**Resident and Counselor Relationships in a Court Affiliated
Residential Treatment Setting**

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Abstract

While there is extensive research on attachment and the role attachment
relationships play in human development, little to no research has applied the concept of
alternative attachment figures to the role counselors play in a residential setting with
adolescents. Furthermore, little research has explored the impact a counselor's own
attachment style may have on his or her ability to foster secure attachment behaviors in
clients. In order to explore each of these topics, the current study examined the
relationship between female residents of a treatment facility and their counselors. Eight
residents and three counselors were selected to participate in the study based on how long
the residents had been in treatment. Each completed measures of attachment security as
well as in depth qualitative interviews. Profiles were created for each of the
counselor/resident dyads and relationship dynamics were compared to previous research
in order to explore the therapeutic relationship in light of attachment. Therapeutic
implications and areas of future research are also discussed.

Table of Contents

List of Tables

Chapter One: Introduction

Problem and Its Setting

Research has demonstrated that the need for attachment to a caregiver is a basic, survival based need experienced by all human beings (J. Bowlby, 1982). When an infant learns that he or she will get a predictable reaction from his or her caregiver based on his or her own behavior, he or she obtains a sense of security in that relationship. On the other hand, if an infant learns that the response of his or her caregiver is unpredictable, abusive, or neglectful, he or she can develop insecurity in that relationship and an inability to trust that his/her needs will be met during times of distress. These experiences in infancy set up expectations, which Bowlby (1990) calls internal working models, for how they will continue to get their needs met in relationships throughout their lifetime.

Further research on the enduring nature of attachment styles has established that attachment styles continue to have relevance throughout a person's lifetime and can be traced back to behaviors and relationships learned in infancy (J. Bowlby, 1982; Posada, Kaloustian, Richmond, & Moreno, 2007). Those with a secure attachment style possess the ability to go out and explore their environment with the knowledge that upon their return they will be able to access the secure base of a parent and eventually a peer or romantic partner. Those with an insecure attachment style may be too anxious to leave their primary attachment figure or could refuse to depend on others in relationships depending on the nature of their pattern of attachment.

In adolescence, an insecure attachment to a caregiver can begin to manifest itself in emotional distress, unstable relationships, and delinquent behaviors. Patterns of

instability in relationships and insecurity in adolescents' relationship with their caregivers

are unlikely to resolve themselves without outside intervention (Warr, 2007). These

adolescents are more likely to engage in high-risk behaviors such as substance abuse,

sexual acting out, and skipping school (Ivan & Bereczkei, 2006). Although these

behaviors are self-destructive they may also get adolescents access to services and

support they may not get if they were following social and school expectations. This

could come in the form of intervention by Child Protective Services and treatment

programs or other legal consequences that could provide structure and monitoring that

would not otherwise be provided by the adolescents' caregivers. It then becomes the

responsibility of these programs and services to address issues that brought the adolescent

into treatment in order to reduce the risk of further destructive behaviors and need for

intervention.

Significance

Several things typically occur in the life of an adolescent before they become

involved with the juvenile justice system: 1) they most likely endorse one or more risk

factors for delinquent behaviors such as socioeconomic stressors, experiencing physical

abuse, sexual abuse, neglect, growing up in a single-parent home, associating with a

negative peer group, or coping with mental or physical illness, 2) prevention efforts have

failed, and 3) community based interventions are either unavailable or inadequate (Myers

& Farrell, 2008). Once involved in the system these youths face decreased chances of

future employment, a high probability of reoffending and becoming involved in the adult

detention system, low levels of academic success, and overall poor outcomes in

adulthood (Pullman et al., 2006). While there is an acknowledgement that intervention

with the at-risk adolescent population is possible, programs that can demonstrate consistent efficacy in preventing recidivism and altering the trajectory of the lives of at risk youth are limited (Fass & Pi, 2002).

It is difficult to establish a national statistic for the recidivism rate of juvenile offenders that would meaningfully reflect the utilization of juvenile justice systems across states. This is, at least in part, due to the fact that treatment of juvenile offenders varies widely from state to state and the United States as a whole lacks a policy governing their care (King, 2006). The Virginia Department of Juvenile Justice (VDJJ) contacted several other states and, based on reliable research, established a recidivism rate for juvenile offenders in the states of Virginia, New York, and Florida of 55% (Snyder & Sickmund, 2006). Court affiliated programs typically demonstrate a minimal ability to decrease the chances for repeated criminal behavior (Greenwood, 1996; Schram, McShane, & Williams, 2007). In fact, programs that have been deemed wholly ineffective such as Scared Straight, D.A.R.E., and boot camps can still be found in use throughout the country (Schram et al., 2007). These programs, like detention and probation programs, rely on a behavioral based approach that does not attend to the deeper emotional needs of adolescents.

Observations of more successful programs for at-risk youth reveal that incorporating the adolescent's family into treatment, keeping a lower census, utilizing several treatment modalities, and upholding consistent structure predict greater success for court affiliated and treatment programs; however, many states are slow to incorporate these finding into their court affiliated programs (Greenwood, 1996; Keiley, 2007). In one example of such a program, Keiley (2007) found that parental involvement in

treatment designed to address the attachment relationship resulted in a significant and long term reduction in externalizing behaviors.

The nature of antisocial behaviors that result in the incarceration of adolescents point toward the fact that many of these behaviors are the result of difficulty with affect regulation and attachment relationships (Keiley, 2002). Having developed an internal working model of the world as a hostile and unreliable place, adolescents with an insecure attachment to their caregiver frequently resort to the maladaptive behaviors that get them into trouble as a way of getting their needs met. For example, an adolescent may learn that the only time they get attention from their caregiver is when they are doing poorly in school. In order to get the attention that they need, this adolescent may begin slacking off or acting out in school.

Research indicates that the level of security of an adolescent's caregiver attachment relationship is more predictive of positive outcomes for children than sex, socioeconomic status, adoptive status, race of the primary attachment figure, or sex of the primary attachment figure (Verissimo & Salvaterra, 2006). While security in an attachment relationship is a significant predictor of success, it is often difficult to engage parents in treatment. One of the barriers to parental involvement lies in the nature of residential and detention programs which often require adolescents to be away from their homes. In the case of residential and detention programs, program counselors become consistent figures in the lives of adolescents. Given this consistent involvement, it is possible that due to the frequency of exposure and the nature of the counseling relationship that an attachment bond could be formed and used to address issues of affect regulation and internal working models. Just as infants who do not have access to a

reliable caregiver may seek secondary attachment figures by crying until someone responds to comfort them, adolescents may act out until they bond with a mentor or counselor in ways that contribute to successful recovery from adverse childhood experiences (Zimrin, 1986).

For troubled adolescents the benefits of a positive mentor/mentee or counselor/client relationship are numerous. Maintaining a relationship with a mentor has been correlated with academic achievement, higher self-esteem, less involvement in high-risk behaviors, and a greater ability to overcome adverse circumstances (Southwick, Morgan, Vythilingam, & Charney, 2006). Some argue that the time spent with mentors and/or counselors is not enough to form an attachment bond; however, the benefits of having a positive mentor are similar to the benefits of having a secure relationship with a caregiver. While research tells us that attachment to a secondary attachment figure is possible in infancy this study seeks to explore the possible attachment relationship between adolescents and their program counselors in a court ordered residential treatment facility.

Rationale

Studying adolescents in a residential, court affiliated, treatment setting presents a unique opportunity for the bonding process to occur with an alternative attachment figure. This setting pairs at-risk adolescents with program counselors who will be their primary contacts throughout their stay in treatment. The structure provided by the program regulating the amount of time the adolescents and their counselor spend together helps provide the opportunity for regular exposure and some type of attachment.

Theoretical Framework

This study utilizes the theoretical framework of attachment theory to explore the resident/program counselor relationship. Attachment has been described as, "an inborn system in the brain that evolves in ways that influence and organize motivational, emotional, and memory processes with respect to significant caregiving figures" (Siegel, 1999, p. 67). This definition goes on to state that, "attachment establishes an interpersonal relationship that helps the immature brain use the mature functions of the parent's brain to help organize its own processes" (Siegel, 1999, p. 67). This study assumes that it is possible for an adolescent to form an attachment bond with their counselor in a residential treatment setting.

Purpose of Study

While securely bonding with a significant person in one's life has been associated with positive outcomes, more research into the nature of this relationship is needed to understand the bonding process between a counselor and adolescent in a residential setting and to isolate the qualities of a counselor that facilitate secure bonding. The present study will seek to understand these processes within the relationship between counselors and adolescents in a court affiliated residential treatment program. The current research would also help identify how a counselor's own attachment style may influence their relationship with their client.

The purpose of this study is to explore the bonding process and attachment bonds between program counselors and residents in a court affiliated residential treatment program. Additionally, this study will attempt to identify qualities of a program counselor that facilitate the counselor/client bonding process in a residential treatment facility. This study also seeks to understand how the attachment styles and behaviors of

these counselors may influence the bonding process as well as the ways in which they

attempt to bond with their clients in treatment.

Chapter Two: Literature Review

The focus of this study is to explore the attachment relationship that can develop between an adolescent client and their counselor in a therapeutic, residential, probation program. More specifically, this study seeks to identify the qualities in a counselor that help to form a more secure attachment for their clients. This literature review will explore dysfunctional behaviors often seen in clients placed in a residential setting in the context of attachment. Additionally, the various approaches utilized to treat adjudicated adolescents will be summarized. Information on attachment and attachment needs in adolescence will be provided. The review will also detail how, in a residential setting, an adolescent may form an attachment bond with a counselor and what the implications of this relationship can be for treatment outcomes.

Delinquent Behaviors

Delinquent behaviors result in significant difficulties in the personal lives and relationships of acting out adolescents and may be destructive not only to them but to the community surrounding them as well. Research has connected the behaviors seen in acting out adolescents with aspects of their attachment relationships with caregivers (Keiley, 2002). The potentially destructive, dangerous, and disruptive behaviors that result from an insecure attachment can impact siblings, parent, peers, teachers, and others connected with their lives. Many emotional problems and acting out behaviors endorsed by "troubled youth" can be better understood when looked at in terms of the attachment relationships that may be a cause of their presentation (Ivan & Bereczkei, 2006). For that reason, delinquent behaviors will be reviewed in this section through the lens of attachment.

Children who grow up in an environment that fosters an insecure attachment style have learned that they will not be able to get their needs met in their primary relationships. Adolescents with insecure attachment relationships often lie to their caregivers about their whereabouts and activities which further erodes the parent/adolescent relationship and is associated with delinquent behavior (Warr, 2007). Ivan and Bereczkei (2006) successfully identified a relationship between growing up in an environment with little parental affirmation and engaging in behaviors such as skipping school, sexual acting out, and substance use that are likely to gain both peer approval and access to services.

When attachment is taken into consideration high risk behaviors can be viewed as attempts to engage others and receive attention and care that youth do not trust will be provided for them by their parents. Adolescents that engage in more high risk and/or attention seeking behaviors may find that the attention and care they receive comes in the form of various legal consequences.

Detention and recidivism

Until recently, programs for juvenile offenders mirrored that of adult offenders. Adolescent offenders were often removed from the community and placed in large, treatment lacking, work programs where they served out their sentences before returning to the community and often reoffending (Krisberg, Schwartz, Litsky, & Austin, 1986; Myers & Farrell, 2008). Successful rehabilitation in juvenile detention programs is most frequently measured in terms of reductions in rates of recidivism, meaning reductions in the rates of reoffending or further involvement in the court system. On average, work

programs based on the approach used with adults showed little to no hope for rehabilitation and no reduction in recidivism.

Reforms in the 1970s have led to the development and utilization of smaller, community based detention programs that include mental health treatment as part of their stay (Greenwood, 1996). These changes have led to small, but significant changes in the rates of recidivism seen in juvenile populations. The addition of programs varying in the amount of restrictions juveniles experience ranging from residential to probation programs gave judges options that allow for an optimal balance of restriction and treatment depending on the offense for which the juvenile was court involved. More recent program evaluations have found that rates of recidivism can be further reduced when these programs meet certain requirements including: maintaining a lower census, incorporating several approaches to treatment, providing therapeutic intervention in addition to psychoeducation, and maintaining a great deal of structure (Greenwood, 1996).

Regardless of the success seen in smaller, treatment based programs many states have yet to embrace this approach due to the expense, the difficulty of changing the established system, and the continued refinement of treatment approaches (Greenwood, 1996). Some more recent detention and rehabilitation programs for juvenile offenders that seek to teach and create measureable behavioral changes through the use of behavioral interventions are still unsuccessful in preventing recidivism. Programs such as "Scared Straight," "Drug Abuse Resistance Education" (D.A.R.E), and boot camps which were once commonly accepted treatment modalities for at-risk youth in the 1970s through the 1990s are now widely considered ineffective due to their inability to prevent

recidivism, lack of long-term behavior change, and in the case of Scared Straight and boot camps increased rate of new offenses following the intervention (Schram et al., 2007).

The lack of success for traditional and behavioral programs coupled with the success of alternative programs seem to suggest that more process oriented approaches may be necessary for long term success (Greenwood, 1996; Schram et al., 2007). Attachment theory suggests that resolving attachment injuries associated with delinquent behaviors could result in greater reduction in the rates of recidivism. Research indicates that incorporating parents or guardians into therapy is essential for successful treatment of attachment disorders (Cornell & Hamrin, 2008; Keiley, 2007). When engaged in therapy, parents or guardians can be taught how to respond to their child's behavior in terms of the attachment needs they are displaying.

Despite the benefits of parental involvement, caregivers may not always be available to court involved youth. It would be up to the court system to enhance already existing court related relationships that could be of benefit for these adolescents (Keiley, 2007). Probation officers do not usually become involved in the lives of juvenile offenders until they have served out their sentences. As they currently exist, these relationships ensure structure but are not designed to enhance bonding or resolve attachment injuries. A smaller population of juvenile offenders are ordered to programs where they are assigned a program counselor. The addition of a counselor, especially in a residential setting, can provide the opportunity for bonding that an adolescent may need to form a relationship with someone that is a secure base from which they can work to improve their lives.

Attachment

Attachment theory initially came about in order to explain interactions between infants and their caregivers. Extensive research on the origin and nature of attachment has shown us that these relationships can impact behaviors, relationships, and emotional processes throughout the life cycle. Support for the ongoing impact of initial attachment relationships can be seen in studies including examinations of children of mothers with postnatal depression, children with school phobia, and longitudinal studies of infants examining their attachment at various life stages (Bar-Haim, Dan, Eshel, & Sagi-Schwartz, 2007; Lutkenhaus, Grossmann, & Grossmann, 1985; Murray, Halligan, Adams, Patterson, & Goodyer, 2006). The initial relationship, infant-caregiver attachment, soon develops into parent-child and parent-adolescent. This portion of the review will provide and overview of how these attachment relationships may develop throughout an individual's lifetime.

Through his work on attachment theory, Bowlby has supported the idea that attachment to a caregiver is an innate need for all humans and that the need for attachment lasts throughout a person's life (J. Bowlby, 1982). Bowlby maintains that experiences with a caregiver over time will shape infants' internal working models for relationships which they will continue to access as a way to understand who will be available to help and support them when they are in distress and effective strategies to use in order to access these attachment figures. For example, if an infant cries and is quickly comforted by his or her mother he or she learns that when he or she is in distress he or she will be able to receive comfort. A sense of security is instilled in the infant who finds a secure base in their caregiver. If, on the other hand, an infant's cries are not

responded to or are responded to in an inconsistent/destructive manner, they will learn that they cannot trust a caregiver to care for them when they are distressed.

The work of Ainsworth (1978) helped to further define and test the concept of a caregiver as a secure base for a child. She and her team conducted experiments in which infants' responses to their mothers were observed and testable attachment patterns were identified between infants and their mother. Her approach to testing attachment style, now commonly referred to as the Strange Situation, established three distinct patterns of infant attachment to a caregiver: secure, avoidant, and ambivalent (Ainsworth, Blehar, Waters, & Wall, 1978). An additional attachment style, disorganized attachment, was later added (Main & Solomon, 1986).

Infants that are securely attached to their caregiver will demonstrate distress when separated from him or her. When their caregiver returns, a securely attached infant will allow him or herself to be comforted after which he or she will continue to explore his or her environment using his or her caregiver as a secure base. Infants who are avoidantly attached will show little distress when separated from their caregivers and will often ignore their caregivers and distance themselves from them. Infants with ambivalent attachment will demonstrate significant distress when their caregiver leaves the room. Upon the caregiver's return, an ambivalently attached infant will remain distressed and avoid leaving his or her proximity to explore their environment. Finally, infants who have a disorganized attachment style will often demonstrate inconsistent, odd, and contradictory behavior when separated from and reunited with their caregiver. For example, a disorganized infant my rise to greet his or her caregiver when he or she enters

the room but then promptly fall to the ground curled in a ball or cling to their caregiver while crying but at the same time lean away to avoid looking at him or her.

Research tells us that it is the repeated interactions between the mother and the infant that set up the expectations for future interactions and led to observable attachment behaviors. The attachment relationships established in infancy become engrained patterns and can permanently establish the infant's personality and relationship patterns (J. Bowlby, 1982; Posada et al., 2007). Similar attachment behaviors, manifested in different ways, present themselves in adolescence and adulthood and can be categorized as secure or insecure attachment behaviors.

Attachment in adolescence through late adulthood. The attachment styles described in this section can be applied to both adolescents and adults. Bartholomew and Horowitz (1991) describe a secure attachment style in adulthood as well as three types of insecure attachment: ambivalent, fearful-avoidant, and dismissive-avoidant. Similar to the way in which a securely attached infant will use their mother as a base from which to explore, a securely attached adult will strike a balance between independence and seeking comfort in intimate relationships (Bartholomew & Horowitz, 1991). Adults with an ambivalent attachment style will often present as highly emotional and clingy in relationships, behaviors manifested from their anxiety about the possible loss of the relationship (Bartholomew & Horowitz, 1991). A fearful-avoidant attachment style would result in pushing others away despite the desire for intimacy (Bartholomew & Horowitz, 1991). Finally, a dismissive-avoidant attachment style would be seen in an adult who thinks that they do not need close relationships, is rejecting of closeness, and

attempts to do things on their own without the support of intimate relationships (Bartholomew & Horowitz, 1991).

Implications of adolescent attachment. When adolescents have relationships in which they feel secure, they can function positively with the knowledge that there are others that will come to their aid should they need help (J. Bowlby, 1979a). On the other hand, when attachment needs go unmet in infancy the results later in life can be devastating, resulting in overall dissatisfaction with life and dysfunctional romantic and social relationships (J. Bowlby, Greenspan, & Pollock, 1989). As adolescents struggle toward independence and identity development, they begin to seek security in peer relationships; however, parental attachment remains an extremely important foundation for secure relationship development.

The benefits of experiencing and maintaining secure attachments with parents or caregivers during adolescence are numerous. The more secure the parent/adolescent attachment bond, the greater the level of social self-efficacy (Bilgin & Akkapulu, 2007). Research also demonstrates that secure relationships with parents are predictive of academic success and positive adjustment to high school and college (Bell et al., 1996). Adjustment to school provides further protection against high risk and delinquent behaviors since adolescents that are connected to school and extracurricular activities are less likely to engage in high-risk behaviors (Shochet, Smyth, & Homel, 2007). Finally, when stressful situations present themselves, adolescents with secure attachments to their parents exhibit less psychological stress and a greater ability to function and problem solve (Black & McCartney, 1997).

If an adolescent has an insecure attachment to their caregiver they will be significantly less likely to engage in school related activities (Shochet et al., 2007). They are also more likely to demonstrate mental distress, anxiety, low self-esteem and experience difficulty in parent, peer, and romantic relationships (Bilgin & Akkapulu, 2007).

Malleability of attachment. As mentioned previously research has demonstrated that experiences with a caregiver in infancy set up patterns of attachment in relationships that can last throughout a person's lifetime. However, several studies have observed changes in attachment style from infancy to adulthood (Main, Kaplan, & Cassidy, 1985; Mitchell, Josselson, Lieblich, & McAdams, 2007; E. Waters, Merrick, Treboux, Crowell, & Albersheim, 2000). Though an infant may begin with a secure or insecure attachment style, concrete experiences later in life can lead to changes in internal working models and attachment style (Main et al., 1985). Prior research demonstrates that it is more likely that attachment will change from insecure to secure rather than from secure to insecure (Rothbart & Shaver, 1994).

Despite the tendency in the majority of people to retain the same attachment style throughout the lifetime, life experiences and relationships are thought to result in changes in attachment style. One explanation for changes from a secure to an insecure attachment style is the presence of stressful life experiences such as the loss of a parent, parental divorce, life threatening illness of a parent or child, parental psychiatric disorder, or physical or sexual abuse by a family member (E. Waters et al., 2000). Longitudinal studies have also documented changes in attachment from insecure to secure related to participation in therapy (Lawson, Barnes, Madkins, & Francois-Lamonte, 2006; Mitchell

et al., 2007). This is sometimes referred to as an earned secure attachment style and has been documented in individual and group treatment.

Counselor/client Relationships

There are several implications for the counseling relationship based on attachment theory. Bowlby details four principals of therapeutic intervention as follows: (1) The therapist must provide the patient with a secure base from which to explore past and current experience, (2) the therapist must join the patient in exploring the situations in which the patient finds him or herself, (3) the patient must be helped to understand the therapist's feelings and actions toward the patient, and (4) the patient must be helped to understand his or her current situations and to interpret them in terms of childhood experiences with attachment figures. (J. Bowlby, 1978).

A positive working relationship with a counselor can prove an invaluable tool for positive outcomes in treatment. Whether or not a client perceives their counselor positively can have a profound impact on outcomes, with clients who see their counselors as experts, reliable, and nurturing experiencing significantly more long term success following treatment (Kasarabada, Hser, Boles, & Huang, 2002). Research has explored how a counselor's attachment style is also connected to a client's chances of being successful and supporting positive outcomes (Dozier, 1993). Counselors must rely on their own capacity for security in relationships and/or their ability to utilize supervision in order to face the many challenges clients with attachment disorders bring into treatment.

Countertransference

Countertransference was first identified and defined by Freud as the counselor's tendency to experience their own conflict as the result of their interactions with their

clients. This definition typically viewed countertransference reactions as inappropriate but was later expanded to include reactions to clients that were seen as useful for understanding the client and the client's process. Finally, this definition was further refined to include useful reality based reactions to the client as well as irrational responses based on the counselor's past experiences and relationships. More specifically, countertransference feelings were deemed helpful reactions that can be explored in order to come to a better understanding of a client while countertransference behaviors were deemed actions that a counselor may take in reaction to their own issues that can lead to unsuccessful or harmful client interactions (Robbins & Jolkovski, 1987).

Countertransference reactions are extremely common when working with adolescents in a residential setting and frequently trigger the counselor's own childhood issues, traumas, and family relationship (Soo, 1998). Unlike short term or outpatient treatment, the long term and intensive nature of residential treatment means, "the staff become real objects to the residents and the residents become real objects to the staff" (Halperin, 1981, p. 561). Counselors may identify strongly with a resident's experiences and feelings and therefore lose therapeutic objectivity. Conversely, counselors may avoid residents that trigger their own issues, are difficult to manage, or that they don't understand resulting in covert expressions of dislike.   This interaction between the adolescents' issues and the counselors' past experiences, especially related to trauma and family of origin issues, can result in unhealthy countertransference behaviors that significantly interfere with the resident's progress (Stone, 2001).

The staff in residential facilities for adolescents often act out patterns of relationships seen in the residents' families and at times engage in an adolescent

atmosphere of completion with one another rather than collaboration (Stone, 2001). The

termination phase of treatment is particularly susceptible to countertransference reactions.

The counselor of an adolescent may delay or hasten termination to avoid emotional

discomfort, may exaggerate gains made in therapy as a way of gaining praise from the

client's parents and calming personal anxieties, or may abandon their theoretical

framework and begin dispensing advice as a way of guaranteeing perceived therapeutic

gains (Bernstein & Glenn, 1988). The best management of countertransference reactions

typically takes place when a counselor has resolved their own issues from adolescence,

has an understanding of how their issues are triggered by their adolescent clients, and

when supervision results in a collaborative rather than competitive environment.

Alternative Attachment Figures

Howes, Hamilron, and Althusen (1999) define an alternative attachment figure, or

secondary attachment figure, as any person other than the parent that: 1) provides

physical and emotional care of the child; 2) is consistently present in the child's life; 3)

has an emotional investment in the child. Infants will form an attachment to a non-

parental, secondary attachment figure in order to get their attachment needs met in a

setting, such as daycare, where a parent is unable/unwilling to be present (R. Bowlby,

2007). Bowlby (2007) demonstrated that if babies are not given a primary caregiver in

daycare or unable to form an attachment to a secondary attachment figure they will

exhibit characteristics of dissociation and chronic stress.

The behavior of babies when they are not provided with an attachment figure is

indicative of the importance of forming such a bond. Similar behaviors can be seen in

adopted children or those in the foster care system where dissociative and externalizing

behaviors can be seen as reactions to unmet attachment needs. One of the main factors that contribute to long term successful recovery following abusive childhood experiences is having a support system in place which includes at least one secure attachment figure or mentor (Zimrin, 1986). The counselor/client relationship possesses several characteristics similar to the attachment relationship between parents and their children. The counselor/client relationship has been shown to provide at-risk youth with a buffer against developing depression, exposure to a more enriching environment, greater academic success, and greater resilience in overcoming adverse circumstances (Southwick et al., 2006).

When they are healthy, positive counselor relationships can be considered tools that predict success and are connected with an increased likelihood of future employment and positive relationships in work, school, and social environments. While counselor/client relationships have been viewed from an attachment theory perspective, no known study has empirically examined such an application. However, a previous study examined mentors as alternative attachment figures (McDonald, Erickson, Johnson, & Elder, 2007). Research on the prevalence of insecure attachment styles make it clear that anxious and avoidant attachment styles will inevitably be found in some mentors (Brennan, Clark, Shaver, Simpson, & Rholes, 1998). Gormley (2008) found that in the same way as a parent's attachment style will impact their children, interactions between the attachment style of a mentor and the attachment style of a mentee can have varying affects on the quality of the relationship. Closeness and trust are essential for a successful mentor/mentee relationship while exploitation or neglect of these aspects of

the relationship can have a devastating affect on the mentee's ability to make gains based on the lessons learned in their relationship with a mentor (Gormley, 2008).

Multiple Attachment Styles to Multiple Caregivers

Attachment to multiple caregivers seems to follow the same patterns as the development of attachment to the original caregiver (Howes, 1999). For example, when entering school for the first time a child will spend a period of time seeking out caregivers and determining if they will be available to meet their needs (Howes & Phillipsen, 1995). Once a pattern of expectations is established for these interactions the child's attachment style will remain fairly consistent as they progress through school despite changing teachers as the years progress (Howes & Phillipsen, 1995). When looking at multiple attachment styles to multiple caregivers the original attachment relationship must be considered because it will inevitably influence the way the next attachment relationship is formed (Howes, 1999). For example, an infant that experiences neglect and forms an insecure attachment to his or her mother will still have this internal working model in place when he or she starts forming a relationship with a foster parent. The sequential nature of attachment relationship formation indicates that for changes in attachment style between caregivers to occur special attention must be given to aspects of the relationship that relate to the child's expectations that caregivers cannot be trusted and that their needs will not be meet.

In accordance with literature suggesting the stability of attachment over time, research has shown that if a toddler had a secure attachment to his or her mother in infancy than he or she is very likely to securely attach to other childcare providers and teachers(Howes & Hamilton, 1992). Less research has been done with children who

experienced an insecure attachment in infancy and their potential for forming secure attachment in new relationships with other caregivers. A study conducted on children removed from their home for reasons of abuse and neglect found that once placed in a therapeutic shelter about half of them were able to establish secure attachments with their caregivers at the shelter despite having insecure attachments to their parents (Howes & Segal, 1993). Similar research was done in a therapeutic school where children with insecure attachments to their parents were able to develop secure attachments to their teachers when given enough time and interaction with them (Howes & Ritchie, 1998).

There are several theories for how attachments for multiple caregivers impact relationship development and are organized internally: hierarchical organization, integrative organization, and independent organization. Hierarchical organization suggests that attachment to the most salient and influential caregiver, usually the mother, will have an influence on all attachment relationships and that the relationship with this caregiver will have the most influence and be the strongest predictor of future attachment security in relationships (Bretherton, 1985). Integrative organization suggests that all attachment relationships are given equal consideration and that they all have an equal amount of influence on future relationship outcomes (van Ijzendoorn, Sagi, Lambermon, & Pianta, 1992). Independent organization suggests that different attachment representations remain separate in their ability to influence development and are accessed at different times based on the developmental and environmental needs at that time (Suess, Grossmann, & Sroufe, 1992). Further research is needed to examine the validity of each of these theories and to fully understand the long term influences of multiple attachment styles with multiple caregivers.

Current Study

The setting for this study was a court affiliated, residential, treatment program for adolescent females. The facility reports a low recidivism rate of 18% for those who complete the program compared to a statewide average of 55% (Dedes, September 24, 2008; Snyder & Sickmund, 2006). The program is unique given the amount of time the counselor spends with his or her target resident over their 9 month residential stay. This study examined the resident's bond with their counselor as a possible alternative attachment figure.

The current study sought to explore the attachment bond that exists between a counselor and their resident in the treatment program, in addition to understanding the strategies counselors use to facilitate the formation and continuation of the bond. Information gathered from the residents and their counselors helped to isolate behaviors and qualities of counselors that lead to a more secure attachment bond. Data also identified adolescents' perceptions of the benefits of this bond. Additionally, the data that was gathered aided in the understanding of ways in which the attachment styles of the counselors interacted with the attachment styles of the residents. Qualitative interviews should reveale that some behavior changes have resulted from the behavior management system, while the attachment relationship has lead to changes in the residents' ways of thinking about their behavior and themselves.

Evidence of the counselors being used as a secure base will be present if such a bond exists and will likely be evidenced by descriptions of accessing counselors as a resource and changes in the resident's externalizing behavior. Insecure attachment to a counselor will likely be evidenced by anxiety about the availability of the counselor, a

diminished sense of the significance of the counseling relationship, and minimal changes in externalizing behaviors. The attachment inventories will help put these results in perspective by providing a quantitative measure of the residents overall attachment patterns.

In interviews with counselors, those that foster secure attachment with their residents will likely possess an awareness of how interactions with their assigned residents affect them personally and will be able to articulate a narrative about how they manage this dynamic. Those with insecure attachment bonds will be less likely to foster a secure attachment relationship with their assigned residents and will likely lack clarity about their role with their resident as evidenced by an inconsistent or incoherent narrative about the relationship.

Chapter Three: Methods

Design of the Study

The current study was conducted at a residential probation house for girls ages 14-18. Attachment inventories were completed by the adolescent residents and counselors. A relationship questionnaire and a script-based measure of attachment was completed by the counselors, while the residents completed an inventory that assessed their attachment relationship with their counselor and parents. Qualitative interviews with the counselors and residents were also completed to gather information about their dyadic relationships. Quantitative and qualitative data provided by the counselors were used to examine the overall counseling approach of each of them. Information provided by the residents was used to enhance these results and determine the relationship changes resulting from their interactions throughout their stay. The data from each counselor and their assigned resident were combined to construct profiles to examine the bonding process in the dyadic relationship. The data were also examined to determine which interventions and qualities of the counselors may have facilitated the counselor/resident bonding process. Additionally, all of the information gathered, as well as the coded results of the qualitative interviews, was be used to make observations about the bonding process and the impact that the bond has on perceived treatment progress.

Study Participants

Participants were recruited from a residential probation house for adolescent girls. They included both the residents and staff of this facility. Three counselors and eight residents participated in the study. Demographics for the residents and counselors are summarized in tables 1 and 2.

Table 1.

Demographic Characteristics of Resident Sample

Characteristic	Sample ($N = 8$)	Percent
Ethnicity		
African American	2	25%
Hispanic	3	38%
Hispanic/African American	1	12%
Hispanic/Caucasian	1	12%
Native American/Caucasian	1	12%
Grade		
9th	5	62%
10th	2	25%
11th	1	12%
Age		
Mean	15.88	
Range	15-17	
SD	.78	

Table 2.

Demographic Characteristics of Counselor Sample

Characteristic	Sample (*N* = 3)	Percent
Ethnicity		
African American	2	67%
Caucasian	1	33%
Highest Education Completed		
High School/GED	1	33%
College Degree	2	66%
Age		
Mean	37.33	
Range	30-41	
SD	5.19	

Procedures

Residents were eligible to participate in the study if they had been in the program for at least four months or if they had graduated within less than three months prior to the start of the study. This is based on previous research indicating that changes in attachment behaviors and counselor/resident relationships can be seen in a residential setting starting around three months into treatment (Zegers, Schuengel, van Ijzendoorn, & Janssens, 2006, 2008). Due to the researchers work as a counselor at the residential program prior to the study, residents whose primary counselor is the researcher were

excluded from the study. The researcher also kept a journal throughout the study in order to notice, record, and manage any reactions to residents or counselors that may have affected the interpretation of study results.

Consent was obtained from all residents and their parents at the time the study began. Upon consenting, residents completed a version of the Inventory of Parent and Peer Attachment modified to assess their perceptions of their counselor and their parents. Residents also participated in a 40-60 minute qualitative interview assessing their perceptions of their relationship with their counselor and their perceptions concerning the impact their relationship with their counselor had on possible changes in their thoughts and behaviors.

Consent from counselors was obtained before beginning testing for this study. Data was collected from counselors after data collection for the residents was completed with the goal ofavoiding insights made by counselors during the course of the inventory and interview interfering with the counselor/resident relationship. Counselors completed a 40-60 minute interview assessing the values and qualities they bring to a counseling relationship followed by measures of attachment and relationship style which took up to 30 minutes.

Profiles for the overall approach of each counselor were created using information from the attachment inventories and interviews. The profiles were used to identify counselors' strategies for facilitating and maintaining a bond with a resident and to understand the affect of these bonds on the resident's treatment progress. Interactions between the attachment style of counselors and the attachment behaviors of residents were highlighted.

Measures

    *Inventory of parent and peer attachment.*Residents completed the Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987) modified to assess their perceptions of their parents and their counselor (See Appendix A). The IPPA is a self-report measure of adolescent attachment that uses a 5 point Likert-scale (Armsden & Greenberg, 1987). The scale consists of 25 items aimed at exploring the psychological security created in the relationship with parents and peers. For the purposes of this study, the scale was used to assess the residents' relationship with their counselor and parents. In order to do this the word counselor was used in each of the items instead of the original language which targets the assessment of attachment security with one's parents and peers. For example a question that once read "My mother respects my feelings," will now read "My counselor respects my feelings." Inventories used to assess the residents attachment to their fathers and mothers were not altered and were completed in the original language. The original scoring procedures were used to score all of the inventories.

    The IPPA assesses three dimensions of attachment, the degree of mutual trust, the quality of communication, and the extent of anger and alienation. In previous research, the scores for each of these subscales significantly correlate to the overall score. Scoring for the IPPA is done by reverse scoring indicated items and summing the items for a total score. Items related to each of the subscales, trust, communication, and alienation can be separated out from the total score to determine scores for those aspects of attachment. Higher scores for the trust subscale, the communication subscale, and the total score all indicate a more secure attachment. Lower scores for the alienation subscale indicate a

more secure attachment. Prior studies found the following internal reliabilities (Cronbach's alpha) for this measure: mother attachment .87, father attachment .89 and peer attachment .92.

*Relationships questionnaire.*Counselor's attachment was assessed using the Relationships Questionnaire (RQ; Scharfe & Bartholomew 1994) (See Appendix B), as self-report measure of attachment. In order to complete this measure, the counselors were given a description of the four adult attachment styles, secure, dismissing, preoccupied, and fearful, and asked to use a 7-point Likert-scale assessing how closely their behavior resembles that listed in the description. In regards to reliability this measure has a kappa of .35 and test-retest reliability of .50 (Scharfe & Bartholomew, 1994). When compared, ratings from the Adult Attachment Interview (AAI) and the ratings from the RQ fit the expected correlation patterns with convergent validity coefficients ranging from .22 to .50 for corresponding attachment styles (Griffin & Bartholomew, 1994). Secure attachment style had the lowest convergent validity scores suggesting that participants may overestimate the security of their attachment style when using this self-report measure. Fearful and dismissing styles for attachment had the highest convergent validity scores, .50 and .40 respectively. The preoccupied attachment style convergent validity score was .33. It gives the reliability estimates (kappa of about .35) and ratings (test-retest r's of about .50)

*Script-based attachment measure.*The script-based measure of attachment utilizes the theory behind Bowlby's concept of internal working models in order to assess attachment to a secure base from a narrative provided by a participant (H. Waters & Waters, 2006). For this measure, participants are prompted with 12-14 specially selected

words which contain an underlying story line (See Appendix 3). After being given two minutes to review the prompt words, the participant is instructed to tell a story using all of the words in order. The narratives produced by the participants are then scored on a 7-point scale ranging from a score of 7 (extensive secure base script organization with substantial elaboration) to 1 (no secure base script content is apparent; passage is primarily a list of events). The score indicates whether and to what degree the participant's narrative is organized around a secure base. Scripts given scores less than four have no evidence of secure base use indicating an insecure internal working model of attachment (H. Waters & Waters, 2006). Internal reliability between scores for each word set were high (r = .80-.90) for both mother-child relationship and adult-adult relationship scripts. Additionally, the scores between the scripts for each relationship types were >.50. The scores for the script-based attachment measure have been highly correlated with Adult Attachment Interview (AAI) coherence (r-.50-.60).

*Qualitative interviews.*The individual qualitative interviews for both the counselors and the residents took about an hour. Interview questions explored the behaviors, thoughts and feelings of both parties related to the counselor/resident relationship (See Appendix D). More specifically, the interviews explored attachment behaviors seen in this relationship and the impact they can have on the counseling relationship. Furthermore, the interviews explored the meaning of the relationship for both the counselors and the residents and the impact this relationship had on thoughts and behaviors (See Apendix 3).

Analytic Strategy

Data were examined using the constant comparison method. Axial coding was used to assess the interviews with counselors in order to find patterns in their behaviors when interacting with their adolescent clients (Corbin & Strauss, 1998). SPSS statistical software was used to analyze the quantitative data (SPSS, 2007). Transcripts of qualitative interviews were used to find patterns of attachment behavior and interaction between residents and counselors. Transcripts were reviewed several times in order to ensure that specific data from the interviews themselves and not data from previous interactions with the residents and counselors were being included in the analysis, given the researcher's prior knowledge of the participants.

In order to code for attachment related interactions the researcher looked at resident and counselor thoughts and interactions around the same incidents. Interactions at the time of admission were used to hypothesize about what the residents' internal working models of attachment might have been when they entered treatment. Changes in the relationship as treatment progressed were used to assess for signs of increased communication and trust, two aspects of secure attachment (Cassidy, 1994; Howes, 1999). Proximity seeking and return to normal functioning or exploration was also examined around upsetting or stressful incidents close to the time of the interview (Bartholomew & Horowitz, 1991; J. Bowlby, 1979a). If residents and/or counselors described proximity seeking to their counselor during times of need, this was attributed to more security in the relationship. Additionally, if residents reported more effective affect regulation strategies and a greater sense of self-efficacy following interactions with their counselor this was also attributed to more security in the relationship. If proximity seeking was absent, this was attributed to more insecurity in the relationship. Finally, if

residents reported ineffective affect regulation, including continued agitation following contact with their counselor, this was also attributed to more insecurity in the relationship.

Coded qualitative interviews coupled with the results of attachment inventories provided information about the behaviors of both the residents and the counselors in the context of attachment. The data were used to create profiles of each dyadic relationship to understand the overall counseling approach and behaviors of each counselor and the resident's experience of their counselor. Supervision and interrater reliability were used to manage interference resulting from the researcher's prior involvement as a counselor at the residential program.

Chapter Four: Results

Participants will be assigned pseudonyms for the purposes of this paper and in some cases their gender will be changed in order to protect their identity. Results from this study will begin with a description of each counselor's overall approach using information from attachment inventories and qualitative interviews. The results from the quantitative measures of attachment for both counselors and residents will be provided. The results of qualitative interviews will also be reported in terms of attachment behaviors such as proximity seeking and return to normal functioning as well as aspects of an attachment relationship such as trust and communication. The profile analysis will examine the bonding process between adolescents and their counselors in a residential probation facility.

Table 3.

Attachment Style Classifications for Counselors (N=3)

Scale/Classification	N (%)
Relationship Questionnaire	
Secure	1(33%)
Preoccupied	0(0%)
Fearful	0(0%)
Dismissing	1(33%)
Secure/Dismissing	1(33%)
Script-Based Measure	
Secure	1(33%)
Insecure	2(66%)

Table 4.

Resident attachment subscales

Relationship (N)/Subscale	N	Mean	Range	SD
Mother				
Trust	8	38	17-47	11.66
Communication	8	30	17-43	9.22
Alienation	8	14.5	7-24	5.85

Total Attachment Score	8	88.5	48-116	24.46
Father				
Trust	7	36.14	15-47	9.63
Communication	7	27.14	14-38	7.62
Alienation	7	17.71	12-25	4.65
Total Attachment Score	7	81.14	39-104	20.86
Counselor (N=8)				
Trust	8	42.5	33-48	4.39
Communication	8	37	31-43	3.64
Alienation	8	12.38	8-18	2.87
Total Attachment Score	8	103.13	82-119	9.96

Profiles of Counselors' Overall Approach

Summaries of the counselors' overall approach to working with the residents they are assigned to as case manager were created using quotes from their qualitative interviews. Counselors' scores on the measures of attachment they took as well as their thoughts on the purpose, formation, and utilization of the relationship are all included in the summaries.

Amy. Amy rated herself as having a secure attachment style on the self-report measure of attachment. She also scored a 6.4 on the script-based measure of attachment indicating a secure attachment style. Amy sees her relationship with the residents in the probation facility as unique in the court system stating, "I think safety and security is big for these kids…I think when they're able to form these bonds and form these

relationships they [the residents] feel a lot safer and they're able to talk and to work on a lot more sensitive things and they may not be willing to do so with a probation officer or other resources." She sees her role as someone to, "help guide them, um, in regards to working through some of their identified issues," and says, "The ultimate goal for me with all my cases is that they get to a point where they can take charge of their treatment."

When asked about how she tries to form a relationship with the residents she is assigned to as case manager Amy said, "I think about interacting with them, talking with them, maybe playing games, maybe watching TV, maybe cracking a joke eating dinner, and you pick up on things…I'll try to find one thing that I can connect with each kid on or kind of relate to them about…I think that's one of the best qualities I have in being able to relate to a kid." She also stated, "I don't ever push them. I kind of wait for them to kinda start the relationship." She also says she tries to, "give them some nurturing when they're having emotional breakdowns."

One of the ways Amy manages her cases and tries to build more rapport is to, "be the disciplinarian and be consistent, it showed I was a solid object, I wasn't going to be wishy washy or act some way one day and act another way the other." When there are times that she has to give consequences to her cases for acting out behavior she says she thinks about the fact that, "There's always gonna be things in life that we don't wanna do but we have to do because that's the right thing and by me not giving those consequences is only gonna do them more harm than helping them...We do have some guidance in regards to consequences because they're kind of clear cut. We have our whole point system here."

Amy's scores on both attachment measures indicate a secure attachment style. In her approach to counseling she described being there as a guide for her cases which she acts as a "safe" person for them. This was consistent with her description of forming relationships with the residents by interacting with them in their environment and allowing them to come to her. She also emphasized being available to her residents as a source of comfort if they are having emotional problems. There is also evidence of Amy attempting to present as a secure base in her description of managing consequences. She makes efforts to remain calm and consistent in giving consequences even if it is something that is difficult for her on an emotional level.

Kate. Kate rated herself as equally secure and dismissing on the self-report measure of attachment that she took and scored a two on the script-based measure of attachment, indicating an insecure attachment style. When asked about her counseling relationship with the residents she is case manager for, she stated, "I have the case management aspect and the paperwork, the planning…As an individual counselor there's also I guess a counseling category." She also describe what she saw as one of the benefits of the counseling relationship for the residents, "By creating that safe person you're kind of removing them from some of the chaos that some of their lives are."

Kate described trying to form a relationship with her assigned residents stating, "I play…whether it's handing them a piece of paper and then pulling it back real quick or you know making a silly voice…that makes the kid kind of take a step back and go now wait, this one's different you know and kind of challenge some of their assumptions." She went on to say, "My approach with them is just to kind of say hey, I see you and I'm not afraid of you."

When helping clients through a time when one of her cases is distressed or upset she says, "I kind of felt my role was to validate her feelings but also sort of stabilize them…to reframe what she's seeing because she sees it as a negative." She also said she likes to reframe what they are upset about and, "Give them a nudge and say hey we talked about this and so that's a really helpful opportunity." When it comes to managing consequences Kate states, "You gotta give the kid consequences cause if you don't then you're gonna walk into staff meeting and have to hear about it from everybody else so I'm usually pretty quick to jump on that like ok this is what it is…I usually try to detach myself from that a little bit emotionally, like ok let's just do it and not think about, not address the emotional part about it." She also talked about consequences in terms of their potential impact on the counseling relationship stating, "It's hard to give some of those particularly big consequences because you're also the one that's working with the kid and you're like oh god another set back you know and ohh well now I have to go back and redo all this work again and rebuild this or gosh we've covered this already…but there's an aspect of self-preservation in terms of my role within the facility in the job that I'm here to do that you know you have to get these points."

Kate scored on the lower end of insecure in the script-based measure of attachment and rated herself as having an equally secure attachment and dismissing (insecure) attachment style. Her focus seems to be on the functional aspects of her job as a case manager. However, she does conceptually reference the value of the counseling relationship. Kate also references times when she uses her position as case manager to reframe difficult situations her cases are going through or to help them find meaning in what is happening for them. Additionally, Kate talks about her difficulty giving

consequences on her own and using the influence of her coworkers and her position at work to separate emotionally from the situation and assign the required consequence.

Elizabeth. Elizabeth rated herself as having a dismissing attachment style on the self-report measure of attachment and scored a one on the script-based measure of attachment indicating an insecure attachment style. She sees her role as a counselor as, "Someone to help them identify goals that they want to accomplish in their lives, to solve problems, problem solve, past issues, whatever it is, and be there kind of as a, umm, someone to help them through it, to kind of point them in the right direction to solving their problems…To have someone that, um, they want to prove that, I can do this, and that makes them want to stay and do the program." She went on to say, "I think what most kids need is, umm, to be able to rely on an adult and I think that's more than my role as a counselor, that they see me as a trustworthy adult, someone they can depend on, if I say that X is X that's exactly what its gonna be."

When forming a relationship with her residents Elizabeth says she tries to, "Give them a chance to tell me whatever it is they want me to know in the first meeting," then, "I tell them my counseling style, how I work, my role, the role that I will play with them while, umm, they're here in the program." She described her motivation for presenting things in this way, "Something I want them to get in the very first meeting, that I'm supportive, I'm constant, um, I'm not easy but I'm fair, but I also want to give the feeling that you can always talk to me." Another way Elizabeth tries to establish a relationship with her assigned residents is, "I like to try to identify their talent, their talents and strengths, and I do make the goals geared toward that"

When one of her cases is particularly upset about something Elizabeth says she uses her role as their counselor by, "making myself a little more available, making sure I keep any sessions that I have scheduled with that resident," with the goal of, "Helping her to keep her level headed and not blow everything that she's already worked for which also means that I do have to make myself more available." She said she will also, "Check in on her and she how she's doing and encourage her to do her journaling…I give them more attention because I think that what they need is someone that cares and is willing to help them out." When managing consequences for her cases Elizabeth says, "I always like to go hard with the consequences…I want them to feel the consequence. I want them to learn from it so as to not repeat it again. If it's not hard enough or they don't feel it, they don't have to do any work to get out of it than the chance of them doing it again is much greater." She also acknowledged collaborating with her coworkers stating, "There are sometimes when what I think is hard after talking to some of my coworkers they say well no you could go a little harder…I do sometimes, oh you know feel a little sorry for the kid, but that is the time when I get my coworkers to try to help me out."

Elizabeth self-reported and scored as having an insecure attachment style. She pointed out the functional aspects of her relationship with the residents she is case manager for but was also able to identify several ways in which the relationship itself can enhance outcomes for the residents and influence their behaviors. Elizabeth emphasized the importance of being someone the residents can rely on as well as someone that remains consistent. She also seems to value consequences for use in behavior

management and acknowledged utilizing her coworkers in order to remain consistent
when assigning consequences.

Table 5.

Counselor/Resident Pairings, Counselor Overall Attachment Style, and Evidence of Use of Counselor as a Secure Base

Counselor/Residents Paired	Counselor Overall Attachment Style[a]	Use of Counselor as Secure Base[b]
Amy	Secure	
Heidi		Yes
Janice		Yes
Erin		Yes
Kate	Insecure	
Beth		No
Nicole		Yes
Elizabeth	Insecure	
Adevia		No
Terra		No
Maggie		No

[a]Determined by results of Relationship Questionnaire and script-based measure of attachment. [b]Determined by assessment of data from qualitative interviews

Development of the Counseling Relationship

This section combined data from the counselor and client to develop profiles detailing the development of the counseling relationship and its affects on the feelings and behaviors of the residents. More specifically, the profiles focus on the feelings and behaviors related to attachment security. The perspective of both the counselors and the residents are included through the use of quotes from their qualitative interviews.

Amy and Heidi. At the time of the interview for this study Heidi had been working with Amy as her individual counselor for 8 months. When asked about her feelings toward her counselor in the beginning of her stay Heidi said she felt she, "couldn't trust her," and "just didn't like her at first." When she was upset Heidi would "shut down," she would not seek proximity to her counselor, and was unable/unwilling to process her feelings and avoid shutting down even after contact with her counselor. As her stay continued Heidi noticed Amy trying to connect with her, "By being down to earth and open and showin' that I can count on her or be able to trust her." Amy noticed that in bonding with Heidi, "one of the easiest things to bond with her was the fact that she was really into fashion and I was really, I'm really into fashion. I think that was something of an ice breaker."

As their relationship changed throughout her stay Heidi was, "more open with her and being more real with her as she was with me…we took that time to like build a bond with each other." Amy noticed this too stating, "I know over time our relationship continued to strengthen and she was able to kind of trust and confide in me a lot more than she was in the beginning." She also noticed her own reaction when Heidi began opening up to her, "it made me want to push her more though with her because I felt like I wanted to make sure she got everything she could possibly get out of this program

because I think unfortunately going back home I think a lot of the work that she's done individually will be taken away from her to survive within her environment…sometimes you get caught up because you do want them to push especially when you know this kid is gonna be sent back into like a lion cave."

Around the time of the interview for this study, 8 months into her stay, Heidi was demonstrating changes in both her tendency to seek proximity to her counselor during times of distress and in her ability to return to normal functioning or exploration following contact with her counselor. At this point when Heidi was upset she would recall lessons she had learned from her counselor and, "Count from 10," calming down, "by using an exercise that my counselor showed me to do." Then when she met with her counselor she would, "tell her what's wrong from beginning to end." Heidi attributes her ability to calm down in stressful situations to her work with her counselor stating, "She showed me how to like look at situations in a different way to calm down…I kinda learned how to do it on my own off the techniques she showed me." Amy made the observation that around this time, "she was able to begin trusting others as well and depending on others and she was able to find those resources on her own."

Amy and Heidi identified several changes in their relationship from the time of Heidi's admission to the program to the time of her interview for this study 8 months later. These changes seem to indicate that Heidi began using Amy as a secure base of sorts resulting in increased communication, trust, proximity seeking behavior, improved affect regulation, and the ability to self-sooth and problem solve during times of distress. Amy also seems to have noticed these changes and identified her relationship with Heidi as an important one.

Amy and Janice. Janice's interview for this study took place 4 months into her stay during which time Amy had been her individual counselor. When Janice first described working with Amy she said she remembered feeling, "like I couldn't open up with her yet…I just couldn't trust her." Janice noticed that when she was upset about something towards the beginning of her stay she, "probably woulda just kept it in me at first and just like stayed in my room and cry about it…like I won't really share what's going on or I just won't address my problems…then one day just explode."

Amy noticed that she had trouble establishing a role and relationship with Janice stating, "it's been kind of a struggle to kind of identify what the role is. For her right now I would have to say ultimately I am a case manager…Trust is a big issue with her so I've been very conscious in not pushing her too much." Janice seemed to notice Amy's ability to manage her case as well as other traits that made her open to bonding with her and said Amy would, "keep in touch with me and just always like tryin' ta keep up…She just relates to me and she's like not like other counselors that I meet in like other programs…she jokes back around me so I feel real comfortable with her and I can joke with her too and tell her seriously how I'm feeling." Despite their growing familiarity with each other at the time of the interview Amy reflected on their relationship stating, "I have not seen that change, that big change that I can kinda reflect on…it has been a little bit more of a struggle because I haven't been able to identify a specific thing to bond with her on, um, and she doesn't put a lot out there so that has been a challenge." However, Janice reported significant internal changes in her ability to trust and share with Amy by this time, "I could tell her about anything…she's my individual counselor and it's confidential what we talk about, but I had to like step back and trust her."

While Janice did not describe seeking proximity with her counselor when something upset her, she continued to share more of her experiences with others and use the resources she had put in place, "I kinda just like went to other staff like and in all my [counseling sessions] that I kinda like already had scheduled I would talk about it…when I had my scheduled one with my [individual counselor] it was like this is what's going on this is what's stressing me out." Janice said her contact with Amy, "Helps me like be more relieved I could say like less angry and like try to work my problems out instead of just letting them stay there and build up on top of one another."

Janice's thoughts and behaviors seem to indicate that her relationship with Amy includes several aspects of secure attachment including trust, communication, and an ability to return to normal functioning or exploration following contact. However, these Amy seemed to have trouble identifying alterations in the relationship. This may be a reflection of the fact that many of the changes Janice described were internal and overtly behaviorally apparent.

Amy and Erin. At the time this interview took place, it was 6 months into Erin's stay, during which time Amy had been her counselor. When Erin began working with Amy she recalled that she "didn't trust her and I didn't want to talk to her about anything and I felt like she was mean and bossy." When she was upset about something she, "would ignore it and just pretend that it didn't happen and stuff my feelings."

Amy recalled forming a relationship with Erin stating, "she worked a program before, so she kinda knows the expectations of meeting with the individual counselor, that kind of stuff. I think one of the things with Erin is she had a treatment area that was really out there that she felt comfortable talking about so I think talking about her

substance use was a way of linking together and being able to start that relationship and build up on that…She is very artistic and um she's very creative and she really loves interior decorating so we were able to make bonds about that kind of stuff…it goes back to having those specific things that they kinda put out there themselves" Erin's perspective was that, "She gave me goals to do. She had counseling sessions and she tried to talk to me about stuff that was from my past that she knew that is kinda sensitive but she kind of pushed me to talk about it and I didn't want to…it wasn't really working so she just backed off and then I decided to talk about stuff." Though she described it differently Amy also noticed a change in her approach to relating to Erin stating, "over time things have kind of shifted. I know lately with her my role has been more of a nurturing type role for her in addition to being able to guide her through treatment and things...just small gestures like I gave her that software for you know giving her a reward for making honor role and that kind of stuff."

Erin also noticed differences in the openness she felt towards Amy, "I feel closer to her now…it's easier for me to talk to her about my past cause I know she won't judge me." Despite this when she was upset, Erin still described behaviors in which she did not seek proximity to Amy when she was distressed, "Just cried and that's it…I was passive aggressive…I got on people's nerves because they got on mine and did it on purpose and make sure that they knew I was doing it on purpose." She was able to identify ways her counselor tried to help her when she is upset, "she always talks to me about it and tries to give me ways to cope with it or to make decisions to do better." However, Erin also described her reaction to Amy's interventions, "I feel more comfortable because of her because she umm just talked to me about me being me and not worrying about really

what other people think...she told me not to worry because she knows that I have anxiety but even though she told me not to worry I still didn't really believe her."

At the time of the interview Erin was describing feelings and behaviors that seem to indicate changes in her attachment to Amy. The increase in her ability to trust Amy and her willingness to communicate with her point toward more attachment security. Erin still seems to struggle with coping during times of distress when she is unable/unwilling to seek proximity to her counselor. Once she does have contact with Amy she is able to describe feeling comforted but still harboring anxiety and some distrust in the affect regulation strategies Amy recommended along with a general mistrust for others in the world and how they will judge her.

Kate and Beth. At the time of her interview for this study Beth had been a resident in the program for 8 months, during which time Kate had been her case manager. Beth described her feelings toward Kate when she entered the program in the following way, "I wasn't sure if I could trust her right away. Umm, I was really open with talking to people so it wasn't hard for me to talk to her." During times of distress she said, "I went straight to my counselor." Her thoughts about their interaction when she was upset were that, "It was kinda annoying cause I was just used to venting and venting about that particular moment, not really seeing how things connected." While Beth seemed open to communicating with Kate and sought proximity to her right away, the trust and the ability to use the connection to calm herself down and return to normal functioning or exploration did not appear present.

Kate talked about her awareness of Beth's tendency to constantly seek her out toward the beginning of her stay. Her thoughts and feelings were, "as easy as it is to

dismiss her or want to get away from her, just making yourself available to her is really, you know this kid needs someone to talk to, and just to let, even if it's just, even if she's just vomiting up feelings or what happened that day just having someone there to listen to is helpful to her." Beth's impression of her attempts at forming a relationship with her were that, "I just think she was herself, she didn't really try to pressure me into doing anything…she came to me instead of like me going to her. She kinda, when she knew there was something wrong, sometimes she would come up to me and say hey, wanna talk." As time went on Beth described feeling, "I trust her more, I see her as a mother."

Despite the fact that Beth presents as trusting, Kate noticed a shift in her proximity seeking behavior and her openness with her, "As time has wore on umm oddly enough she's disclosed less of what she needs to. Before she was coming and spilling everywhere and we needed to kind of contain that, now she's kind of gone to the opposite extreme and it's kind of shut down a little bit." Beth also observed her behaviors during a recent upsetting event, "I was stuffing, I didn't like talk about it…I don't know I just, I really didn't know what to do…I tried to listen to music." She also described continued agitation even after contact with her counselor, "I'll try to use what she told me and then when I can't get it I get angry and I'm like whatever…I get angrier, not really cause of what she told me but the fact that I'm not able to do what she told me."

Beth and Kate both identified changes they have seen in their relationship throughout Beth's stay. Beth's style of relating to her counselor at the time of the interview presents as insecure. Beth states that she trusts her counselor and feels she can go to her to talk about anything. However, Beth also endorses a decrease in communication and proximity seeking, along with a continued inability to return to

normal functioning or exploration following contact with her counselor. Despite the fact that Beth may trust Kate, the majority of other necessary aspects of secure attachment are not present in their relationship.

Kate and Nicole. At the time of her interview for this study Nicole had been in the program for 6 months during which time Kate was her individual counselor. Nicole described her feelings about her counselor when she entered the program in the following way, "I didn't want to talk to her, I felt confused…like I didn't trust her." When she was upset about something in the beginning of her stay Nicole would, "probably run away or not talk about it" and when her counselor tried to talk to her she said, "I pushed her away…it was weird for me and awkward to know that people [could stick around]."

When forming a relationship with Nicole, Kate recalled, "her dad has been in and out of her life a lot and never really there when she needed him so I made it kind of a priority for me to make sure that I was at every meeting when I needed to be, that I was where she needed me…to try to meet some of those expectations that she had had disappointed in the past kind of helped her form more of a connection with me." Nicole noticed things Kate did that helped them bond. She said, "She just kinda took baby steps in getting to know me…She asked me about like my dad or like relationships that I've had in the past and if I didn't want to answer them like she respected my boundaries." Eventually, Kate noticed changes in the amount Nicole would share with her, "she is developing a closer relationship…she's seeking me out, umm, she's disclosing more and more, umm, so I can see a real, a real change in her whole level of trust." Nicole also said, "I started trusting her…it's like I have no problem telling her what's on my mind.

It's like I can just go in there and tell her whatever I need to tell her and it will get off my chest."

Nicole also noticed changes in her more recent willingness to go to her counselor when she is upset, ""I just kinda thought about I need to work on myself and continue working on myself…I went to [my individual counselor] about it." Kate described her approach to working with Nicole when she was upset, stating that she would, "Talk with her in a way that kind of pushes her buttons a little bit to get her to open up in a way about what she's going through and how she's feeling about it and what are some of these struggles rather than just avoid it all." Nicole's ability to calm down when she was upset also changed near the time of the interview and Nicole described them in the following way, "Now I talk about it more and I just do what I can to help myself…Once she talks to me and like we figure out a resolution to my problem like it seems like every things gonna be ok."

Nicole's attachment relationship with her counselor at the time of this interview presents as secure. She reported a significant increase in the amount of trust she feels toward her counselor. Nicole and Kate both recognized an increase in Nicole's ability to communicate openly and express more of her feelings. Nicole also demonstrated proximity seeking behaviors to her counselor when she is distressed as well as an ability to return to normal functioning or exploration after contact with her counselor.

Elizabeth and Adevia. Adevia graduated from the program two months prior to her interview for this study. At the time of her graduation she had been working with her counselor for a total of eight months. She reflected on what she would share with Elizabeth when she first entered the program stating, "I talked about a few stuff and tried

not to say a lot in the first weeks." When asked about what she would do when she was upset Adevia said, "I don't think I showed what I felt in my first three weeks when I was here." When Elizabeth tried to talk to her about things that bothered her Adevia stated, "I didn't want to listen to her…I would have just give up easily, I'd just think it's not worth it"

Adevia noticed some of the things Elizabeth did to try to form a relationship with her, "she tried to talk about the things that had wronged me and like I don't know she just was herself." Elizabeth observed that Adevia was, "very easy going, willing to work, she wasn't confrontational, if something was bothering her she was able to come and say well I didn't like this. She was able to talk, talk about it, and if she wasn't able to do it in an initial session she was able to go and think about it and come back and share her thoughts."

When asked about the changes in her relationship with her counselor Adevia said, "we didn't have a relationship, it was just like like she was my helper while I was here and she was my individual counselor. So she was the main one I went to when I asked for help and it changed in a lot that it got better in the time I was here because I knew I could trust her more." Toward the end of her stay Adevia said she, "felt like Elizabeth was pushing me too much," but that she, "would just deal with it…at the end I knew what was expected from me in the outside with my parents and like everything. She showed me a lot like what I need to do, what I need to show."

Adevia's relationship with her counselor towards the end of her stay presents with few aspects of a secure attachment. Adevia recognized an increase in her trust for her counselor. She endorsed proximity seeking behaviors, but during times of less intensity.

Adevia also demonstrated limited ability to return to normal functioning or exploration as a result of contact with Elizabeth. The rules and structure Elizabeth provided her seem to give Adevia an idea of what she should do which she found helpful. This seems consistent with Elizabeth's counseling approach as a guide. However, Adevia seemed to have some difficulty communicating more vulnerable feelings or disagreements with Elizabeth, indicating limited safety felt in this context. Specifically, when intense difficulties arise, Adevia doesn't seek proximity, indicating that she doesn't think Elizabeth can provide her the support she needs to be soothed during those moments. While she was able to see Elizabeth as a guide, more open communication and more safety in times of distress would be expected in a more secure attachment relationship.

Elizabeth and Terra. Terra graduated from the program two and a half months prior to her interview for this study. She was a resident of the program for seven months during which Elizabeth was her counselor. In thinking about her feelings toward her counselor when she first entered the program, Terra stated, "I was nervous about it and I really didn't want to say any of my actions or thoughts." When Terra was upset at the beginning of her stay she said she would, "cry a lot and I'd get very angry…I didn't talk to people. I didn't want to tell anything so I just talked to myself and stuffed it all in and then when I got to the point I couldn't handle it anymore I'd tell the counselor." When her counselor talked to her during those times she said, "I was upset. I didn't…I didn't like it. I thought it was dumb. I didn't want her to ask any questions. I wanted to just let it go and not remember it."

Terra remembered ways in which Elizabeth tried to form a relationship with her by, "talking like about why like I don't know about my problems, just to handle my

problems and umm, being nice and talking about her life and that it wasn't so easy and stuff like that wasn't so easy." In forming her relationship with Terra, Elizabeth remembers, "I let her know specifically we would be focusing on the reasons she joined a gang." Elizabeth noticed some initial changes in their relationship, "Terra was very easy to share with me and then she backed away as I also had to be a, someone who had to consequence her and be a disciplinarian…at times she did find it difficult to share with me and so I think encouraged her to kind of talk to the other counselors…I think that did help her come full circle and she was able to start coming back to talk to me."

When thinking about changes in her relationship as she continued in the program, Terra said that most of them came with changes in her attitude. She stated, "I wanted to change myself so I listened to her." She noted that when she was upset earlier in her stay she would, "probably have cried and went in my room and threw a fit," but towards the end of her stay she "talked to one of my peers and then I told the counselor I need to talk to her afterwards about the whole incident." After speaking with her counselor Terra said, "I thought about everything more...she like helped me think like oh I shouldn't have done that…so I was a little more careful about what I did." She said her relationship with Elizabeth was different from her relationship with other adults because, "she knew more about like handling problems like the ones in the probation house and with regular adults they really don't want to see my side of the story but they didn't really want to listen to what I have to say and they judge me like by the way [I] look and she didn't."

Terra's relationship with Elizabeth appears to have few indicators of secure attachment. She demonstrates a willingness to share more with Elizabeth and trust that Elizabeth will understand what she is experiencing. However, she doesn't appear to use

her as a secure base in times of need. In one situation, she described seeking her counselor, but only after first seeking and being comforted by a peer. Terra seems to admire Elizabeth and see her as an expert and skilled helper, but not as a secure base.

Elizabeth and Maggie. At the time of the interview for this study Maggie had been in the program for eight months, during which time Elizabeth was her counselor. At the beginning of her stay Maggie remembered feeling, "I didn't really trust my individual counselor…I just didn't tell her anything and I didn't want to trust anything she told me." When she was upset Maggie said she, "would kirk out on everybody and get an attitude and just shut down." When her counselor would talk to her she, "Would just blow it off and be like ok whatever you don't know what you're talking about and then walk away and keep doing what I was doing before"

Maggie noticed her counselor trying to form a relationship with her, "By telling me things about her and like me being able to like just open up to her…[telling me] I'm not the only one whose gone through things and that I need to trust her on things." She said her relationship with Elizabeth started to change because she started, "talking to her more." Elizabeth remembers telling Maggie, "you need to learn to talk to me, regardless, you have to tell me what it is that you want," and noticed a change, "she is starting to trust that she can come and tell me about things." Despite this change Elizabeth says, "I don't think that we have bonded but she has a real strong personality and sometimes that is what causes a tug-of-war between the two of us." However, when assessing their relationship Maggie says, "we have a better relationship, umm, I can talk to her about a lot of things, umm, I can kinda say, it hurts to say it but I can open up to her more than I

can open up to my mom, but I think it's easier because she can like get me through it and than help me talk to my parents about it."

Though there are some changes in their relationship, when Maggie was upset she said she did not go to her counselor but did demonstrate some behavior changes based on things she learned from her counselor, "I would just stay away from everybody so I wouldn't get an attitude…or read or actually I wrote down some of my feelings." To keep herself calmed down Maggie said, "I try not to get in an argument with my peers as much and…I…do what I'm told and without talking back and I just follow the rules." This strategy seemed to help Maggie contain her distress.

Eight months into her stay Maggie demonstrated only some aspects of a secure attachment to her counselor. She acknowledged that her trust in her counselor has increased so significantly that she trusts her more than she trusts her mother. This trust has also contributed to Maggie sharing more openly with Elizabeth then she does with her mother. Despite these internal changes in Maggie, Elizabeth states that she does not think that the two of them have bonded. At this point in their relationship Maggie still does not seek proximity to Elizabeth when she is upset, but does use some of the coping skills Elizabeth suggested to her. Maggie has also demonstrated a decrease in her externalizing behaviors that would have gotten her into trouble in the past. The structure and rules provided by the program seem to help Maggie contain and control her behavior, but she seems hesitant to directly access Elizabeth in times of need.

Chapter 5: Discussion

The purpose of this study was to examine the resident-counselor relationship in a residential treatment setting with a focus on attachment behaviors. Results will be summarized and compared to previous research. Aspects of the dyadic relationships and their resulting impact on the residents' thought and behaviors will be identified and explored in light of previous research. Potential ways to account for the impact of the relationships will be presented along with the implications of these finding on therapeutic relationships in a residential setting.

Summary of Findings and Comparison to Previous Research

Attachment Measures. The results for the relationship questionnaire and the script-based measure of attachment were comparable. This can be somewhat expected based on research correlating the scores from these two measures with the results of the AAI (Griffin & Bartholomew, 1994; H. Waters & Waters, 2006). The scores from both measures were in agreement regarding secure/insecure classification for two counselors and one counselor scored insecure on the secure base script measure and rated herself as equally secure and insecure on the RQ.

The results from the IPPA were less clearly in line with what the literature describes as the expected results. Since the IPPA has proven a reliable measure this may be attributable to the fact that this measure has not specifically been normed for a residential populations. In some cases residents had high scores for attachment to their mother or father but reports from their qualitative interviews indicated a lack of nurturing from their parents that would foster a secure attachment (Ainsworth et al., 1978; Warr, 2007). There were also cases in which the residents had a high overall score for

attachment to their counselor but the feelings and behaviors they reported in their qualitative interview did not correlate with the behaviors expected in a secure attachment relationship with a caregiver (Gormley, 2008; Ivan & Bereczkei, 2006). In situations where attachment scores for counselors conflicted with described behaviors the residents' attachment scores for both of their parents was significantly lower than their score for their counselor.

One way to account for these discrepancies is to consider research describing the tendency of children to "forget" the painful or negative qualities of their caregivers in order to maintain an attachment and form a positive opinion of them (J. Bowlby, 1979b). In his paper, Bowlby (1979b) describes several situations in which a child may unconsciously shut out negative aspects of a parent's behavior because of emotional demands made on them and only describe their parent in a positive light. Research on self-report measures of attachment like the IPPA also indicate that in the case of an avoidant attachment style there can be a tendency to idealize the caregiver on self-report measures while behaviorally presenting as insecurely attached (Main et al., 1985; Shaver, Mikulincer, Rholes, & Simpson, 2004). Therefore, this study is limited by the use of the IPPA measure of residents' attachment.

Attachment behaviors. The behaviors of the residents upon admission correspond with behaviors indicative of an insecure internal working model (Black & McCartney, 1997; Ivan & Bereczkei, 2006). All of the residents mentioned mistrust as one of their primary feelings towards their counselors at the beginning of their stay and had trouble accessing their resources and recovering when distressed. Additionally, the majority of the residents did not wish to share openly with their counselors and did not seek

proximity to them in times of need. Previous research indicates that when adolescents have a secure attachment to their caregiver they are more likely to use that relationship to discuss and process sensitive and difficulty issues (Cassidy, 1994; Howes, 1999). As their time at the residential facility continued and their bond with their counselors developed, the residents, for the most part, began sharing more with their counselors about the things they were going through.

The thoughts and behaviors of many of the residents corresponded with the thoughts and behaviors of an adolescent that is attached to their caregiver (Black & McCartney, 1997). At the time of the interviews for this study residents and counselors noticed several changes in their interactions. All of the residents now stated they trust their counselors and all but one stated that they share more information with their counselors. About a third of the residents identified seeking proximity to their counselor as one way they cope with distress and returning to normal functioning or exploration following more recent contact with their counselor. However, many of the residents who were paired with an insecurely attached counselor did not experience these changes. While they developed more trust in their counselor, they infrequently sought them in times of need and, when they did, they often were not able to return to normal functioning.

For the most part residents described changes in their use of externalizing behaviors. The residents were admitted to the program based on negative behaviors they had engaged in such as truancy, drug use, fighting, and running away from home. This is consistent with research on the correlation between negative externalizing behaviors and insecure attachment in adolescence (Ivan & Bereczkei, 2006; Keiley, 2002). Further

evidence of the use of externalizing behaviors can be found in the way several of the

residents described coping with distress when the first entered the program. Some

residents described angry outbursts while several others said they would either

"runaway" or "stuff" their feelings and "not talk about it." As they progressed through

the program and began to bond and eventually attach to their counselors several internal

and external changes were described by the residents and their counselors. These

changes included significant improvements in their ability to problem solve, decreased

reported psychological distress related to their problems, and decreased use of

externalizing behaviors to cope with stress. They are consistent with research on the

behaviors of adolescents that are securely attached to a caregiver (Black & McCartney,

1997; Southwick et al., 2006).

   Counselor-resident relationships. Though many changes occurred in the

relationships between the residents and their counselors, there is still the question of

whether or not true attachment relationships were created. This particular treatment

setting presents a unique set of circumstances in which counselors may fit the

requirements necessary to be established as an additional attachment figure. More

specifically, the counselors have frequent and regular contact with the residents, they help

provide physical and emotional care, and most likely have an emotional investment in the

care of the resident (Howes, 1999). This last criteria, that there must be an emotional

investment in the care of the resident, may contribute to differences seen this study

between cases where the counselor has a secure attachment style and in cases where the

counselor has an insecure attachment style. Though it is beyond the scope of this study

to make final conclusions on this topic, current results can be explored for evidence of attachment relationships.

Important differences exist between cases where a resident may have a special bond with a particular counselor and cases in which there is an actual attachment relationship. In the case of Amy, the counselor who was securely attached, her cases all began exhibiting behaviors consistent with those found in a secure attachment to a caregiver (Black & McCartney, 1997). Additionally, all of her cases had high overall ratings of attachment to Amy on the IPPA, typically higher than their attachment to their parents. There also seems to be an affect on the internal working models of each of her cases as evidenced by their openness to outside interventions and relationships beyond their relationship with Amy, a decrease in externalizing behaviors, and a decrease in psychological distress during difficult situations. These results are consistent with research suggesting that in an institutional setting adolescents can begin to exhibit more secure attachment behaviors when paired with counselors that have a secure attachment style provided the relationship lasts longer than three months (Zegers et al., 2008). In the cases of the secure counselor for this study, relationships with the residents lasted at least four months and the behaviors seem to meet criteria associated with use of the counselor as a secure base in an attachment relationship (Schuengel & van Ijzendoorn, 2001).

In the current study, results for the counselors with insecure attachment styles make it difficult to determine whether an insecure attachment relationship is present of if no true attachment relationship exists. For the most part in this study, when residents were paired with a counselor with an insecure attachment style, the behaviors of the residents toward their counselor were consistent with the behaviors of an adolescent with

an insecure attachment style toward a caregiver. Despite the fact that the overall attachment scores on the IPPA were high for all of the counselors, descriptions of the usefulness of the relationships vary greatly between secure counselors and insecure counselors. Adevia went as far as to say, "we didn't have a relationship," when describing her counselor and went on to talk about her more as a skilled helper as she progressed through the program than as a caregiver. Without more conclusive information about the resident's attachment prior to admission it is impossible to say whether preexisting, insecure internal working models contributed to this behavior or if insecure internal working models were perpetuated insecure attachment relationships with residents.

Potential reasons for changes in attachment behaviors. The nature of the role of an individual counselor at this residential facility makes it a potentially valuable resource for getting attachment needs met. They are tasked with working intensively with their assigned cases over the course of several months toward attaining agreed upon treatment goals. There are defined roles for each member of the counselor-resident dyad in attaining treatment goals and the structure provided by the program can provide for the right balance of flexibility and accountability for the development of a secure attachment (J. Bowlby, 1973; Koback & Duemmler, 1994). The work of the counselor-resident dyad includes multiple interpersonal interactions throughout the week and consistent behavior management as well as help processing past and present issues. All of the counselors interviewed for this study described themselves as helping "guide" their assigned residents and being a "safe person for them to talk to." According to research, this investment and interest in the progress and needs of the residents themselves is a factor in

predicting the ability of the residents to securely bond with them and eventually attain success (Gormley, 2008; Kasarabada et al., 2002). Unfortunately, not all counselors were able to fully serve as a secure base for their residents.

Predictability plays a major role in the ability to develop trust and security in attachment relationships (Howes, 1999). In describing their approach to counseling each of the counselors named ways in which predictability is created in the relationship. Elizabeth shared that she overtly identifies ways the therapeutic relationship will work in her first session with residents and makes efforts to ensure that these expectations remain consistent. Amy also described her efforts to remain a consistent "solid object" for residents so that they can know what to expect out of the relationship.

Even if counselors had trouble creating continuity on their own some predictability is created through the structure of the program. Counselors work an expected set of shifts resulting an understanding about when counselors will be present at work and available. There is also an expectation for the number of times counselors and their assigned residents will meet each week and the level of involvement the counselors will have in treatment planning. Even decisions that require personal reflection and judgment are influenced in some ways by the structure of the program. In addition to their own counseling style all of the counselors interviewed identified ways in which this structure creates consistency and predictability in the relationship. This included collecting recommendations from fellow staff members in order to remain as unbiased as possible when making treatment decisions as well as referencing the treatment handbook created by the residential program to maintain a clear system of consequences and rewards.

Another important aspect of attachment is communication. This is another part of the counseling relationship that is conducive to the use of the counselor as a secure base. Counselors are bound by the rules of confidentiality, a clear guideline that can help with establishing trust and boundaries for the relationship. The interviewed counselors identified the residents' ability to communicate with them as important indicators of the usefulness of the relationship and expressed concern when communication was lacking. Their concerns are in line with research suggesting a link between the ability of adolescents to communicate and the security of their attachment (Cassidy, 1994; Howes, 1999). Many of the residents said that as time went on they learned that they could trust their counselors with the things they shared and that they would not judge them for their thoughts or behaviors. They also described their counselors as reliable resources for help with their problems. Research has demonstrated the necessity of validation and a nonjudgemental environment as part of the counseling relationship as well as the effectiveness of the counselor's position as reliable and expert for ensuring more positive outcomes (Kasarabada et al., 2002).

Finally, the counselors interviewed for this study referred to their flexibility in their approach to meeting their assigned resident's needs. Bowlby (1973) writes that flexibility is necessary in working with an adolescent towards a goal. Both Elizabeth and Amy noted that when residents had trouble bonding with them they encouraged them to seek out other counselors that they may connect with more rather than forcing them to work only within the confines of their counseling relationship. They each noted that the freedom they gave the residents in these cases resulted in them eventually coming back to their individual counselor when they were ready to continue working. They also

emphasized the value they saw in collaborating with the residents and entrusting them with the ability to manage the direction of their treatment, additional behaviors that research suggest are found in secure relationships with a caregiver (J. Bowlby, 1973; Koback & Duemmler, 1994)

    Insecure attachment behaviors. Dozier (1993) posits that when clinical case managers and their clients have different insecure attachment styles this may help initiate change in patterns of relationships for the client while having the same insecure attachment style may lead to perpetuation of existing patterns. Previous sections have already detailed how the security and structure provided by the program and counselors can contribute to more secure attachment behaviors. This section will examine the possible interactions between the case manager's attachment style and the resident's attachment style as a way to account for insecure attachment behaviors at the time of the interview.

    The changes made by Beth, Adevia, Terra, and Maggie were the least consistent with the development of a secure attachment to their counselor. All of these residents had case managers who scored as insecurely attached in the script-based measure of attachment and rated themselves as having a dismissing attachment style; however, one of these counselors was able to successfully foster secure attachment behaviors in another case interviewed for this study. Research suggests that insecurely attached case managers may have a tendency to repress more intimate interpersonal connections and lack the flexibility in their approach that case managers with a more secure attachment style (Dozier, 1993). Something specific to Beth, Adevia, Terra, and Maggie may have made them especially vulnerable to their counselors' insecure attachment style in contrast

to other residents who were able to demonstrate secure attachment behaviors later in treatment.

Beth, Adevia, and Maggie had high overall attachment scores to their counselors as well as their parents on the IPPA; however, the behaviors and feelings they talked about in their interviews contradicted these scores and indicated a lack of attachment security. These discrepancies are in line with previously mentioned research indicating that this phenomena is common in insecurely attached individuals (Main et al., 1985; Shaver et al., 2004). In cases where secure attachment behaviors were described at the time of the interview there was not evidence of an overall tendency to idealize relationships. While there may have been an inclination to idealize the relationship with one parent when the other is absent or neglectful, idealization of relationships with all caregivers was unique to these three cases.

Terra also had a high overall attachment score to her counselor but there was not evidence of idealization based on her IPPA scores for attachment to her parents. Despite her score on this measure her behavior is consistent with prior research on the behavior of adolescents in a treatment setting when paired with a counselor/mentor with an insecure attachment style (Zegers et al., 2008). As mentioned previously these results make it difficult to conclude whether or not a true attachment relationship took place between Terra and her counselor.

Therapeutic Implications

This study highlighted the important and influential role the therapeutic relationship can have on treatment outcomes. Though the counselors' agreed that their role is important in influencing their cases each of them had at least one case in which

they underestimated the significance of the relationship for the resident. Often times the counselors had not yet heard their assigned residents verbally validate that they thought the counseling relationship was important. Awareness that the therapeutic relationship is important to the resident, despite what they are doing or saying externally, could influence the way in which counselors structure their treatment approaches. This study suggests that counselors may not need to wait on verbal confirmation or acceptance from the resident in order to start using their role as counselor to positively influence behavior.

In addition, the verbal validation and positive assessments of the significance of the counseling relationship made by the resident could be misleading. This study revealed inconsistencies in the positive assessments the residents gave of their relationships with their counselors and the security of their attachment behaviors. This finding suggests that regardless of what the resident may say verbally it is necessary to look at their behaviors in order to more accurately address attachment insecurity.

This study also revealed possible interactions between the attachment style of counselors and the attachment style or residents. Though more research is needed to further explore this dynamic, this study suggests that the influence of a counselors' attachment style on treatment interventions could be a potentially valuable area for exploration in supervision. Even if the counselor's personal attachment style is not directly discussed, education about the impact of attachment on counseling behaviors could improve their ability to monitor their treatment approach. Counselors in this study reported using recommendations made by the treatment team or referring to program guidelines at times which may have mitigated the affects their attachment style had on their choice of interactions with their cases. This study reiterates the importance of

routine personal reflection by counselors of their own reactions to aspects of treatment and regular utilization of a treatment team.

The structure of the program also seemed to play a significant role in the outcomes of this study. The current study reiterated the fact that the stability and predictability are essential aspects of the structure of a therapeutic program. Though the program structure was not necessarily directly involved in the nuances of the counseling relationships it did play an overall role in the ways in which contact with case managers was structured. Programs experiencing a lack of positive outcomes could look to the overall program structure as well as counseling interventions in order to find better ways to serve their clients' needs.

Limitations

There are several limitations to this study that must be acknowledged. The first is the researcher's previous knowledge and interactions with the participants of the study. While this was controlled for using personal reflection, structured questions for qualitative interviews, and interrater reliability there is no way to completely eliminate interference that may result from these preexisting relationships.

Another limitation is the lack of data at the time of the resident's entry into the program. For the purposes of this study, participants were asked to reflect on their thoughts and behaviors when they entered the program. Whether or not they were honest in their reflections it is impossible to expect that their reports would not somehow be affected by the experiences they had between the time of their entry to the program and the time they were interviewed for this study. Due to this limitation no definitive statements about actual changes in the residents' attachment style can be made.

This study was also limited by the fact that results were viewed through the lens of attachment. Changes and behaviors observed in the residents were viewed in terms of their relationship to the residents' and the counselors' attachment styles. Other frameworks could provide alternative explanations for the results identified by this study.

Finally, this study was limited by only using the IPPA measure of attachment to measure the security of the residents' attachment. Discrepancies between the scores on this self-report measure of attachment and the behaviors described by the residents could not be accounted for definitively. The behaviors identified as contradictory to the behaviors found when there is a secure attachment were recognized by the researcher instead of being verified through the use of another empirically validated measure. This is most likely because the IPPA has not been normed for a residential population.

Suggestions for Future Research

The current study led to many more questions about the potential to create changes in attachment style and behaviors in residential treatment as well as the impact of a counselor's attachment style on the progress made by their cases. The significant changes in behavior and thoughts observed by residents and their counselors suggest that actual changes in attachment style may be occurring as the result of attachment to a counselor in a residential facility. Future research is needed to conclusively determine if definitive changes in attachment style has occurred in residential treatment.

Future research could also examine changes in the residents' relationships with their parents as changes occur in their relationships with their counselors. It would also be interesting to study whether or not the changes made in treatment are sustainable following discharge. Residents' patterns in their relationships following treatment

beyond the changes in their relationship with their counselor could provide information on the impact of attachment styles to multiple attachment figures on future relationships and attachment behaviors.

Additional research is needed to further explore the impact of the counselor's attachment style on the resident's progress. Suggestions for these interactions were made by this study; however, future research is needed to verify and build on this study's observations.

This study was limited by the researcher's previous knowledge of the residents and counselor; however, this previous knowledge allowed for observations that may be appropriate for future research. In almost all of the residents interviewed for this study there was a tendency to idealize one or both caregivers, but evidence of this was only apparent based on contradictions in some of the resident's qualitative interviews. Information not provided in the interviews but that the researcher possesses due to previous knowledge of the residents includes the fact that residents had high scores for attachment to caregivers who were active drug users demonstrating many destructive behaviors associated with addiction, caregivers that had abandoned them at an early age and were only recently involved in their lives in any way, and caregivers that had placed the residents in a parentified role and were not providing the guidance and nurturing expected when a secure attachment relationship is present. While conclusions about the tendency of residents to idealize caregivers that are not demonstrating behaviors conducive to secure attachment could not be made with the data gathered in this study, future research may look into this phenomena.

Finally, the structure of this residential treatment program seemed to provide guidelines that helped facilitate the development of secure attachment behaviors. Future studies could explore the ways the program and the treatment team are structured in order to determine what aspects contribute to the behavior changes seen in this study.

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This form is about your feelings about your relationship with your individual counselor. Please answer as honestly as possible, your answers will remain confidential. Read each statement and circle ONE number that tells how true the statement is for you now.

	Almost Never or Never True	Not Very Often True	Some-times True	Often True	Almost Always or Always True
1. My counselor respects my feelings	1	2	3	4	5
2. I feel my counselor does a good job as a counselor	1	2	3	4	5
3. I wish I had a different counselor	1	2	3	4	5
4. My counselor accepts me as I am	1	2	3	4	5
5. I like to get my counselor's point of view on things I'm concerned about	1	2	3	4	5
6. I feel it's no use letting my feelings show around my counselor	1	2	3	4	5
7. My counselor can tell when I'm upset about something	1	2	3	4	5
8. Talking over my problems with my counselor makes me feel ashamed or foolish	1	2	3	4	5
9. My counselor expects too much from me	1	2	3	4	5
10. I get upset easily around my counselor	1	2	3	4	5
11. I get upset a lot more than my counselor knows about	1	2	3	4	5
12. When we discuss things, my counselor cares about my point of view	1	2	3	4	5
13. My counselor trusts my judgment	1	2	3	4	5
14. My counselor has his/her own problems so I don't bother him/her with mine	1	2	3	4	5
15. My counselor helps me to understand myself better	1	2	3	4	5

Appendix A

IPPA-Altered for Attachment to Counselor

	Almost Never or Never True	Not Very Often True	Some-times True	Often True	Almost Always or Always True
16. I tell my counselor about my problems and troubles	1	2	3	4	5
17. I feel angry with my counselor	1	2	3	4	5
18. I don't get much attention from my counselor	1	2	3	4	5
19. My counselor helps me to talk about my difficulties	1	2	3	4	5
20. My counselor understands me	1	2	3	4	5
21. When I am angry about something, my counselor tries to be understanding	1	2	3	4	5
22. I trust my counselor	1	2	3	4	5
23. My counselor doesn't understand what I'm going through these days	1	2	3	4	5
24. I can count on my counselor when I need to get something off my chest	1	2	3	4	5
25. If my counselor knows something is bothering me, he/she asks me about it	1	2	3	4	5

Appendix B

Relationship Questionnaire

Please read each statement and circle <u>ONE</u> number that tells how true the statement is for you and your relationship style. Your answers will remain confidential.

It is easy for me to become emotionally close to others. I am comfortable depending on others and having others depend on me. I don't worry about being alone or having others not accept me.

1	2	3	4	5	6	7
Almost Never True of Me	Usually Not True of Me	Sometimes But Infrequently True of Me	Occasionally True of Me	Often True of Me	Usually True of Me	Almost Always True of Me

I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

1	2	3	4	5	6	7
Almost Never True of Me	Usually Not True of Me	Sometimes But Infrequently True of Me	Occasionally True of Me	Often True of Me	Usually True of Me	Almost Always True of Me

I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.

1	2	3	4	5	6	7
Almost Never True of Me	Usually Not True of Me	Sometimes But Infrequently True of Me	Occasionally True of Me	Often True of Me	Usually True of Me	Almost Always True of Me

I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.

1	2	3	4	5	6	7
Almost Never True of Me	Usually Not True of Me	Sometimes But Infrequently True of Me	Occasionally True of Me	Often True of Me	Usually True of Me	Almost Always True of Me

Script-based Measure of Attachment

Baby's Morning.

mother	hug	teddy bear
baby	smile	lost
play	story	found
blanket	pretend	nap

Doctor's Office

Tommy	hurry	mother
bike	doctor	toy
hurt	cry	stop
mother	shot	hold

Trip to Park

Susie	swings	tired
bike	sandbox	bench
park	game	comics
friend	run	coke

Jane and Bob's Camping Trip

Jane	tent	campfire
Bob	wind	shadow
bags	collapse	sounds
hurry	upset	hug

Sue's Accident

Sue	wait	home
road	Mike	dinner
accident	tears	bed
hospital	doctor	hug

An Afternoon Shopping

Emily	browse	hungry
car	buy	food
mall	money	talk
friend	gift	home

Appendix D

Qualitative Questions: Adolescents

1) Describe your feelings towards your individual counselor in your first few weeks at GPH.

2) How did your counselor try to form a relationship with you?

3) How has your relationship with your individual counselor changed during your stay at GPH?

4) When you think about the changes you have seen in your relationship with your individual counselor what do you think lead to those changes?

5) During the first 3 weeks at GPH, what would you do when something upsetting happened?   If you were upset about something, what would your individual counselor do? What were your thoughts and feelings about that interaction? . Now think of a time when something upsetting or stressful occurred in the past few weeks. What did you do to help yourself calm down? What did your individual counselor do? How is this different from when you first came to GPH?

6) How has your relationship with your individual counselor impacted your behaviors?

7) How does your relationship with your individual counselor compare with your relationship with other adults in your life, especially in upsetting or stressful situations?

8) Has your relationship with your individual counselor impacted your relationship with your parents?

Qualitative Questions: Counselors

Counselors will be asked to consider their relationships with each of the residents that are assigned to them when answering these questions. Counselors may answer questions more than once in order to consider their relationships with each of their cases.

1) What do you see as your role with the residents you are assigned to as an individual counselor?

2) Describe your approach to forming a relationship with residents you are assigned to as they begin the program. Please include both your thought process and behaviors.

3) What changes do you notice in your relationship with your residents as they progress through the program?

4) Do you think your bond with the residents helps to foster change? If so, how does this occur and what changes does it create for the residents?

5) What characteristics of residents make them harder for you to bond with? What characteristics make them easier for you to bond with?

6) Describe a time in which one of your residents broke or bent the rules. What thoughts and feelings did you have about giving consequences? How did you decide to go about giving the consequences? Why did you choose to give consequences in this way?

7) Think of a time when one of your residents was experiencing a particularly stressful or difficult time. What do you see as your role in intervening with this resident? If you would intervene, how would you go about doing this?