

**Exploring Attachment Theory and the Evidence-Based Interventions that Support Parents  
and Their School-Aged Children**

by

Nicole Janot

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**Exploring Attachment Theory and the Evidence-Based Interventions that Support Parents  
and Their School-Aged Children**

**Approved by:** Dr. Jill Taggart, RCC-ACS; Faculty Capstone Supervisor

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### **Abstract**

The aim of this capstone is to explore effective and accessible evidence-based approaches to support the secure attachment between a parent and their child. Problems that might occur if a child does not have attachment security are externalized and internalized behaviours that can have unfortunate and lifelong social and mental health outcomes. However, if a child turns towards the parent for safety and safety is provided, the authentic connection becomes a model that helps the child create strong connections throughout their life. There are additional benefits of using an attachment approach to support the child-parent relationship, such as attunement, empathy, and self-regulation. As the parent models a calm, curious, and understanding approach the child is co-regulated; they begin to feel accepted and embrace their authentic self; giving them the confidence to ask for help and to explore the world, equipped to deal with the challenges they face when their parent is not there. This capstone will provide interventions and psychoeducational tools for parents to assist in building secure attachment relationships with their children.

*Key words: Avoidant Insecure Attachment Pattern, Disorganized Attachment Pattern, Earned Secure Attachment, Resistant/ Ambivalent Insecure Attachment Pattern, Strange Situation Procedure*

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## Chapter 1: Introduction

### Introduction

Over three quarters of a century ago, John Bowlby, founder of attachment theory explained that bombs were less dangerous to mental health than separation from an attachment figure (1951, as cited in Crittenden, 2017). This belief holds true from my own experience and from what I have learned working with families over the last 20 years. The following quote by Neufeld and Maté (2005) situates my perspective on attachment and exemplifies the importance of attachment; while addressing the role it plays in our children's lives, and the importance parents or caregivers play in this essential relationship.

Children, like the young of any warm-blooded species, have an innate orienting instinct: they need to get their sense of direction from somebody. Just as a magnet turns automatically toward the North Pole, so children have an inborn need to find their bearings by turning toward a source of authority, contact and warmth. Children cannot endure the lack of such a figure in their lives: they become disoriented. They cannot endure what I call an orientation void. The parent—or another adult acting as parent substitute—is the nature-intended pole of orientation for the child, just as adults are the orienting influences in the lives of all animals that rear their young. (p.8)

In this first chapter I will discuss the importance of considering attachment when working with issues related to parents and their school-aged children. This includes the impact and potential consequences of attachment insecurities as well as a brief introduction to attachment theory and the reason I chose to research attachment. In the second chapter, I will provide a deeper understanding of attachment theory, explore the research surrounding the use of an

attachment approach, and the evidence-based and accessible interventions used to support attachment security for school-aged children and their parents. In the third chapter, I will introduce versatile tools adapted from the research and interventions discovered in chapter two. The third chapter is aimed for counsellor use in multiple settings including schools and the community.

### **Background the Issue/Problem**

The impacts of attachment insecurity play out in all domains of our social lives and effect our mental and physical well-being. The societal and personal impacts are immeasurable; the concept of attachment is present in every human social experience.

Bachmann et al., (2019), found that insecure attachment costs society ten times more than their securely attached peers in health, social and economic support. Additionally, there exists extensive research that connect parent-child attachment security and child prosocial behaviour. Prosocial behaviour, as demonstrated through helpful and kind interactions with others, is paramount for functional and healthy societies (Deneault et al., 2023). Although the financial cost on society is not a focus for this research paper, recognizing the effect on an economic and societal scale suggests the need for further exploration in more specific and related domains. These include the school and family systems, and interpersonal relationships. As attachment patterns can be linked to the well-being of our society, it can also have significant impacts on the mental and physical health and well-being of its members. Lifelong challenges of attachment insecurity include inflexibility and emotional dysregulation in interpersonal relationships (Mosannenzadeh et al., 2024), externalizing and internalizing problems (Umemura et al., 2022; Stefan & Avram, 2021), and reports of all types of physical illness (Puig et al., 2013).

The effects of this primary insecure attachment relationship are also played out in the school environment. The lengthy and formative time spent at school can be wrought with the interpersonal challenges and difficult behaviour patterns established in the home environment. Insecure attachment patterns have shown to negatively impact foundational learning, social competence, and the well-being of school-aged children (Bergin & Bergin, 2009). If a safe and trusting relationship has not been established with a primary caregiver at home, a student may not be able to attend to learning tasks due to their preoccupation with sustaining emotional connections with others or conversely, distrusting and avoiding all connections (Geddes, 2006). Luckily, the school environment is a place where supportive adults like teachers and staff, can mend attachment wounding and work to change the lives of young people by building security through trusting, respectful and consistent relationships (Rose et al, 2019) (Zsolnai & Szabó, 2021). An important role of the school staff and teachers is to create a secure platform for students to feel comfortable accessing the support they need and to provide the experience of building healthy trusting relationships.

It should be noted that attachment insecurity is not solely responsible for challenging behaviours, negative relationship patterns, and poor mental and physical health. Rather, it is a wider lens and piece of the puzzle that can be explored when these issues arise. Attachment theory and attachment interventions are an extensively researched area that can and have been used to create more positive outcomes for those that suffer from attachment insecurity and its potential effects. Exploring these primary relationship patterns, as early as possible, is promising and provides a proactive and preventative approach. Using psychoeducation and evidence-based attachment interventions with parents, as described in this capstone would support attachment security and thus, better life outcomes children.

## **Purpose of the Capstone**

In this capstone I will be exploring attachment theory and some of the 60 plus years of research that has been used to support parents and caregivers and the loved ones they care for. Through this process of writing and research, I aim to find relevant and applicable evidence-based approaches using an attachment lens. The goal being to discover accessible ways to help families improve and bring light to the inter-relational patterns that negatively impact their children and their well-being.

## **Research Question**

Connecting research and theory to practice, this paper aims to answer the following question: How can school counsellors and community clinicians support attachment security for school-aged children and families? The research question is purposefully broad to facilitate the exploration of attachment theory and its relevant applications for counsellors and clinicians and the suitable interventions to support this population. I will review the recent, promising research on attachment interventions with teachers, parents, and counsellors.

## **Significance of the Capstone**

The topic of attachment is important because it affects us all in every domain of our lives. Attachment insecurity has a wide range of significant impacts ranging from the personal, such as mental and physical health, to intergenerational, to the greater society. The extensive volume of research coupled with the versatility of evidence-based interventions and psychoeducation supports new and veteran counsellors with tools to support all populations.

Using an attachment lens when working with any population can be preventative and proactive. Parents planning to have children and new parents alike benefit from psychoeducation and tools to support the secure and consistent connections that children need to thrive and learn,

explore their world with confidence, experience and build healthy relationships, and acquire adaptative and flexible emotional skills to cope with challenges.

For parents and children already struggling with authentic connections, an attachment approach can help repair the disconnect and work to build healthy relational skills the whole family can use in perpetuity, and pass on to future generations and the communities they belong to. In the school system, an attachment lens provides a less stigmatizing and blame-based approach to understanding challenging behaviour and provides the tools to support secure attachment where needed.

### **Theoretical Orientation**

The theoretical basis for this capstone is rooted in attachment work by John Bowlby (1969, 1988). Bowlby's ethological based theory views human development as being shaped primarily by the environment and as an evolutionary and innate response to survive. In essence, humans relate to one another to build protective and supportive relationships to stay safe and connected. Over the years, Attachment Theory has been expanded on by noteworthy scholars and practitioners. Work by Mary Ainsworth and her contemporary Patricia Crittenden will be discussed to expand on Bowlby's work and touch on the identification of attachment patterns and relevant applications and interventions as it evolves from a solely interpersonal model to a more complex biopsychosocial lens.

### **Positionality Statement**

A 20-year learning journey working in the public-school setting and now working with families and their children as a student counsellor have provided me with much to reflect about. As I have shifted roles to supporting more vulnerable and younger populations, my scope of how I work with these individuals has changed. Challenging and impactful internalizing and

externalizing behaviours exist within a system or context. Increasingly, I am recognizing that each system acts to support the maladaptive behaviour and discord that is experienced by the individual. Working with attachment theory allows me to work within this system in a relational way, moving the onus from the individual and developing a deeper understanding of patterns and change within context. This is especially important when, but not limited to, working with children. Often, I find that parents want me to work with their child and address the behaviour that is disruptive and creating stress. Although it is helpful to work with the child, I believe working with the parents is just as important. Attachment is not always the root of the issue when working with children. Interestingly, using attachment tools such as supporting stronger authentic connections and parental sensitivity through building attunement skills are helpful if the parent is open to working with me. I have found that creating more harmony and understanding within the family system tends support the child with the maladaptive behaviour and makes the needed self-regulation work easier.

I believe that attachment and understanding the relational patterns that help us “survive” are important for a new counsellor to understand and consider as part of a comprehensive assessment. I believe using accessible evidence-based attachment interventions and building a repertoire of psychoeducation pieces around attachment are basic and essential tools. My work and research in this capstone reflect one of my many first steps in supporting those that I work with.

### **Outline of the Remaining Paper**

In the following chapter I will focus on attachment theory and its development since Bowlby. I will include a review of evidence-based interventions and approaches that support parents and their school-aged children with the many issues that can be correlated to insecure

attachment. In the final chapter presents a practical application or “toolkit” based on the research evidence from chapter two. The purpose of my practical approach in this last chapter is for versatility and usability. The hope is to provide myself and others in the school setting or in community practice with tools to use for psychoeducation and building skills that support attachment security and authentic connection within relationships.

## Chapter 2: Literature Review

### Introduction

Many school-aged children struggle with externalizing and internalizing behaviours related to attachment security. A meta-analysis drawing data from 6,000 children found that insecure attachment played a significant role in the development of problem behaviour or externalizing problems in children (Fearon et al., 2010). This problematic externalized behaviour can have unfortunate social and mental health outcomes. At the more extreme end, these include oppositional and conduct problems leading to antisocial behaviour which in turn, have significant costs to society (Bachmann et al., 2019). Problematic internalized behaviour or avoidance patterns also have extreme representations and are shown to increase suicidality in most-at-risk adolescent populations when compared to those who demonstrate externalizing patterns (Lara et al., 2023).

Fortunately, interventions geared at supporting attachment security in this school-aged population have shown positive results. Improvements in school achievement, social competence, self-regulation, and well-being are some of these positive outcomes (Rose et al., 2019; Zsolnai & Szabo, 2021). The research question addressed in this paper looks at this issue in hopes of identifying what counsellors can do to support attachment security for school-aged children and their families.

In this chapter, I will be addressing the research question in three broad sections. The first section will explore the evolution of attachment theory and include the works of Bowlby, Ainsworth, Main, and Crittenden. The second section will be looking at various research connected to attachment. This will include brain development, the stability of attachment patterns, and earned attached security. A brief section on debate and criticism is also included to highlight potential issues with attachment's theoretical lens and its supporting research. Finally,

the third section will explore the practical applications of the theory and identify effective evidence-based attachment interventions for this school-aged population and their caregivers.

### **Definition of Terms**

***Avoidant Insecure Attachment Pattern (A):*** Infants categorized as Avoidant can actively seek their caregiver when they are in the room but do not display negative affect when their caregiver leaves them with a stranger. They are likely to continue exploring as if their parent was present. Upon reunion with their caregiver, they do not seek connection and may protest and avoid them (Flaherty & Sadler, 2011). Caregivers of these infants tend to be consistently insensitive to their infant's distress (Farnfield et al., 2010). Stress response testing, such as measuring heart rate, find that the children who appear unphased and avoid their parent upon return, are in fact upset (Canadian Psychology Association, 2022).

***Earned Secure Attachment (ESA):*** ESA is defined by Filosa et al. (2024) as a process of change wherein individuals with a history of adverse childhood experiences with caregivers develop secure relationship patterns in their adult lives.

***Disorganized Attachment Pattern (D):*** Infants categorized as having a disorganized attachment style display contradictory behaviour or movement patterns at times of stress (Hesse & Main, 2000). This unpredictable behaviour display is described as conflicted, fearful, or disoriented and has to be of sufficient intensity and occur when the parent was in the room (Granqvist et al., 2017). No standard response to stress is recognized (Flaherty & Sadler, 2011).

***Resistant/ Ambivalent Insecure Attachment Pattern (C):*** Infants categorized as Resistant/Ambivalent tend to be resistant to exploring when their parent is not in the room and significantly distressed when they leave. At the point of reunion, the infant appears to both want proximity and be resistant to comfort. Parents of Resistant/Ambivalent infants tend to be

inconsistent in their caregiving (Flaherty & Sadler, 2011). The resistant ambivalent child can be characterized by clinginess and difficult to console (Canadian Psychology Association, 2022).

Secure Attachment (B): Infants categorized as securely attached (category B) actively seek attention from their mothers, can be distressed or more tentative with play and exploration when their mother leaves, and are consoled upon the return of their mother (Flaherty & Sadler, 2011).

These infants have sensitively responsive caregivers and can clearly and reciprocally communicate and negotiate shared goals (Farnfield et al., 2010). According to the Canadian Psychology Association in 2022, secure attachment patterns account for approximately 60% of children in Canada.

According to a research article that included a review of attachment theory and attachment classifications by Flaherty & Sadler (2011), the Strange Situation Procedure (SSP) is a standard method for assigning the attachment pattern between a mother and her infant. The SSP, developed by Mary Ainsworth and colleagues (1978), is typically replicated in a lab setting and involves an infant, their mother, and a stranger. The attachment relationship between the mother and the infant is purposefully stressed to activate the infant's attachment system and includes episodes of the mother and the stranger coming and going. The infant's response to these situations, with a particular focus on the mother-child reunion is scored through a standardized procedure and an attachment pattern is determined. The pattern is categorised as Avoidant, Resistant/Ambivalent, Secure, or Disorganized.

## **The Evolution of Attachment Theory**

### ***Bowlby: Origins of Attachment Theory***

In the mid 20<sup>th</sup> century, a time where behaviourism and psychoanalysis were at the forefront of psychological thinking and practice, a psychiatrist named John Bowlby (1969) was

forging a new ethologically inclined path, later known as attachment theory (cited in Crittenden, 2017). This innovative path encapsulated concepts of evolution and biology and was heavily influenced by Lorenz's theory of animal imprinting (Bolhuis, 2017). Bowlby believed that human development and behaviour were primarily shaped by the environment and influenced by an evolutionary and innate response to survive (Crittenden, 2017; Bolhuis, 2017). In other words, he believed that humans were born wired to survive and developed, both cognitively and emotionally, as a response to their environment.

As a psychiatrist working through WW2, Bowlby (1951, cited in Crittenden, 2017) was exposed to many children who had been separated from their primary caregivers. The extreme negative outcomes of this early separation inspired his research and later, the foundations of attachment theory. Departing from a commonly held Freudian belief that feeding created the bond between a child and a primary caregiver, Bowlby's work sought to better understand the significance and repercussions of this early emotional relationship (Berk, 2008).

Many of Bowlby's assertions (1951;1969) focused on the crucial role of the mother in supporting a child's healthy emotional and cognitive development. Warm, continuous, intimate, and sensitive care created true attachment bonds essential for good mental health and personality development. Maternal deprivation or separation, on the other hand, resulted in varying degrees of emotional instability and mental illness, implicated one's capacity to make relationships (Bowlby, 1951), and had cyclical negative impact on future generations (Garrett, 2023).

The attachment bond developed in four phases, built an enduring connection with a caregiver, and established a secure base that the child could rely on in the absence of their caregiver. This process also provided an internal working model or set of expectations the child could rely on during times of stress (Berk, 2008). This bond-building stage was considered a

critical and finite stage of development from birth to age five (McLeod, 2025) meaning that there was a limited window of time to build secure attachments.

Patricia Crittenden, distant colleague and fellow attachment theorist, credits Bowlby's (1951 & 1969) work as the forerunner and significant contributor to thought around two prominent modalities that support children today: Adverse Childhood Events (ACE's) (1998) and Family Systems (1950). Research focused on early danger and how negative events and experiences, such as extended maternal separation and deprivation in childhood, shaped future development and behaviour. This also aligns with the research on ACE's. The practice of addressing the family process to support the struggling child aligns with Family Systems thinking (Crittenden, 2017).

#### *Ainsworth and The Strange Situation: Bringing Data and Classifications to the Theory*

Developmental psychologist Mary Ainsworth became a colleague of Bowlby during WW2 (Crittenden, 2017). Over a few decades, they build attachment theory based on their combined talents including research, insights, and observations. Where Bowlby conceptually defined attachment as an innate tendency to build protective and supportive relationships, Ainsworth's work identified the differences in the quality of individual attachment relationships (Crittenden, 2017).

Ainsworth's work (1970, 1978) brought attachment theory to the scientific community through data and analysis, making the theory and future studies viable. Through longitudinal home observations in the US and Uganda, patterns of attachment were identified and generated thousands of further studies on attachment. Ainsworth's anthropological approach to data gathering eventually helped bring "real life" into the laboratories through the Strange Situation experiment (Ainsworth, 1994 cited in Crittendon, 2017). This experiment identified patterns of

interactive behaviour between an infant and their mother before and after a period of being apart. Classifications were determined and interactive behaviours were coded into categories A (avoidant patterns) B (secure patterns), C (resistant/ambivalent patterns) or specific subgroups of the categories (Ainsworth, 2014). The procedure involves eight episodes, three minutes each where the mother, the child, and a stranger are introduced, then separated, and then reunited (Ainsworth, 2014).

The following is a brief overview of the attachment categories identified by Ainsworth and Waters (1979) in the Strange Situation Procedure (Ainsworth, 2014). The behaviours of the children and the mother are included to build a concept of parental sensitivity and the related and potentially enduring externalizing and internalizing behaviour that will be explored later in this paper. The attachment types were identified as Secure (pattern B) and Insecure (patterns A and C).

Mothers of securely attached babies (pattern B) had high maternal sensitivity defined by characteristics such as close contact and responsiveness to crying. These mothers were also less rejecting and did little interfering and ignoring as compared to mothers of insecurely attached babies. Securely attached babies cried less than babies identified as having A and C patterns of interactions. They were more cooperative, which included greeting and responding more positively to their mother. When their mother was present, they were comfortable exploring but less so when she was gone. Securely attached babies used their mother as a secure base to explore the world and knew they could rely on them for their attachment needs (Ainsworth, 2014).

Mothers of insecurely attached babies (patterns A and C) were less sensitive to their babies' signals and communications and had delayed responses to crying. They tended to lack

affection, tenderness, and care when holding their children. These babies cried more and tended to respond less positively to contact and negatively to being put down. They were less responsive and compliant and generally angrier. The insecure patterns were defined as being anxious and referred to as avoidant (pattern A) and resistant or ambivalent (pattern C) (Ainsworth, 2014; Ainsworth 1985).

Mothers of avoidant babies (pattern A) were the most rejecting and the positive feelings they demonstrated towards their child tended to be suffused with anger and irritation. Doctoral student of Ainsworth, Mary Main (1986), identified these mothers as having strong aversions to contact with their children and this contact was even unpleasant or painful but just as frequent as other mothers. The avoidant babies gravitated to exploration in all 8 episodes and did not get upset with separation. When their mother returned, they tended to avoid her. This avoidance behaviour was seen as a defensive strategy and acted to protect the baby from feeling the lack of their attachment needs. Although anger was not overt in the Strange Experiment, Main identified that these babies were angrier when at home. These babies learned to keep their attachment needs inert, as the parent was unavailable in caregiving or rejecting.

Mothers of resistant or ambivalent babies (Pattern C) tended to interfere or ignore their child and were inconsistent in their sensitivity and responsiveness to their needs. Although they were able to be positive at times, they failed to respond to their child's bids for contact and gave and enjoyed close contact when it was not desired by the baby. The resistant or ambivalent baby was wary of the stranger and kept proximity to their mother. These babies have built a working model of an inconsistently accessible and inconsistently responsive primary caregiver. When activated, they can increase the intensity of their demands because they cannot shut down their attachment need, but they also expect to be frustrated with the response. As a result, the more

intense attachment behaviour can be steeped with anger. When the mother leaves, the baby is distressed and when she returns the baby is ambivalent and wants contact but is angry. Soothing is challenging because, while the child looks to the mother to restore their attachment, the mother's presence does not satisfy their need.

***The Berkeley Model: Main and Soloman (1980) Introduce Disorganized Attachment***

Researchers working in the 1980's recognized that some children's responses to the Strange Situation were difficult to assign to one of Ainsworth's three patterns or their subgroups. These "unclassified" infants displayed what was termed "conflict" behaviours in times of stress during the Strange Situation experiment (Hesse & Main, 2000). Main and Soloman (1980) described these 10-30 sec episodes as disorganized or ones that had contradictory movement patterns. The atypical responses were classified into seven themes that included a nine-point scale for intensity (Hesse & Main, 2000). Disorganized attachment was only assigned if the behaviours had sufficient intensity in their display of conflict, disorientation or fear, and occurred while the parent was in the room (Granqvist et al., 2017). With the help of colleagues and in particular Main and Soloman (1980) assigned a new category D to describe this disorganized/dis-oriented attachment. Due to the briefness of these disorganized episodes, a secondary best-fitting category was added such as D/A or D/B (Hesse & Main, 2000).

Main connected the disorganized behaviour to fear and Bowlby's early writings where he stressed the close relationship between attachment and fear (Hesse & Main, 2000). When there are cues of danger or an unexpected separation, a child seeks refuge with a familiar caregiver. If this caregiver is also a source of fear or alarm, it creates a paradox and the potential for the child to display disorganized behaviour (Granqvist et al., 2017).

Research indicates the D classification has roots in, but not solely due to maltreatment, parent unresolved trauma and their display of frightening, frightened, or dissociative behaviour towards their infant, major or repeated separation, and contributing factors such as genetics and temperament (Granqvist et al., 2017). Disorganized attachment is a separate classification from the attachment A, B, and C categories. For example, a child might experience the death of a family member, sexual assault, or another, but be ultimately ‘secure’ in attachment profile. Therefore, disorganized attachment is only scored in the presence of evidence of trauma loss or abuse (Main & Soloman, 1980)

***Dynamic Maturation Model of Attachment and Adaptation (DMM)***

The Dynamic Maturation Model of Attachment and Adaptation (DMM) is a theoretical development of attachment theory developed by Patricia Crittenden (1979, 1981, 1995, 2008). Crittenden, student of Ainsworth and colleague of Main, built on Main’s categories ABC+ D of attachment also known as the Berkeley model. Some of the DMM’s significant departures from the Berkeley model are the focus on danger or survival over safety and connection in organizing attachment behaviour, the re-conceptualization of the disorganized category (Farnfield et al. 2010), and the use of a dynamic lens or a biopsychosocial model informed by neurodevelopmental research (Baim 2020).

Crittenden’s theory (1979, 1981) views attachment strategies as survival adaptations to threats and therefore strengths in their original context. With this perspective, the function and meaning of behaviour is viewed as meeting essential needs and self-protective, a much more sympathetic lens. As is such, Crittenden theorizes that the disorganized category introduced by Main and Soloman (1980) discussed earlier in this chapter is viewed as highly organized, self-protective, and strategic. Finally, the DMM conceptualizes attachment strategies dynamically to

account for the increasing complexity of interpersonal contexts that evolve from infancy, preschool, school-age, adolescence, and adulthood (Baim, 2025).

The model identifies attachment behaviour in terms of how we process information and is organized by two mental functions: cognition, as defined by learning about cause and effect from experienced events, and affect or arousal (Farnfield et al. 2010). These relate to and align with Ainsworth's ABC categories. By the time a person reaches adulthood, there are 12 categories that range from A to C and each has a psychological and behavioural component to describe the strategy as well as to indicate how information is processed neurologically.

An individual using A strategies on the DMM relies more on the cognitive process over feelings due to the predictability of unattuned responses from their caregiver as a young person. Learning that their needs will not be met and sharing their feelings makes them feel worse, and organizes a cognitive oriented information processing system. Thinking becomes protective and displays of feelings are unsafe. This focus on cause and effect can lead to thinking and behaving that prioritizes others and the outside world over their own experience. It ranges from A1 to A8, where A1 strategies look like people pleasing or high achievement and considered adaptive in certain situations. At the more extreme end of the A category (A3-6) are strategies described as compulsive regarding caregiving, promiscuity, and self-reliance. This also can include punishing others (child/partner) for expressing feelings or acting highly controlling to maintain emotional distance (Baim, 2025; Farnfield et al., 2010). The range and complexity of A categories increase with age. The connection of the A pattern in the Berkeley model to the infant developmental stage of the DMM is most evident in the inhibition of feelings and the distancing danger (Family Relations Institute, 2025).

Individuals using C strategies rely on affect over cognition to get their needs met prioritizing information concerning fear, anger and a desire for comfort. As an infant, much like the C in the Berkeley model, they experience unpredictable cause and effect or responses from their caregiver. The inconsistency and inability to predict a response from their caregiver is confusing. They learn that extreme behaviours are more likely to elicit a response from the caregiver, and the only predictable response occurs if emotions are heightened. Attachment displays, such as crying and sadness, can become exaggerated to tantrums and inconsolability; comfort is attained by clinginess and helplessness. To get their needs met they not only need the attention of their caregiver, but they must hold it. The exaggerated genuine feelings get the response the child desires and then they hold attention by shifting directions and engaging the caregiver with unsolvable problem after unsolvable problem. The child using C strategies learns it is pointless to understand another person's perspective because it is not predictable; they learn to stay firmly in their own. In the more extreme forms of C patterns (C3-6), cognition is increasingly falsified as well as the level of deception and affective logic is used to regulate the behaviour of the self and others. At school-age older more extreme C patterns (C5-6), use active deception for revenge as seen through menacing and intimidating behaviour, and needing rescue from dangerous situations that are self-induced (Baim, 2025; Family Relations Institute, 2025; Farnfield et al., 2010).

The DMM views attachment strategies as contextual rather than ascribing the behaviour intrinsically to the person: patterns emerge within an interpersonal context (Baim, 2025). Individuals may employ different attachment strategies in different situations and at the less extreme ends, it is seen as adaptive and normative when safety is a concern (K. Pinsonneault, personal communication, September 18, 2025). In different contexts and for populations exposed

to increased risk and danger, normative attachment patterns would be in the more extreme ranges than in relatively safe environments. The categories in the DMM are on a continuum and support an adaptive and contextually and culturally sensitive perspective versus the more static, four-pronged secure and insecure profiles of the Berkeley model (Baim, 2025).

### **Connecting Attachment Theory to Brain Development**

I will be using Brown and Ward's extensive paper from Childhood Wellbeing Research Centre (2013) to outline the connection between brain development and attachment. This information does not refute Bowlby's (1951; 1969) ethological basis for attachment theory but rather stresses the importance of the attachment figure and early rich social connections in supporting brain development. Although the human brain develops prenatally until early adulthood or mid-twenties, impacts on the brain are greatest in the first three years after birth. As brain development is influenced by the interaction between genetics and the environment, both the environment and relationships, especially those with caregivers, play the most significant role in the development of the brain at this early time. Social interactions including stimuli and experiences rich in touch and contact support a more abundantly networked brain especially the areas that are responsible for social life. As a child is dependent on others to survive when the brain is most rapidly developing, the attachment formed with a primary caregiver is most crucial in shaping the brain during this young period of development. Infants lacking caregiving relationships impede the development of parts of the brain which may be potentially permanent (Brown & Ward, 2013).

### ***The Stability of Attachment Patterns***

When considering attachment over time, research refers to two different models of attachment: prototype and revisionist. The prototype perspective views attachment patterns as

retained over time. This enduring pattern has significant influences on lifelong attachment behaviour. The revisionist perspective views attachment as modifiable with new experiences. Changes in this pattern may or may not influence attachment behaviour throughout one's lifetime (Fraley & Fraley, 2002). Research seems to suggest that the prototype model could be a more fitting description of how attachment stability works over time.

According to Fraley and Fraley (2002), attachment security is moderately stable from infancy to roughly age 19. This idea was replicated in many studies of that time (Hamilton, 2000; Main, 2000, 2001; Main et al., 2005; Waters et al., 2000) and insignificant stability in attachment security (Lewis et al., 2000; Weinfield et al., 2000; Zimmerman et al., 1997; Fraley, 2002). In one of the larger studies on the stability of attachment security, Groh et al. (2014) suggested that attachment security may be less stable in groups that have higher risk for life stress and more changes in the caregiving environment. Other studies cited in a paper by Groh et al. (2014) supported attachment stability for infants categorized with disorganized attachment where they were more likely to be classified as insecure in adulthood. Contrary to these cited findings, Groh et al.'s large study found weak stability in attachment security and disorganization from infancy to late adolescence. Interestingly, more attachment stability was found when comparing three of the intervals rather than all four. Looking at data from 24 months, 36 months, and 18 years seemed to support the prototype model and the existence of a stable factor underlying attachment stability. Whereas comparing attachment patterns at 15 months and 18 years revealed less stability in attachment patterns contrary to the prototype model. This suggests that there may be a greater association between attachment in the early childhood years (24 and 36 months) and adulthood or that the attachment data from 15 months was anomalous.

A more recent longitudinal, 5 wave study by Waters et al. (2022) looked at attachment security during the transition from middle childhood to adolescence (median ages of 11-17 years). They also found that the prototype model best represented the results and the stability of attachment throughout the six years. It is important to consider the suggestion in Groh et al.'s (2014) study about higher-risk samples being less stable. The normative-risk sample in this study may have contributed to more attachment stability over this period. Although, the age at which attachment scripts become more stable was not determined in this study, it has been suggested that attachment styles may become more stable as adolescents move into adulthood (Jones et al., 2018).

### ***Earned Security***

Earned-Secure Attachment (ESA) is defined by Filosa et al. (2024) as a process of change wherein individuals with a history of adverse childhood experiences with caregivers develop secure relationship patterns in their adult lives. In an earlier and extensive 23-year longitudinal study by Roisman et al. (2002) found that “earned-secures” experienced successful and close adult relationships that were comparable to those of “continuous-secures” and higher quality relationships than those identified as being insecurely attached (Roisman et al., 2002).

The papers by Roisman et al. (2002) and Filosa et al. (2024) reflect the important role of additional attachment figures to support the development of ESA. Roisman et al.'s earlier study (2002) recognized that earning secure attachment was not an attribute of one's sheer will to overcome adverse childhood experiences with caregivers. Rather, this resiliency was scaffolded by the caring adults in their lives, making earned security a natural extension of these earlier supports. The review paper by Filosa et al. (2024), that included 24 studies, expands on this idea. Secondary attachment figures can be partners, grandparents, therapists, and even strangers and

defined as those that support self-esteem and model relationships. Conditions to support ESA seem to rely on positive relationships and the “safety” they provide. This “safety” supports a receptiveness to emotional support and to experience interpersonal and internal changes that progress towards secure attachment (Filosa et al., 2024).

Findings in these studies identify key points in supporting EAS. Those with earned security were able to discuss distressing past events coherently (Roisman et al., 2002) and had skills in reflective functioning (Filosa et al., 2024) when compared to individuals with secure attachment. Techniques that support reflective functioning in building earned security involve mentalizations and self-reflection. This would look like exploring and making peace with past experiences (giving coherence to one’s attachment history); redefining one’s identity; and identifying and fostering supportive relationships that provide security (Filosa et al., 2024).

### **Debate and Criticisms of Attachment Theory**

Debate exists on some tenets of Attachment Theory, research practices supporting the theory, and how it has percolated into mainstream child protection policy around the removal of children from their homes. These will be briefly discussed to bring attention some cautions and considerations when working with school-aged children and parents using an attachment theory lens.

One of the major debates around attachment theory is the focus on maternal sensitivity and the environment as the main determinants of individual differences. The criticism exists because attachment theory does not account for a child’s temperament (M. Ainsworth, interview, fall 1994) or biological challenges that could influence behaviour. This makes me think of a child that is described as colicky. Although the cause of colic is unknown, the potential contributing factors such as digestive issues, food allergies, or swallowing too much air from

crying (Mayo Clinic, 2025) could result in behavioural challenges and attachment classifications that may or may not be the result of parental sensitivity. On the other hand, other potential causes of colic which include family stress, early childhood migraines, over feeding, underfeeding or infrequent burping (Mayo Clinic, 2025) may indeed be a result of parental sensitivity.

The focus on maternal sensitivity rather than other caregiver sensitivity, such as the father, limits the influence of other important people in the child's life and could affect the accurate classification of attachment patterns during assessments. An article examining the limitations of accepting a "received idea" such as attachment theory without scrutiny argues that Ainsworth's Ugandan study did not address the diversity of families and the active presence of father figures (Vicedo, 2013, as cited in Garrett, 2023). This article also brings attention to Bowlby's methodological shortfalls in his research citing an inclination to dismiss findings that run counter to his ideas about the care of children and the effects of separation (Garrett, 2023).

One of the more complicated debates involves assessing attachment relationships between a child and their primary caregiver in protection cases. Separation of a child from their family because of an "expert opinion" identifying significant issues with attachment relationships (Garrett, 2023) needs careful attention due to the obvious repercussions. Crittenden, colleague of Bowlby and Ainsworth, brings attention to this debate in her work and by recognizing the difficult predicament: "Do we leave children in their homes with dangerous parents or endanger them by taking them from their parents and placing them with caring strangers?" (2017, p.437).

A recent study by Hammarlund et al. (2022), explored the use of attachment classifications in child protection investigations. The research surveyed 191 Child Protection (CP) workers from a nationally representative sample in Sweden. The purpose of the study was

to address concerns of potentially prevalent, overconfident use of attachment classifications in CP investigations. The results indicated that CP workers categorized children's attachment quality without standardized or validated assessments in all or most of their investigations. Another concerning finding was that none of the participants made use of validated attachment methods and most respondents made sweeping and speculative presumptions about the child's attachment classification. The authors point to a significant research-practitioner gap and the need to address this issue that could have extreme repercussions on families and children involved in Child Protection.

These arguments support the idea that using attachment classifications to support attachment security for school-aged children and their parents should be taken with caution. Holistic approaches that consider other social, cultural, and biological influences would be needed to provide the most appropriate and safe care.

## **Practical Applications of the Theory and Evidence-Based Interventions**

### ***Overview of Attachment-Based Interventions***

Metadata research reviewed in this literature review provides the context for current attachment-based interventions related for school-aged children. The results from three meta-analyses suggest that attachment- and relationship-based interventions support attachment security for children under 18 with the biggest improvements in supportive parental behaviours (David et al., 2024; Rodrigues et al., 2024; Hans et al., 2023). Themes in effective attachment-based strategies and interventions were evident in all three papers which involved: increasing parental sensitivity, and responsiveness from the parent/caregiver to the child. Surprisingly, the positive change and larger effect size for parents were not consistently reflected in measures of child attachment and child behaviour. In the research paper by Hans et al. (2023), large

improvements were observed in parenting interactive behaviour but conversely, showed smaller improvements in the children's attachment security and interactive behaviour. Similarly, as seen in the paper by David et al. (2024), the improvement in the parent's understanding, skills, responsiveness, and perception of the child-parent relationship, did not result in a notable or consistent change in the child's mental health or challenging behaviour. Rodrigues et al. (2024) did not report on specific positive gains for parents, the associated small effect size of parental Emotion Socialization (ES) and attachment security left room for other, potentially more significant, contributing factors. Notably and different from the other two studies, parental Elaboration, a specific strategy of ES, was identified as a promising approach to building attachment security and was robustly related to secure attachment (Rodrigues et al., 2024)..

The metadata articles did not specifically address the effects of the different delivery models, such as group, child, parent, parent-child dyad; although many of the interventions and strategies cited focused on parent intervention. David et al. (2024) noted the benefits of supportive environments and the cost-effectiveness of group work with foster and adoptive parents.

Two of the articles focused on populations that could be considered higher risk as defined by maltreatment and adoptive or foster relationships (David et al., 2024; Hans et al., 2023). This did not appear to have a notable effect on predicting or determining the efficacy of interventions as evidenced in the results and rather aligned with the idea that more vulnerable populations may suffer from attachment insecurity. Rodrigues et al. (2024) did not define specific characteristics of its participants other than age which may support the generalizability of the findings across the three papers.

Relational interventions focusing on parental sensitivity, responsiveness, and skill-building in emotional communication and parental elaboration, support parents and in turn, some measure of attachment security for their children. The benefits of intervention appear to be more evident for parents. Although these trends in the metadata are promising, the impact on children remains an area of curiosity. A closer investigation of the data in these three papers would inevitably provide more insights into this curiosity and a clearer direction for future research. The following section will investigate primary research assessing different attachment-based interventions and hopefully illuminate more positive impacts on our other valuable stakeholders, the children. A focus on identifying elements within the different interventions will be used to support the research question, the third theme in the literature review, the implications, and the recommendations of the Capstone project.

### *Specific Interventions*

**Emotionally Focused Therapy (EFT).** Emotion-Focused Therapy (EFT) is a psychotherapeutic practice that focuses on and promotes awareness, acceptance, and the transformation of emotional experiences. It views the emotional experience as the prominent and governing force that impacts our connection with others and that guides our authenticity and self-organization (Greenberg, 2004). Focusing on emotions within the structure of the parent-child relationship can support attachment. There is evidence that attachment-and emotion focused-parenting interventions (AE) are better than wait-list control groups for positive changes in externalizing and internalizing behaviours in school-aged children. For example, Jugovac et al. (2022) found that AE targeting child mental health were significantly more effective than those that did not. Interestingly, and contrary to some of the information in the previous section, there was no evidence that parent mental health improved when compared to control groups. This

paper was included to establish if behavioural interventions or attachment and emotion-focused approaches held more promise, but the results were non-conclusive. These results align with another quasi-experimental study that compared Emotion-Focused Therapy (EFT) to Metacognitive Therapy. It was determined that both approaches supported positive changes specified as social-emotional competence in school-aged teens (Parnov et al., 2023).

**Emotionally Focused Family Therapy (EFFT).** Emotional Focused Family Therapy is a relational approach rooted in EFT that focuses on supporting caregivers with their loved ones. This therapeutic process involves empowering caregivers to provide emotional and behavioural support and skills in therapeutic apologies. Recognizing the caregiver's patterns of relating and supporting the processing of the caregiver's emotions are used to address and minimize interferences in the EFFT interventions (Smith et al., 2023). Research identifies that non-behavioural focused interventions such as EFFT have a basis in supporting emotional processing (Parnov et al., 2023; Smith et al., 2023) and therefore emotional- awareness and -regulation. Further exploration into EFT and Emotion-Focused Family Therapy (EFFT) involved a one-family case study. Virtual EFFT supported family functioning and parent and child mental health after divorce (Smith et al., 2023).

**Mindful Parent Training (MPT).** Another non-behavioural intervention that focuses on cognitive aspects of emotional elements such as awareness is Mindful Parent Training (MPT). MPT aligns with EFT and EFFT to help manage the stress and emotions that can have negative impacts on the attachment relationship between a child and their parent. MPT interventions aim to increase parents' awareness of their stress and problematic psychological responses to their child's behaviour. The interventions focus on lowering parent reactivity, increasing parent self-care and cognitive emotional regulation, and acceptance (kakhki et al., 2022). One research

paper using a randomized control trial (RCT) measured the effects of mindful parenting in a typically developing population of pre-school aged children and their mothers. For comparison, it is worth noting that the mothers that were randomly selected all reported high levels of stress. Significant improvements with large effect sizes were seen in self-reported parental stress, coping strategies and the parent-child relationship (kakhki et al., 2022).

**Parental Reflective Interview (PRI).** The Parental Reflective Interview (PRI) was created to assess and improve parental reflective functioning and to mentalize the mental state of their child. This procedure has been used to orient parents to attachment-focused interventions and to facilitate and strengthen parent reflections on the mental health of their children. The positive impacts of a mindful and reflective parenting practice can be seen in the research by Low et al. (2023) and has moderate effects. In a pilot RCT study on the Parental Reflection Interview, the act of reflecting, as measured by completing an interview procedure at three different time intervals, was helpful to build understanding and support attachment security (Low et al., 2023). Although population sizes, baselines, and means of measuring change in these two RCTs differ, it could be determined that bringing awareness, even as minimal as a reflective process, into interventions aimed at improving attachment security show promise to populations with different attachment needs and stress levels.

**School-Age Interventions.** The research indicates that attachment interventions may be most pertinent for school-aged children that are deemed higher risk. Further investigation into this connection will be needed to make any clear conclusions. Considering the long-term negative effects and complexity of attachment insecurity, interventions involving a trauma-informed lens and repairing attachment relationships are important to consider for specific needs or populations. Trust-Based Relational Intervention (TBRI) and EFFT are interventions that

focus the parent-child relationship and building attachment (Misevičė et al.(1), 2024; Misevičė et al.(2), 2024; Smith et al., 2023). TRBI utilizes a trauma-informed lens to sensitively build trusting relationships that have not been established. As EFFT look at the parent-child relationship through the lens facilitating the relationship, TBRI focuses on rebuilding attachment in a relationship that lacks this comfort and security. Similar to the research articles investigating emotional-focused interventions, the two TBRI case studies involve populations who would be deemed higher risk. Positive outcomes of the TBRI interventions were noted specifically around improvements in perceptions the child's mental health and showed most improvements in attachment relationships (Misevičė et al. (1), 2024; Misevičė et al. (2), 2024). The results of the EFFT and TBRI studies, although not generalizable, suggest that focusing on the current relationship is important in building attachment. Using a trauma-informed lens while building trust may further support this relationship, especially if secure attachment relationships are not yet established.

**Connect.** Connect (2020) is an attachment-based intervention geared to older school-aged populations, specifically those aged 12-18 years (Barone et al., 2021;Ozturk et al., 2021; Pasalich et al., 2022). This approach included concepts covered in other interventions discussed in this literature review: building awareness seen in mindful approaches and the interviewing protocol (kakhki et al., 2022; Low et al., 2023) and managing stress and self-regulation and nurturing the relationship as seen in emotional-and trust- focused approaches (Misevičė et al. (1), 2024; Misevičė et al. (2), 2024; Parnov et al., 2023; Smith et al., 2023). It should be noted that these concepts have not been operationalized at this point in this review. Connect also had an added element and focused on increasing understanding of child and adolescent development (Barone et al., 2021;Ozturk et al., 2021; Pasalich et al., 2022). The research papers for the

Connect program include a study that provides insights into tailoring specific interventions to specific attachment needs (Pasalich et al., 2022). Measuring the reorganization of attachment styles was also included in one of the TBRI case studies using institutionalized children (Misevičė et al.(1), 2024). This demonstrated that a better understanding of predictors and patterns of specific interpersonal relationships could be deemed helpful in targeting specific changes or needs.

### ***Overview of Specific Interventions***

The primary research papers used for this section vary in methodology, measurement tools, and participants. Most interventions focused on middle aged children with only one study looking at younger, preschool-aged children. In preliminary investigations of attachment interventions, there was an evident focus on supporting attachment security for parents of children under the age of three. Research focusing on school-aged children seemed to be grouped in age stages: early school years, ages 8-12, and preteens and teens ages 12-18 years. This suggests that interventions are being tailored to needs at different ages. This could be an important consideration when supporting attachment security and potentially support a connection to Crittenden's work and the DMM. RCTs, the gold standard of research, were used in four of the five interventions cited in the primary research of this literature review. Connect, MPT, EFT, and PRI were interventions that held valuable promise for supporting attachment security. More research will be needed to determine if TBRI and EFFT have the same predictive, cause-effect value.

Although the results of the primary research papers differed from the three metadata papers discussed at the start of the literature review, it was helpful to note that interventions had positive effects of the children as well as the parents. Moving forward, it will be important to

determine potential causes for this discrepancy. Questions that could be investigated are: did the interventions in the metadata focus on parents and parent reports; did the primary research papers include more feedback from the child's perspective and or from clinical assessments, do children take longer to demonstrate the effects of an intervention or to adapt to changes, and was there overlap in the interventions used in the metadata research and the primary research papers that allow for a potential comparison. Although this line of questioning may not provide the desired answers, it will be important to establish a standpoint or hypothesis to help determine if attachment interventions support children as they do parents.

Although it is challenging to distill the nuances of the interventions due to the number of extraneous variables, themes in the results, although vague and non-operationalized, could be identified. In the primary research addressing specific interventions, results showed improvements in various measures including mental health of the child (Misevičė et al., 2024; Misevičė et al., 2024, Smith et al., 2023), externalizing behaviour (Barone et al., 2021, Ozturk et al., 2019), attachment security (Misevičė et al. (1), 2024; Misevičė et al. (2), 2024, Barone et al., 2021), and parent mental health and stress (Smith et al., 2023, Ozturk et al., 2019, kakhki et al., 2022). The degree of improvement has not been determined, and the results have not been assessed for their generalizability. Direct comparisons of the interventions will also need to be explored with more focus on reliability and quality of the research papers.

### ***Overview of Practical Applications***

This literature review provided insights into supporting attachment security for school-aged children and successful approaches to attachment interventions. Although a more detailed review of the research provided in this paper is still warranted, the information gathered at this point could support the following conclusions and prove to be useful for tailoring interventions

for parents and their children. It is important to recognize that addressing attachment may have more immediate effect on parents. Although the primary research identified positive outcomes for both parents and children, one metadata research does not necessarily support this notion making it important to discern how improvements are assessed and if parent reports have a pattern of bias. Moving forward, looking at research that includes clinical interviews or measures that do not solely rely on parent feedback and potentially including the child's perspective may be helpful to get a more holistic perspective on the outcomes of specific interventions and which stakeholders they best support.

Other important and beneficial conclusions that were noted include: specifically targeting child mental health rather than other aspects of attachment security; focusing on self-awareness and -regulation to lower parental stress and therefore in turn, support the whole system; and supporting parental sensitivity and especially elaboration as well as increasing parent's understanding of their children's developmental stages is advantageous. It is also important to note that the simple act of completing a reflective interview three times produced moderate improvements in the parent's understanding of their child's mental state showing that even the most minimal and cost-effective interventions seem to be positive. As a result, counsellors could theoretically step in and support parents and children easily, accessibly and with minimal experience. An obvious and easy first step would be to focus on parent and child mindfulness practices related to their relationship and building awareness of child developmental changes and what to expect.

Acknowledging that both behavioural and non-behavioural approaches are both effective was an important distinction, especially when considering the school setting. Schools and districts can tend to focus on behaviours and changing behaviours, an approach that put most of

the pressure on the child, our most vulnerable and sensitive variable, as being responsible for creating change rather than addressing the contributing contextual factors or their trauma history.

Trust-based and relational approaches may benefit higher-risk populations with more severe attachment insecurity and may be more applicable in public institutes like the school setting where building trust and safety is needed to repair attachment ruptures. This would involve training and more research into the specific elements of interventions but holds a promising focus for work as a school counsellor in higher-risk catchments. Building trusting relationships, and potentially evening-out of the power dynamic between students and staff would be a welcomed approach for most counsellors in schools where colonial hierarchy reigns. Future school-based professional developments will be important to support this shift in thinking and can be supported by the school counsellor. These “parent-substitute” are the school staff. With support and education, we can embody the role of “the compass” for children and families that have endured trauma and insecure upbringings.

### **Chapter Summary**

In this chapter, I discussed the basis of attachment theory is rooted in a biological imperative to survive. These survival behaviours respond to dangers or maintain safety in our environments and are said to shape our cognitive and emotional development. This development is significantly influenced by caregivers in the earliest years of life when a human being is most vulnerable. This research and theory have supported and informed interventions and preventative measures to support secure attachment which has the most favorable outcomes. Classifying patterns was integral to creating this support. The evolution of attachment theory has continued and now supports a developmentally based theoretical lens that categorizes attachment throughout five distinct stages as well as provides more distinctive interventions. This newer

development lacks the research of the earlier categorization models but holds promise especially for the identification of false-positives and for higher-risk populations. Research on the evolution of attachment theory supports a significant part of the question in this capstone.

Understanding the lenses of attachment theory supports more accurate assessment and interventions. It also highlights the significant impact of parenting on the cognitive and social development of an individual and its potential lifelong ramifications. Recognizing the impact of attachment influences the focus of my intervention practices moving forward. Working with parents and their children as early as possible would promote better mental health outcomes for both parties. Preventative measures such as attachment parenting education in the school system would be a beneficial place to start. Psychoeducation for parents and teachers would also help build awareness; identifying the root of problematic behaviour could help shift onus of the blame away from the school-aged child and reduce the negative feedback they can experience on a regular basis.

In the next chapter, I will explore working with parents both individually and in group settings to support attachment security using the evidence-based approaches discussed in this literature review. A brief review of the research will be introduced at the start to help situate the evidence-based approaches. This will be followed by a dedicated section that identifies practical tools to support attachment security for parents and their school-aged children.

## **Chapter Three: Summary of Findings, Discussion and Proposal**

### **Introduction**

The focus of chapter three will be practical. I will be providing evidence-based approaches that support attachment security based on the research in chapter 2. Themes have been identified to connect many aspects of these effective practices. These practices can be used in community practice and schools; and the focus of support is geared to groups, families, and parents. All themes fundamentally target increasing parental sensitivity and awareness. The broader topics and practical applications include understanding attachment and its significance using a holistic, parent-friendly approach and a developmental lens. More targeted learning and practices focus on communication to support connection and attunement. These latter themes explore behaviour as a communication of need; build awareness and practice around verbal and non-verbal communication; and support the use of validation. All practices focus on supporting parents' authentic connection to their child in the context of building attachment security. These themes and practices are not exhaustive or extensive. They were chosen to touch on the fundamental aspects that support attachment security revealed in chapter two.

The findings of my literature review in chapter two will be summarized to provide an overview for the practical application or 'toolkit' that comprises much of this chapter. It will also briefly touch on the implications of using an attachment approach to support school-aged children and their families. Finally, a few other themes and tools are briefly recommended and treated as an expansion on the practical learning and exercises that have been adapted for counsellor use in the practical application section.

### **Summary of Research Findings**

Research on Attachment Theory and supportive evidence-based interventions are robust and vast, spanning over 70 years. More recent research using brain imaging has led to deeper understanding of behaviour and effective ways to support mental health. The recognition that environment shapes brain development, which is especially impactful in the first three years of life, is a cornerstone of early attachment intervention and holds promise for rewiring neural pathways at older ages. It also points to the fact that interventions for school-aged children and their caregivers may not be the most proactive approach. Working with new adolescent mothers may be the more effective and supportive approach to building attachment security for school-aged children. Fortunately, the concept of Earned-Secure Attachment (ESA) is hopeful and supports targeted attachment intervention for school-aged children and their caregivers.

Metadata analysis and research reveal that attachment-based interventions are effective in improving various measures of child mental health, attachment security, and externalizing behaviour. The literature suggests that these interventions have more immediate and positive repercussions for the caregivers' mental health and stress indicating that the biggest improvements were in supportive parental behaviours. Parental sensitivity and responsivity, and emotional socialization that included parental elongation, were identified as effective attachment supports from this broader meta-analytic perspective.

Primary research looking at specific interventions indicate that evidence-based approaches with behavioural-, cognitive- and emotional processing- focused approaches have value. Even the act of bringing awareness through a reflective interview shows promise. There is some evidence that attachment interventions may benefit higher risk school-aged children and their caregivers. Attachment interventions that have a trauma informed lens and or a focus on repairing attachment relationships are important considerations for these populations. Focusing

on the current relationship and building trust can improve the perception of the child's mental health and more importantly, the attachment relationship, especially if secure attachment relationships are not yet established. Attachment-based interventions have been tailored to specific age groups and can work to address the many facets involved with supporting attachment security. These include building awareness and mindfulness, managing stress and self-regulation, and nurturing relationships. Focusing on specifically targeted child mental health, parental stress, parental sensitivity, and parental awareness of developmental stages are advantageous.

### **Implications**

A significant body of research has validated the impactful and life-changing benefits of addressing attachment insecurity and supporting attachment security. Undeniable connections between the effects of trauma and attachment to negative lifelong psychological and physical health have been established (Moretti, 2020). More specifically and to highlight the school-aged population in this paper, support with attachment security has made significant positive impacts on problematic internalizing and externalizing child behaviour. Addressing this behaviour affects the parent-child relationship, which is in turn, becomes a kind of blueprint for how individuals interact with others and the world.

Evidence-based approaches continue to provide support in building attachment security. Early psychoeducation and parenting support continues to be an obvious proactive and preventative approach. The primary focus of the interventions explored in this paper support the caregiver/parent- child dyad. This relationship is an important focus when addressing issues related to school-aged children both in the school and the community. Working with parents and their children in either setting and as early as possible is advantageous. As a school counsellor,

supporting parents through group work provides community and universal access. Group work combined with individual parent/child sessions may be needed for families that require more support while waiting for more comprehensive treatment in the community. Psychoeducation for teachers and administration is important to promote the lens that behaviour is communication and to build more empathy when supporting difficult behaviour.

Supporting attachment security for school-aged children and their caregivers is accessible for new and experienced counsellors alike. Using an evidence-based manualized program that supports attachment security is an easily accessible starting place for parents, parent groups and their counsellors both in school and the community. This can be done with adapted versions of the tools and psychoeducation provided in the *Practical Applications* section of this chapter or using any of the effective interventions discussed in chapter two.

Tailoring a program to meet the specific needs of the different attachment patterns in school-aged children does not appear to be a focus of interventions in the research but is suggested as being important. Identifying attachment patterns and suitable and specific interventions may be more helpful in supporting the more dire consequences of the internalizing and externalizing behaviours of this young population. Using the DMM and tailoring intervention to meet the needs of the affective and cognitive distortions that result from attachment insecurities may be needed to support individuals who are experience the most impact from attachment insecurity. Although this will not be explored in this chapter, it remains a future area of exploration and training that would be useful for counsellors working in the community and with clients that are experiencing moderate to severe challenges.

The following section will outline and recommend approaches adapted from multiple sources. The intended outcome is to support parents and their school-aged children with attachment security using the evidence-based approaches discussed in the literature review.

### **Practical Applications**

The following practices are meant to be used as part of a practical and introductory “toolkit” for clinical and school counsellors which can be used in schools and community practice. The practices and learning can be catered to a specific family or individual, used in a group setting, and or to provide psychoeducation for parents and school counsellors. Many of the exercises may take multiple sessions and repeated using different scenarios. There are four tools with exercises for practice. The four tools could make up six to ten groups sessions. Repetition and home practice will be valuable to support lasting changes in the parent-child relationship. A full version of the tools with relevant learning and discussion points, exercises and resources for practice are in Appendix A. I will briefly outline the four tools in the following sections.

#### ***Tool 1: What is Attachment and Why is it Important; Defining and Discussing Attachment***

Two modalities are provided to introduce the concept of attachment. The first includes two short videos suited for parents by Gabor Maté (2011, 2019) and discussion points. Gabor’s attachment approach emphasizes a more holistic and empathetic understanding of attachment insecurity. Referring to attachment insecurity as a systemic societal problem and a cultural phenomenon avoids assigning individual fault or blame. The focus on building trust in the parent-child relationship and acceptance of the individual is reflected in the research on the effectiveness of building parental sensitivity and responsivity.

The second modality uses the first principle, *All Behaviour has Meaning*, from the evidence based Connect manualised programming for parents and caregivers. The purpose is to

introduce the concept of attachment by looking at behaviour as communication and challenging the common assumption that behaviour is used for manipulation. Parents work to use a non-assumptive lens to explore and identify their child's attachment needs. This tool prepares parents to respond to challenging behaviour while supporting attachment. These two modalities includes five exercises with flexibility in the amount of time spent on each exercise and provides choice.

***Tool 2: the Impact of Verbal and Non-Verbal Communication***

This tool aims to bring awareness to what and how parents and caregivers communicate their understanding of their child's needs. This aligns with the research on increasing parental awareness and sensitivity to support secure attachment. It can be used in group or individual sessions and is adapted from the Connect programming. The focus of this tool is to explore how verbal and non-verbal communication impacts the meaning of the communication and more importantly, attachment. This tool includes one exercise and role-playing opportunities.

***Tool 3: Building Empathy and Parental Sensitivity: Exploring the Communication in our own Parent-Child Relationships***

This tool supports the learning in tool two and explores the positive and challenging interaction with specific examples from the child-parent relationship. The goal is to support parents' in identifying specific verbal and non-verbal communication and its impact on the child-parent relationship. It includes practice identifying attachment needs and exploring what attachment feels, looks, and sounds like. There are two exercises to highlight and explore both the positive and connected experiences and the challenging ones.

***Tool 4: Using EFFT Practices to Support Connection Through Emotion-Focussed Communication***

The fourth tool uses evidence-based EFFT to support attachment. This is a multi-purpose tool that includes mindfulness, validation, boundaries, and empathy-building. Due to this complexity, a script is provided from the International Institute for Emotion-Focussed Family Therapy (2024). This tool builds parental- sensitivity and -self-awareness which overlaps with the learning in the other three tools. The tool asks that the parent regulates before interacting with their child. The following steps involve connecting and checking in (connection before correction), building parental empathy and understanding through validation, and then following through with boundaries or support. Opportunities to practice are needed and this tool can be broken down into steps and span more than a single session.

### **Other Tools to Explore and Limitations of the Toolkit**

I will briefly outline other tools that support parents and their school-aged children with attachment security. This list is not extensive but important to note and use as next steps or in addition to the tools outlined in the last section. Limitations to the specific interventions explored in chapter 2 will not be discussed at this time. The focus of this chapter is to provide practical applications for clinical and school counsellors to use in practice.

Other tools include providing a good-fit repertoire of somatic skills and self-regulation tools to use with parents. These are used to build parental self-awareness and can be used in combination with tool 3 and 4 in the Practical Application section. Awareness around the energy or non-verbal communication parents bring into their relationship and communication with their child is essential in creating change and authentic connection. A counsellor would spend time working with parents on de-escalation. This could involve identifying common triggers and the somatic experiences the triggers bring with them. Investigating ways for parents to connect with their own felt experiences and providing understanding and validation for their feelings can be

empowering. When a parent can check-in with themselves and de-escalate if needed, they are more likely to recognize the non-verbal communication they bring into their interactions with their children. EFFT practices would also be used to build parental self-awareness and an understanding of one's style of parenting including traps and triggers as well as caregiver styles and reflection tools. EFFT tools are geared towards parents and support collaboration, cooperation, and healthy boundaries.

Another tool is based on one of the Connect principles aimed at increasing parental sensitivity. The principle is *Empathy: The Heartbeat of Attachment*. Focusing on practices that support a parent's understanding of their child's perspective and ways to communicate this understanding builds attunement and trust in the relationship. Listening, accepting and therefore creating space for a child's interpretations of their experience is an essential part of building or rebuilding the safety in this relationship.

Psychoeducation on attachment styles and the use of the DMM with specific interventions can be used to provide a deeper and more holistic understanding of challenging behaviour. The DMM and the identification of attachment styles can help counsellors provide suitable interventions; the way in which we work to support an avoidant attachment style is significantly different to how we would work to support an ambivalent/resistant attachment style. Using the DMM as a theoretical framework supports the tools in the practical section of this chapter. It would be used to identify specific yet contextually variable attachment patterns and provide clients with targeted interventions. Although the training in the DMM is extensive, time consuming, and expensive, the framework is useful to identify and support more problematic and entrenched attachment patterns. The DMM categories have highly descriptive attachment profiles. These attachment patterns are identified in their developmental stages and include

infant, preschool, school-age, adolescent, and adulthood. I have found this tool most helpful when trying to understand more complex and disruptive behaviour patterns. It has helped build empathy and understanding for these difficult and sometimes aggressive attachment profiles.

Finally, using a more in-depth developmental lens to view behaviour would be important to help with assumptions and developmentally appropriate expectations. Introducing psychoeducation from developmental theorists including Piaget (1936), Erickson (1950), and Vygotsky (1978) would support the reframing of parental views, identify realistic expectations, and understand the needed baseline skills to support learning and change.

### **Limitations of the Research: Connect and EFFT**

The recommendations or “tools” in the practical application of this capstone focus predominantly on relational-based interventions as seen in the Connect programming and the EFFT intervention. Concepts of emotional socialization and mindful and reflective parenting approaches are also imbedded within the tools but will not be addressed in the limitations at this time.

The research supporting the Connect programming used in this capstone have limitations. The most prominent limitations are a lack of diversity in its participants; being mostly white and from developed westernized countries, and a reliance on parent-reporting. Although one of the studies included reporting from the child’s perspective, it was recommended that specific assessments from an un-biased clinical perspective would be helpful to determine if the problematic behaviour showed improvements in different domains and if they were stable. One of the studies showed greater impact on higher-risk populations, one was longitudinal, and the other included a Random Controlled Trial (RCT). It will be important to design future research using more RCTs and to encompass different cultures, populations, and multiple assessment

methods that include long-term effects. Work to determine if this attachment approach is more generalizable and most fitting is needed.

The research cited in this capstone supporting EFFT have more limitations than the available Connect research. Limited data, populations, and assessment procedures include: a case study; families who have experienced divorce; white or Tehranian males; and parent-reporting. Future primary research could involve participants from varied cultures and population, RCTs and follow-up assessments such as longitudinal studies to support more generalizability.

### **Conclusion**

My current approach to counselling is eclectic; exemplified in the use of multiple resources in the practical section of this chapter. I chose to focus this chapter on a practical framework to support my own practice working with families and their children. I work predominantly with this population and wanted to develop programming that could be used as “one-offs” depending on the needs and readiness of my clients. Approaching children and their families holistically using multi-pronged approaches suits my personal counselling style. It allows me the space to work with my clients within their willing capacity rather than taking a formulaic and general approach.

Working with an understanding of my client’s capacity has been a lesson that I had to learn through experience. In my last internship, I had the privilege of working with families experiencing moderate to severe challenges. In two instances, I created discomfort that got in the way of progress. Although counselling can be challenging for clients, moving more slowly and within the families’ abilities can be needed. Looking back, I can see what I missed. These parents were not ready to explore attachment approaches, especially if they were identified as such. They were also not comfortable to look at what was reinforcing the challenging behaviour

of their children. Creating more understanding around attachment was needed as well as destigmatizing attachment insecurity. I also believe that moving slowly using a step-by-step program like Connect or using “one-off” practices that address specific and current challenges would have been helpful at the onset to build more trust. Using the Stages of Change Theory (1983) has been helpful for assessing readiness and building stage-appropriate supports.

I have learned that being compassionate, forthcoming, and transparent can provide an environment where I can explore difficult issues regardless of my client’s readiness for change. These collaborative counsellor-client relationships feel like they are also empowering for the client and can create the needed space and comfort for change to occur. Sometimes this is not the case, and my role feels more like a person hired to listen, validate, and accompany the difficult times. In these cases, change feels like a personal and self-directed initiative.

The way in which I deliver support, build trust, and “buy-in” are extremely important at this early stage of my career and learning. This is especially important when working within a family system and with parents. I was pleased to discover that supporting attachment was a flexible and accessible approach with many user-friendly entry points. This versatility seemed to be most important when working with parents that had difficulty looking at the family system that worked to support the disruptive and challenging behaviour.

The attachment tools in the practical applications of this chapter help the parents and children I work with as well as inform my own practice as a counsellor. These skills are universal. They remind me to slow down and investigate my own assumptions. Recognizing behaviour as communication provides an empathetic lens. I have had and expect to have many more challenging experiences working with more vulnerable populations. Chronic feelings of distrust and safety or acute feeling of distress may bring more extreme ambivalent/resistant and

avoidant patterns of attachment into the counselling relationship. Defensive behaviour or compulsive pleasing seem to be common reactions in times of uncertainty and distress.

Understanding that this is a learned survival response provides the needed reframing that helps me be impartial. Curiosity, validation, repairing connection, and humour are all helpful after these difficult times.

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## Appendix A

### A Full Version of the Practical Application of the Recommended Tools

#### **Tool 1: What is Attachment and Why is it Important; Defining and Discussing Attachment**

Using the theoretical definitions of attachment explored in chapter two may be unnecessarily complex, especially at a time where parents are experiencing higher levels of stress. The following YouTube videos and adapted Connect programming have been selected to introduce the concept of attachment.

#### ***Gabor Maté Videos on Attachment***

The following videos from Dr. Gabor Maté (2011, 2019) touch on the ethological underpinnings of the theory and work to define attachment in an impartial and non-pathological manner. Dr Maté's approach emphasizes a more holistic and empathetic understanding of attachment insecurity. Referring to attachment insecurity as a systemic societal problem and cultural phenomenon avoids assigning individual fault or blame. This in turn, may allow parents to connect to the learning and support their children with less defensiveness or self-blame. The content and the recommendations by Dr. Maté in the videos align with the research in chapter two and specifically the evidence-based attachment approaches used in EFFT and Connect.

The videos highlight a fundamental concept: attachment and authenticity are required for healthy human development. The need to support authenticity and the need for an individual to know and trust oneself is essential. This approach to attachment focuses the attention and intervention on building trust in the parent-child relationship and acceptance of the individual; these points are both reflected in the research on the effectiveness of building parental sensitivity and responsivity. The videos are suited to parents. This tool would need to be adapted to meet

the developmental needs of older school-aged children with different videos, discussion prompts, and information and is not intended for younger children.

There are two video links and combined, they are less than 20 minutes. These can be sent before the first session if needed and then watched together in session. The titles and links with Gabor Maté are as follows:

- Attachment vs. Authenticity, <https://www.youtube.com/watch?v=l3bynimi8HQ>  
(00:04:18)
- Attachment and Conscious Parenting, [https://www.youtube.com/watch?v=\\_tdljIW86e8](https://www.youtube.com/watch?v=_tdljIW86e8)  
(00:13:21)

A discussion about the content can be supported with some of the following prompts:

- What are some ways that you understand attachment?
- How would you define authenticity? Why is it important?
- What are some barriers to authenticity in your child-parent relationships?
- When and what are the circumstances where you feel connected to and present with your child?
- What does it look like when your child is authentic?
- How do you think you can invite your child to be more authentic?
- What are practices that reduce stress in your everyday lives?

Concepts to add to the discussion:

- Attachment is needed for survival, safety, and a basic need for healthy human development.
- Attachment insecurities are imbedded in our current western culture.
- Children abandon authenticity to belong and stay attached.

- Unconditionally connecting with our children supports attachment security and authenticity.
- Supporting authenticity helps our children accept themselves as they are.
- Nurturing authenticity involves understanding and validating our children.
- Stress makes it more challenging to attune and connect to our children.
- Parent attachment styles impact their children.

***Adapted Connect Manualised Program on Attachment: All Behaviour has Meaning***

The evidence-based manualised programming aptly titled Connect (Moretti, 2020) is a trauma informed approach used to support attachment security for parent and caregivers. It consists of nine principles and is intended for group settings.

The first principal is called *All Behaviour has Meaning*. This was included to provide variety and accessibility. Connect's introduction to attachment is straight forward and builds an understanding of the concept in small increments with repeated exercises. It is to be used in conjunction with the Gabor Maté videos or as a stand-alone. If used as a stand-alone, some points will be needed to introduce the basics of the theory and follow:

- Attachment is a biological need connected to survival.
- The need to feel safe and secure comes from being connected.
- Safety and security in our connections allow us to be independent and competent in the world.
- Attachment helps us explore the world and develop a sense of ourselves (authenticity) and is created in relation to others.
- Attachment needs and expressions are developmental and change as you grow.

- Attachment needs do not go away, they are constant.

The theme of this principal introduces an essential concept: behaviour is communication. It is used to challenge the common assumption that behaviour is used to manipulate. This shift in perspective helps the parent discover new, non-assuming, and empathetic ways to respond and connect with their child. It can be important to let parents know that this does not mean that they need to accept all challenging behaviour from their child; the focus is to consider the meaning of the behaviour and let that influence the way in which they respond.

Start with the example of an infant. Have parents remember their child at this early stage and ask the following questions:

- How did your infant let you know what they needed?
- What did they need?
- Think of other infants you know. Do all babies express their needs in the same way? Did your baby always express their needs in the same way?
- How did it feel when you could understand and meet your infant's needs?
- How did it feel when you couldn't understand their needs?
- What did you do when you didn't understand or were unable to meet their needs?

Follow this by writing a list of the attachment needs parents identified at this younger age. Create new lists with adapted prompts and questions for older ages. These can include toddler, elementary-aged, and teenage years or select the age that is fitting to reduce repetition. Gently reframe responses that describe unwanted behaviours instead of attachment needs. An example is “needs to get their own way”. This can be reflected and reframed as “communicating their needs” or “feeling understood, supported, or respected”. It may be important to reflect that our goal with this process is not acquiesce and give our children

whatever they want. Reframing and understanding our child's needs with a more compassionate lens is an important part of supporting more security in attachment.

### *Exercises for Practice*

1. Through writing, drawing, or verbal communication have parents describe instances or scenarios when they have not felt connected and present with their child. Provide time to share the scenarios. An example: my child ignores me when I ask them to do something, this often escalates into an argument and anger. Prompt discussion with the following questions to support a deeper exploration of the scenarios:
  - What behaviour did you see in your child?
  - What behaviour was demonstrated by you or the parent?
  - What do you think the child was feeling and thinking? Provide multiple possibilities to highlight the idea that the meaning we make about our children's expressed feeling and their behaviour depend on our previous experiences, expectations, and how we as parents and caregivers are feeling in the moment.
  - What were you or the parent feeling and thinking?
  - Would you respond differently to your child's behaviour if their behaviour had different meanings? Provide examples if needed.
  
2. If parents need more support getting into exercise 1, provide example scenarios that are developmentally aligned with the age of their children. Repeat the questions while changing the grammar to suit the scenario. Role playing and a script can be used to support involvement and make the exercise more accessible.

3. Have parents reflect about the positive and authentic attributes of their child. Parents and caregivers can start by creating a list of characteristics and values that help identify what they believe to be authentic characteristics of their child. Gabor Maté's four-minute video on Attachment vs. Authenticity may be helpful to review. Some prompts may be needed and follow. Adapt the prompts to suit the developmental age of the child as needed.

- What makes your child happy and light up?
- What are some things that are important to them?
- Describe a time when you felt connected to them. What did they do to help this connection?
- Describe a time when they persevered on a challenge (with or without support).
- Describe how they solved a problem (with or without support).
- What are some of their gifts?

4. Optional direction for exercise 3 is to use drawing to describe the positive and authentic attributes of their child. Have the parent(s) draw a big heart on their sheet that represent their child's heart. Within the heart, have parents use colour and shape to describe the characteristics and qualities that their child imbues. Provide an example and use the same prompts in exercise 3 for sections of the heart if needed. The size, colour, and shapes they create within the heart's outline will help describe and reflect information. Have the parent(s) explain their creation.

5. Homework option: have parents and caregivers do exercise 3 or 4 with their child at home to discover similarities and differences. This can be used to in the next session to

review the concept of assumptions and support understanding and the perspective of the child as well as celebrate and highlight positive attributes and connection.

### **Tool 2: the Impact of Verbal and Non-Verbal Communication**

This tool aims to bring awareness to what and how parents and caregivers communicate their understanding of their child's needs. This aligns with the research on increasing parental awareness and sensitivity to support secure attachment. It can be used in group or individual sessions.

As children get older, parents and caregivers rely more on verbal and nonverbal communication to support their child's attachment needs. Strategies from Connect build skills on mindful communication that also focus on understanding/reframing and connection while moving away from assumptions discussed in tool 1.

I will be adapting parts of the Connect (Moretti, 2020) program to bring awareness to verbal and nonverbal communication that impacts attachment. It is important to understand that we all make assumptions about the potential meanings behind behaviour. Our nonverbal communication can act to contradict our verbal communication and impact our children's understanding of what is being communicated. How parents and caregivers communicate with their bodies and expressions is important and sometimes more important than words.

#### ***Exercise for Practice***

Provide a developmentally appropriate scenario where a child comes into the home. An example could be as follows: the child slams the door, storms to the table, pushes away objects that seem to be in their way, and forcefully sits down. They look mad and turn away, ignoring you.

Through re-enactment done by the counsellor, demonstrate to your parent(s) and caregiver(s) three possible ways to communicate a response to this scenario using the statement “What’s up?”. After each version, ask the group what they think the “parent” communicated and how they communicated it.

- In the first version, the “parent” replies “what’s up?” with anger using the same non-verbal tone with their body language (arms crossed).
- The second version, the “parent” does not use words and instead throws up their arms and shrugs use facial expressions to convey that they are fed up and irritated.
- The third version, the “parent” replies “what’s up” using a tone of genuine curiosity, making eye contact, turning toward the child, and using a mild tone.

Follow this exercise with a discussion that explores the differences. It is important to include that one way is not better or worse and that it can be hard to step back when we are triggered. The counsellor can spend time in the following session or at the end of this session to validate the feelings and the triggers that get in the way in these moments. Teaching and practicing self-regulation techniques and validating feelings would be part of this follow-up. The focus of this exercise is to identify which version would better facilitate a connection and further conversation with the child. The third version communicates the parent is open to talk, interested in the child’s experiences, and understands that something is going on. When this communication path is available, discussions can follow and the child’s needs can be addressed.

Follow-up the discussion by exploring and identifying potential attachment needs of the child in the scenario. Bringing the focus back to the attachment needs will be an important part of the learning for parents and caregivers and can be reviewed and practiced by prompting the question “what do you think they needed?”

### **Tool 3: Building Empathy and Parental Sensitivity: Exploring the Communication in our own Parent-Child Relationships**

The first exercise in this tool focuses on a positive and connected experience to help the parent recognize what they are already doing well. Step by step instructions follow in exercise 1 below. The second part of the exercise aims to build empathy through the exploration of a challenging experience while focussing on the child's attachment need. The goal is for parents to identify assumptions and communication that may be impacting their connection and a deeper understanding of their child's needs. When possible, have both parents give their impression of the experience to bring in multiple perspectives; this may also highlight the assumptions getting in the way of understanding the child's attachment need. These exercises can be used in group or individual family sessions. They can be adapted to include the child. Exercise 2 has components to build empathy. Empathy can be described as the "heartbeat of attachment" (Moretti, 2020, p.171).

#### ***Exercises for Practice***

1. Have parents describe in detail something they do well with their child. An example would be a "play-by-play" of a positive interaction where they felt connected and where the child was able to authentically share their feelings and be part of the experience. The counsellor can take notes to support the follow-up discussion to help the parent recognize the communication (both verbal and non-verbal) that supported attunement and connection. The following points can be used by the counsellor as questions during the "play-by-play" or after to identify and highlight the attuned parts of the interaction.

- Identify the words (verbal communication) that opened the child up to connecting.
  - Identify the actions (non-verbal communication) that helped your child connect.
  - What did it look, feel, and sound like when your child appeared to be connected?
  - What did it look, feel, and sound like, like when you felt connected?
  - Celebrate their existing tools.
2. Follow exercise 1 with a specific scenario from the parent's experience using a more challenging example. Have the parent(s) explain a challenging interaction with their child in detail. Encourage parents to discuss the challenging time "play-by-play" from their own perspective. They will need to identify the attachment need of their child. Reassure the parents that blame is not part of this exercise. Using multiple viewpoints by recounting one scenario from both parents' perspectives can support the recognition of assumptions, non-verbal communication, and the role each parent plays in perpetuating the disconnection that can happen between the child and the parents. The different perspectives from each parent may be triggering. Provide space to discuss this after the exercise or in follow-up sessions.
- The purpose of the exercise is to build empathy and recognize the communication patterns that may be impacting the attachment. Reframing responses to support the view of the child's behaviour as an attachment need may be necessary. An example

would be changing the explanation of a child's need from "attention seeking" to "need for connection".

Triggered moments from this exercise can be followed up with the counsellor. It may be helpful to remind parents of the tools they already have and the positive experience(s) they explored in the previous exercise. The following points can be used with care by the counsellor as questions during the "play-by-play" or after to identify communication that impacted connection and understanding.

- Identify parent's words (verbal communication) that increased the tension or disconnection.
- Identify parent's actions (non-verbal communication) that increased separation.
- What did it look, feel, and sound like when your child appeared to be disconnected?
- What do you think your child was needing? (Support with reframing may be needed)
- What did it look, feel, and sound like, like when you felt disconnected?
- What message did your child receive from you?
- What message would you like your child to receive?
- Celebrate their insights and bravery.
- List points to explore in future sessions.

**Tool 4: Using EFFT Practices to Support Connection Through Emotion-Focussed Communication**

The following practices have been selected to support the effective and evidence-based outcomes of EFFT in building attachment and connections in the child-parent relationship. It can be used in sessions or group using role-playing or scenarios. The skill-building is geared to the parent or guardian. The following skill-building practice has been adapted from The International Institute for Emotion-Focused Family Therapy (2024).

Validation and empathy are the basis of emotion-focussed communication in EFFT. Building self-awareness and supporting parent's ability to identify their level of activation is highlighted as a requirement when supporting cooperation and collaboration between a parent and child (International Institute for Emotion-Focused Family Therapy, 2024). Introducing somatic-based exercises that encourage a calm nervous system will not be introduced in this tool but is part of the evidence-based practice. Before parents interact with their child, they are asked to do a self-check-in and use self-regulation tools if needed.

### ***Exercise for Practice***

Step 1: Parents learn to check-in with themselves and regulate before validating their child's experience or feelings. The counsellor can go over various tools to use, such as breath work or visualizations. In this exercise, the counsellor can use general examples or specific to the client's experience to practice validating their child. The focus of the validation is to use the word "because" instead of "but". This process requires the parent to consider the child's feelings and why they feel the way they do. Provide the following example using "but" and have the parents consider the child's feelings and respond using "because". Repeat with other examples and a script for practice. Attitudes, urges, behaviours, states of being, are also experiences to draw on and use in practice. The

following bullet point can be used for teaching. Follow this with specific scenarios from the parent's experience to practice.

- Your child is sad about missing a party. A common response to the child's sadness using "but": "I understand that you are sad, but you got to go to a party last month." The counsellor then prompts the parent with the following question: how is the child feeling and why? See if they can come up with three reasons why the child may be sad. Ask the parent to try responding to the sad child using "because" instead of "but". An example is: "I understand that you are sad because you're going to miss out on the fun; and you were looking forward to it; and you don't know when you're going to go to another party." Coming up with many "whys" is helpful.

Let parents know that using three "because" statements and matching the child's tone and volume increases the effectiveness. If they are angry, increase the activation and energy when responding but not the anger. Practice with multiple scenarios that would be likely for them to experience at home with their child. Transitions are helpful times to use the "because" technique. An example is transitioning from a preferred activity. Using "because" could look like: "I understand that you don't want to stop this activity because you are not finished yet, and you are having so much fun, and you don't really want to miss this opportunity." It is helpful if parents take two minutes to connect with their child before requesting the transition. The connection should include the preferred activity and could be simple questions or comments on the activity.

Step 2a: Parents offer emotional support after the validation. Reassurance, communications of positive regard, and comfort are not effective without the validation and

understanding. Examples of emotional support could include a child's sadness being met with comfort and a hug, or a child's anger being met with a suggestion for space or a boundary.

Step 2b: Parents can support a practical need after their child feels heard and emotionally supported. This can look like sharing information, proposing a plan, setting limits, or giving space with a plan for reconnection.

The following is an example of a script to support practice as outlined in the International Institute for Emotion-Focussed Family Therapy (2024).

(Child) I want to \_\_\_\_\_

(Parent) It makes sense that you want to \_\_\_\_\_ because... (give three reasons)

Provide emotional support (sentence or action)

Provide a practical support suggestion if needed.

Using the EFFT frameworks and scripts are helpful for practice and to provide more information. These can be found on the *Caregiver* tab under *Other Handy Handouts from EFFT* created by the International Institute for Emotion-Focussed Family Therapy (2024) on the following website: <https://mentalhealthfoundations.ca/caregivers>.