspects for clients in each stage.

In the pre-attachment phase, clients' goals include seeking proximity to a stronger and wiser person to relieve distress, as well as determining if the counselor is capable of becoming an attachment figure. Obegi (2008) identified initial client behaviors as searching for a counselor, initial contact with the counselor, and reporting of the initial presenting problem. In this phase, clients are interviewing the counselor and asking questions about the counselor's credentials, experience, and goals for the therapeutic process. From a cognitive perspective, clients are operating from their internal working models of attachment based on previous experiences and responding to the counselor from that perspective. Specifically, clients' internal working models inform clients' assessment of interpersonal safety as well as comfort level with interpersonal distance. Obegi (2008) identified the need for counselors to demonstrate "warmth, an attitude of nonjudgment, an air of competence, and a willingness to (initially) accommodate clients' interpersonal style are critically important" (p. 436).

During the attachment-in-the-making phase, clients have determined counselors to be a

worthy attachment figure and they are beginning to experiment with utilizing counselors as safe haven when in distress. If counselors respond in satisfactory way, clients will begin to use counselors as a safe base from which to explore intimate concerns. Similar to the first phase, clients are continuing to assess counselors as a viable attachment figure by monitoring the counselors' reactions to clients' fragility. Specifically, clients are assessing counselors' capacity for regulating affect, providing comfort, and fostering exploration. Counselors and clients begin to engage in what is known as the broaden-and-build cycle of attachment security (Shaver & Mikulincer, 2008). The cycle consists of clients making use of counselors during times of distress such as evoking a mental representation of counselors when in conflict and at the same time utilizing counselors as a safe base for exploration. During the cycle of comfort and exploration, clients begins to build a set of experiences and expectations of counselors' responses, which compete with clients' attachment representations of other attachment figures. When the attachment experiences are with securely attached counselors, clients are open to therapeutic change as a result of the broaden-and-build cycle (Obegi, 2008; Shaver & Mikulincer, 2008).

Engaging in the broaden-and-build cycle solidifies counselors' position as a reliable attachment figures and counselors become seen as irreplaceable, supportive confidants. Clients become more active in setting the session agenda, may engage in separation protest when counselors are away, and be more responsive to counselors' interventions. Clients may notably be able to regulate in the presence of counselors and experience an increase comfort with intimacy and displays of emotion with counselors. To the extent that clients have internalized the internal working model of their counselors, they are able to access it in challenging and difficult times, which can lead to a reduction of presenting concerns and improvement in overall

functioning.

During the goal-corrected partnership phase, counselors have been established as secure attachment figures and the therapeutic process becomes more collaborative. The focus shifts from establishing security to working at depth regarding client concerns. The phase is characterized by flexibility in the counseling relationship, client internalized capacity for self-regulation and soothing, and less disruptive transferences occurring in therapy. Obegi (2008) noted that the overall process of attachment to counselors depends on the individual differences in attachment representations of clients. Additionally, he discussed the necessity of empirically validating his model of the process of attachment within the therapeutic relationship.

Attachment theory has great capacity to deepen the counseling process by understanding “the qualities of relatedness, modes of defense and affect regulation, and/or failures in mentalization” (Slade, 2008, p. 763). In its current state, there is not an evidence-based prescription for the stages of counseling. The gap is between the empirical base and the concrete application to the counseling process. Although there is a need for empirical validation of an attachment model of counseling, there is ample evidence for application of attachment theory and measures to research in counseling and supervision. Next, I will discuss research in which attachment theory has been used to investigate the counseling relationship and supervision.

Research on the Counseling Relationship and Supervision

There is a broadening empirical base for applying attachment theory to counseling. Researchers have investigated the nature of the influence of client and counselor attachment styles on the counseling relationship and outcomes. Notably, researchers have applied attachment theory to the concept of the working alliance to better understand the mutual process of the therapeutic relationship (Mallinckrodt, 2000; Mallinckrodt, Coble, & Gantt, 1995;

Satterfield & Lyddon, 1995). In the following sections, I will discuss research related to the counseling relationship and clinical supervision.

Counseling relationship. Zegers et al. (2006) explored the influence of adolescent patients' and professional caregivers' attachment representations on the therapeutic relationship at a youth treatment institution. All participants, therapists and patients, were administered the AAI. The adolescents and professional caregivers were also given a series of questionnaires at three months, nine months, and 12 months during the adolescents' stay. The questionnaires related to the quality of relationship between the patient and the caregiver with scales including rejection, hostility, empathy, and accessibility. No differences in adolescents' perceptions of psychological availability and reliance on professional caregivers were detected at the 3-month mark, but the researchers found a difference after three months. They wrote

The more coherent the attachment representation of the adolescent was, the stronger the increase in reliance on the mentor and the stronger the decrease in avoiding contact with staff (both as reported by the mentor). . . . Furthermore, mentors' attachment representations were predictive of adolescent's perceptions. (p. 331)

In short, adolescents perceived greater psychological availability from professional caregivers who had secure attachment representations.

Using Mallinckrodt, Gantt, and Coble's (1995) Client Attachment to the Therapist Scale (CATS), Petrowski, Pokorny, Nowacki, and Buchheim (2012) examined the relationship between therapists' attachment state of mind and patients' attachment to the therapist. Therapists were interviewed utilizing the AAI to determine their current state of mind in regards to attachment. Their corresponding patients were given the CATS, which evaluates the secure, avoidant-fearful, and preoccupied-merger attachment to the therapist. The researchers discovered

a link between patients' type of attachment to their therapist and therapists' state of mind in regards to attachment. If therapists were classified as dismissive, their patients tended to experience a dismissive attachment to them (AAI scale between therapist coefficient = 0.94; $p = .03$). If therapists were classified as preoccupied, their patients tended to experience a preoccupied/merger attachment to them (AAI scale between therapist coefficient = -0.88; $p = .06$). These outcomes point to the saliency of attachment dynamics within the counseling relationship.

Mohr, Gelso, and Hill (2005) examined client and counselor-in-training attachment as predictors of countertransference and session outcome in first sessions. The investigators discovered that counselors' attachment predicted certain aspects of session outcome. The volunteer clients were 93 undergraduate students (56 women and 37 men) enrolled in an introductory psychology course at a mid-Atlantic university in the United States. The counselors were 27 graduate-level trainees (21 women and six men) and they included 13 doctoral students in counseling psychology, five doctoral students in clinical psychology, and nine master's students in counseling. Clients and trainees completed the Experiences in Close Relationships Scale as a measure of attachment style with two main subscales of Avoidance and Anxiety. Additionally, supervisors observed counselors in session with clients to evaluate sessions based on smoothness and depth using the Session Evaluation Questionnaire. Finally, supervisors rated their perceptions of countertransference on the Countertransference Behavior Measure. When clients rated the session for smoothness and depth, the only statistically significant predictor was client fearful attachment, which suggested the higher level of fearful attachment in clients, the less likely they were to rate the session as smooth and comfortable. Similarly, trainees were less likely to rate the session as smooth and comfortable when volunteer clients had more fearful

attachment. Additionally, two combinations of client and counselor attachment styles were statistically significant: the interaction of a client dismissing attachment with a trainee with fearful attachment, and the interaction of client dismissing attachment with a trainee dismissing attachment. The authors theorized that “an attachment interpretation of such countertransference dynamics is that they result from a pairing in which the client has a relational style that challenges the counselors’ own emotion regulation strategies” (Mohr et al., 2005, p. 306).

Variability within the therapist contribution to working alliance appears to be more important than client variability for successful outcomes (Del Re et al., 2012). Wittenborn (2012) investigated whether novice couple and family therapists’ attachment organizations were associated with couples’ ratings of their experiences in session. Volunteer clients completed measures on the working alliance and session impact and trained supervisors coded the taped sessions. Supervisors rated secure therapists as having demonstrated greater confidence and competence when working with attachment needs as well as attending to the emotional needs of their clients. Conversely, therapists with insecure attachment organizations received feedback from couples regarding split in alliances. The results of the study provide further support regarding the ways in which counselor awareness of their attachment states of mind may support effective work with clients.

Decades of research on the application of attachment theory to the counseling relationship have demonstrated the occurrence of attachment processes within the counseling relationship. The research evidence clearly points to influence of both client and counselor attachment strategies on counseling outcomes as well as the unfolding of the counseling process. The significance of counselors’ attachment models calls for further research for an attachment-based intervention to support counselor awareness of their attachment strategy. One possible way

to support counselors' awareness of their own attachment histories and how they influence the therapeutic relationship is utilizing adult attachment measures with counselors throughout their development (Steele & Steele, 2008). Providing counselors with an understanding of their own attachment stance and corresponding supervision could increase their ability to facilitate successful counseling relationships (Degnan et al., 2016). Counseling supervision is also a valuable context in which to apply attachment theory to support the development of counselors-in-training.

Clinical supervision. Watkins (1995) was among the first to apply attachment theory to the processes of clinical supervision. The author suggested attachment theory as a relevant framework for understanding challenges with supervisees, specifically outlining how supervisees with insecure attachment styles present in supervision and their clinical work and how supervisors can respond.

Bennett and Saks (2006) also considered attachment theory as informative of the clinical supervision process and proposed viewing supervisees as having attachment variations rather than pathological strategies. The authors described the attachment dynamic as dyadic, with supervisors' attachment style also influencing the supervision experience. Bennett (2008) applied the attachment theory framework to developing a model for supervising social workers in field training, focusing on the need for a healthy supervision alliance to support effective training.

The attachment-caregiving model of supervision (ACMS; Fitch, Pistole, & Gunn, 2010) is a framework for applying attachment theory to the counseling supervision relationship and process. Supervisors are viewed as caregivers who scaffold trainees' learning experiences through cycles of the attachment system being activated and deactivated (Fitch et al., 2010). At the beginning of the supervision relationship, supervisees' attachment systems are naturally

activated due to the anxiety of a new relationship and performance evaluation. Supervisees see supervisors as more experienced, capable, and supportive and thus seek proximity to supervisors as a safe haven to deactivate their attachment systems. When in the safe haven mode, supervisors attend to attachment cues in supervisees, such as manifestations of anxiety or frustration, and respond in a manner that fosters alleviation of distress, such as normalization of anxiety. The goal is for supervisees to experience a reduction of threat to begin or return to the learning process of counseling.

When the attachment system is deactivated, supervisees can utilize the supervisor as a safe base from which to explore. Supervisors support the exploration process by helping supervisees link clinical information to theoretical orientation, regulate their emotional responses to clients, and utilize professional literature to further understand the client (Fitch et al., 2010). In the exploration mode, supervisors are cognizant of remaining attuned, responsive, and flexible to supervisees' attachment cues should they experience distress and intervening appropriately. Fitch et al. (2010) described supervisees as cycling through the process several times during a developmental phase before gaining a sense of competency. When supervisees encounter a new phase of development, experience personal crises, or meet new client-related challenges, their attachment systems may be reactivated and return through the ACMS process. The supervisor-supervisee attachment processes can play a significant role in the development of the supervision working alliance and therefore potentially influence successful outcomes (Gunn & Pistole, 2012; Menefee, Day, Lopez, & McPherson, 2014).

Menefee et al. (2014) began working towards the development of the Supervisee Attachment Strategies Scale (SASS). Focusing on the influence of the trainee's attachment orientation on the supervision process, the authors worked toward initial validation of the scale.

Preliminary results indicated that attachment avoidance predicted dissatisfaction with the supervision relationship, and attachment security predicted more adaptive strategies in supervision, including addressing conflict, negotiating opportunities to explore outside supervision, and connecting with supervisors in times of difficulty (Menefee et al., 2014).

The current research regarding attachment dynamics in the clinical supervision process points to the saliency of attachment theory for counselor development. Specifically, research results indicate that counselors' attachment strategy influences relationships with clients and supervisors. Given the critical importance of the counseling relationship to successful outcomes (Horvath et al., 2011) as well as valuable role of clinical supervision to counselor competency (Bernard & Goodyear, 2014), more research on interventions in fostering awareness of counselors' attachment strategies is needed. The next section focuses on working alliance with unique attention to the predictive power of the alliance to counseling outcomes and the application of attachment theory.

Working Alliance

In current counseling literature, the working alliance appears to be an effective construct in describing and understanding the counseling relationship (Horvath, 2013). Over the last 50 years, the proliferation of research regarding the working alliance has demonstrated the connection between the quality and strength of the counseling relationship and intended outcomes, such as symptom reduction (Del Re, Flückiger, Horvath, Symonds, & Wampold, 2012; Horvath, 2013; Horvath & Symonds, 1991; Martin et al., 2000). In this section, I discuss the history and definition of the working alliance and the current research regarding the working alliance and specific populations, counseling areas, and client and counselor contributions.

History and Definition

Working alliance is a concept born in the psychoanalytic modality of therapy, and, in its most basic definition, it is collaboration between therapist and client (Bordin, 1979; Mackrill, 2011). The evolution of the working alliance can be traced back to several sources. Freud expressed the necessity of cooperative engagement between analysts and patients and the value of patients experiencing positive transference in the therapeutic relationship (Horvath, 2001). Another important voice in the value of the counseling relationship is Rogers and his colleagues (Rogers, 1957). By empirically investigating facilitative conditions of the counseling relationship, they provided a research platform for the working alliance (Horvath et al., 2011). Further, Bordin (1976) and his colleagues began work on developing one of the first instruments designed to measure the working alliance, the Working Alliance Inventory. Bordin (1976) believed “the working alliance between the person who seeks change and the one who offers to be a change agent is one of the keys, if not *the* key, to the change process” (p. 252). Due to the growth from different sources, the alliance definition is also varied, which also points to its “democratization” across treatment modalities and theoretical orientations (Horvath et al., 2011).

The alliance concept is pantheoretical in the emphasis on the saliency of the therapeutic relationship to successful outcomes across theory and treatment modality (Horvath, 2013; Horvath & Symonds, 1991). Definitions of the working alliance are varied, and even the name has variation in the literature, sometimes using other terms such as therapeutic alliance, therapeutic bond, and helping alliance (Martin et al., 2000). In the psychodynamic and psychoanalytic literature, the focus of the alliance is on transference and countertransference aspects (Horvath et al., 2011). In the person-centered literature, the emphasis is on the characteristics of the counselor (Horvath et al., 2011). For the purposes of this study, I will be

using Bordin's (1976) definition of the alliance, as measured in the Working Alliance Inventory, due to prolific use in the current research literature and the reliability and validity of the constructs (Martin et al., 2000).

Generally, the elements of the working alliance include goals, task, and bond (Bordin, 1979; Martin et al., 2000). Bordin (1979) described the importance of the client and counselor finding agreement on the goals for therapy. Historically, psychoanalysts, psychodynamic oriented therapists, and behaviorists provided the goals for treatment, sometimes creating conflict with clients' contextual goals that were often set prior to entering therapy. Bordin (1979) highlighted the need for clinicians to collaborate with clients to identify mutual goals. Collaboration is also needed in the agreement on the tasks of therapy. Specifically, Bordin (1979) described the necessity of being clear regarding roles and expectations at the beginning of the therapeutic relationship to facilitate clarity and engagement in the process. The emotional bond, or affective attachment, between clients and counselors supports the collaborative process in that trust is developed and a mutual affection exists between both parties (Bordin, 1979).

The working alliance construct has grown in popularity, specifically due its broad applicability across theory and therapeutic modalities. Over the last 40 years, the research using the working alliance construct has been prolific. Due to the vast body of research, I will review four meta-analysis focused on working alliance.

Research on the Working Alliance

The working alliance construct has a wide empirical base in the literature and has addressed a range of issues regarding treatment outcomes, specific populations, and areas of counseling. In the most recent meta-analysis, Horvath et al. (2011) searched for alliance-related literature yielded over 7,000 results, thus denoting significant presence in the literature. In the

past 25 years, researchers have conducted four meta-analyses of research focused on measurement of working alliance in conjunction with measurement of counseling outcome, such as the Beck Depression Inventory, Symptom Checklist-90, and dropout rate (Horvath & Bedi, 2002; Horvath et al., 2011; Horvath & Symonds, 1991; Martin et al., 2000). In this section I review meta-analyses regarding the working alliance and counseling outcomes, and I address critiques of the working alliance construct. Additionally, I explore specific client and counselor characteristics that contribute to a successful working alliance.

Meta-analyses. In the first meta-analysis, Horvath and Symonds (1991) reviewed 24 studies that included a measure of the working alliance. To be included in the analysis, the construct being measured needed to be “helping,” “working,” or “therapeutic” alliance due to the lack of agreement in the field about exact terms. Additionally, studies were required to include clinical outcome data and a validated measure of the alliance in individual counseling. Finally, studies needed to include at least five participants to distinguish from case studies (Horvath & Symonds, 1991). The researchers computed the overall effect size between working alliance and counseling outcome and calculated $ES = .26$, which is a moderate effect size. The researchers also reported that the relationship between the working alliance and outcome did not appear to be influenced by length of treatment, type of therapy, or number of participants. The major finding was that clients’ ratings, more so than those of counselors or observers, were most predictive of outcomes in treatment (Horvath & Symonds, 1991). The authors recommended that researchers develop a more integrated construct of the working alliance to foster research and support clinical relevance (Horvath & Symonds, 1991).

Martin et al. (2000) conducted the second meta-analysis using the same inclusion criteria as Horvath and Symonds (1991) and focusing on manuscripts published between 1977 and 1991.

Their search resulted in 79 studies, including 58 published studies and 21 unpublished doctoral dissertations or master's theses. In line with Horvath and Symonds (1991), the researchers reported a moderate relationship between the alliance and counseling outcome ($r = .22$). The authors further reported that the test of homogeneity suggested that the relationship between alliance and outcome appeared to be consistent and not influenced by another moderating variable, which is also consistent with Horvath and Symond's (1991) previous analysis. Also, consistent with the previous meta-analysis was the finding that clients tended to rate the alliance more consistently than counselors and observers. Further, after a review of the various scales measuring the alliance, the researchers recommended that future researchers use the Working Alliance Inventory (Horvath & Greenburg, 1989) based on the reliability and validity of the scale.

In the third meta-analysis, Horvath and Bedi (2002) built on the previous meta-analyses - they included all the previous studies and added 11 new studies to the analysis, with the period of review up to the year 2000. The authors used the same inclusion criteria as the previous meta-analyses (Horvath & Symonds, 1991; Martin et al., 2000). Across all of the studies, the researchers reported an average relationship between the alliance and outcome as .21 and a medium effect size of .25. The overall statistics are comparable to the previous meta-analyses (Horvath & Symonds, 1991; Martin et al., 2000). In contrast to Martin et al. (2000), the researches reported that the data was not homogenous though they stated this could be due to a subset of atypical studies that focused on substance abuse. Without the substance abuse studies, the researchers reported that the rest of the data proved to be homogenous.

Similar to the past meta-analyses, the researchers found that clients' ratings of the working alliance are a better predictor of outcome than the ratings of counselors' and observers.

The researchers reviewed a number of potential mediators, including the timing of the alliance assessment, the type of professional, and type of treatment. Additionally, the researchers noted potential moderators, such as client factors, in-therapy variables, and counselor factors. Further, the researchers noted interactive elements of the counseling relationship, such as collaboration. The researchers recommended further research into the client and counselor factors that influence the alliance, specifically “trustworthy information on therapist variables is the most urgent and clinically needed information” (Horvath & Bedi, 2002, p. 60).

In the most recent meta-analysis, Horvath et al. (2011) used the same procedures as previous meta-analyses: the inclusion of the alliance as a variable, use of clinical data, and inclusion of five or more participants. In total, the team collected 201 studies and found that the overall correlation between alliance measures and outcome measures was $r = .275$, which is a moderate relationship and similar to results found in previous meta-analyses (Horvath & Bedi, 2002; Horvath & Symonds, 1991; Martin et al., 2000). The authors concluded that “the magnitude of this correlation, along with therapist effects, is one of the strongest and most robust predictors of treatment success empirical research has been able to document” (Horvath et al., 2011, p. 15). More specifically, they concluded that counselors’ contributions to the development of the alliance are vital, and they suggested attention to training counselors to develop skill and/or capacity in developing the alliance (Horvath et al., 2011). These meta-analyses support the rationale for continued research into understanding the alliance and different populations and areas of counseling.

Critiques of the working alliance construct. In her major review of the research in the working alliance, Doran (2016) discussed theoretical and empirical research as well as the related constructs of rupture and repair and therapeutic negotiation. The author discussed the

major meta-analyses reviewed above and also reviewed the critiques of the working alliance. She noted researchers have identified the working alliance construct as being overly simplistic and lacking the ability to capture the complexities of the counseling relationship (Castonguay et al., 2006; Gelso, 2009; Horvath, 2005; Safran & Muran, 2006). Some of the main critiques include the emphasis on collaboration and the lack of attention to therapeutic rupture, repair, and negotiation.

The literature on the working alliance focuses on collaboration between client and counselor as a significant indicator of a strong working alliance (Bordin, 1979). Duran (2016) identified that some researchers have argued that the construct has become conflated with a shift towards compliance rather than true collaboration (Cushman & Gilford, 2000). Duran (2016) further noted that some researchers are pointing to the emphasis on harmony, negating the inevitable rupture and repair cycle in therapeutic relationships and therapeutic negotiation. Essentially, the alliance does not fully explain the therapeutic relationship (Duran, 2016).

Though the generic nature of the working alliance has provided a significant, pantheoretical construct, the working alliance does not account for the complexities in the therapeutic relationship (Duran, 2016). One such complexity is the rupture and repair cycle in counseling relationships (Duran, 2016). Safran and Muran (2000) defined ruptures as “strains in the alliance . . . consisting either of disagreements about the tasks or goals of therapy or of problems in the bond dimension” (p. 16). Ruptures are thought to provide opportunities for counselor and client to process conflict in the counseling relationship (Duran, 2016). With its emphasis on positive collaboration, the working alliance construct misses measuring such critical incidents (Duran, 2016).

Similarly, therapeutic negotiation is known in the literature as how counselors and clients respond to ruptures. There is a convergence and divergence to how the counselor and client and researchers have stated that the negotiation is therapeutic in and of itself (Duran, 2016). A key clinical marker of increased client wellness can be increased autonomy and responsibility in the negotiation of rupture in the counseling relationship (Duran, 2016).

These are significant critiques of the working alliance construct. Researchers have called for the evolution of the construct in an effort to be more responsive to the complexities of human relationships (Duran, 2016). In an effort to have greater understanding of the underlying factors of the working alliance, researchers have investigated client and counselor variables associated with the working alliance.

Client and counselor variables. To understand contributing factors to the unfolding of the alliance, researchers have investigated factors contributed by clients and counselors. In regards to clients, the research literature has identified high quality of relational patterns, psychological mindedness, and high expectation of change to be positively associated with high quality of working alliance (Castonguay et al., 2006; Constantino, Arnou, Blasey, & Agras, 2005; Constantino & Smith-Hansen, 2008). Conversely, clients' experience of increased interpersonal problems, avoidance, and depressive symptoms have been negatively associated with working alliance outcomes (Castonguay et al., 2006).

Researchers have also investigated pertinent pre-treatment characteristics of clients that contribute to an effective working alliance. For example, Hersoug, Høglend, Havik, Von der Lippe, and Monsen (2009) identified several pretreatment client characteristics that facilitated a positive working alliance, including a report of good maternal care and current positive interpersonal relationships. Conversely, clients who lack quality interpersonal relationships,

specifically clients who reported being more cold and detached, have more negative working alliance. Fitzpatrick and Irannejad (2008) reported adolescents who were in a greater readiness of change, as measured by the stages of change, tended to have more positive alliances with their counselors particularly in relationship to the goal and task collaboration elements of the working alliance. Essentially, the more ready clients are to engage alternate possibilities, the more positive the working alliance.

With regard to counselor characteristics, Anderson and Levitt (2015) identified counselors' gender self-confidence as influential in the development of the working alliance. Counselors' comfort with their identified gender contributed to collaboration with clients. Nissen-Lie, Havik, Høglend, Monsen, and Rønnestad (2013) reported that counselor quality of life was related to the quality of the working alliance. Specifically, the Personal Burdens scale on the Development of Psychotherapists Common Core Questionnaire (DPCCQ; Orlinsky & Rønnestad, 2005) was significantly inversely correlated to growth of the alliance as rated by the client. The authors noted that clients are especially sensitive to counselors' private life experience of distress. Further, Kivlighan and Schmitz (1992) found counselors who were more challenging than supportive, thematically focused rather than concretely oriented, and here-and-now focused rather than there-and-then created better alliances with clients. Knuuttila et al., (2012) noted that counselors differ significantly in their capacity to facilitate the working alliance and called for further research into characteristics of counselors that promoted a positive working alliance.

To understand the larger picture of counselor contributions to the alliance, Del Re et al. (2012) conducted a meta-analysis of counselor effects across research studies focusing on the alliance ($k = 69$). The researchers analyzed data to determine the degree to which counselors

accounted for effects on the alliance-outcome correlation. Even when controlling for psychiatric diagnosis, research method, rater of the alliance, and type of measures used, counselors' contribution to the alliance was a statistically significant predictor of outcome (magnitude = .40) (Del Re et al., 2012). The authors concluded that there is large variability in counselors' ability to facilitate the working alliance. The results of the meta-analysis point to counselors' vital role in their skill and capacity in fostering the working alliance.

Overall, the research points toward the saliency of the working alliance to positive outcomes in counseling relationships. A key weakness is the need for evolving the construct to include the rupture and repair cycle and therapeutic negotiation rather than collaboration (Duran, 2016). Although there is agreement that the alliance is important and impacts counseling outcome, there is a lack of information regarding underlying mechanisms in this process. Specifically, the literature points to skill and capacity of counselors to develop the working alliance and the need for further research regarding teaching alliance-building behaviors (Del Re et al., 2012). Researchers have applied attachment theory to the working alliance to better understand how the alliance works. I review this literature in the next major section.

Working Alliance and Attachment Theory

To better understand mutual processes between counselors and clients, several researchers have used attachment theory as a framework to investigate the working alliance (Mallinckrodt, 2000; Mallinckrodt, Coble, & Gantt, 1995; Satterfield & Lyddon, 1995). In the following section, I will review the research on influence of client and counselor attachment styles on the working alliance.

Client Attachment Style

Client attachment style has been independently investigated in relationship to the

development of the working alliance. The hallmark of attachment security is the underlying belief that others are trustworthy and good, which allows for the capacity to form a positive working alliance (Diener & Monroe, 2011). In contrast, the underlying beliefs of attachment insecurity is the essential mistrust of others, a hesitancy to engage in interpersonal intimacy, and a negative self-representation, which could lead to barriers in the collaborative development of the alliance (Diener & Monroe, 2011).

Utilizing meta-analysis to understand the connection between attachment security the alliance, Diener and Monroe (2011) analyzed 17 research studies that included a total of 886 participants. To be included in the analysis, the study was required to focus on the therapeutic alliance and attachment style in individual therapy and utilize measures that related to participants' experiences in close, interpersonal relationships (Diener & Monroe, 2011). Results of the meta-analysis indicated that greater attachment security was associated with stronger working alliances, $r = .17$. Though the correlation was small, the authors concluded that the evidence points to the clinical relevance for taking clients' attachment styles into consideration and for counselors to employ attachment-specific interventions to foster a positive working alliance (Diener & Monroe, 2011).

Relatedly, client attachment avoidance and anxiety are negatively correlated with working alliance (Bernecker et al., 2014). In the most recent meta-analysis on patient attachment style and the working alliance, Bernecker et al. (2014) analyzed research studies of individual, outpatient therapy with adults ($K = 24$ studies, 12 published in peer-reviewed journals, 12 unpublished doctoral dissertations). To be included in the analysis, studies had to include a self-report measure of attachment and a measure of the working alliance. The authors used a random effects model to calculate the mean weighted product-moment correlation between the working

alliance and attachment avoidance ($r = -.137, p < .001$) and attachment anxiety ($r = -.121, p < .001$). The authors noted the consistency of the findings with previous meta-analysis (e.g., Diener & Monroe, 2011), in that greater attachment security was associated with a stronger working alliance. They also suggested that small correlations pointed to evidence that attachment style and the working alliance are distinct constructs in that client and counselor pretreatment characteristics appear to have limited influence on the working alliance. Further, the authors asserted that client and counselor in-session activity were more influential on the therapeutic process and “it is incumbent upon both the therapist and patient to behave in ways that nurture the alliance during therapy” (p. 20). The authors also described literature related to counselor responsiveness and its possible mediation on attachment style and the working alliance. Essentially, the relationship between client attachment and working alliance maybe be difficult to untangle because counselors may adapt clinical interventions in ways that are flexible to clients’ attachment needs (Dozier et al., 1994; Dozier, Stovall, Albus, & Bates, 2001; Levy, Meehan, Weber, Reynoso, & Clarkin, 2005; Tyrell et al., 1999).

While client attachment style does seem to have some influence on the working alliance, researchers are increasingly looking towards how the client and counselor attachment style interact.

Client and Counselor Attachment Style

Bucci et al. (2015) assessed 30 client-therapist dyads regarding attachment style, working alliance, anxiety, and depression. In contrast to previous studies, the researchers did not find that client and counselor attachment style were independently related to the working alliance outcomes, noting the small number of participants as a limitation. Results indicated a connection between counselors’ attachment style and the alliance with clients who presented with more

severe clinical symptoms. For example, counselors' fearful attachment was found to negatively influence client-rated working alliance scores when clients' symptom scores were higher ($r = -0.63$). Similarly, counselors with more preoccupied attachment reported more negative working alliance scores when clients' symptoms were higher ($r = -0.80$).

Further, there is some support for the hypothesis that an opposite match in attachment style between counselor and client may support more positive outcomes (Bucci et al., 2015). Specifically, greater differences in preoccupied attachment between counselor and client resulted in a more positive working alliance from counselors' perspective, and greater differences in dismissive attachment styles resulted in more positive alliance scores from client perspectives. The authors hypothesized that counter-complementary attachment styles may explain results; when counselor and client have opposite attachment styles, counselors react in ways that are disconfirming to clients' maladaptive patterns and thus provide an opportunity for change (Bucci et al., 2015; Mallinckrodt, 2010).

Although the link between counselor attachment style and alliance outcomes is not straightforward, researchers recommended that counselors use supervision to "formulate the impact of their own attachment patterns and how these interact with those of their clients" (Bucci et al., 2015, p. 164). In the next section, I will review the relevant research on the influence of counselors' attachment style on the working alliance.

Counselor Attachment Style

Variability within the therapist contribution to working alliance appears to be more important than client variability for successful outcomes (Del Re et al., 2012). Degnan et al. (2016) conducted a systematic literature review on the influence of counselors' attachment styles on the working alliance in an effort to understand the degree to which counselors should consider

their own attachment in clinical practice as well as the value for further research in counselor attachment style and the working alliance. To be included in the review, the study needed to include validated measures of counselor attachment style and working alliance and be published between 1980 to 2014. Ultimately, the authors reviewed 11 studies and reported several findings.

Seven of the reviewed studies reported positive correlations between counselors' attachment security and the quality of the alliance, which suggested more securely attached counselors form stronger alliances with their clients (Degnan et al., 2016). Additionally, two of the reviewed studies demonstrated a positive correlation between counselors' attachment security and the investigated outcome. Conversely, the majority of the studies ($n = 9$), failed to demonstrate a correlation between counselors' insecure attachment and the alliance and outcomes. The authors reported that although there was lack of evidence for direct effects of counselors' attachment, three studies reported interaction effects between counselors' attachment and clients' attachment. Specifically, results indicated that "matching therapist and client with dissimilar attachment styles is beneficial in terms of more positive therapeutic alliance and outcomes" (Degnan et al., 2016, p. 61).

The researchers found there was a lack of sufficient evidence to make clear claims on the influence of the counselor's attachment stance on the working alliance; however, they asserted there was enough preliminary support for counselors to take into consideration their own attachment histories in relationship to professional implications. Degnan et al. (2016) wrote:

Given that there is some evidence for associations between therapist attachment and alliance, therapists do need to be sensitive to their own attachment experiences and how these play out when delivering therapy. Improved knowledge of one's own attachment style through training courses and supervision might help therapists to understand

attachment-related behaviors in therapy, guide intervention, pace sessions and deal with any ruptures in therapeutic relationships. (p. 63)

One possible way to support counselors' awareness of their own attachment histories and how they influence the therapeutic relationship is utilizing adult attachment measures throughout counselor development (Steele & Steele, 2008). Providing counselors with an understanding of their own attachment stance and corresponding supervision could increase their ability to facilitate successful working alliance (Degnan et al., 2016). In the next section, I will review the related literature on the AAI (George et al., 1984/1996), a possible instrument to support counselor exploration of their attachment strategies.

Adult Attachment Interview

There are numerous tools to measure and assess adult attachment (Daniel, 2006). In conceptualizing adult attachment, there are overlaps and differences in the field of research. Attachment phenomena are state-dependent, meaning the characteristics are not always visible but are activated by certain events such as distress, isolation, and threat (Ravitz et al., 2010). At the same time, aspects of attachment patterns that are trait-like create consistency within individuals' responses and behaviors in relationships.

Measures of adult attachment differ on their sensitivity to state versus trait sensitivity as well as a categorical versus dimensional model of assessing and individual's attachment security. Further, different measures focus on different relationships, such as romantic, parenting attitudes, and attachment memories. The measures also use different and similar language to describe attachment phenomena. Although the measures may differ in the path to measurement, research has yielded meaningful findings, and there is merit to each approach (Daniel, 2006). The caution

remains in the lack of correlation in the constructs, and therefore use in conjunction with each other (Daniel, 2006).

The advent of the AAI as “arguably the single most important development in attachment research over the last 25 years” (Steele & Steele, 2008, p. xiii). Although there is an evidence base for other measures of attachment, the AAI (George et al., 1984/1996) is arguably the most effective method for measuring and understanding state of mind with regard to attachment. In the following sections, I will review how the AAI was developed, expand on the different scales, review research using the AAI, and discuss clinical applications of the instrument.

Development of the AAI

The AAI is a semi-structured interview intended to gain a presentation of the speaker’s life history so as to determine the speaker’s state of mind with respect to attachment (George et al., 1984/1996; Hesse, 2016). Originally, the interview was an addition to the Berkeley Social Development Project’s longitudinal study of families, where, among many research tools, Main and her team were using Mary Ainsworth’s Strange Situation with infants. Mary Main’s doctoral students, Carol George and Nancy Kaplan developed questions to interview the parent participants in the study about their family backgrounds (Hesse, 2016). The interview protocol expanded and evolved and eventually became known as the Adult Attachment Interview.

Upon reviewing original transcripts, the researchers began to notice connections between adult speakers’ accounts of childhood experiences and presentation of corresponding babies in the study. The research team identified three main categories of organized attachment from that first set of transcripts: secure, dismissing, and preoccupied (Hesse, 2016). The fourth category, “unresolved for loss or abuse experiences,” and the fifth category, “cannot classify,” were developed later.

The original Bay Area longitudinal study established a strong link between AAI classifications of the parents and the Strange Situation classification of the infants. The researchers found 75% classification agreement between mother-infant dyads and 69% classification agreement for fathers (Hesse, 2016). The predictive power of the AAI was beginning to be understood: the researchers were recognizing connections between infants' attachment strategy of the infant and parents' attachment state of mind.

The AAI interview protocol typically takes an hour to administer and currently consists of 20 questions. The AAI begins with a general inquiry into speakers' general relationships with parents and/or significant caregivers during childhood, and interviewers then ask for five adjectives that describe the nature of identified relationships. After the adjectival constellation is provided, speakers are asked to provide episodic memories to provide evidence to support the adjectives. The process is repeated for each significant caregiver. Next, interviewers ask for descriptions of how speakers' caregivers responded when speakers were physically ill or hurt, and what happened and when speakers were emotionally upset. Interviewers then query participants about significant separations, potential experiences of rejection, and threats of discipline. Interviewers asks about the possible influence of speakers' childhood experiences on adult personality and whether they caused a setback to development. Speakers are asked to reflect on parents' intentions or motives for acting in the way they did and whether there were any additional parental-figures for the speaker. Interviewers then ask about experiences of loss and abuse. The interview ends with questions regarding the nature of speakers' current relationship with parents and questions regarding speakers' real or imagined children (Hesse, 2016).

George et al. (1984/1996) described the AAI as having the power to surprise the

unconscious and unearth powerful insight into the client's internal landscape. The central goals of the interview are for participants to elicit reflections on memories related to attachment, while maintaining a collaborative discourse with the interviewer so as to highlight what are presumed deeply internalized strategies for regulating emotion and attention when discussing attachment-related experiences (Hesse, 2016).

Classification System and Scales of the AAI

To be trained in the analysis of the AAI, individuals first must attend a two-week institute with one of the 10 certified trainers. Then, to become a certified coder, individuals must pass a reliability check, which requires establishing agreement with Main and Hesse on 30 transcripts (Hesse, 2016). In the following section, I will review the standard coding and classification system required to analyze an AAI transcript.

Following the AAI interview protocol, the entire interview, including timed pauses, dysfluencies, and all spoken contributions by the interviewer and participant are transcribed for analysis. The most current AAI scoring and classification manual (Main, Goldwyn, & Hesse, 2003) provides detailed examples and instructions of acceptable ranges, configurations, and examples for each scale to determine an appropriate score. To determine classification, the certified AAI coder begins by identifying parts of the transcribed interview associated with the experiences scales, including the speaker's reported experiences of loving behaviors from parents as well as reported rejecting, role-reversing, neglecting, and pressure to achieve behaviors from parents. Descriptions of a parent providing special attention towards the speaker are coded as loving behavior, and a score is assigned on the 9-point continuous loving scale. Similarly, if a speaker recalls instances of being turned away after expressing an attachment need, the parent behavior is scored on a 9-point rejection scale.

The certified AAI coder then moves to code the states of mind scales include idealization, insistence on lack of memory, derogating of attachment experiences, involving anger, and passive or vague discourse. The states of mind scales can be understood through Main's (1990) description of attentional flexibility and Grice's (1975, 1989) conversational maxims.

Similar to secure infants' ability to flexibly shift their attention from their parents to exploring the environment, secure adult speakers are able to shift their attention from answering interviewers' questions to assessing their answers (Main, 1990). Conversely, insecure adult speakers either actively move their attention away from or become fixated on their attachment experiences. For example, adult speakers determined to be dismissing will score high on the 9-point lack of memory scale due to insistence on their lack of memory for attachment-related experiences. In the same way, speakers classified as preoccupied will score high on the involving anger scale due to experiences of anger in the present moment regarding past attachment-related experiences (Main, 1990).

Although Main and Goldwyn (1989) developed the AAI classification and coding manual separate from knowing Grice's (1975, 1989) work, the correspondence to the AAI classifications is remarkable (Hesse, 2016). Grice's (1975, 1989) conversational maxims include: (a) *quantity*, which is the maxim that one gives just the right amount of information, not more or less; (b) *quality*, which is the maxim that one is truthful and provides evidence for what is said; (c) *relation*, which is the maxim of providing relevant information; and (d) *manner*, which is the maxim that calls for one to be clear to avoid ambiguity. Applying the maxims to the coding of the AAI, dismissing speakers can be understood as violating the maxim of quantity and quality because speakers did not provide enough information or support for what they have said, thus scoring high on the lack of memory and idealization scales. In addition to the experiences and

states of mind scales, there are 9-point continuous scales for coherence of the overall transcript and metacognitive monitoring.

Utilizing a standardized coding system (Main, Goldwyn, & Hesse, 2003), scoring of the AAI results in one of three main adult attachment classifications: (a) secure-autonomous (F), (b) insecure-dismissing (Ds), and (c) insecure-preoccupied (E; Hesse, 2016). In non-clinical samples, the distribution is 58% secure, 23% dismissing, and 19% preoccupied (Bakermans-Kranenburg & Van IJzendoorn, 2009). Adults with the (F) classification tend to value their attachment relationships, whether positive or negative, and are able to describe their attachment experiences in a coherent manner (Bakermans-Kranenburg & Van IJzendoorn, 2009). Adults with a (D) classification minimize their attachment experiences and usually idealize their childhood history without being able to give concrete examples. Adults with an (E) classification typically maximize their attachment experiences and are usually preoccupied with their past and are unable to describe their experiences in a coherent manner. An additional category of unresolved (U) is used to describe an interviewee that shows signs of unresolved trauma experiences. The (U) classification is given in addition to the three main classifications. Most recently a fifth category has been created, (CC) for “cannot classify,” for those interviewees showing significant contradictory patterns in relating attachment experiences. The (CC) classification is rare, and its validity is still being established.

Reliability & Validity of the AAI

In the decade following the creation of the AAI, researchers conducted several studies to measure the psychometric properties of the AAI (Bakermans-Kranenburg & Van IJzendoorn, 1993; Sagi-Schwartz et al., 1994; Van IJzendoorn, 1995) In the following paragraphs, I report on the stability of the AAI and the discriminant validity.

Validity. In the course of the AAI, adults are asked to recall information regarding childhood attachment experiences and evaluate the memories from their current perspective (Main et al., 2003). Transcripts are coded for attachment security based on how participants currently discuss their past experiences, thus the coding system does not rely on participants having accurate recollections. Rather, trained coders are assessing how participants are discussing the memories in the present, or participants current state of mind in regards to attachment (Main et al., 2003). Thus, the AAI coding system relies heavily on the coherence score to assign the speaker to a classification (Hesse, 2016). The coherence score measures how well participants can maintain collaborative discourse while accessing attachment-related memories (Hesse, 2016).

Researchers have demonstrated the predictive validity of the AAI through correlation between adult classifications and infant classification on the Strange Situation (Ainsworth et al., 1978). In a meta-analysis conducted by Van IJzendoorn (1995), 18 studies were included that compromised 854 parent-infant dyads. The results of the analysis revealed that there was a 75% concordance between parent and child attachment classification. The combined effect size across samples was reported as $r = .47$, which is a large effect size. In the most recent meta-analysis, Verhage et al. (2015) reported similar results. The researches included 95 studies for a total of 4,819 parent-child dyads. The researchers reported an effect size of $r = .31$. The authors concluded that the connection between parent-child attachment classification is “robust and universal” (p. 23). In regards to discriminate validity, researchers have ruled out the influence of intelligence and memory as confounding variables (Van IJzendoorn, 1995; Bakermans-Kranenburg & Van IJzendoorn, 1993).

Reliability. The testing for stability has included conducting the AAI with different

interviewers at different points in time with no communication between interviewers regarding classification. Researchers have found 78%-90% test-retest stability, with times between interviews ranging from 2 to 11 months (Bakermans-Kranenburg & Van IJzendoorn, 1993; Benoit & Parker, 1994; Sagi-Schwartz et al., 1994).

Bakermans-Kranenburg and Van IJzendoorn (1993) conducted interviews two months apart and found 78% stability ($\kappa = .63$) across the three attachment classifications. In another test of reliability, 59 male and female Israeli students were interviewed twice with the AAI by two different interviewers (Sagi-Schwartz et al., 1994). Interviewers were blind to each others' coding classifications and the results yielded a 95% interrater reliability. Further, the AAI's were conducted three months apart and the researchers reported 90% test-retest reliability (Sagi-Schwartz et al., 1994).

Overall, the AAI has demonstrated strong psychometrics properties, which provides evidence for its effectiveness in measuring attachment strategies. Additional support is provided in the increasing literature based.

Research with the AAI

The AAI has been widely used to gain understanding of various mental health disorders, including understanding how certain disorders develop. In the following section I review the literature on clinical research conducted with the AAI.

Bakermans-Kranenburg and Van IJzendoorn (2009) analyzed the first 10,000 AAIs completed and discovered personality disorders, depression, and Post-Traumatic Stress Disorder (PTSD) were associated more frequently with insecure attachment and unresolved attachment experiences. Similarly, Riggs and Bretz (2006) noted that the literature points to insecure attachment as related to adjustment problems and psychopathology (Field & Sundin, 2001;

Ward, Ramsey, Turnbull, Benedettini, & Treasure, 2000). For example, Barone and Guiducci (2009) used the AAI to assess mental representations of a sample of adults with eating disorders and compared them to a sample of non-clinical adults. The researchers found the majority of the clinical sample demonstrated insecure attachment representations and elevated levels of trauma experiences. Further, the researchers reported the clinical sample was more likely to have experienced higher scores on the rejection, neglect, and role-reversal experiences scales in their current mental representations of childhood relationships with their parents. Although the authors recommended caution in making direct interpretations of childhood experiences, they suggested that results indicated possible developmental pathways in the course of eating disorders. Additionally, the researchers noted the clinical sample demonstrated significant difficulty providing coherent narratives when discussing attachment experiences, pointing to deficiencies in reflective functioning and emotion regulation. The authors suggested that future research focus on developing evidence-based treatments that are attachment-sensitive for supporting intervention with eating disorders (Barone & Guiducci, 2009).

The AAI has been and can be a powerful tool in research as well informing the clinical process. Hesse (2016) stated that “the AAI protocol is structured to bring into relief individual differences in what are presumed to be deeply internalized strategies for regulating emotion and attention when speakers are discussing attachment-related experiences” (p. 557). Thus, researchers have developed multiple uses for utilizing the AAI in clinical settings.

Clinical Applications of the AAI

Steele and Steele (2008) identified how clinicians gravitated to the use of the AAI in the clinical setting because of its power to illuminate key experiences that could be contributing to clients' current distress including separations and losses and draw attention to how speakers have

negotiated and coped with such experiences. Additionally, the authors contended that the AAI is a legacy of the original thinking of John Bowlby, in that he proposed children and adults can be better helped with a clearer understanding of familial patterns. Specifically, the authors noted, “These intergenerational patterns . . . point to avenues for intervention aimed at helping adults resolve emotional, cognitive, and social difficulties stemming from their attachment history” (p. xiv).

The AAI may also be used as a measurement of process and change in therapy (Steele et al., 2009). Research seems to support the idea that administration of the AAI at the outset of therapy can help set the therapeutic agenda, identify areas of concern, and form the therapeutic alliance. Further, the authors suggested that re-administration of the AAI periodically or at the termination of therapy can pinpoint areas of change in helping clients identify how therapy has fostered “a more balanced, reflective, and coherent account of their attachment history” (p. 641). Additionally, the authors indicate the AAI “may be a useful motivator within therapy and a telling indicator of increases in organization and coherence in, and, between, the internal and external worlds” (p. 641).

In their edited volume, Steele and Steele (2008) brought together multiple and varied applications of researchers and clinicians using the AAI to support work with clients. For example, Toth, Rogosch, and Cicchetti (2008) presented work with toddler-parent psychotherapy, specifically with children and their depressed mothers. The AAI was used pre- and post- treatment to inform intervention with mother-child dyads in improving child-parent relationships and to demonstrating change in mothers’ attachment. The results of the study indicated that mothers and children exhibited increases in attachment security (Toth et al., 2008).

Gojman de Millán and Millán’s (2008) work with homeless youth in Mexico City

provides another illustration. The authors described how the AAI contributed to a social-psychological intervention project designed to be a refuge for the youth in need. Specifically, AAI administrations helped narrate the depth of trauma and difficult life experiences of participants and informed and equipped staff carrying out interventions. For example, staff participated in bi-monthly trainings where they were able to process their role as emotional containers, countertransference working with youth who have experienced trauma, and frustrations of their day-to-day interactions with the youth. The greater understanding helped staff members to “clarify their emotional responses, facilitating their intuitive acceptance and their following rational participation; this in turn helped the youngsters to stabilize themselves” (Gojman de Millán & Millán, 2008, p. 300). This new found attunement as a result of a greater understanding of the youths’ attachment disruptions and needs, by way of the AAI, birthed new ideas for the staff, including a “lullaby room” in which teen mothers could engage in “tender and affectionate interchanges with their babies” (Gojman de Millán and Millán, 2008, p. 301) as they fell asleep. The authors described the AAI as helping make those often termed “invisible children” visible.

In further illustration of the clinical capacity of the AAI, Stovall-McClough, Cloitre, and McClough (2008) discussed the use of the AAI with women who had significant histories of childhood trauma. The authors used the AAI to elicit information about clients that may not have otherwise gathered, which was used to alert clinicians of clients more at risk of dropping out and support the therapeutic process by helping clinicians make better treatment decisions and tailor interventions based on clients’ attachment history and state of mind. The authors also were able to identify high rates of the AAI classification, Unresolved, which provided a possible link to the

diagnosis of PTSD. The authors highlighted the significance of the link, stating possible interventions which have been validate for PTSD could be effective with those demonstrating characteristics of the Unresolved category

There are numerous examples of researchers and clinicians harnessing the power of the AAI to foster the clinical process as well as demonstrate the effectiveness of therapy. Beyond the AAI's effectiveness in researching attachment theory, the instrument is capable of surfacing salient clinical material, fostering attunement, tracking clinical progress, and supporting facilitating the parent-child dyad. The application of the AAI in the clinical context demonstrates the necessity of the attachment framework for the therapeutic process, for both client and clinician. Attachment theory has the potential to be a powerful additive in the training of counselors.

Implications for Counselor Development

The saliency of attachment theory to the counseling process is evident: the theory and evidence base has much to offer the profession's understanding of the nature of the counseling relationship: how it unfolds, how it is facilitated, and, importantly, how it is taught to student counselors (Greggo & Becker, 2010; Pistole, 1989). Trusty, Ng, and Watts (2005) identified a connection between the attachment strategies of counselors-in-training and their ability to demonstrate emotional empathy. With a sample of 143 masters counseling students enrolled in their first counseling skills course, researchers quantitatively assessed participants' emotional empathy and attachment style. The results of the study indicated that students with anxious attachment style demonstrated the highest levels of empathy, which is consistent with a preoccupied attachment style focus on intense emotion. The researchers noted what they believed to be a discordance with attachment theory. They stated theoretically, securely attached

individuals would seem to demonstrate the highest levels of empathy. Even so, the researchers concluded that when counselors-in-training have a greater understanding of their ways of being in relationships, they are better able to help others (Trusty et al., 2005). The researchers called for counselor educators to help students develop competent use of self in counseling to effectively navigate attachment dynamics in counseling relationships (Trusty et al., 2005).

Scholars have also called for the application of attachment theory to the conceptualization of counselor training. Greggo and Becker (2010) utilized their CACREP self-study as an opportunity to consider applying attachment theory as a paradigm for program processes at every level. For example, the authors demonstrated how they could incorporate attachment constructs into meeting CACREP standards including professional orientation and social and cultural diversity. The authors also applied the attachment lens to the process of gatekeeping. Further, as has been previously discussed, the authors suggested applying the attachment framework to the counseling supervision process to facilitate effective clinical skills and professional growth. Several authors have echoed the call for attachment-based supervision interventions to help counselors-in-training more effectively address both their own attachment strategies as well as those of clients (Pistole & Fitch, 2008; Mohr et al., 2005; Renfro-Michel & Sheperis, 2009)

The literature points to the importance of counselors' attributes in regards to the counseling relationship. Specifically, counselors' attachment organizations can influence the strength, quality, and effectiveness of the working alliance (Bucci et al., 2015). From a professional perspective, counselors have an ethical obligation to be aware of their contributions to the counseling relationship, including their attachment organizations (ACA, 2014; CACREP, 2016; Pompeo & Levitt, 2014). The gap in the literature seems to be intervention. The studies point to the high priority of addressing the attachment strategies of the counselor, and yet there is

not an evidenced-based intervention to do so. A review of the literature revealed that there is not an empirically validated intervention for supporting counselors in becoming more aware of their attachment organizations (Degnan et al., 2016). The AAI has the potential to help developing counselors become more aware of their attachment states of mind, which could be powerful in catalyzing personal growth and development that could impact the facilitation of the counseling relationship.

APPENDIX C
EXTENDED METHODOLOGY

Introduction

The purpose of this study was to explore how counselors experience being interviewed with the AAI (George et al., 1984/1996). Qualitative phenomenological methods were used to conduct the inquiry specifically interpretative phenomenological analysis (Smith et al., 2009). In this chapter, I present the philosophy of IPA and then outline the process for procedures used in the current study, including informed consent, selection of participants, data collection, data analysis, and trustworthiness, including a statement on researcher reflexivity.

Research Questions

Research questions for the study were as follows:

1. How have the counselors been influenced, or not influenced, by the process of being interviewed with the Adult Attachment Interview?
2. How have the counselors experienced, or not experienced, a greater self-awareness?
3. How has the process of being interviewed with the Adult Attachment Interview influenced, or not influenced the counselors' work with clients?

Interpretative Phenomenological Analysis

The phenomenology tradition of qualitative research seeks to describe the lived experiences of participants as it occurs in their consciousness (Hays & Singh, 2012).

Phenomenologists investigate the depth of individuals' experiences as well as ways these perspectives are similar to and different from others with a similar experience. Qualitative inquiry focuses on meaning and sense-making.

There are various qualitative methods, including grounded theory, discourse analysis, phenomenology, and narrative psychology (Smith et al., 2009). The specific phenomenological method used in this study was IPA as outlined by Smith et al. (2009). I selected this particular

approached within the phenomenological tradition because of the philosophical underpinnings, specifically that the goal of IPA is to understand how a person is making sense of a particular experience (Smith et al., 2009). Smith et al. (2009) recommended the use of IPA for studies that “focus on personal meaning and sense-making in a particular context, for people who share a particular experience” (p. 45). In this case, I used IPA to understand how a set of counselors made sense of their experience being interviewed with the AAI.

The philosophy driving IPA includes phenomenology, hermeneutics, and idiography (Smith et al., 2009). Building on the work of philosophers Husserl, Heidegger, Merleau-Ponty, and Sartre, IPA researchers emphasize studying the experience and perceptions of participants in the context of their world, objects, language, culture, and concerns (Smith et al., 2009). This allows researchers to construct a “complex understanding of ‘experience’ invokes a lived process, an unfurling of perspectives and meanings, which are unique to a person’s embodied and situation relationship to the world” (Smith et al., 2009, p. 21).

Hermeneutics also informed the process of IPA in developing a process of interpretation. The idea of the hermeneutic circle and their dynamic relationship between the part and whole, informs the researcher’s process of interpreting the data. For example, in examining a part of an interview transcription, the researcher must look to the whole of transcript to see the part in context. Similarly, to understand the whole meaning of the transcribed interview, the researcher must refer back to the parts of the interview itself.

Finally, idiography influenced IPA in the focus on the particular. IPA researchers focus on detail to gain depth of analysis. Although IPA research is conducted with a limited number of participants, studies can uncover themes that connect to the larger population, thus making a case for generalizability. Warnock (1998) wrote, “The insightful case study may take us into the

universal because it touches on what it is to be human at its most essential” (as cited in Smith et al., 2009, p. 38).

Procedures

There are established protocols for the basic steps of conducting an IPA study (Smith et al., 2009; Storey, 2007). While researchers have recommended structure, they have also encouraged flexibility and creativity in the application of the protocol (Smith et al., 2009). In the following section, I delineate my research protocol and identify where I maintained consistency with IPA and where I introduced creativity.

Selection of Participants

IPA uses small, homogenous samples to facilitate the in-depth analysis required in data analysis (Smith et al., 2009). Smith et al. (2009) stated that there is no correct number for an IPA study; rather the focus should be on acquiring depth of understanding for each case. Most IPA studies include between 5 to 10 participants (Smith et al., 2009). Additionally, Smith et al. (2009) has encouraged research on single cases, as a means of gaining richness and depth. In accordance with qualitative methods in general and IPA specifically, samples are to be chosen purposively to gain understanding of a particular experience. Participants are recruited because “they ‘represent’ a perspective, rather than a population” (Smith et al., 2009, p. 49).

The population of interest for this study were licensed professional counselor interns in the first year of a doctoral training in counseling. I selected this sample due to their Novice developmental stage, based on Rønnestad and Skovholt’s (1992, 2003) research of counselor development. Counselors-in-training at the beginning of doctoral study are developmentally ready for an intervention regarding exploration of attachment strategies due to the focus of development being an intense self-exploration (Rønnestad & Skovholt, 1992, 2003).

Additionally, all participants completed the AAI and therefore they were able to speak to the particular experience of the interview and feedback process.

Prior to recruiting participants, I gained the approval of the Institutional Review Board (IRB) at the University of North Texas. Once approval was obtained, a class announcement was sent via email to all individuals in the first-year cohort of a counseling doctoral training program in the southern United States. The training program is a CACREP-accredited counselor education and supervision program with a special emphasis on clinical competency. The class announcement email is in Appendix F. The email contained an invitation to participate in the research study and information on the informed consent procedures. Interested participants responded to the email announcement and were then asked to complete an initial screening to determine their counseling developmental stage based on number of years post-masters training. Included in the initial screening was also a demographics survey, which included questions about age, ethnicity, relationship status, counseling theoretical orientation, years of clinical practice, and types of clinical settings. Interested participants were also asked to describe their previous knowledge of attachment theory. The demographics survey served to provide context of participants. Seven of nine members of the cohort responded to the call for participants, and all were included in the research study. A copy of the screening form is included in Appendix F.

Upon agreeing to participate in the study, individual informed consent meetings were schedule with each interested participant. In the meetings, I reviewed the rationale and purpose of the study, the specific requirements of participation, and the risks and benefits of the study. The AAI is designed to elicit memories related to attachment experiences, and I discussed with participants the possibility of becoming distressed because of their engagement in the study. Participants were offered follow up resources, such as time to process with the investigator and

referrals for counselors. The interested participants were informed of the AAI interviewer's credentials and the process of the AAI interview and interpretation session. Further, interested participants were informed of the expectation that they reflect via journals between their experience with the AAI and the study interview. All seven potential respondents consented to participate in the study.

Participants

Participants ranged in age from 24 to 31; the average age of participants was 27 years. Five participants identified as women and two identified as men. Five participants identified as White, one participant identified as White/Ukrainian, and one participant identified as Afro-Latina. Three participants reported being married, one participant reported being divorced, and two reported being single. Of the seven consented participants, four described themselves as conducting counseling from a person-centered theoretical orientation. One participant reported using relational-cultural theory, and one participant reported using Gestalt. One participant being in a state of exploration regarding a current guiding counseling theory.

Years of clinical experienced ranged from 1.5 to 3; the average number of years of clinical experience was 1.9. Participants reported a variety of clinical settings in which they had gained their clinical experience, including inpatient mental health hospitals, private practice, community agencies, university-based clinics, elementary schools, domestic violence shelters, and residential settings.

Participants described varying levels of familiarity with attachment theory. Many reported they had gained knowledge of attachment theory from the classroom setting, such as a child development class while in the pursuit of an undergraduate degree and some foundational knowledge in counseling graduate courses. Several participants used words such as "some,"

“general,” and “brief,” suggesting their knowledge of attachment theory was limited to major ideas and concepts. One participant expressed some self-initiated exploration of attachment theory via reading. No participant reported extensive familiarity with or training in attachment theory. Participant demographic information, including age, ethnicity, and years of practice are included in Table C1. Pseudonyms are used to protect confidentiality.

Table C.1

Participant Characteristics

Participant	Age	Ethnicity	Years of Practice
Grace	26	White/Ukrainian	3 years
Henry	26	White	1.5
Margaret	27	White	3
Alicia	31	White	2
James	24	White	2
Rosemary	26	Afro-Latina	3
Rain	28	White	2

AAI Procedure

After participants consented to participate in the study, I provided them with the AAI interviewer’s contact information to schedule their AAI interview. The AAI interviewer, Mr. Harlow, successfully completed training and certification for the AAI and has conducted more than 500 AAIs in conjunction with Texas Christian University’s Institute of Child Development. As described in Appendix B, the AAI typically lasts between 45 and 90 minutes. Participants were via the telephone and were recorded only for Mr. Harlow’s purposes of coding the interview.

Next, Mr. Harlow provided participants an interpretation session where he gave them feedback regarding their own attachment states of mind, which typically lasts between 30 to 45 minutes. The interpretation sessions were conducted via the telephone and were not recorded. Finally, Mr. Harlow provided each participant with a written report containing the results and extended feedback from the AAI.

Data Collection

After participants completed the AAI interview and interpretation process, the primary investigator sent five journal prompts via Qualtrics to complete over the course of three weeks as a means of facilitating reflection on the experience of being interviewed with the AAI and receiving their results. Reflective journals are often used as a means of data collection in qualitative research (Hayman & Jackson, 2012). Journaling can be one way of examining phenomena in natural contexts (Simmons-Mackie & Damico, 2001). The act of journaling can provide deeper understanding of experiences and increase application of knowledge and theory to a practical learning experience (Arter, Wallace, & Shaffer, 2016). Further, reflective journaling can promote an internal process of connecting with one's thoughts, feelings, and behaviors (Hubbs & Brand, 2005). For this study, participants engaged in reflective journaling to support their exploration process of their attachment strategies. Griffith and Frieden (2000) write, "The process of writing reinforces learning and facilitates professional and personal growth" (p. 85). Although current literature supports the use of reflective writing for fostering learning and self-exploration, I did not find a recommendation on a specific number of journal entries (Griffith & Frieden, 2000; Rosin, 2015; Wilkinson, 2011). Hayman and Jackson (2012) described challenges to utilizing reflective journals as a method of data collection, including poor participation, feeling exposed, and staying on track. As a means of encouraging participation, the

authors recommended limiting the journaling period because when participants are provided a termination of their required participation, they are more likely to participate (Hayman & Jackson, 2012). In congruence their suggestion, I limited the time period to five journal entries over a period of three weeks. Even with the limited timeframe, five of the participants completed all five journal entries and two participants completed four journal entries.

The goal of reflective journals is to help individuals' move from knowledge and understanding to higher levels of synthesis and evaluation (Arter et al., 2016). The initial journal prompt "What was your initial reaction to the interview process? What surprised you? What did you not like? What did you appreciate?" was intended to gain a preliminary reaction to the AAI and interpretative session. The goal of the prompt was to elicit participants' authentic reactions in a less exposed fashion than in a face to face interview. The second prompt "What is something that has stayed with you? How are you understanding that piece?" was intended to encourage the participants to continue reflecting on their experience and integrating the experience into their self-understanding. The goal of the third journal prompt "What have you learned about yourself?" was to facilitate participant reflection on their personal growth through the process. The prompt was intended to be open-ended and allow for participant experiences of growth that may not necessarily be related to the AAI process. The fourth prompt, "How has the process of the interview influenced or not influenced your immediate relationships? Your work with clients?" was created to encourage participants to reflect on how their awareness of their attachment classifications influenced or did not influence their interpersonal dynamic. Attachment classifications emerge out of interpersonal relating, therefore greater understanding of one aspect of interpersonal dynamics could influence relationships in general (Siegel, 1999). The final journal prompt, "Was the process of the interview meaningful or not meaningful? In

what way(s)?" was intended to support participants in taking a wider perspective of the AAI experience and evaluate how it may or may not have influenced them. Again, the prompt was intended to be open-ended and allow for varied participant experiences of the AAI. The specific journal prompts are listed in Appendix F.

Upon completing the journal entries, the primary investigator conducted in-person, individual, semi-structured interviews with each participant. The audio-recorded interviews were carried out in a university-based clinic. Interview length ranged from 22 to 43 minutes and averaged 34 minutes. The interview is one of the most common data collection methods in qualitative research because it is capable of providing a rich and detailed understanding of a participant's experience (Englander, 2012; Smith et al., 2009). In phenomenological research, the goal is to gain an understanding of the subjectivity experienced by another person, and thus interviews support the endeavor of participants describing their experiences from their perspective (Englander, 2012).

The initial set of questions in the interview schedule was designed to gain context of the participants, specifically in regards to experiences that were characteristic of their development, including participants' perceptions regarding their current process in developing as a counselor. Further, the questions were introductory, so as to build rapport (Smith et al., 2009). The grand tour question was "What was your experience being interviewed with the Adult Attachment Interview?" The grand tour question was designed to elicit data regarding the phenomenon under study, specifically the participants' experiences of the AAI. The remaining questions were structured to mirror the reflective journal prompts as a means of fostering interpersonal reflection on their experience and allowing participants an opportunity to share further reflections post-journaling. The interview schedule is listed in the attached appendices was constructed.

The transcription company, Rev.com, was used to transcribe audio interviews verbatim. Collectively, the journal entries and the transcribed interviews, were analyzed according the IPA protocol (Smith et al., 2009).

Data Analysis

The research team consisted of myself and a counseling faculty member of a Southeastern university. Collaboration with a research partner supports the triangulation of the data (Yardley, 2008). I am a current doctoral candidate at the University of North Texas. I have completed several research courses, including an advanced qualitative methods course. I have also been on qualitative research teams that utilized phenomenological methods of data analysis. I have also completed the training for certification in the AAI, and I am in the process of becoming a certified coder.

The research partner is a counselor educator at a large public university in the southeastern United States. Her research agenda includes the application of attachment theory to working with children who have been adopted and their parents. She has also conducted qualitative research and served as a member on qualitative research teams.

We analyzed the semi-structured interviews and journal entries according to the six-stage analysis process outlined by Smith et al. (2009). Although several authors have outlined steps for analyzing the data, they consistently state that researchers should apply creativity and flexibility when applying the steps (Finlay, 2011; Smith et al., 2009). The following steps serve as a guide to the data analysis process.

To begin, we individually read through the first piece of data, which included the transcript of the interview and the corresponding reflective journals, to become familiar with it as a whole. The iterative reading and re-reading the data enabled us to develop an initial overall

theme for each piece of data (Storey, 2007). From the beginning, we were aware of our need to be aware of the extent to which we identify with the content of the data piece to refrain from imposing our experience on our interpretation of participants' experiences (Storey, 2007). Thus, bracketing was required throughout the data analysis process. We conducted weekly meetings to discuss our experiences of the data and bracket our reactions.

Then, as a pair, we re-read each data piece again, this time making notes of responses and questions in the left-hand margin (Smith et al., 2009; Storey, 2007). Our goal at this step was to attend to semantic content and language use in an attempt to develop an understanding of how the participant was understanding and thinking about the phenomena. Smith et al. (2009) described three different types of initial, exploratory comments: descriptive notations that focus on content, linguistic notations that focus on how a participant uses language, and conceptual notations that focus on engaging the data at an interrogative and conceptual level.

In the next step, we focused on developing emergent themes for each case (Smith et al., 2009). Out of the comprehensive notes, we mapped out interrelationships, connections, and patterns. This process involved breaking up data and one iteration of the hermeneutic circle, previously described. Smith et al. (2009) wrote, "The original whole of the interview becomes a set of parts as you conduct your analysis, but these then come together in another new whole at the end of the analysis in the write up" (p. 91). Generally, the themes should be reflective of the participant's original meaning and the researcher's interpretation. While initial note-taking is open and exploratory, themes are encapsulating an understanding of the participant's experience (Smith et al., 2009). At this point, I conducted in-person member check of emergent themes with each participant to foster trustworthiness of our data analysis and ensure we were staying close to

participants' reported experience. Although some participants provided feedback regarding wording of emerging themes, all participants endorsed the emerging themes with minor changes.

In the fourth step, we searched for connections across emerging themes to chart how the themes fit together. The goal was to find the most salient aspects of each data piece. In looking for connections across emergent themes, I printed out the typed list of themes, cut them up, and organized them in clusters on a large workspace (Smith et al., 2009). We used different methods for identifying themes, including abstraction, polarization, contextualization, numeration, and function (Smith et al., 2009).

The next step in the process was completing steps one through four with the next piece of data. IPA researchers recommend bracketing ideas that will emerge from the analysis of the first data piece to allow new themes to develop from the next data piece (Smith et al., 2009).

The final step is to search for connections and patterns between data pieces. IPA researchers recommend constructing a table or laying out the themes on a large workspace to gain perspective. We asked ourselves "What connections are there across cases? How does a theme in one case help illuminate a different case? Which themes are the most potent?" (Smith et al., 2009, p. 101). At this point of the analysis, IPA researchers suggest applying a theoretical perspective, and we looked for connections to attachment theory. The final product was a write up of the analysis as provided in Appendix D (Smith et al., 2009).

Trustworthiness

Rigorous qualitative research requires the investigator demonstrate transparency of the process as well as including a system for checks and balances of researcher bias (Hays & Singh, 2012). For this current study, I included several elements to increase the trustworthiness.

First, my research team and I utilized weekly research team meetings to bracket experiences and prior knowledge of attachment theory and the AAI. The process of bracketing includes the investigators reflecting on their experiences with the content being studied to demonstrate transparency of the possible influence of the researcher (Hays & Singh, 2012). We continuously processed our reactions to the data to set aside our experiences and address potential researcher bias in a way that fosters trustworthiness and supports validity (Hayes & Singh, 2012).

I constructed the following researcher reflexivity statement prior to collecting data for this study:

I am a 31-year-old mixed ethnicity, Latina and White female who is working toward a doctorate in counselor education. I am a licensed professional counselor supervisor and I completed my masters in counseling five years ago. I became interested in attachment theory primarily through my own counseling process and my internship on an inpatient psychiatric unit focused on trauma disorders. While I worked on the trauma unit, I received counseling services from a licensed psychologist who identified as psychodynamic with an emphasis in attachment theory. During the three years I was in counseling, I explored my attachment history and I developed awareness of my interpersonal patterns and emotion regulation strategies. During our counseling relationship, my therapist would often provide didactic information about our process from an attachment perspective which I worked to integrate personally and professionally. Part of my bias is my positive experience in my own personal counseling. I am aware that I hold the belief that counselors would benefit from personal counseling to facilitate personal and professional growth and development. While I did not include any direct questions

regarding my potential participants' experience of personal counseling, I was aware of this bias so that it did not skew my interpretation of the data.

From my perspective, my personal work in counseling directly impacted my relationships with my clients. Rather than reacting out of my experience of countertransference with my clients, I developed more adept emotion regulation strategies and a greater capacity for metacognition. My awareness of my personal strategies for managing my attachment needs helped me to set those aside and respond to clients in a way that facilitated their exploration of their own attachment strategies. For example, in a state of distress and confusion, clients could become hostile and accuse me of not helping them achieve treatment goals. Prior to my increased attachment awareness, my anxiety would have increased and I would have felt over responsible for clients' anger and fear. Over time, my learning of the source of my anxiety helped me to regulate it and fostered my ability to respond to my clients' attachment needs rather than their attachment strategies. In many ways my personal experience is the impetus for the current study in that I found my personal exploration of my attachment history profoundly valuable in my professional growth. While I am aware that the literature supports my experience, I am open to participants having a neutral or negative experience in their exploration of their attachment histories.

Upon entering the doctoral program in counseling at the University of North Texas, one of my goals was to increase my knowledge and training in attachment theory. I completed a course with Dr. Sue Bratton on interpersonal neurobiology, which attachment theory is a major component (Siegel, 1999). Additionally, I completed the training institute on the AAI with Drs. Mary Main and Erik Hesse. I am currently in the post-training process of achieving reliability as an AAI coder. My prior knowledge of the AAI could be viewed as an asset and a barrier in the

interview and data analysis process. From my perspective, which has support in the literature, the AAI is a powerful research and clinical tool (Steele & Steele, 2008). I was aware of this bias in listening to participants' experiences, which allowed me to look for positive and negative experiences from their AAI interview and interpretation processes.

On-going consultation with participants, or member checking, on the developing qualitative analysis is a key strategy for establishing trustworthy qualitative research (Hays & Singh, 2012). While there are many ways to complete member checking, I completed consultation with participants in the following ways. I initiated follow-up probes during the semi-structured interviews to clarify participants' responses. I conducted individual, in-person member checks, allowing participants to review their emerging themes and confirm they are accurately represented. As noted previously, all participants endorsed their emerging themes after the incorporation of minor changes.

APPENDIX D
COMPLETE RESULTS

Introduction

In this chapter, I present the results of an IPA study exploring how counselors experienced the AAI. The research team conducted data analysis according to the recommended protocol (Smith et al., 2009). The researchers identified four superordinate themes and eight subordinate themes. The themes are listed in Table D.1.

Table D.1. Themes

Superordinate Themes	Subordinate Themes
1. Reactions to the AAI interview process	1a. Surprised by interview process 1b. Interview process sparked reflection
2. Process with AAI feedback	2a. Initial reaction to the AAI feedback 2b. Evolving process of integrating AAI feedback
3. AAI and intrapersonal process	3a. AAI process increased awareness 3b. Increased self-awareness increased self-efficacy
4. AAI and interpersonal processes	4a. Awareness from AAI process prompted relational shifts 4b. Impact of AAI process on clinical work

In the following paragraphs, I first provide context to the participants' counselor development experiences. I then describe each theme and subtheme and I use excerpts from participants that are descriptive of each theme to further illustrate participants' perceptions. After discussing themes, I report on higher order constructs that emerged across cases and attend to areas of divergence among participants. To maintain participants' confidentiality and anonymity, I have used pseudonyms.

Counselor Development Experiences

To provide context for the data collection and assist others in assessing transferability, interviews included discussion of participants' previous development as counselors. Participants

identified a range of factors that have influenced their process of development as counselors. As a whole, participants described how self-awareness, relationships, and mutual influence between the personal and professional have been salient in their development.

Importance of Self-Awareness

All participants reported that increased self-awareness has been important in developing professionally as a counselor. Participants described how self-awareness supports clarity and effectiveness in the relational dynamics with clients. One participant noted the ethical obligation for increased self-awareness, while another participant referenced her theoretical orientation and its emphasis on the person of the counselor.

I think to be ethical you need to be self-aware. The more you seek self-awareness and the more you seek those kind of healing elements about your previous experiences, the more it shifts how you relate to people going forward. (Alicia)

I think being person-centered, the relationship is the most important thing and I value self-awareness and I value personal growth. So even thinking about my own relationships and how able I am to communicate within those, I think, has helped me communicate better with my client/counselor relationships. (Margaret)

I think I've really increased my awareness, and I've helped me integrate it into my clinical work. (Rosemary)

With that what came up for me was just the belief that sure all of the technical knowledge that you receive and you're in the process of training to be counselors is important but what has been so fundamentally impactful for me is like the personal curriculum and my growth process, my understanding of who I am and how I am in a relationship. (James)

Participants described valuing the continued process of self-awareness and self-discovery and they related it as a professional obligation and a sign of professional and personal effectiveness.

Importance of Relationships

Participants described valuing relationships in their professional development.

Participants relayed how mentors, supervisors, immediate relationships, and professors provided

support encouragement and feedback that helped them grow as counselors. Some also noted how their own personal counseling catalyzed their journey toward becoming a counselor.

I think having professors in my master's program that actually could hold space and practice that experientially was a really helpful thing. Because one of the things that I've learned for myself as a counselor is that it helps me if someone can hold space for me before I hold space for someone else. (Alicia)

Supervision has been really significant in my development, and different types of supervision. (Rosemary)

I initially wanted to become a counselor due to my experiences in counseling. (Henry)
I think in particular the people that I have developed relationships with, especially within the program that I've gone through. There's been such a relational focus in my masters and then also within my doc program. I have learned so much about myself through kind of having that established in certain areas and in certain relationships and so I've been able to kind of dig in and explore myself and share that openly with the people. Through that process I have learned a lot about who I am and relationship and how I am in relationship. (James)

Participants emphasized how relationships supported their process development, particularly relationships that invited and fostered of personal growth. Relatedly, participants also identified a growing understanding of how their personal and professional lives intersect and influence each other.

Mutual Influence of the Personal and Professional

Participants described how their personal experiences influenced their development and how their professional growth impacted their personal lives. The mutual influence of the personal and professional emerged as a theme across cases. Some participants talked about how their personal challenges influenced their professional growth:

I think, first off, probably life experience. I think it was helpful for me to have made mistakes and had struggles before I got into the counseling profession. I think that those things, both having lived them and then also having sought counseling myself, helped me, I mean, compared to what I have now, to a limited extent gain self-awareness and healing and also perspective for getting not only through the training program but also just in relating to clients and things. I think that just sometimes shit helps you.

The experiences of loss and growth and all of the experiences that I've had prior to and since going to school for counseling and then graduating and being a counselor. I feel like everything that happens outside of the room impacts what happens inside of the room as well, so all of my experiences and then reflecting on those experiences as well, and having people that have been with me or that I've been able to go to to process that out. (Henry)

Other participants processed how exploring their personal experiences supported their development:

The first would be exploring my personal experiences, and how they've shaped me as a person. And then how those experiences directly influence me in the room as a counselor. (Rosemary)

It has been a continual process of accessing my experience and how my encountering this process of growing in this program and then also returning to you know how I always understood myself in relationship. I knew that's just fundamentally I think for my growth comes from. I don't think that I would be able to be where I am in terms of my counselor development if I had not been willing to dig into exploring and making sense of my experiences and allowing myself to do my own healing in that process. (James)

And finally, some noted how parallel process between personal and professional relationships:

In some ways, it parallels my process. . . . In some ways, my personal process parallels my professional process. In some ways . . . a lot of identity integration right now is really where I'm at. Between identity integration of gender and sexuality, and being a professional counselor as well as still being a student, being a researcher, being an advocate, being a teacher, a supervisor . . . all of that is working to integrate, or I'm working to integrate it. (Henry)

I feel brave, sometimes, when I have to say things to my family and friends and I notice that that is causing shifts in even the way that I can talk to a client. (Margaret)

Participants identified the salient relationship between their personal lives and their professional growth and experiences. They described how being able to understand the mutual influence supported their effectiveness as counselors and personal growth. Participants brought these previous experiences and values to the AAI intervention and feedback process with them. In the following paragraphs, I describe the themes related to how the participants experienced the AAI.

Superordinate Theme 1: Reactions to the AAI Interview Process

All participants described a variety of reactions to the AAI interview process, including feeling surprised, conflicted, sad, and overwhelmed. All participants described continuing to reflect on the interview process, personal experiences, and attachment in general long after the interview process. Many expressed feeling comfortable with the interview process and with the interviewer. Some expressed cultural concerns with the AAI process, and most expressed utilizing personal and professional relationships as a means of processing the new awareness from the AAI experience. Two subordinate themes are described below: surprised by the interview process and interview process sparked reflection.

Subordinate Theme 1a: Surprised by Interview Process

The theme of surprise was prevalent across participant experience with regard to the initial experience of the AAI assessment. Some expressed surprised at the structure of the interview and the nature of the questions:

I was surprised that the interview took the entire two hours. For some reason I didn't expect it to and was surprised when he said we were getting close on time. (Henry)

I also felt surprised to be asked if I had experienced any type of abuse as a child or adult. Although I have my own support system and personal counselor, this felt like a question that would only be appropriate if it were asked within the context of a strong therapeutic relationship. (Grace)

Some participants described the process of recalling memories was difficult, and for some it was upsetting or uncomfortable:

I was surprised that I struggled to identify specific memories regarding my mom and felt uncomfortable when I realized that some of the memories I recalled about my dad could be looked at negatively. (Grace)

You know there were certain things about it that caught me off guard, like being asked to name five words that were in relation to my parents. Then to give like a story that comes up with that word was surprising in terms of like oh wow there is kind of like a performance pressure. . . . It was just a new way of thinking about those relationships. (James)

Additionally, I did not like feeling on-the-spot to recall childhood memories. I generally do not like feeling on-the-spot, so that I did not like that part of the interview does not surprise me. (Alicia)

Finally, some participants expressed how they unexpectedly experienced emotions related to childhood memories. They noticed and were surprised by the strength of those emotions:

I mean, it brought up stuff, like memories and stuff, but also it's stuff I didn't expect actually. (Alicia)

I felt angrier than I expected. So much of this material has been the subject of my previous counseling, so I was surprised to have strong emotional responses to certain memories. (Margaret)

The first part of the interview process (administration of the AAI) brought up old memories that triggered feelings of sadness, anger, and hurt. I was surprised at how strong some of my childhood memories are to this day. (Rosemary)

In all, participants expressed surprised regarding the AAI. While some were surprised by external factors, such as the interview questions or the interviewer, others were surprised by their internal reactions to the process of the interview.

Subordinate Theme 1b: Interview Process Sparked Reflection

Administration of the AAI sparked further reflection regarding participants' personal relationships and relationships in general. Some participants reported continuing to individually process how it connected generally to their personal experiences. Some reported the content of their reflection included attention to their interpersonal style:

It's causing me to think a lot more about how I relate to other people and notice differences in how I've been relating to how I relate now—in that I definitely have much more secure attachments but I definitely remember in the (not so recent) past having much different experiences. (Henry)

Shortly after the interview, I reflected on my relationships within my 'created' family, as well as the work I have done within my own personal therapy. (Henry)

Additionally, several participants expressed appreciation for the opportunity to reflect on their childhood experiences and their potential influence on the present:

I appreciated that the interview gave me the chance to look at my attachment in a new way. I often think about individuals and not necessarily the relationships, and the ways those can be different or consistent with my attachment figures. I have new insight from describing the relationship I had with my mom, not just qualities of my mom. (Margaret)

I appreciated the questions in the AAI because they encouraged me to take another look at my childhood and consider the impact of my experiences during childhood on my development. (Rosemary)

I appreciated some of the insight into childhood relationships that accompanied the interview, even before receiving the results. (Rain)

I enjoyed being asked to reflect on my relationships with my parents and continued privately processing what I shared in the interview after it ended. (Grace)

Participants used the interview process to reflect on their interpersonal styles and how their childhood experiences have influenced their current way of being. Even before they received formal AAI feedback, they began to consider their past and present relationships in a new light. The next theme focuses on participant experiences of receiving the AAI feedback.

Superordinate Theme 2: Process With the AAI Feedback

As discussed in Appendix C, the AAI assessment included a separate feedback session with the licensed professional counselor who facilitated the interview. Consistent with AAI protocol, the counselor verbally reviewed feedback with participants and provided written feedback. All participants discussed their process with receiving, understanding, and integrating the feedback from the AAI. A temporal distinction between the subordinate themes emerged: participants described initial reactions to feedback; later, they discussed their evolving integration of the feedback.

Subordinate Theme 2a: Initial Reaction to the AAI Feedback

Participants' initial reactions were varied in that some expressed feeling defensive while others reported feeling validated. Some participants were surprised or questioning of their attachment classification:

I was really surprised by my results because he was like, "You know I see . . . the majority of the markers I see are for secure attachment and there's some markers for entangled and dismissive, but mostly markers for secure attachment." That was really surprising to me because that's not how I experience myself. (Henry)

I have continued to think about the results of the AAI. My initial reaction to the interview itself was positive, but I had a very negative reaction to the results. I did not expect the attachment style I was given, and I subsequently began questioning my perception of my childhood and relationships with my parents. (Grace)

The facilitator described my attachment style in the context of answers he interpreted to be minimizing or dismissive, explaining that given the trauma I experienced, the memories associated with the adjectives I used to describe my relationships should be more violent or abusive. I wonder how much of his interpretation is true—do I truly minimize my experiences or abuse or are the more subtle moments I recalled the ones that hurt me the most? (Margaret)

Some participants were surprised by the AAI feedback because it did not match how they experience themselves. For others, the AAI feedback challenged their perception of their childhood experiences, causing them to question their established understandings of memories and family of origin relationships. Some participants felt anxious or frustrated with the feedback process:

Yeah, so the process of doing it was good, just a little anxiety provoking to get into that depth. (Rain)

I think when I first received the feedback, I was just really aware of my culture, and how unintentionally, we can oppress other people, or we can really impose our beliefs and our way of thinking on others. So that to me was really striking, because I know that the interviewer didn't mean it in that way. (Rosemary)

While Rain found the level of intimacy anxiety provoking, Rosemary felt frustrated with what she described as lack of cultural responsiveness of the AAI instrument and the interviewer. On the other hand, some participants reported they felt affirmed by their attachment classification, because it reflected their personal experiences:

Overall, I have a sense of comfort having received the feedback that my primary attachment style appeared to be secure. Of course, this was good to hear—it appeared the

piece of me that likes to achieve, the superiority in my personality ("Oh, yeah, I did that necessary growth!"). (James)

The secondary attachment style is something that has really stuck with me in that it helped me recognize and validated for me some of the experiences from my family of origin that I have found frustrating or irritating. (Alicia)

Participant James reported feeling affirmed by the AAI feedback because he felt it reflected his personal growth. Similarly, Alicia expressed feeling validated regarding her family of origin concerns.

Participants' collective reactions to the AAI feedback were mixed. Some were surprised, anxious and frustrated while others described feeling affirmed. All participants seemed to have an expectation of being classified as securely attached. They had negative reactions when they received results conflicting with that expectation and positive reactions when their feedback was in line with their expectation.

Further, how participants received the feedback seemed to mirror their self-reported attachment classifications. Participants who reported their feedback was a dismissive classification were anxious about the level of intimacy associated with the interview and were minimizing of the process. In contrast, participants who reported a primary or secondary classification as preoccupied demonstrated elevated levels of frustration, a characteristic of preoccupied attachment. While participants' initial reactions seemed congruent with their attachment classifications, they also demonstrated an evolving process of integrating their feedback.

Subordinate Theme 2b: Evolving Process of Integrating Feedback

All participants expressed an evolving process of integrating the feedback from the AAI. As the participants had more time to reflect about their experience completing the AAI and receiving feedback regarding their attachment styles, they came to hold different perspectives or

awareness of themselves in relationship. Some of the participants described the integration process:

I think actually the most significant part of the AAI itself is the processing afterwards for me. I think that's been a lot more . . . because the experience itself, it was exhausting. I finished it and I was tired, and I was looking forward to receiving my results when I got them, but I think the processing, that's been the most significant part. (Alicia)

A lot of it, I think, also is really unconscious. Really having to think about it . . . and then also, in some ways, not being sure how it's impacted. Feeling like, "Okay, I know that this has made some sort of impact, but I can't put my finger on what or how much." It's not until something happens that I realize that it's there. (Henry)

Beyond the interview and feedback process, participants described the significance of being able to process their results. Additionally, they identified how the processing was not in the forefront of their awareness, suggesting that the implications of their feedback could be ongoing. A few participants described how their perspective had shifted during the AAI experience and subsequent reflection. They described how they viewed the feedback or relationships changed:

I'm still integrating the information but I feel like I'm looking back at the memories a bit differently and more objectively than I had before the AAI. (Henry)

So that was challenging, during the feedback portion of it. But then when I read some of the comments, then I was like, "Yes, I could totally see this. And maybe this isn't as fitting, culturally." So after I had time to step away from it, I was able to actually take some things away. (Rosemary)

The process of the AAI seemed to provide clarity regarding the dynamics of childhood experiences and an opportunity to gain a new perspective. Being able to put parents in context is a key indicator of attachment security according to the AAI scoring protocol. Other participants acknowledged the difficulty of receiving the feedback and they also took the time to reflect on the accuracy and personal application of the feedback.

Other participants expressed how their understanding of their attachment organization has

evolved and how they are integrating this awareness into their understanding of themselves:

Yet, I have also been giving continued thought to the aspects of the interview that were seen by the interviewer as dismissive or entangled. I am pleased, and perhaps surprised, at how “okay” I am with those pieces. They make sense to me. I appreciate having gone through the interview process, taking time to explore my childhood, my parents, and my understanding of our relationships. My current way of being makes sense. (James)

Reflecting on it now, I realize the attachment style itself is a tool I can use to more fully understand myself. However, I have felt a lot of emotional heaviness the past few weeks, and I know this has impacted my interpretation of the AAI results, but I also wonder how much the results added to the heaviness. Although I am intentionally viewing this as a learning experience and am hopeful how it will impact me long term, I am still wrestling with the results and what they mean for me moving forward. (Grace)

Over a period of reflection, participants were able to identify how their feedback was congruent with their childhood experiences and current approach to relationships. Participants who experienced negative reactions were able to develop emotional and psychological distance from their feedback to harvest the personal growth benefits of the AAI experience.

Finally, some participants began to apply how their understanding of their attachment organization could be integrated into how they understand their relationships:

Part of me feels like, I almost see it as I have a tipping point to be more honest in some of my relationships or set different boundaries or find ways to be secure within the relationships I have and move away from some of those patterns that are not healthy or threatening or whatever you want to call them. I have a blank slate so I might as well focus on the healthy relationships and the strengths and stuff like that. (Margaret)

I spent time processing through how I have seen some of the aspects of dismissive attachment play out in my current relationships, especially in times of high stress (such as this doctoral program). (Rain)

Participants described utilizing the feedback that they had originally interpreted as negative as an opportunity for change. Margaret described how her feedback highlighted negative relational patterns and the AAI provided a platform to imitate changes in her relationships. Further, Rain described how the AAI feedback illuminated stress regulation strategies, which could be an

opportunity for change toward healthier ways of functioning. Theme 3 describes how the AAI processes initiated personal reflection and awareness.

Superordinate Theme 3: AAI & Intrapersonal Process

Across cases, participants identified how the AAI process personally influenced them. All participants identified how their awareness of their interpersonal dynamics increased following the AAI interview, AAI feedback process, and three-week journaling experience. As awareness increased, participants gained a sense of confidence or self-efficacy in navigating relationships, both personal and professional.

Subordinate Theme 3a: AAI Increased Awareness of Way of Being in Relationships

Participants described having more awareness of how they were in relationships. Participants described gaining new insight about their tendencies in relationships, new understanding of their emotion regulation strategies, and an ability to choose reactions in interpersonal dynamics. Some participants reported having more self-awareness in general:

I think the AAI helped me become much more aware of attachment patterns in such a way that I have gained insight into myself as a person in the world. (Alicia)

I believe that this process was meaningful for me in exploring my own patterns of attachment and challenging some assumptions that I had held about my attachment that were possibly skewed by my experiences. (Henry)

I suppose it has helped to spark my wonderings and consideration of how it is that I am in relationship. I suppose there are moments I can reflect on now, specific happenings or reactions I have related to relationships, and I can more deeply understand why it is I reacted or felt a certain way. (James)

Participants identified the utility of the AAI process in gaining greater self-awareness, specifically in how their way of relating to self and others. Other participants expressed that the AAI process had helped them to gain more understanding and awareness of their interpersonal

patterns. Participants described having increased understanding of their patterns in conflict and how they react to stress:

I think it's made me more aware of how I tend to relate to people and also given me some, I don't like the word insight because it makes it very cognitive, but it does help me make sense of things; insight into like in times of conflict or stress how I respond to those situations and help me be more mindful about how those situations work, how I respond in those situations, which I think has been helpful. (Alicia)

So, with cohort members, but even with clients, when I'm at a point of exhaustion and high stress, in what ways do I default to some of those ways of relating with others? (Rain)

Participants connected their conflict management styles and stress regulation strategies were connected to their attachment classifications. Both processes involve regulation of emotions, which is a key function of the attachment relationship and a direct expression of bioregulation in complex organisms (Damasio, 1998).

Other participants expressed that their increased understanding of their interpersonal way of being helped them understand their relationships and how their past experiences may influence their current reactions:

While I agree that I experience myself to be overall secure, I can understand where some of my “dismissive” traits come in. I do sometimes attempt to deny my need for relationships—I strive to find worth and security outside of them. This seems particularly applicable to me in regards to how I am with my family members. Yet, I also can see how in some relationships, I aim to cling to the relationship. (James)

It's also helped me to understand some my patterns in intimate relationships. I've been able to be more open to experiencing new/current relationships as they are instead of reacting from my early attachment experiences. (Rosemary)

I have paid more attention even just to my language and the way that I describe things and am curious about the way that I push painful memories from my moment-to-moment awareness just in the way that I describe things, even in safe relationships or just to myself. (Margaret)

Insight gained from the AAI process helped participants gain a meta-like awareness of how their past experiences of pain and difficulty could be influencing their current way of being and how they interact with others. The new awareness provided an opportunity to address the pattern as well as change it.

Subordinate Theme 3b: Increased Self-Efficacy

Participants also reported feeling an increase in self-efficacy, or self-confidence in multiple areas as a result of gaining self-awareness. Some described feel more confident to express themselves, while others expressed feeling empowered to alter what they perceived to be unhealthy relational dynamics.

I think that I often try to dismiss or separate my feelings and try to behave in a way that seems right by other people, but I have found more comfort and confidence in just sharing my experience without being overly concerned about how another person will respond. (Margaret)

Some participants reported that the new awareness affirmed their personal work in counseling and increased their capacity to differentiate from their clients:

This is impacting the work I'm doing in my own counseling as well as impacting my family of origin relationships and my work with clients. The more aware I become of myself, the more I'm able to separate my experience from that of my client, and the fewer blind spots I find for myself.

In addition, I believe it was affirming. I feel connected with myself and comfortable with my way of being in relationship. I also feel confident in the fact that I have experienced much growth, and I believe I will continue to do so as I move forward. (James)

Other participants described feeling more confident in their ability to trust their perceptions and assessments of relational dynamics:

I think that I feel more confident in my ability to trust myself and my perceptions of things. (Margaret)

This understanding has influenced my ability to assess both healthy and unhealthy dynamics within my friend group and family, and begin to work towards changing some of those less functional ways of relating that no longer serve a purpose in my life. (Rain)

Participants expressed an increase in self-efficacy and agency in self-expression, personal growth, and relational dynamics.

In all, participants described how the process of the AAI illuminated their intrapersonal dynamics, from stress regulation to conflict management. Further, participants described having a clarification regarding how their family of origin experiences have influenced their relational interactions, creating opportunity for change.

Superordinate Theme 4: AAI and Interpersonal Process

In addition to intrapersonal awareness, participants also reported experiencing changes in their interpersonal relationships, both personal and professional. Participants described how their experience with the AAI prompted relational shifts as well and influenced their work with clients.

Subordinate Theme 4a: Awareness From AAI Process Prompted Relational Shifts

Action regarding new awareness was a common theme among the participants. Some reported creating new boundaries in existing personal relationships, while others described taking initiative to resolve conflict. The participants attributed the action to the new awareness from the AAI process regarding their attachment organizations. Some participants described addressing boundaries in their relationships:

Since doing the AAI, I have made significant changes in the way I choose to set boundaries in relationships in my personal life. (Alicia)

I have started to challenge the way that I operate in some of my relationships, by establishing firmer boundaries or by seeking more closeness or becoming more vulnerable. (Margaret)

Others took action in addressing conflict:

Most recently, I came to an epiphany regarding an unsatisfactory relationship with a current supervisor, and how aspects of dismissive attachment have played out in our

relationship, and used this insight to initiate a conversation regarding ways our supervisory relationship could improve. (Rain)

I believe that I'd made significant progress in working through some anger and emotions I'd experienced toward my mom especially—but after the AAI I feel like I have more empathy and don't feel quite as injured as I did before. (Henry)

I think it's impacted my experiences with other people in my life. For example, with some of my friends. Now I'm able to see if I'm being more guarded in my relationships with them. If there's something that maybe they said that I found offensive. Instead of saying how I was feeling about it, maybe I retreated from the relationship. So maybe being more mindful of how I'm interacting with people that are close to me. (Rosemary)

Becoming aware of their attachment patterns helped participants facilitate relational change within their current relationships. The integration of their new awareness supported them in moving from being aware of their conflict styles and stress management skills to taking action towards a more effective approach, both to conflict and stress. In addition to the participants' personal and professional relationships being influenced by the AAI process, they also identified how their clinical work was impacted.

Subordinate Theme 4b: Impact of AAI Process on Clinical Work

In addition to changes in personal relationships, participants described how the AAI process influenced their work with clients. While some participants described the utility of attachment language in conceptualizing clients' presenting concerns, other participants reported a more general shift overall in how they approached client-counselor relationships. Participants described using attachment theory to conceptualize client concerns and systems:

The resolved versus unresolved relational stuff with my client, that didn't come up until last night and it wasn't until just now that I'm putting together, "Oh, that likely has a lot of attachment significance and fits in with how they're talking about these experiences." Now I'm more mindful of next time they talk about it, looking at how . . . just being more intentional of how they're talking about it, instead of just reflecting on it later. (Henry)

Similarly, just being aware of the way that they relate and attach to me in session, and considerations for their attachment styles, like family of origin, and especially in my work with kiddos, and seeing that dynamic unfold in front of me with parents in the

waiting room, and also just consideration for, getting all meta, like, so, here's attachment with child and parent, and what was parent's attachment like with their parent, and how does that fit into this relationship and influence their way of being with their child? Just lots of added conceptualization, I think. (Rain)

One participant described how the new awareness has facilitated personal internal regulation:

I think it has affected my work with clients, to the extent that the more integrated and regulated I am as a counselor--the more aware I am of myself overall and within each moment, the more I am able to provide my clients with necessary conditions for change.

Another participant was particularly descriptive of how understanding his attachment organization supported his awareness of his transference to facilitate a successful therapeutic relationship:

With clients, I am aware of times I disconnect from my clients. I am similarly striving to understand more fully and deeply how it is I approach facilitating a therapeutic relationship, and ideally setting a stage for relational depth with clients. (James)

I had this feeling of threat of like I wasn't able to connect with her because she wants to latch on a cling to me and I couldn't understand why. I was processing and supervision and a lot came up in terms of like I hate having to prove myself to parents . . . I expect to be rejected and so with this client I was wanting to push her away, it wasn't safe. You know that's a new level of considering how am I in relationship with my clients? (James)

In all, participants reported how their new awareness of their attachment organizations and their further understanding of attachment theory supported their clinical work. Their self-understanding fostered their awareness of the dynamics happening with clients and supported their effectiveness in intervening at a systemic level with their clients.

While there were several areas where participants aligned in how they experienced the AAI, there were also ways in which they reported divergent experiences. In the following paragraphs, I review differing participant experiences.

Areas of Divergence

The IPA model of analysis focuses particularly on convergence of participant themes as evidenced by the attention to the hermeneutic circle of deconstructing data to the particular and ending with focus on the data as a whole. At the same time, analysis begins with detailed attention to each participant account, therefore allowing diverging themes to emerge.

Understanding divergence amongst participant experiences can lead to greater understanding of convergent themes (Smith et al., 2009). In this study, areas of divergence included mixed reactions to the person of the interviewer, cultural concerns in regards to the interview and feedback process, utilizing relationships to integrate AAI feedback, and suggestions for future use with the AAI. I discuss each area below.

Reactions to the Interviewer

Reactions to the interviewer were polarized. Some participants described feeling comfortable responding to the AAI assessment while others had strong negative reactions to the person of the interviewer. Some participants reported feeling comfortable while others described they felt cautious, guarded, and defensive. Those that reported feeling comfortable said:

I felt comfortable during the interview and interpretation. I appreciated the openness during the debriefing and Jim's attendance to making sure that I understood the process and had time to ask questions and have them answered. (Henry)

The majority of the interview process was comfortable for me . . . I appreciate the interview's role in facilitating my processing about how I may typically be in relationship. (James)

Of participants that reported feeling comfortable with the interviewer, they all reported they received feedback that classified them to be securely attached. Additionally, of those that reported their secondary classification, they were identified as having dismissive attachment

characteristics. In contrast, several participants were upset by some of their interactions with the interviewer:

I experienced sadness and anger as the counselor interpreted my results. This meeting also seemed rushed and the counselor didn't allot time for processing. (Rosemary)

It surprised me that someone who I had never met would be conducting such an intimate interview. (Alicia)

Participants who described feeling uncomfortable reported feeling defensive due to experiencing the assessment, and thereby the interviewer, as invasive. Notably, they reported their attachment classifications as the cannot classify category or securely attached with anxious attachment as a secondary classification. Further, as will be addressed in the following divergent theme, culture seemed to have played a role in participant reactions to the interviewer.

Cultural Concerns

Some participants expressed cultural concerns regarding the interviewer as well as the AAI assessment. The participants reported that they felt invalidated, confused, and frustrated. This diverged from other participant reports of discomfort in they did not address cultural concerns.

I think that the AAI is culturally bound this is did not accurately assess my attachment style. Additionally, the counselor that administered the assessment was not culturally responsive. I am still bothered by written feedback from the counselor because it is so matter of fact and disregards cultural relevant differences. (Rosemary)

I described growing up in poverty and what that meant for my family and I didn't like having to explain certain parts of being poor. It was frustrating, even knowing that the interview had specific questions for good reason, to explain what it meant to be poor—like I had to justify it. I know that's not what the interview was looking for, but I felt that certain explanations I gave were culture bound. (Margaret)

Participants expressed feeling frustrated regarding what they reported was the interviewer's lack of cultural awareness. They described how their experience of cultural bias impeded their ability to be open to the administration and feedback of the AAI.

Utilized Relationships to Integrate Feedback

A few participants mentioned utilizing their immediate relationships as a means of processing and integrating the feedback from the AAI. Those that used the interpersonal process to understand their attachment organization discussed consulting their personal counselor, as well as trusted family and friends.

From a personal perspective, I think it's been more salient to me on a personal level than this interview. This hasn't been as significant in my processing. The journals and stuff haven't been quite as significant in my processing as talking about how that relates in my own counseling. (Alicia)

Over the past week, I've spent time processing the feedback I received from the counselor with my wife and friends. (Rosemary)

. . . maybe just the opportunity to get more insight into just myself and how I function and how that influences different pieces of my life, being able to take some of it, even into my personal counseling, and exploring that a little bit further. (Rain)

Participants reported utilizing relationships to make sense of and integrate their new awareness of their attachment classification. Within the context of trusted relationships, they explored areas of potential personal growth.

Feedback About Future Use of the AAI

Some participants provided feedback about the use of the AAI in the future. One participant endorsed the AAI as being a useful tool for counselors in general. Another participant described how utilizing the AAI within the context of supervision could be beneficial for professional development.

I can certainly see merit in counselors going through this process. (James)

How can this be used? That to me, if someone asked me, "How would you want to use it?" I'd say, "I'd want to take the assessment but then also have it be . . ." because it took me a while to bring it into supervision . . . and feeling like that exploring it in there was really, really helpful and reframing the feedback and the attachment style. So that to me I'd say, "Oh yeah. I recommend it then, doing it in that way." (Grace).

Descriptions of how participants diverged in their experiences of the AAI illuminates the idiosyncrasies of participants while adding to the depth of understanding how they converged by providing contrast. Particularly, the divergent themes highlighted the process of the experience of being interviewed and how participants continued to interact with their results long after the completion of administration.

Summary

Participants in this study shared rich, in-depth accounts of their experience of the AAI through journal reflections and interviews. In this chapter, I described themes that emerged from the analysis of participant accounts, which included four superordinate themes and eight subordinate themes. Further, I reviewed areas of divergence in participant experiences.

Findings are congruent with the current literature on attachment theory, counselor self-awareness, and experiential learning. Additionally, findings point to opportunities for future research, clinical practice, and counselor education. In the following chapter, I will expand on these points of discussion.

APPENDIX E
EXTENDED DISCUSSION

Introduction

Attachment theory is a useful lens for understanding the counseling relationship and it has potential to support counselor development (Greggo & Becker, 2010; Pistole, 1999; Pistole & Fitch, 2008; Trusty, Ng, & Watts, 2005). The literature shows the importance of counselors' contributions to the counseling relationship, specifically how counselors' attachment organizations can influence the strength, quality, and effectiveness of the working alliance (Bucci et al., 2015). Further, counselors have an ethical obligation to be aware of their contributions to the counseling relationship, including their attachment organization (ACA, 2014; CACREP, 2016; Pompeo & Levitt, 2014). To date, there is not an empirically validated intervention for supporting counselors in becoming more aware of their attachment organizations (Degnan et al., 2016).

To address the gap in the literature and practice, I designed a qualitative study to understand how counselors experienced a potential intervention, the AAI (George et al., 1984/1996). Participants were all licensed professional counselor interns enrolled full-time in their first year of a doctoral program in counseling. Participants all completed an AAI interview and feedback session with a licensed professional counselor certified as a reliable AAI coder through the Adult Attachment Interview Institute. After being interviewed and receiving feedback regarding their attachment organizations, participants completed journal reflections over a period of three weeks. Then, I conducted individual, semi-structured interviews with each participant ($n = 7$) and, with a research partner, conducted analysis of the journal reflections and interview transcripts according to interpretative phenomenological analysis protocol (Smith et al., 2009). After preliminary analysis, I conducted individual, in-person member checks of the emerging themes.

Data analysis yielded four superordinate themes: (a) reactions to the AAI interview process, (b) process with AAI feedback, (c) AAI and intrapersonal process, and (d) AAI and interpersonal process. Additionally, there were eight subordinate themes: (a) surprised by AAI interview process, (b) interview process sparked reflection, (c) initial reaction to AAI feedback, (d) evolving process of integrating AAI feedback, (e) AAI process increased awareness, (f) increased self-awareness increased self-efficacy, (g) awareness from AAI process prompted relational shifts, (h) impact of AAI on clinical work, (i) importance of relationships, (j) importance of self-awareness, and (k) mutual influence of personal and professional.

In the following sections, I contextualize findings within the greater body of literature on learning theory, counselor self-awareness, and counselor development. After addressing limitations, I provide implications for future research, teaching, and clinical practice.

Findings and Existing Literature

There is a concordance with the findings from the current study and existing literature on the experiential learning theory and counselor self-awareness, counselor development and the working alliance. In the following paragraphs, I will discuss how the results align with the literature.

AAI Administration

Several themes emerged related to the administration of the AAI, including surprise, social desirability, and cultural concerns.

Reactions to the AAI interview. As a whole, participants described feeling surprised by the process of being interviewed and some described negative reactions to both the administration and feedback from the AAI. Alicia described feeling uncomfortable with being put “on the spot” and Grace expressed surprise that she had trouble recalling memories

associated with her mother. Rain also described feeling some “performance anxiety” and that she felt “caught off guard.”

According to the AAI protocol, the administration of the questions has potential for participants to be shocked by their reactions to interview protocol (George et al., 1984/1996). Interviewees are asked to simultaneously recount and reflect on memories related to attachment while maintaining coherent discourse with the interviewer (Hesse, 2016). The complexity and types of questions would be out of the ordinary for most interviewees and could cause repeated, notable linguistic inconsistencies that form patterns consistent with the AAI attachment classifications (Hesse, 2016).

Several participants reported shock at the intensity of emotions they experienced during the administration of the AAI. Margaret reported she unexpectedly felt angry and Rosemary described feeling anger, hurt, and sadness. Hesse (2016) described how the AAI protocol is arranged to “bring into relief individual differences in what are presumed to be deeply internalized strategies for regulating emotion and attention when speakers are discussing attachment-related experiences” (p. 557). This is congruent with participant reports of being interviewed with the AAI in that they described strong emotional reactions to the interview process.

Participants demonstrated some hesitation to the process of the AAI as evidenced by expressing feeling cautious, guarded, and defensive. As previously noted, the utility of the AAI lies in its capacity to highlight internalized strategies for regulating emotions (Hesse, 2016). Participants’ reactions could be related to their experience of such vulnerability. In training, AAI interviewers are reminded that the protocol could be distressing for participants (George et al., 1984/1996).

For this sample of participants, their reactions could also be related to professional culture, particularly in the context of a doctoral training program. Doctoral students in other counselor education programs have expressed similar reactions to training program culture, specifically a sense of guardedness and defensiveness (Protivnak & Foss, 2009). Researchers have identified that such experiences may be related to the role transition that is unique to the counselor education doctoral student (Protivnak & Foss, 2009). The participants in this study were in role transition, with all of them being in their first year of the program.

AAI and culture. Some of participants described concerns regarding the cultural appropriateness of the AAI and the lack of cultural competency of the interviewer. Rosemary expressed that she believed the AAI to be “culturally bound” because she felt her attachment classification was not accurately assessed. She also described the interviewer as lacking “cultural responsiveness.” Additionally, Margaret and Rain reported feeling frustrated with how the interviewer queried them regarding their experiences of poverty in childhood. There has been debate in the literature regarding the universality of attachment due to the Western origins of the theory (Mesman et al., 2016; Rothbaum et al., 2000; Van IJzendoorn & Sagi-Schwartz, 2008). A notable point of contention is whether secure attachment is adaptive or if it is reflective of a Western pattern. Further, concern has been expressed about normal distributions derived from White middle-class samples being applied to varying levels of socioeconomic contexts and ethnic minority backgrounds.

The most recent meta-analysis on the AAI included more than 200 studies with approximately 10,000 AAIs (Bakermans-Kranenburg & Van IJzendoorn, 2009). The researchers’ analysis revealed that the AAI distributions were largely independent of language and country of origin. In contrast, young mothers living in poverty were overly represented in the dismissive

attachment category (Bakermans-Kranenburg & Van IJzendoorn, 2009). In a later article utilizing the same data, the authors expanded on the mediating effects of poverty, reporting that the effects of poverty on attachment classification were larger than that of ethnicity (Van IJzendoorn & Bakermans-Kranenburg, 2010).

In their analysis and integration of cross-cultural attachment research, Mesman et al. (2016) concluded a need for a balance between established universal trends in attachment patterns and contextual elements. They expressed that a rigid adherence to attachment expression does not allow room for adaptation and evolution of attachment strategies. Perhaps the participants in the current study detected an imbalance that placed them outside the bounds of normal distribution.

AAI as an Intervention

The process of implementing the AAI revealed several themes, including the value of self-reflection following the AAI. Further, a concordance with ELT emerged, which has the potential for supporting the future implementation of the AAI with counselors.

Self-reflection. Several participants discussed the value of reflection after the administration of the AAI. James reported he had “been thinking a lot about how I am in relationships since the interview and receiving the results,” and Henry described how he reflected on how his attachment classification related to his process with gender identity, “I’m curious if attachment styles can change as we gain awareness and understanding of ourselves?” Participant engagement in self-reflection, particularly in regards to relationships, is consistent with literature on self-reflection. Self-reflection is described an on-going process in which counselors contemplate and analyze their thoughts, emotions, and behaviors in the context of the counseling relationship (Neufeldt, Karno, & Nelson, 1996). In their seminal qualitative

investigation into the developmental process of a counselor, Rønnestad and Skovholt (1992) discovered that reflection is the mechanism for professional development in therapists. Relatedly, self-reflection is movement towards greater self-awareness, which participants reported was by-product of experiencing the AAI (La Torre, 2005, Pompeo & Heller Levitt, 2014, Rosin, 2015).

Experiential learning theory. Themes that emerged from participants' accounts regarding the AAI experience mirrored the cycle of experiential learning outlined by Kolb (2015). Building on the work of Dewey, Lewin, and Piaget, Kolb (2015) described ELT as a "holistic integrative perspective on learning that combines experience, perception, cognition, and behavior" (p. 31). Kolb understood knowledge to be gained through the transforming of experience via work, education, and personal development (Kolb, 2015). Critical thinking experiences are transformed through a four stage learning cycle, which includes concrete experience, reflective observation, abstract conceptualization, and active experimentation.

Similar to the experiential learning cycle, participants had the concrete experience of the AAI and then engaged in reflective observation through responding to journal prompts. In her journal reflections, Margaret expressed that the AAI "initiated a lot of reflection about my relationships" and James described how the process caused him to reflect on his personal growth process. Participants seemed to utilize the reflective journals to process and integrate the experience of the AAI.

Similar to abstract conceptualization (Kolb, 2015), participants developed an increased awareness of their interpersonal dynamics and engaged in active experimentation by making adjustments to their interpersonal relationships based on their new learning. Alicia described making "significant changes in the way I choose to set boundaries in relationships in my

personal life” and Rain reported that her new awareness of her attachment classification generated insight about an “unsatisfactory supervision relationship.” Rain reported she initiated a conversation with her supervisor about how their relationship. Participants experimented with their new awareness and insight gained from the experiential process of the AAI and journal reflections.

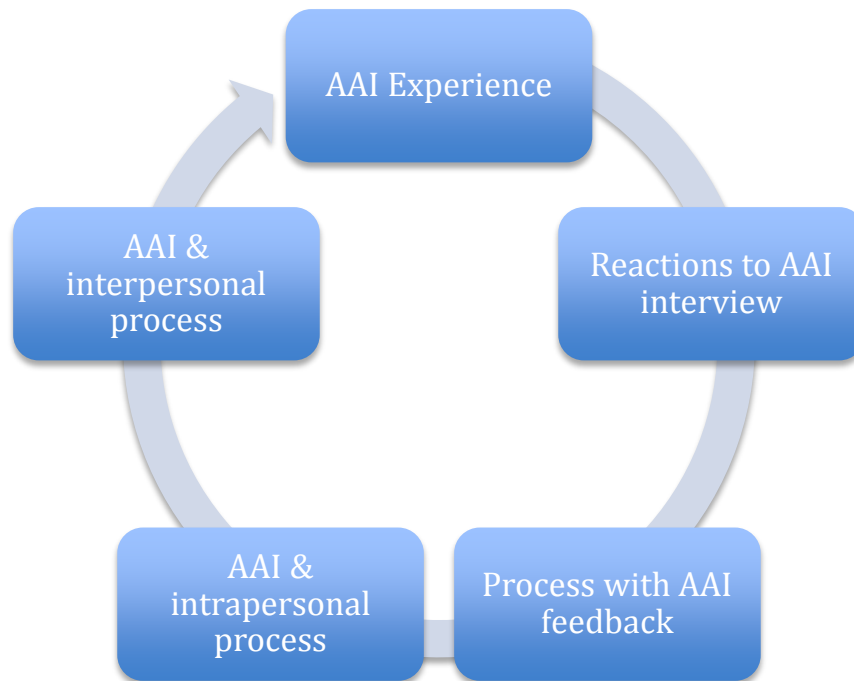


Figure E.1. AAI cycle of learning.

The cycle of learning dovetails well with how the participants engaged with the AAI and how they reported their process with their results. ELT also has potential for supporting the implementation of the AAI by providing a theoretical framework for implementation of the intervention.

AAI & Counselor Self-Awareness

Participants expressed the importance of self-awareness in their development as counselors, and the theme of the AAI increasing participant self-awareness was prominent across cases. As a result of going through the AAI experience, participants believed they had increased

knowledge of their way of being in relationships, which, in turn, helped them be more effective with their personal and professional relationships. They described having new perspectives on their families of origin, setting boundaries, understanding their emotion regulation strategies, and addressing conflict. The finding suggests the utility of the AAI in supporting counselor development, particularly as an intervention in increasing general self-awareness and specifically awareness of attachment organizations.

The value of counselor self-awareness is reflected in the ethical and educational standards for the counseling profession. During training, counselors are expected to gain awareness of their personal contributions to the therapeutic relationship, including beliefs, values, and personal history that influence counselors' professional decision making (ACA, 2014; CACREP, 2016; Pompeo & Levitt, 2014). Counselor developmental models emphasize the increase of self-awareness as a means of increased competence and growth (Borders & Brown, 2009). Further, the contributions from the counselor have been established as significant to the success and outcome of the counseling process, and thus the counselor being self-aware is critical to supporting positive counseling outcomes (Asay & Lambert, 1999; Wampold, 2013).

Participants in this study discussed greater awareness of their intra- and interpersonal strategies as a result of the AAI interview, feedback, and reflection process. Many noted how they were more aware of how they regulated their emotions and how they managed stress. Others expressed how they were better able to navigate interpersonal conflict and address boundary concerns in relationships. For example, Alicia reported that she had more awareness of how she responds to conflict and stress and that has caused her to be more mindful of how she responds.

Relatedly, intra and interpersonal effectiveness has specific bearing on the area of

counselor intuition (Bove & Rizzi, 2009; Grayer & Sax, 1986; Jeffrey, 2011; Watkins, 1985). Clinical intuition is described as a way of deriving knowledge without awareness of rationale thinking or on the basis of insufficient information (Jeffrey, 2011). While the occurrence of intuition is unique to each person, common experiences include bodily sensations and sensitivity to one's own and other feelings (Bove & Rizzi, 2009; Jeffrey, 2011). Margaret identified that she had "paid more attention even just to my language and the way that I describe things and am curious about the way that I push painful memories from my moment-to-moment awareness just in the way that I describe things."

A key aspect of the navigating clinical intuition in a clinically and ethically appropriate manner is for the counselor to have understanding and awareness of personal feelings, thoughts, and reactions as well as an understanding of clients' experiences. This process can also be known as attunement, which is "kinesthetic and emotional sensing of others—knowing their rhythm, affect and experience by metaphorically being in their skin, and going beyond empathy to create a two person experience of unbroken feeling connectedness by providing reciprocal affect and/or resonating response" (Erskine, 1998, p. 236).

Several participants described how they were more aware of themselves and their clients as a result of completing the AAI intervention. James specifically described that as a result of experiencing the AAI process he is "aware of times I disconnect from my clients . . . I believe the more I know myself, the more I am able to connect with myself, which does show up in the room with clients." Rosemary also reported being more aware of what she brought to the relationships with her clients and what they were contributing and Grace also expressed that she is "increasingly aware of the dynamics" between her and her clients. Intuitive awareness requires counselors to be aware and reflect on the simultaneous experience of their own, and self-

awareness is a critical component (Bove & Rizzi, 2009). The findings from the current study support the use of the AAI as one potential means of fostering self-awareness in counselors, specifically in becoming more aware of interpersonal dynamics, which could in turn facilitate more effective interactions with clients (Degnan et al., 2016; Schauenburg et al., 2010).

As part of their new awareness, participants reported having a new or different understanding of their family of origin. Some discussed having a sense of empathy and forgiveness for their parents while others noted how relationship dynamics with their caregivers made sense in light of attachment theory. Counselors' growing awareness of childhood experiences is consistent with Rønnestad and Skovholt's (1992) Theme 10, which notes that personal life influences professional functioning and development through the life span. The authors reported this theme was prevalent among therapists from all education and experience levels. Participants described the powerful influence of experiences in childhood, adolescence, and adulthood on their professional lives. From family interactional patterns and sibling and peer relationships, to personal trauma and family crisis, participants spoke of negative and positive influences on their functioning as counselors. This prevalent theme adds to the rationale of the use of attachment theory in supporting counselor development through providing a framework of moving through early life experiences.

In all, results from this study are congruent with the current body of literature, particularly with the research on counselor self-awareness and ELT. Discordance did exist with participant experiences of cultural bias, although the data could suggest further research is needed in the cultural training for trained AAI interviewers.

Limitations

There are several limitations to the current study. First, there is the possibility that

participants' prior knowledge or lack of prior knowledge influenced their experience of being interviewed and the subsequent reflection process. Some participants had a knowledge base of attachment theory, which seemed to facilitate their process of understanding the AAI. In contrast, several participants reported limited prior knowledge of attachment theory, which could have impeded their process. Further, there was not a way to control for the participants conducting their own learning regarding attachment theory and the AAI during the research process.

Second, the IPA literature emphasizes the use of IPA with participants who have experienced a significant event, of which they are trying to make sense (Smith et al., 2009). While some participants did report that their experience of the AAI was significant, others reported that it was not. This could be that the time frame of the study was not sufficient to identify the significance and meaning of the AAI process. Alternately, the process may be more salient for some counselors given their unique developmental context.

Finally, contextual considerations also limit the ability to transfer results. First, all participants were in their first year of one doctoral training program. Although that provides homogeneity, it limits transferability of results to counselors in a similar developmental stage but not in doctoral training. Further, the participants reported the advantage of being able to process their experiences with each other, which further limits the transferability of the results to others who might not have the same social experience.

It is also of note is the cultural context of the participants' training program, which emphasizes clinical development. Additionally, there are faculty members encouraging of self-exploration, self-awareness, and personal growth as part of the training program, and several faculty members endorse attachment theory as an area of interest. Thus the program environment is one that would encourage the participants in exploring their attachment classifications as a

means of self-exploration.

A final note is the prior relationship between myself and the participants, which could also present a limitation. I have operated in multiple roles in relationship to the participants, including assistant director of the university-based clinic where the participants counseled, in a time-limited supervisory role, and as a peer in the same training program. The multiple roles of relationship could have impeded or encouraged participants to share their experiences with me, and thus was limiting factor of the study.

Implications

This study was an initial exploration of how counselors experienced the AAI. Participants described multiple personal and professional benefits from gaining greater awareness of their attachment classifications, which could provide valuable information for counselor education programs and support clinical practice. Participants also provided feedback on the implementation of the AAI experience, which aligns with ELT. This feedback could also provide insight into best practices for utilizing the AAI as a learning tool. In this section, I address implications for practice and research.

Practice

As previously noted, counselors are expected to gain awareness of their personal contributions to the therapeutic relationship, including beliefs, values, and personal history that influence counselors' professional decision making (ACA, 2014; CACREP, 2016; Pompeo & Heller Levitt, 2014). Further, the literature points to the necessity of counselors being awareness of their own attachment histories and how they influence the therapeutic relationship (Degnan et al., 2016). The data from the current study supports the potential of the AAI as an effective tool with students in counselor education programs as a means of increasing self-awareness of their

attachment strategies. Counselor training programs could provide students opportunities to be assessed with the AAI. At minimum, counselor educators could incorporate attention to attachment theory in human development courses, encourage attention to it in courses on ethics and professional development, and foster personal awareness of attachment dynamics in counseling skills courses and clinical supervision.

Participant experiences of their AAI feedback and process of integration of their new awareness of their attachment classifications aligns with ELT in that the process mirrors the ELT learning cycle. Participants expressed their value of time for reflection, interpersonal processing, and opportunities to practice their new awareness. If counselor educators were to implement the AAI, they would need to provide similar opportunities for students to reflect on the interview and feedback process and provide space for processing in the context of relationships. Clinical supervision could be one such space. In the safety of a supervision relationship, students could explore the influence of their attachment strategies on their counseling relationships and learn how to effectively navigate client attachment dynamics. At the same time, the implementation of the AAI as intervention poses concerns for the protection of student confidentiality and role management of counselor educators. If counselor educators find implementing the AAI prohibitive, they could consider introducing the instrument and attachment theory in general as part of training curriculum in courses such as human development, counseling skills, and diagnosis.

Participants reported that they experienced increased professional awareness regarding attachment dynamics with clients and how their personal attachment histories interacted with clients. Participants described how they grew in their understanding of attachment theory and they experienced increase capacity for conceptualizing client presenting concerns from an

attachment theory perspective. Participants also described how their increased self-awareness of their attachment histories provided insight regarding their transference with clients. The AAI has the potential to support counselors in fostering effective counseling relationships by providing insight and awareness of their own attachment strategies. Counselor educators could encourage students to practice incorporating an attachment theoretical lens as an adjunct to case conceptualization. Clinical supervisors could also initiate conversations regarding the attachment dynamic between the supervisee and clients to foster supervisees' effectiveness with clients.

Research

Future research could apply quantitative methods to the use of the AAI as an intervention with counselors. Researchers could use measures of self-awareness to assess the effectiveness of the AAI as an intervention. Self-awareness scores could be taken prior to the administration of the AAI and re-assessed after participants have had time to reflect and integrate the new awareness. This potentially could also be mitigated by participants' attachment classifications.

The current study could also be replicated, with allowances being made for participants to have more time to reflect on their feedback from the AAI and potentially having more follow-up opportunities to check in with participants regarding their process. Additional variables would be to replicate the study with counselors in additional settings and in developmental stages other than the Novice stage (Rønnestad & Skovholt, 1992, 2003). The cultural context in which counselors are practicing could influence their process with the AAI, and counselors with more experience may also find the process with the AAI personally and professionally beneficial. Finally, researchers could incorporate training on attachment theory as a means of controlling for participant familiarity with the topic and supporting participant experiences with the AAI process. Specifically, researchers could incorporate attachment theory into a course curriculum,

such as human development or a counseling skills course and offer the AAI as an experiential component.

Future research could focus on clinical supervisors and supervisees experiencing the AAI and qualitatively explore how awareness of attachment classification influences the supervision process. Individual and dyad interviews could delve into how supervisors and supervisees communicate regarding needs, expectations, conflict, and gatekeeping issues. In long term supervision relationships, there could be opportunity for several follow-up meetings with participants.

Finally, researchers could investigate the potential for other modes of attachment assessment, such as the Attachment Style Questionnaire (ASQ; Feeney et al., 1994) or the Experiences in Close Relationship Scale (ECR; Brennan et al., 1998) as potential resources in helping counselors increase self-awareness of their attachment strategies. Both measures are self-report and could present a more cost-effective and time-limited option for implementation with counselors. Researchers could focus on adding didactic education on attachment theory to support participant experiences of the AAI process.

Conclusion

Attachment theory is a valid framework for conceptualizing relationships and an effective lens for understanding the counseling relationship (Bucci et al., 2015; Cassidy, 2016; Coan, 2016; Daniel, 2006; Mikulincer & Shaver; 2016). Literature points to the influence of both client and counselor attachment strategies on counseling outcomes and the unfolding of attachment dynamics in the counseling process (Bucci et al., 2015; Degnan et al., 2016). However, to date there has been little research on effective tools to help counselors become aware of their attachment histories.

Participants in the current study identified the AAI as an effective tool in supporting their self-awareness, specifically of their attachment strategies. Participants also identified personal and professional benefits, such as increased awareness of conflict and stress management strategies and greater awareness of family of origin influences. Although the process was difficult for some counselors, all of the participants identified how having a greater awareness of their attachment histories influenced their counseling practice.

APPENDIX F
SUPPLEMENTAL MATERIALS

Classroom Announcement to Potential Participants

Hello, my name is Maria Spellings, and I am a doctoral candidate at the University of North Texas conducting a study on how counselors experience being interviewed with the Adult Attachment Interview (AAI). The AAI is an interview protocol designed to gaining an understanding of a person's state of mind in regards to attachment. In the field of attachment theory, the AAI is known for its power to link the attachment presentation of parent and child and it has multiple useful clinical applications such as tailoring therapeutic interventions and tracking clinical progress in counseling. This study will help counselor educators and supervisors understand the potential use of the AAI to support the training of counselors by enhancing self-awareness. This understanding could be used to develop supervision and training practices and formulate additional research questions.

As a participant, you would be asked to participate in the following ways. First, you will be interviewed with the AAI by a Licensed Professional Counselor trained in administering and scoring the AAI via the telephone. The same counselor will provide you feedback regarding the results of the AAI, also via phone. Following your AAI, you will be asked to complete three to five reflective journals regarding your experience of being interviewed and how that has or has not influenced you personally and professionally. Finally, you would be asked to participate in a semi-structured interview with me, lasting about one hour. This interview will take place face-to-face in the Counseling and Human Development Center. I may contact you after the semi-structured interview to ask follow-up questions, to clarify points, or to check with you to make sure I represent your thoughts and feelings accurately.

After you have completed the reflective journals and completed the semi-structured interview, I will analyze data according to interpretative phenomenological analysis protocol. I will share the results of the study with you. Your identity will be kept confidential.

To date, there have been no published empirical studies regarding the use of the AAI with clinicians as a means of facilitating self-awareness. Your participation in this study would provide a means of closing that gap. Additionally, you may also enjoy learning about yourself and your attachment state of mind via the AAI. Your time and insights would be highly valued.

If you are interested in participating in this study, please reach out to me via email and I will send you a link to a brief demographic survey. I will contact you directly if you are chosen to participate in the study. If you have any questions or concerns, please feel free to email me at maria.spellings@unt.edu or call me at (xxx) xxx-xxxx. Additionally, I will be available at the Counseling and Human Development Center on Tuesdays and Thursdays from 9:30 am to 5:00 pm.

Thank you for your consideration.

Email Providing Demographics Link

Thank you for your interest in participating in my study understanding how counselors experience being interviewed with the Adult Attachment Interview. Below is the link to the demographics survey. Please complete the survey, and I will follow-up with you regarding participation in the study.

Link:

<https://az1.qualtrics.com/WRQualtricsControlPanel/?ClientAction=ChangePage&Section=EditSection>

Thank you for your consideration,

Maria

Selection Email

Thank you for your interest in participating in my study understanding how counselors experience being interviewed with the Adult Attachment Interview. If you are still willing to participate, I would like to schedule a time for you to be interviewed with the AAI with Jim Harlow, LPC via the telephone. Please let me know what days and times work best for you. You can e-mail me at maria.spellings@unt.edu or call me at (xxx) xxx-xxxx if you have any questions or concerns.

I look forward to talking with you. Thank you again for your willingness to contribute to this valuable project.

Maria

Waitlist Email

Thank you for your interest in participating in my study understanding how counselors experience being interviewed with the Adult Attachment Interview. I appreciate your willingness to participate. At this time, it appears as if I have enough participants for the initial stages of my study. If I need additional participants, I will be sure to contact you. You can e-mail me at maria.spellings@unt.edu or call me at (xxx) xxx-xxxx if you have any questions or concerns.

Maria

Demographics Survey

Thank you for choosing to complete this demographic survey. The information will be used to select final participants for the study titled: How Counselors Experience Being Interviewed with the Adult Attachment Interview. You may skip any items that you are not comfortable answering.

Name (First, Last)

Age

Phone number

E-mail address

With which racial-ethnic group(s) do you identify?

Relationship status

Counseling theory/orientation

Years of clinical practice

Types of clinical settings

Do you have previous training/knowledge of attachment theory? If yes, please specify the nature of your experience.



University of North Texas Institutional Review Board

Informed Consent Form

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose, benefits and risks of the study and how it will be conducted.

Title of Study: How Counselors Experience Being Interviewed With the Adult Attachment Interview

Student Investigator: Maria Spellings, University of North Texas (UNT) Department of Counseling and Higher Education. Supervising Investigator: Sue Bratton

Purpose of the Study: You are being asked to participate in a research study that involves understanding how counselors experience being interviewed with the Adult Attachment Interview (AAI) to understand the assessment's potential for facilitating counselor self-awareness.

Study Procedures: As a participant, you would be asked to participate in the following ways. First, you will be interviewed with the AAI by a Licensed Professional Counselor trained in administering and scoring the AAI via the telephone, which will take approximately one hour of your time. The same counselor will provide you feedback regarding the results of the AAI, also via phone and will take approximately 30 minutes to one hour of your time. Following your AAI, you will be asked to complete three to five reflective journals regarding your experience of being interviewed and how that has or has not influenced you personally and professionally, which would take 15 minutes each. Finally, you will be asked to participate in a semi-structured, video-recorded interview, lasting about one hour of your time. This interview will take place face-to-face in the Counseling and Human Development Center. I may contact you after the semi-structured interview to ask follow-up questions, clarify points, or check with you to make sure I represent your thoughts and feelings accurately.

Foreseeable Risks: The potential risk involved in this study is the possibility of becoming distressed due to memories of attachment experiences being elicited during the AAI. The person conducting the AAI is a trained Licensed Professional Counselor and is adept at facilitating this process with individuals who have difficult attachment backgrounds. Further, should you become aware that you require additional counseling services, a list of referrals will be made to you.

Benefits to the Subjects or Others: We expect the project may benefit you by providing you more information regarding your attachment background and potentially increase your self-awareness. Greater self-awareness has the potential to expedite personal and professional growth and may enhance the quality of your counseling relationships. Further, this study might help counselor education programs understand the potential of the AAI for supporting counselor development.

Compensation for Participants: You will not receive compensation for engagement in this study; however, you will have the opportunity to engage in the AAI and AAI interpretation session with a Licensed Professional Counselor at no charge. This service is valued at \$250.

Procedures for Maintaining Confidentiality of Research Records: If you agree to participate, you will complete a demographic survey on-line through Qualtrics. We will download the information and keep it on a server secured by the University of North Texas until it is destroyed in three years. If you are selected to participate in the study, you will be connected with the Licensed Professional Counselor (LPC) via email. You and the LPC will coordinate a time for you to be interviewed with the AAI and the feedback session. Your AAI and feedback session are strictly confidential and will not be released to the researcher under any circumstances. You will then be interviewed face-to-face about your experience of being interviewed with the AAI. We will audio record these interviews. The recordings will be transcribed and de-identified. We will destroy the audio recordings once we complete transcription. The de-identified transcriptions will be kept on the student researcher's password protected USB drive and maintained in the faculty supervisor's university office. The confidentiality of your individual information will be maintained in any publications or presentations regarding this study.

Questions About the Study: If you have any questions about the study, you may contact Maria Spellings at maria.spellings@unt.edu or (xxx) xxx-xxxx or Sue Bratton at sue.bratton@unt.edu.

Review for the Protection of Participants: This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-4643 with any questions regarding the rights of research subjects.

Research Participants' Rights:

Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

- Maria Spellings has explained the study to you and answered all of your questions. You have been told the possible benefits and the potential risks and/or discomforts of the study.
- You understand that you do not have to take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your participation at any time.
- *Your decision whether to participate or to withdraw from the study will have no effect on your grade or standing in this course. Further, your instructor will not know the status of your decision to participate.*
- You understand why the study is being conducted and how it will be performed.
- You understand your rights as a research participant and you voluntarily consent to participate in this study.
- You have been told you will receive a copy of this form.

Printed Name of Participant

Signature of Participant

Date

For the Student Investigator or Designee:

I certify that I have reviewed the contents of this form with the subject signing above. I have explained the possible benefits and the potential risks and/or discomforts of the study. It is my opinion that the participant understood the explanation.

Signature of Student Investigator

Date

Journal Prompts

1. What is your initial reaction to the interview process? What surprised you? What did you not like? What did you appreciate?
2. What is something that has stayed with you? How are you understanding that piece?
3. What have you learned about yourself?
4. Has the process of the interview influenced or not influenced your immediate relationships? Your work with clients?
5. Was the process of the interview meaningful or not meaningful? In what way(s)?

Semi-Structured Interview Schedule

Introductory Questions

1. What do you believe has been valuable in your development as a counselor?
2. How would you describe your current process of development as a counselor?
3. How would you describe the influence of your personal experiences on your process of being a counselor?

Grand Tour Question

4. What was your experience being interviewed with the Adult Attachment Interview?

Follow-Up Questions

5. How has your experience of being interviewed with the AAI impacted your sense of and experience with self?
6. How has your experience of being interviewed with the AAI impacted your sense of and experience with clients?
7. What aspects of this experience were most meaningful?

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