Therapist attachment and perceived working alliance among student clinicians

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Therapist attachment and perceived working alliance among student clinicians

Abstract

Although the working alliance is consistently identified as a strong factor in successful treatment outcome, relatively few studies have examined the role of therapists’ attachment style in its formation. The available research suggests that therapists’ attachment styles influence their perception of working alliance quality (Black, Hardy, Turpin, & Parry, 2005), that insecure attachment in therapists’ contributes to weaker alliances (Sauer, Lopez, & Gormely, 2003; Black et al., 2005), and interaction effects between client and therapist attachment styles significantly influence the trajectory of working alliance development (Tyrell, Dozier, Teague, & Fallott, 1999). This study examines the relationship between therapist attachment style and perceived working alliance strength in response to vignettes of fictional therapeutic encounters. It was hypothesized that significant differences in working alliance strength would be detected among therapists’ based on their attachment style (i.e., Secure, Fearful, Preoccupied, and Dismissing). A sample of 72 graduate-level psychology students were recruited by e-mail and provided with an on-line survey consisting of the Experiences in Close Relationships Scale (ECR), the Working Alliance Inventory (WAI), and two fictional vignettes. Analyses revealed no significant differences in perceived working alliance strength between the four attachment styles. The Bond subscale of the WAV, assumed to be most representative of attachment-related characteristics, was not significantly related to attachment style. Secure attachment had the highest representation within the sample (n= 33), but the distribution of this attachment style within the sample (45%) was not consistent with previous research (Leiper & Casares, 2000; Ligiero & Gelso, 2002). Implications of these findings, limitations and future research are discussed.

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THERAPIST ATTACHMENT AND PERCEIVED WORKING ALLIANCE AMONG STUDENT CLINICIANS

A DISSERTATION

SUBMITTED TO THE FACULTY

OF

SCHOOL OF PROFESSIONAL PSYCHOLOGY

PACIFIC UNIVERSITY

HILLSBORO, OREGON

BY

COLIN WARREN CHRISTOPHER

IN PARTIAL FULFILLMENT OF THE

REQUIREMENTS FOR THE DEGREE

OF

DOCTOR OF PSYCHOLOGY

FEBRUARY 27th, 2012

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Abstract

Although the working alliance is consistently identified as a strong factor in successful treatment outcome, relatively few studies have examined the role of therapists’ attachment style in its formation. The available research suggests that therapists' attachment styles influence their perception of working alliance quality (Black, Hardy, Turpin, & Parry, 2005), that insecure attachment in therapists’ contributes to weaker alliances (Sauer, Lopez, & Gormely, 2003; Black et al., 2005), and interaction effects between client and therapist attachment styles significantly influence the trajectory of working alliance development (Tyrell, Dozier, Teague, & Fallott, 1999). This study examines the relationship between therapist attachment style and perceived working alliance strength in response to vignettes of fictional therapeutic encounters. It was hypothesized that significant differences in working alliance strength would be detected among therapists’ based on their attachment style (i.e., Secure, Fearful, Preoccupied, and Dismissing). A sample of 72 graduate-level psychology students were recruited by e-mail and provided with an on-line survey consisting of the Experiences in Close Relationships Scale (ECR), the Working Alliance Inventory (WAI), and two fictional vignettes. Analyses revealed no significant differences in perceived working alliance strength between the four attachment styles. The Bond subscale of the WAV, assumed to be most representative of attachment-related characteristics, was not significantly related to attachment style. Secure attachment had the highest representation within the sample (n= 33), but the distribution of this attachment style within the sample (45%) was not consistent with previous research (Leiper & Casares, 2000; Ligiero & Gelso, 2002). Implications of these findings, limitations and future research are discussed.
Acknowledgements

The author would like to express his sincere thanks to Dr. Sandra Jenkins, the dissertation chair, for her constant encouragement, clinical expertise, and wisdom. A special thanks to Dr. Paul Michael, my dissertation reader, for his clear direction, statistical knowledge, and help in framing this project as an educational experience. All who participated deserve my thanks for taking the time to complete the survey in the interests of promoting psychological research. Thanks to my family for their emotional support and good humor over the years. Most importantly, I would like to thank my wife Emily, who tolerated my ups and downs over the years. Thanks for acting as a secure base in my times of need.
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INTRODUCTION

The quality of the working alliance is regarded by many researchers as the most significant contributor to positive therapy outcome (Horvath & Luborsky, 1993; Sexton & Whiston, 1994; Horvath & Bedi, 2002). Although consistently identified as a strong factor in successful treatment, relatively few studies have examined the specific contributions made by therapists to the development of the working alliance. Those empirical investigations that have specifically addressed this issue have identified a number of possible therapist and client characteristics that may influence working alliance development. However, the range of findings has contributed to greater uncertainty and identified the need for an explanatory theoretical framework. Attachment theory offers a useful model for exploring the relationship between client and therapist interpersonal patterns and the development of the working alliance. In this regard, an attachment perspective recognizes that the therapeutic alliance, like other significant relationships, is influenced by the developmental experiences of those involved. As a function of early relationships with primary caregivers, humans develop strategies for gaining comfort, security, and support from others. These early relationship experiences become internalized and are carried over into adulthood, influencing our interpersonal strategies and our desire for intimacy with others. From this perspective, the formation of the therapeutic relationship is determined, at least in part, by the therapists’ ability to respond in a manner appropriate to the specific relational style of the client.

One distinct advantage to studying this relationship through the “lens of attachment theory” is that it is able to provide some perspective on the psychological processes and personality functioning of those involved (Obegi, 2008, p.441). An
attachment perspective therefore helps to inform us of the nature and motivation behind such relationships, but it also serves to identify and differentiate the internal dynamics of those who contribute to its formation. Attachment researchers have noted markedly different relational styles between individuals, leading to the development of classification systems and categorical models for explaining attachment phenomena. Individuals who have internalized a positive view of self and other as a result of these early experiences are typically characterized as having a secure attachment style. Individuals that have internalized a negative appraisal of self, other, or both, are typically characterized as belonging to one of the three insecure attachment styles, that is dismissing, preoccupied, fearful. Of considerable interest to researchers is how these distinctive styles might differentially influence the development of the therapeutic relationship.

Although attachment theory provides a useful framework for exploring working alliance formation, empirical research in this area is limited. Available evidence suggests that various personal qualities of therapists’ and clients’ significantly contribute to the strength of the working alliances (Rubino, Barker, Roth, & Fearon, 2000; Ackerman & Hilsenroth, 2003). Much of the research that has specifically addressed attachment within the context of working alliance has tended to focus on client contributions. These investigations have supported the basic assumption that clients with different attachment patterns will behave differently within the context of therapy (Dozier, 1990), elicit different reactions from therapists (Dozier, Cue, & Barnett, 1994), and differ in their commitment to treatment (Dozier, 1990; Korfmacher, Adam, Ogawa, & Egeland, 1997). A number of findings suggest that attachment style may also be an important determinant
of relationship quality (Dunkle & Friedlander, 1996; Leiper & Casares, 2000; Black, Hardy, Turpin, & Parry, 2005). The impact of therapists' attachments styles is perhaps less well known. The available research suggests that therapists' attachment styles influence their perception of working alliance quality (Black et al., 2005), as well as preliminary evidence that interaction effects between therapist and client attachment styles are a significant determinate of actual alliance strength (Tyrell et al., 1999).

The present study will explore the relationship between therapist attachment styles and early working alliance. More specifically, the primary goal of this study is to explore how therapists' individual attachment styles influence their perceptions of working alliance with hypothetical prospective clients. The aims of this study are therefore to determine if: a) therapists' individual attachment styles are related to their perceptions of working alliances with their clients, b) rates of secure attachment among student therapists’ are consistent with past research, and c) if any identified differences can be attributed to therapists' level of experience and theoretical orientation. In an effort to provide context and direction for this line of investigation, research relevant to the study of working alliance formation and attachment theory is included below.

LITERATURE REVIEW

Working Alliance

Working alliance has been described as a pantheoretical factor evident in all forms of therapy and a primary contributor to positive treatment outcome regardless of orientation or approach (Bordin, 1979; Bordin, 1994; Horvath & Luborsky, 1993; Kanninen & Punamäki, 2000). Although uniformly recognized, definitions of working
alliance vary with respect to the theoretical and methodological grounds employed in treatment and research settings. Working alliance has been argued by some to be distinguishable from therapeutic alliance, although both are considered to be related dimensions of the overall therapeutic relationship (Gaston, 1990). From this perspective, therapeutic alliance is thought to be more reflective of the client’s affective attitude towards the therapist, while working alliance reflects the more task-oriented components of treatment collaboration. Although illustrative of the different views held by researchers, this distinction is not well-supported and has become less frequently endorsed. Other contributors have suggested that working alliance cannot be divorced from the affective, unconscious, and often dysfunctional schemas which are activated in the course of therapy (Luborsky, Crits-Cristoph, Alexander, Margolis, & Cohen, 1983).

Taking these considerations and contemporary research into account, a clearer and more consensual definition is presented by Constantino, Castonguay, and Schut (2002). They write: “the alliance represents interactive and collaborative elements of the relationship (i.e., therapist and client abilities to engage in the tasks of therapy and to agree on the targets of therapy) in the context of an affective bond or positive attachment” (Constantino et al., 2002, p. 86). As significant contributors to the field of alliance research, their definition is arguably more compelling and likely more representative of contemporary views of working alliance.

Consistent with this definition, Bordin’s (1979, as cited in Obegi, 2008) model of alliance is one of the most widely-employed conceptualizations of the therapeutic relationship in contemporary research. As this formulation is employed in the current investigation and is the basis for much of the supporting research, the primary
components of this model as operationalized in the Working Alliance Inventory (WAI) merit specific attention. The alliance is represented by three dimensions of mutually agreed upon factors that contribute to overall relationship functioning: Goals, Tasks, and Bond. The Goals dimension reflects the degree to which therapists and clients agree on treatment aims. The Tasks dimension reflects the degree to which both parties view the methods of change as relevant and helpful. The socio-emotional component is accounted for by the Bond dimension, which reflects the degree of trust, liking, and mutual understanding (Bordin, 1994). Inclusion of the Bond component is an important recognition of the affective qualities inherent in the working alliance, and supports a more integrated conceptualization of alliance formation. Specific to attachment-related considerations, the Bond dimension may help to account for some of the interpersonal dynamics that are perhaps motivated by individual attachment needs.

Subsequent empirical investigation employing this and similar conceptualizations have identified the working alliance as relevant to a number of factors in psychotherapy process and outcome. A fairly consistent finding has been that the quality of alliance is predictive of treatment outcome, and more strongly so when assessed in the initial phases of treatment (Martin, Garske, & Davis, 2000; Horvath & Bedi, 2002). A study conducted by Stiles, Agnew-Davies, Hardy, Barkham, and Shapiro (1998) has provided both general support for this finding and confirmation that the multiple components identified in Bordin's formulation were correlated with outcome. As these findings naturally emphasize the important role of promoting and maintaining positive working alliances within psychotherapy, a number of researchers have directed their attention to factors which might contribute to this relationship. This research has largely examined specific
contributions made by clients, and to some extent therapists, with a growing recognition that these factors may contribute to alliance formation.

As with other areas of clinical research, much of the early research on alliance formation has focused specifically on clients interpersonal and intrapersonal contributions to this relationship. A number of researchers (Mallinckrodt, 1991; Horvath, 1994; Luborsky, 1994) have identified pre-treatment variables such as motivation, relationship expectations, quality of interpersonal relationships, among others, as having a strong role on alliance formation and ultimate treatment outcome. Although considerably less attention has been paid to therapists’ contributions, there appears to be growing recognition that such variables are equally important and merit a similar degree of attention. Much of this research has tended to focus on issues of treatment adherence, competence, experience, and intervention style, with relatively little attention to the personal characteristics of the therapists involved (Beutler, 1997). However, studies like those conducted by Ackerman and Hilsenroth (2003) have demonstrated that certain therapist characteristics, such as degree of rigidity, tension, distance, criticalness, and inappropriate self-disclosure, may contribute to alliance difficulties and disruption. One particularly strong finding is that a therapist’s capacity to form a warm and supportive relationship is an important indicator of alliance formation and development (Roth & Fonagy, 1996). These findings will be revisited in light of contributions from attachment research which appears to offer support and theoretical rationale.

Attachment Theory

Attachment theory, conceived originally by Bowlby (1988) and later expanded upon by other researchers, posits the presence of a universal human behavioral schema,
beginning in infancy, to develop an affective tie or attachment with significant persons to provide for their physical and psychological security. Although a complete account of Bowlby's work in the area of attachment theory is beyond the scope of the present work, several key points compiled by Slade (1999) are considered fundamental to the theory: 1) there exists a natural predisposition for children to become attached to their caregivers; 2) given that these caregivers are necessary for physical survival and psychological well-being, children naturally organize their behavior and thinking in order to maintain these attachment relationships; 3) maintenance of these relationships is primary, sometimes at the expense of normal functioning; and 4) distortions in thinking and feeling associated with early attachment disturbances may be attributable to the caregivers failure to adequately provide for the child's basic needs.

Attachment relationships are therefore distinguished from other relationships by a need for proximity, distress upon separation, joy upon reunion, and distress at loss (Obegi, 2008). These relationships can be further distinguished by the importance attributed to the attachment figures themselves, as they serve to provide a secure base from which the child may explore their environment and act as a safe haven by which to mediate distress (Ainsworth, Blehar, Waters, & Wall, 1978; Slade, 1999). Although Bowlby initially concentrated on the observed characteristics of attachment behavior between child and caregiver, he would later infer that such behavior had a significant impact on the internal world of the child. Bowlby (1988) proposed that internalized representations of self and attachment figures, derived from these formative relationships, were held as internal working models that would later influence significant, future relationships. Moreover, it is this internal working model which allows the child, and
later adult, to predict the behavior of attachment figures and respond in a manner that maximizes the attachment.

Ainsworth et al. (1978) would later elaborate on Bowlby’s initial hypotheses and provide much needed empirical support through direct observation of mother-infant attachment. After early observations of variation in the responsiveness of mothers to their child’s behavior in naturalistic settings, she would later develop a series of experimental scenarios known as the Strange Situation to observe these interactions in more detail (Ainsworth & Wittig, 1969). The procedure called for observation of the child’s reaction to the mother’s absence and the behavior exhibited upon being reunited. It was from these observations that Ainsworth was able to identify specific categories of attachment, which were representative of the child’s behavior during separation and upon the mother’s return. Ainsworth observed that the majority (65%) of those children participating in the study demonstrated a secure style of attachment; having protested their separation, received their mother warmly upon return, and sought to maintain proximity. Two other categories of attachment, termed insecure-avoidant and insecure-ambivalent, were also noted by Ainsworth as exhibiting distinctive attachment behaviors during these procedures. Infants identified as avoidant were largely indifferent to the absence or return of their mothers, and demonstrated a high degree of independence while alone relative to other infants. In contrast, infants identified as ambivalent demonstrated overt distress when their mothers left, were limited in their exploratory behavior when alone, and alternated between proximity-seeking, clingy behavior and anger upon her return. Main and her colleagues would later identify a third category of insecure attachment, the preoccupied or disorganized category, which was characterized
by idiosyncratic behaviors that did not conform to the expected patterns evidenced by other styles (Hesse & Main, 2000; Main, Hesse, & Kaplan, 2005).

Research conducted by Mary Main and colleagues, among others, have been instrumental in demonstrating the enduring qualities of these attachment styles across the lifespan (Main, Kalan, & Cassidye, 1985). Building on Bowlby’s earlier conceptualization of the internal working model as a template for relationship formation throughout development, Main and her colleagues examined the presentation of these attachment dynamics in adult subjects. Their research would lead to the development of the Adult Attachment Interview, a now commonly employed measure in the study of adult attachment, which asks parents to examine experiences with their own parents in a semi-structured interview format (Main et al., 1985). It was through this line of research that adult correlates of the attachment styles observed in children were identified.

**Adult Attachment**

In line with Bowlby’s (1988) early speculation that attachment patterns remain relatively stable across the life span by means of an internal working model, longitudinal research has largely supported this proposition by demonstrating consistency in attachment classification over periods ranging from weeks to years. Continuity of attachment organization has been demonstrated in several longitudinal studies (Waters, Merrick, Treboux, Crowell, & Albersheim, 2000; Main et al., 2005), supporting the core assumption that early experiences with attachment figures and the development of an internal working model will dispose individuals to “different trajectories of life course development” (Obegi & Berant, 2009, p.99). In a study conducted by Waters and colleagues (2000), a 72% correspondence between attachment classification at one year
of age and adult attachment at 21 years of age using the Adult Attachment Interview (AAI) was identified in a normative sample. Also consistent with attachment theory, those individuals who evidenced a change in attachment classification between administrations (56%) had reportedly experienced a significant life event in the intervening period based on maternal report. An interesting observation from these findings is that insecure infants were equally as likely to become secure as it was for secure infants to become insecure among those whose classification had changed between administrations.

Continuity of attachment patterns has been demonstrated in a number of studies applying multiple administrations of self-report measures over brief intervals (Levy & Davis, 1988; Bartholomew & Horowitz, 1991; Shaver & Brennan, 1992). Levy and Davis (1988), using a modified self-report measure of adult attachment originally constructed by Hazan and Shaver (1987), examined the stability of secure, avoidant, and anxious-ambivalent individuals across a two week period. The test-retest correlations demonstrated moderate stability with respect to the three categories, with findings of .48, .58, and .65 respectively. In a follow-up study conducted by Shaver and Brennan (1992) using the same measure and attachment typology, test-retest correlations which closely approximated those demonstrated by Levy and Davis (1988) were identified at 8 months. Hazan and Shaver’s (1987) original model was later revised and expanded by numerous researchers (Levy & Davis, 1988; Shaver & Brennan, 1992; Collins & Read, 1990; Feeney, 1990) for the purposes of categorically identifying adult attachment styles using self-report inventories. Although such studies have relative merits and flaws with regard to test design and construct development, studies examining statistical reliability for
attachment measures have consistently demonstrated moderate stability for attachment patterns in adult populations using a variety of instruments.

The Berkeley Longitudinal Study, conducted by Main, Hess, and Kaplan (2005), was instrumental in demonstrating developmental continuity for attachment patterns from infancy through adulthood. Starting with an initial sample of 189 “low-risk” families, individuals were assessed at six months using Ainsworth’s Strange Situation procedure on four separate occasions. A smaller subgroup (n=40) returned for a follow-up study at age 6, at which time parents were administered the AAI separately and parent-child interactions upon reunion were observed and recorded. Participants had been selected prior to this follow-up study on the basis of providing categorical representation for the four identified attachment styles. With the exception of the insecure-ambivalent category, roughly equal distributions were included in the study for secure, insecure-avoidant, and disorganized styles. Thirteen years later, many of these participants (90%) returned and were administered the AAI by researchers unfamiliar with their previous classification. Main, Hess and Kaplan (2005) concluded that they were assessing a relatively stable phenomenon, as adult participants attachment classifications were highly consistent with those observed at infancy. Despite these findings, the researchers noted specific cases in which intervening trauma may have influenced, and subsequently changed, the attachment classification.

Main identified four categories of adult attachment from this line of investigation: secure, dismissing, preoccupied, and unresolved/disorganized. Secure individuals presented as consistent and clear in their interviews, had little difficulty in relating difficult events, and demonstrated the greatest relationship satisfaction. Dismissing
individuals were characterized by their desire for independence and self-sufficiency, minimized the importance of intimacy and relationships and provided responses that were often contradictory or defensive in nature. It should be noted for the sake of clarity that the dismissing category of adult attachment is consistent with Ainsworth’s insecure-avoidant classification for infants. Bartholomew and Horowitz’s (1991) designation of a dismissive-avoidant category in their development of the Relationship Styles Questionnaire (RSQ) adds further complexity, but serves to consolidate the former two categories for ease of communication. Preoccupied individuals demonstrated greater need for approval, intimacy and responsiveness from their partners. These qualities in their extreme form presented with excessive dependency and doubt, and their interviews tended to be long and unclear. As with the former category, there appears to be some continuity with Ainsworth’s ambivalent classification for insecurely organized infants. Bartholomew and Horowitz’s (1991) anxious-preoccupied category of the RSQ is descriptively identical to the preoccupied classification. Unresolved/disorganized individuals are noteworthy for demonstrating brief periods of disorganization during interviews when discussing particularly traumatic or upsetting recollections, but otherwise exhibited features consistent with one of the other categories.

It is important to note that these conceptualizations of adult attachment patterns are derived primarily from recollections of attachment behavior as described in narrative form. These developmentally based categories have undergone considerable revision by investigators employing self-report measures, whose observations and subsequent classifications are intended to capture conscious experiences of current attachment relationships. Bartholomew and Horowitz’s (1991) four-category model of adult
attachment is preeminent within adult attachment research and the basis for several widely employed attachment instruments. Similar in many respects to those classification systems employed by Ainsworth et al. (1978) and Main et al. (1985), the four-category system operationalizes the concept of the internal working model using two underlying dimensions, model of self and model of other, as a means for identifying attachment standing. The most striking distinction is an identification of two types of avoidant attachment: fearful and dismissing. As these classifications serve as the basis for much of the research which follows and will be employed in the present investigation, descriptions of these categories will highlight areas of continuity and divergence from more narratively-based approaches.

An individual’s attachment classification using the four-category model corresponds to their rating on models of self and other dimensions, which is graphically illustrated by two bisecting continuums and four quadrants corresponding to the four classifications (see Figure 1). Individuals evidencing positive models of both self and other are classified as secure, a category which is also characterized by low anxiety regarding abandonment and low avoidance of intimacy. Fearful patterns demonstrate negative models of self and negative models of other, a style that is indicative of having high anxiety about abandonment and high avoidance of intimacy. Dismissing patterns evidence a positive model of self and a negative model of other, and can be characterized by a high avoidance of intimacy and low anxiety regarding abandonment. Preoccupied patterns demonstrate a negative model of self and positive model of other and evidence high anxiety regarding abandonment and low avoidance of intimacy.
In line with the conceptualization of the internal working model as an artifact of early attachment experiences, these identified patterns are also characterized by distinct styles of interpersonal behavior and self-regulation (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994). Secure individuals have an intrinsic sense of self-worth and are relatively comfortable with intimacy. Fearful individuals tend to avoid intimacy for fear of rejection, as their sense of self-worth is contingent on validation from others. Dismissing individuals maintain a high sense of self-worth but their devaluation of close relationships and negative appraisals of others contributes to an avoidance of intimacy. Preoccupied individuals attempt to reconcile their low sense of self-worth by seeking proximity and closeness in personal relationships as a means for validation.

Adult attachment has also been conceptualized as consisting of two distinct dimensions; Anxiety and Avoidance (see Figure 2). Through factor analyses of existing self-report instruments, Brennan, Clark, and Shaver (1998) determined that these attachment measures were assessing two fundamental dimensions. Anxiety can be characterized as the degree of sensitivity an individual experiences with regard to
potential abandonment and rejection by an important figure. Avoidance can be characterized as the degree of discomfort experienced when relying on others for support. Identification of these two underlying dimensions would lead Brennan and colleagues to develop the Experiences in Close Relationships scale; considered by many to be the preeminent self-report attachment instrument and widely employed in contemporary research.

Figure 2
Attachment Categories by Anxiety and Avoidance Dimensions

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<th>Anxiety</th>
<th>Avoidance</th>
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<tr>
<td>High</td>
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<tr>
<td></td>
<td>Fearful</td>
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<tr>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Preoccupied</td>
</tr>
<tr>
<td></td>
<td>Dismissing</td>
</tr>
<tr>
<td></td>
<td>Secure</td>
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Attachment research has prompted considerable interest on the part of clinicians and researchers alike in regard to therapeutic process and outcome. Many of these investigations have supported the basic assumptions that clients with different attachment patterns will behave differently within the context of therapy (Dozier, 1990), elicit different behaviors on the part of therapists (Dozier, Cue, & Barnett, 1994), and differ in their commitment to treatment (Dozier, 1990; Korfmacher et al., 1997). Because attachment styles represent patterns of interpersonal interaction and strategies for maximizing attachment to significant persons, a number of researchers have suggested that such styles would be evidenced in the therapeutic relationship. Bowlby himself noted
that people differ in their ability to “collaborate with that person [the secure base] in such a way that a mutually rewarding relationship is initiated and maintained” (Bowlby, 1984, as cited in Obegi, 2009). If, as the studies which follow generally indicate, adult clients with different attachment patterns relate to their therapist in different ways, then it is also reasonable to assume that therapists’ attachment patterns would have a similar influence.

Therapist Attachment

Evidence from early investigations (Ainsworth et al., 1978; Main et al., 1985) of correspondences between attachment classifications of parents and the classifications of their children has demonstrated that attachment patterns may be predictive of an individual’s ability to act as a secure base for others in times of duress. Jenkins (2010) observed that “the therapeutic relationship is structured in a way that resembles child-caregiver roles” and that the “therapist acts as source of comfort, cognitive and affective bonding, and emotional regulation” (p. 129). From this perspective, attachment patterns may be indicative of an individual’s capacity to provide support and assistance, suggesting that a therapist’s own attachment dynamics may play a significant role in the therapeutic relationship. Bowlby (1988) himself recognized the potential impact of the therapist’s attachment patterns and cautioned therapists to “strive always to be aware of the nature of [their] own contribution to the relationship (p. 141). As previous research has demonstrated that various personal qualities of therapists may have a significant bearing on the quality and development of the therapeutic relationship (Roth & Fonagy, 1996; Ackerman & Hilsenroth, 2003), some researchers have directed their investigations to the impact of therapists’ attachment on the working alliance.
Research also suggests that investigations of therapists’ attachment in relation to working alliance may be complicated by a number of factors not present in client research. Some of the inconsistencies noted within the research may reflect a greater difficulty in detecting therapists’ attachment characteristics as compared to clients. These difficulties may be attributable to the roles assumed within the context of therapy and standards of practice upheld by therapists to restrict their behavior and emotional investment. Although some of these factors may be difficult to account for, the role of therapists’ theoretical orientation and level of experience have been examined in some depth (Dunkle & Friedlander, 1996; Black et al., 2005). Furthermore, evidence of greater homogeneity among therapists’ attachment styles as compared to clients may make their specific contributions to working alliance development more difficult to detect (Leiper & Casares, 2000). Perhaps as a consequence of their clinical role and desire to act as a secure base for others, this assumption is maintained despite variable findings.

As therapists are theoretically assumed to be functioning as a secure base for their clients, secure attachment among clinicians has generally been assumed to be high as compared to clients. In an effort to examine therapists’ attachment styles and the extent to which it was related to work satisfaction and work-related difficulties, Leiper and Casares (2000) recruited 196 clinical psychologists by mail to participate in their investigation. Based on participants’ responses to the Hazan and Shaver (1987) questionnaire and a survey of work-related factors, 69.9% of the British psychologists surveyed evidenced a secure style. Interestingly, insecure styles of attachment were more frequently associated with professional difficulties; with specific complaints in the areas of therapeutic...
encounter, lack of support, and attribution of difficulties to themselves (Leiper & Casares, 2000). Despite consistencies with behavioral trends noted in insecure styles, their research is only suggestive of the possible difficulties that might be encountered in the therapeutic relationship. Although their findings support the basic assumption of greater homogeneity among therapists’ attachment styles, later research has shown that this may have significant bearing on perceptions of working alliance ratings.

Therapist Attachment and Working Alliance

Of the few studies that have specifically sought to investigate the contributions of therapists’ attachment styles to the therapeutic alliance, many have examined attachment in conjunction with other factors thought to be predictive of alliance quality. Dunkle and Friedlander (1996) examined the influence of therapists’ attachment styles, experience and other personal characteristics on early working alliance development. Seventy-three therapists working in a university setting were administered the AAS, along with measures of perceived social support and introjected hostility. Alliance information was collected from their clients, who completed the client form of the WAI at one point between the 3rd and 5th sessions. They found that greater comfort with closeness, an attachment dimension of the AAS, was positively related to clients’ perceptions of emotional bond in the therapeutic relationship. Experience was not uniquely predictive of the task and bond components of the WAI, contrary to the researchers’ predictions and previous findings (Dunkle & Friedlander, 1996). These findings, taking into consideration the mixed results from other researchers (Ligiero & Gelso, 2002; Sauer et al., 2003), suggest that the role of therapist attachment on working alliance may be less equivocal than in client research.
A more recent study of therapists’ attachment contributions was conducted by Black and colleagues (2005), who sought to investigate the extent to which self-reported attachment styles and theoretical orientation were associated with general alliance quality. They sampled 491 therapists of varying orientations by mail, with respondents providing completed measures of alliance quality, attachment behavior, and a brief personality inventory. Attachment behaviors were measured using the Attachment Styles Questionnaire (ASQ), a 40 item self-report inventory that is compatible with the four-category model. Their study is unique within the cited research in employing a measure other than the WAI to assess alliance quality. Only the therapist form of the Agnew Relationship Measure (ARM), a 28-item self-report questionnaire, was used in their study. Although theoretical orientation accounted for a small amount of variance, their findings generally indicated that therapists’ attachment styles were significantly associated with their perceptions of therapeutic alliance. Securely attached therapists reported better general alliances with their clients as compared to insecure therapists, who tended to report poorer alliances. While the work of Black and colleagues (2005) investigation of therapists’ perceptions of working alliance is of particular relevance to the present investigation, both in terms of research model and reliance on subjective ratings, this line of inquiry is supported by other areas of attachment research.

In view of the limited research specifically examining therapists’ attachment contributions to working alliance development, additional support for the present investigation is provided by studies of interaction effects between client and therapist attachment styles. Interaction effects were identified by Dozier, Cue, and Barnett (1994) in their investigation of therapists’ style of responding in relation to client and therapist
attachment patterns. Using the AAI to assess attachment characteristics of 18 psychiatric case managers and their 27 clients, comparisons were made to the intervention styles employed in the course of therapy. Interventions reported by case managers were assessed and rated by observers on depth of intervention and attention to their clients’ dependency needs. Attachment measures were scored using Kobak’s Q-sort, a system which yields continuous scores on two attachment related dimensions: secure-anxious and deactivation-hyperactivation (Dozier et al, 1994). For the sake of clarity, correspondences with classifications from the four-category model have been provided. Although working alliance was not accounted for, insecure therapists’ demonstrated greater depth of interventions and perceived greater dependency in hyperactivating (preoccupied) clients as compared to those with more deactivating (dismissing) styles. Secure therapists responded in the opposite manner, attributing greater dependency needs and responding in greater depth to deactivating (dismissing) clients. As interesting as these interactions effects may be, their potential to inform alliance research is more apparent when viewed in light of the research which follows.

Another relevant investigation was conducted in a follow-up study by Tyrell, Dozier, Teague, and Fallott (1999). As the study demonstrated interaction effects between client-therapist attachment styles and alliance quality, their findings and methodology will be examined in some depth. Tyrell and colleagues examined the attachment patterns of 21 case managers and their 54 clients using the AAI, as scored using Kobak's Q-sort, related to WAI ratings at treatment onset. As they determined that therapists were primarily secure in their attachment style and their clients as primarily insecure, based on the secure-anxious dimension of the Q-sort, analysis of the findings
was restricted to the deactivating-hyperactivating poles of the measure. Their most significant finding indicated that therapists lower on deactivating qualities formed stronger alliances with clients with higher deactivating qualities. Secure therapists, evidencing greater comfort with intimacy and proximity, were therefore more likely to form stronger alliances with clients displaying more dismissive styles. Another observed trend, although not statistically significant, suggests that highly deactivating therapists formed weaker alliances with highly deactivating clients than with lower deactivating clients.

A more recent study by Sauer, Lopez, and Gormely (2003) examined the contributions of both therapists and clients’ attachments styles to the development of the working alliance during the initial phase of treatment. Attachment styles were assessed using the Adult Attachment Inventory, a 13-item questionnaire designed to measure the attachment-related dimensions of Attachment and Anxiety. Therapeutic alliance was measured by the WAI at three points following the first session of treatment. Although Sauer and colleagues found no effect for client attachment on working alliance, anxiously attached therapists’ adversely effected the working alliance by the fourth and seventh therapy sessions. As high attachment anxiety is theoretically indicative of an insecure style, consistencies with the findings of Black and colleagues (2005) provides for compelling evidence.

Although these studies support the proposition that therapist attachment has some bearing on the working alliance, several studies provide contrary evidence. In examining the impact of therapists’ attachment style and countertransference behavior on working alliance ratings, Ligiero and Gelso (2002) found no correlation between these variables.
Their study examined fifty student therapists’ and their supervisors using the Relationship Questionnaire, a self-attachment measure, the therapist form of the Working Alliance Inventory, and a 32-item countertransference measure. In addition to therapist self-ratings, supervisors provided observer ratings of working alliance development and countertransference behavior using variants of these instruments. Significant correlations were identified with regard to countertransference variables and working alliance, although they found no such relationship between therapist attachment and working alliance. Taking into consideration the findings provided by Dunkle and Friedlander (1996) and Sauer et al. (2003), the relationship between therapist attachment style and working alliance may be complicated by additional factors not observed in client samples.

In a study of working alliance development in relation to therapists’ attachment and client interpersonal problems, Dinger, Strack, Sachsse, and Schaunberg (2009) found no significant evidence that the therapeutic relationship was influenced by therapists’ attachment style. Their study revealed that insecurely attached therapists were just as likely to form strong working alliances with clients as their secure counterparts. Client interpersonal problems were significantly correlated with variability in alliance ratings over time, which they believe may account for the variability in alliance ratings attributed by other researchers (Sauer et al., 2003) to attachment dynamics. However, the absence of strong and statistically robust findings for their study requires some caution when interpreting this proposal (Silberschatz, 2009). Interestingly, in contrast to previous research demonstrating higher frequencies of secure attachment among therapists’, only seven of the twelve were identified as secure. Taking into consideration the relatively
small therapist sample size, made more significant in light of the distribution of attachment styles, it is clear that more research is needed in this area.

Although the working alliance is the most frequently studied variable in attachment research, the role of therapists’ attachment contributions has been given relatively little attention. With a few notable exceptions (Ligiero & Gelso, 2002; Dinger et al., 2009), there is general support that a therapist’s attachment styles may positively or negatively contribute to the working alliance (Dunkle & Friedlander, 1996; Tyrell et al., 1999; Sauer et al., 2003; Black et al., 2005). One strong finding is that insecure attachment among therapists contributes to weaker worker alliances in the early phases of treatment (Sauer et al., 2003; Black et al., 2005). Less direct evidence is provided by interaction studies, which demonstrate that therapist attachment has some bearing on working alliance in conjunction with other variables (Dunkle & Friedlander, 1996; Tyrell et al., 1999). However, the relative dearth of studies investigating this phenomenon requires that additional research employing a more direct line of inquiry be conducted.

The Present Study

Attachment research has progressed considerably from early observations made by Bowlby (1988) and Ainsworth et al. (1978), especially with regard to measuring adult attachment patterns and examining the clinical applications of this research. Empirical studies have linked adult attachment patterns to differences in client and therapist in-treatment behavior, differences in therapy outcome, and, of relevance to the current work, therapeutic alliance and relationship formation. Although research on adult attachment is still developing, the available literature provides strong evidence that attachment patterns contribute to early alliance formation and suggests that such patterns may be indicative of
the types of relationships formed. Investigations of this kind have largely concentrated on the contributions of clients’ attachment patterns to the therapeutic alliance, with relatively limited attention to therapists’ attachment contributions. Although attention to the influence of therapists’ attachment on the therapeutic relationship was noted early on by Bowlby himself, relatively few studies have specifically addressed therapists’ contributions (Dunkle & Friedlander, 1996, Leiper & Casares, 2000, Black et al., 2005). Additional support is found in research which examines both therapists’ and clients’ attachment contributions to alliance development, with preliminary evidence that the interaction of attachments styles significantly influences this relationship (Dozier et al., 1994, Tyrell et al., 1999). As these investigations are concerned primarily with interaction effects, identifying the role of specific variables, most notably the impact of therapists’ attachment, provides for less compelling evidence. Further research is also indicated by some findings that no significant relationship exists between therapists’ attachment and working alliance (Ligiero & Gelso, 2002; Dinger et al., 2009). The paucity of research investigating this phenomenon, as well as limitations identified in other investigations, points to the need for further research.

The present investigation employs a well-established and psychometrically sound instrument, the Experiences in Close Relationships (ECR) questionnaire. Use of this instrument is intended to provide continuity with existing research while improving precision and statistical power by employing a dimensional model of attachment (Fraley & Spieker, 2003). The anxiety and avoidant dimensions employed by the ECR questionnaire are compatible with the four-category and other models of attachment classification. Findings from the present are therefore more readily incorporated into the
larger body of research. The present study further distinguishes itself from past research by employing an adapted form of the Working Alliance Inventory (WAI) which utilizes vignettes of therapy encounters.

Hypotheses of the Current Study

1. First, I hypothesized that the sample would reflect a higher distribution (≥70%) of Secure attachment among student therapists as indicated by their responses to the Experiences in Close Relationships (ECR) scale. Specifically, I predicted that this distribution would be consistent with those findings (i.e., 69.9%) reported by Leiper and Casares (2000).

2. Second, I hypothesized that perceived working alliance ratings would differ significantly between therapists with different attachment styles as indicated by the ECR. Specifically, I predicted that securely attached therapists (low Avoidance/low Anxiety) would report on average higher overall working alliance ratings than their insecure counterparts. A mean comparison of Bond subscale scores was predicted to reveal that Secure and Preoccupied attachment styles were more strongly correlated with high ratings than their Fearful and Dismissive counterparts.

3. Third, I hypothesized that therapists’ theoretical orientation and level of training would not be significantly correlated with perceived overall working alliance strength.
METHOD

Participants and Settings

The study sample was comprised of masters and doctoral-level clinical and counseling psychology students attending training programs within the continental United States. Participating students represent a convenience sampling of their respective populations. Twenty-one training sites were contacted during the course of this study. Participants’ training sites were not recorded during data collection.

Participants responded to a recruitment e-mail (see Appendix A) approved by their training director and then forwarded to all prospective participants through their school e-mail accounts. Participants were not required to have prior therapy experience but were assumed to be actively enrolled in a graduate training program as the recruitment e-mail was forwarded to their e-mail account. No identifying information was requested apart from participants’ theoretical orientation and year of clinical training. Participants were assumed to be at least 18 years of age as indicated by their informed consent and their enrollment in a graduate-level training program. All participating students were assumed to be fluent in the English language or sufficiently capable of reading and interpreting testing materials. It is unknown if language was a significant barrier for participants. English language fluency was not identified as a prerequisite for participation and there was no attempt to identify or exclude foreign-language speakers.

A total of 72 participants completed the testing materials. Participants theoretical orientation is reported in the table below (see Table 1). Participants self-identified as Integrative/Eclectic in theoretical orientation comprised the largest group \(n = 36\) while Humanistic participants’ comprised the smallest group \(n = 2\). Participants endorsing the
“Other” category reported their orientations as follows: 4 Cognitive Behavioral, 4 Gestalt, 1 Existential, 1 Interpersonal/Relational, 1 Narrative, and 1 Trans-theoretical. Participant level of training is reported in the table below (see Table 1). Fourth year graduate students comprised the largest group (n = 23), followed closely by second year students (n = 20). Two participants did not respond to this item. Eight participants provided additional information with regard to their level of training. Five participants indicated that they were advanced standing students, having completed their masters’ degrees prior to enrollment in a doctoral program. The remaining three participants reported that they were currently attending predoctoral internships.

Table 1  
**Participant Theoretical Orientation and Level of Training (N = 72)**

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Theoretical Orientation</strong></td>
</tr>
<tr>
<td>Behavioral</td>
<td>14</td>
<td>19.4</td>
</tr>
<tr>
<td>Psychodynamic</td>
<td>8</td>
<td>11.1</td>
</tr>
<tr>
<td>Humanistic</td>
<td>2</td>
<td>2.8</td>
</tr>
<tr>
<td>Integrative/Eclectic</td>
<td>36</td>
<td>50.0</td>
</tr>
<tr>
<td>Other</td>
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<td>16.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Level of Training</strong></td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Year Student</td>
<td>15</td>
<td>20.8</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Year Student</td>
<td>20</td>
<td>27.8</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Year Student</td>
<td>8</td>
<td>11.1</td>
</tr>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt; Year Student or Higher</td>
<td>23</td>
<td>31.9</td>
</tr>
<tr>
<td>Post Graduate (1-5 years)</td>
<td>4</td>
<td>5.6</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>2.8</td>
</tr>
</tbody>
</table>

Note: Total percentages may not equal 100% due to rounding.
Measures

*Experiences in Close Relationships (ECR) Scale*

The Experiences in Close Relationships scale (ECR), developed by Brennan, Clark, and Shaver (1998), is a 36-item self-report inventory that is scored on two 18-item subscales: Avoidance and Anxiety. The Avoidance subscale measures degree of comfort with emotional closeness and interdependence within close relationships. The Anxiety subscale assesses the degree of perceived concern regarding rejection or abandonment by others and personal desire for closeness. Items are rated on a 7 point Likert scale, to assess respondents level of agreement (1=disagree strongly to 7=agree strongly) with each statement. Respondents are provided with instructions directing them to consider their general experience in relationships when answering items, not just their current or most recent relationships. The ECR scale was created through a factor analysis of items contained on 14 other self-report attachment measures. The 36 items contained on the ECR scale reflect the most salient qualities assessed by these other measures. This measure has also been found to yield high internal consistency for the Anxiety (α = .91) and Avoidance (α = .94) subscales, yield high test-retest reliability over 3-week intervals (.70) and six month intervals (.68 to .71), and predict a number of theoretically expected outcomes (Brennan et al., 1998; Lopez & Gormley, 2002; Fraley & Phillips, 2008). As reported by Wei, Russell, Mallinckrodt, and Vogel (2007), the ECR has been positively correlated with self-concealment and personal problems (Lopez & Gormley, 2002), Maladaptive perfectionism and negative mood (Wei, Russell, Mallinckrodt, & Zakalik., 2004) and depression (Zakalik & Wei, 2005). Negative correlations were also identified in regard to social-efficacy, self-awareness, and satisfaction of basic psychological needs.
(Wei et al., 2007). Based on these factors, the ECR scale is currently the most commonly used self-report attachment measure and is recommended by researchers for use as a primary instrument for assessing adult attachment.

*Working Alliance Inventory (Short Form)*

The Working Alliance Inventory (Short Form), developed by Horvath and Greenberg (1986), is a 12 item self-report measure which consists of three subscales (4 items each), which reflect the domains of goals, tasks, and bonds. Items included on the WAI (Short Form) were derived from the original 36 item measure, and are thought to reflect the most salient themes present in the longer version. Separate forms are available for therapists and clients and, when used in conjunction, serve to identify areas of agreement and disagreement for each of the 3 domains of alliance formation. Only the therapist form was used in the present investigation. The form consists of 12 statements that describe different ways that the therapist may feel or think about their client. Participants are instructed to mentally insert the name of their client in the sentences provided, and to rate the degree to which they agree or disagree with these items. The WAI Short Form employs a 7 point Likert scale to assess the level of agreement or disagreement for each of the 12 items. Summation of these ratings allows for the calculation of individual subscale scores as well as a composite score for overall alliance strength. Reliability estimates for the WAI are strong and the measure demonstrates good psychometric properties (Kokotovic & Tracey, 1990).

*Participant Information Questionnaire*

The Participant Information Questionnaire consists of four items designed to obtain information about the participant’s year of clinical training and primary theoretical orientation. Year of clinical training was determined by participants’ response to one item
Additionally, participants were provided with additional space to write their answer if the listed responses did not accurately reflect their level of experience. Theoretical orientation was determined by participants’ response to one item (Behavioral/Psychodynamic/Humanistic/Other). Participants’ were provided with space below this item to clarify their response or to record their theoretical orientation if it was not listed.

**Institutional Review Board approval** was obtained through Pacific University prior to the beginning of data collection. Data collection involved an online survey using a secure survey hosting site. Participants for this study were masters and doctoral level student currently enrolled in psychological training institutions throughout the continental United States. Twenty-one training directors were contacted by e-mail and provided with a summary of the study and a link to the survey (see Appendix A). This e-mail requested that the introductory e-mail and survey link be forwarded to eligible students in their training programs. Students were informed in this e-mail that they would be completing a survey which examines the relationship of attachment characteristics to the therapeutic working alliance.

Prior to beginning the survey, students were directed to an informed consent document and were required to provide their consent before proceeding. The survey was comprised of the Experiences in Close Relationships (ECR) questionnaire, an attachment measure, and the Working Alliance Inventory (See Appendix B). The Working Alliance Inventory (WAI) was presented with two brief vignettes describing two separate therapy encounters with the same client. Participants were required to respond to the 12 items of
WAI in both the original seven-point Likert format and a forced-choice ranking system. No identifying information was collected from participants, apart from their year of training and theoretical orientation. Both of these items requested that participants endorse one of the responses listed or to provide their own response in a text box below that item. After completing the survey, participants were provided with the option to have the results of this study mailed to them.

While participants were not expected to have a significant emotional reaction to the survey, participants were informed that they could discontinue the survey at any time should they experience distress. Participants were instructed to close their browser window should they wish to exit the survey. Participants and their training directors were directed to contact the principal investigator, the research chairperson, and the Pacific University Institutional Review Board with any concerns. No concerns or reports of emotional distress were reported during the course of data collection.
RESULTS

Hypothesis I

I hypothesized that the sample would have a higher distribution (≥70%) of securely attached therapists compared to other attachment styles as indicated by ECR composite scores. ECR scores were converted into one of the four categories of attachment style using the scoring method provided by Brennan, Clark, and Shaver (1998). A frequency table generated by the Statistical Package for the Social Sciences (SPSS v 19) allowed for comparison of the resulting attachment style profiles.

Participants identified as having a Secure attachment style accounted for only 45% (n = 33) of the total sample. The remaining distribution of attachment styles, as indicated by scores on the ECR scale, was as follows: 19% (n = 14) Fearful, 24% (n = 17) Preoccupied, and 11% (n = 8) Dismissive. Although a Secure attachment style was more strongly represented within the sample than other attachment styles, the identified frequency did not reach the level of hypothesized.

Chi-square tests of independence were conducted to determine if there were significant relationships between therapist attachment style and reported demographic variables. A chi-square test of independence was performed to examine the relationship between participants’ attachment style and theoretical orientation. The relationship between the variables was not significant \(X^2 (2, N = 72) = 7.75, \ p=.80, \ \Phi_c \text{ (Cramer’s V)} = .06\]. A second chi-square was performed to examine the relationship between participants’ attachment and level of training. The relationship between these variables was likewise not significant \(X^2 (2, N = 72) = 15.11, \ p=.24, \ \Phi_c \text{ (Cramer’s V)} = .03\].
Demographic information regarding the distribution of participant attachment styles by theoretical orientation and level of training is provided in Table 2 below.

Table 2

<table>
<thead>
<tr>
<th>Variable</th>
<th>Secure (n = 33)</th>
<th>Fearful (n = 14)</th>
<th>Preoccupied (n = 17)</th>
<th>Dismissing (n = 8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Theoretical Orientation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral</td>
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<td>21.2</td>
<td>3</td>
<td>21.4</td>
</tr>
<tr>
<td>Psychodynamic</td>
<td>3</td>
<td>9.1</td>
<td>2</td>
<td>14.3</td>
</tr>
<tr>
<td>Humanistic</td>
<td>1</td>
<td>3.0</td>
<td>0</td>
<td>.0</td>
</tr>
<tr>
<td>Integrative/Eclectic</td>
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<td>45.5</td>
<td>8</td>
<td>57.1</td>
</tr>
<tr>
<td>Other</td>
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<td>21.2</td>
<td>1</td>
<td>7.1</td>
</tr>
<tr>
<td>Level of Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Year Student</td>
<td>8</td>
<td>25.0</td>
<td>5</td>
<td>35.7</td>
</tr>
<tr>
<td>2nd Year Student</td>
<td>6</td>
<td>18.8</td>
<td>6</td>
<td>42.9</td>
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<td>3rd Year Student</td>
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<tr>
<td>4th Year Student</td>
<td>9</td>
<td>28.1</td>
<td>3</td>
<td>21.4</td>
</tr>
<tr>
<td>Post Graduate</td>
<td>4</td>
<td>12.5</td>
<td>0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Note: Total percentages may not equal 100% due to rounding.

Hypothesis II

It was hypothesized that significant differences in perceived working alliance would be detected between therapists’ based on their attachment style. It was further hypothesized that securely attached therapists' would endorse higher Total WAI scores than their insecure counterparts. A one-way analysis of variance (ANOVA) was conducted to explore the effect of attachment style on perceived working alliance strength as measured by the WAI Total score. Participants were grouped into one of four attachment style categories (Secure/Fearful/Preoccupied/Dismissing) based on their responses to the ECR scale as reported in Table 1. No violation of the assumption of homogeneity occurred as indicated by Levene’s test for equality of variance. The
hypothesis was not supported as no statistically significant differences were detected in WAI Total scores for the four attachment styles \([F(3, 68) = .63, p = .60, \eta^2 = .03]\).

It was further hypothesized that participants with Secure and Preoccupied attachment styles would endorse significantly higher scores on the Bond subscale of the WAI. The affective component of the four items comprising the Bond subscale was thought to be more indicative of the comfort with interpersonal proximity associated with those two styles. A one-way analysis of variance (ANOVA) was conducted to explore the effect of attachment style on Bond subscale scores. The homogeneity of variance assumption was not violated for this test. Significant differences were not detected in WAI Bond scores for the four attachment styles \([F(3, 68) = .54, p = .66, \eta^2 = .02]\).

Additional analyses were conducted to investigate if significant differences between attachment styles would be detected for WAI Task and WAI Goal subscale scores. A one-way analysis of variance (ANOVA) was conducted for each subscale. The homogeneity of variance was not violated for this test. No significant differences were detected in WAI Task scores in relation to the four attachment styles \([F(3, 68) = .09, p = .97, \eta^2 = .004]\). Further, no significant differences were detected for WAI Goal scores \([F(3, 68) = 1.62, p = .19, \eta^2 = .07]\).

Although statistical analyses did not detect significant findings, a comparison of WAI ranking responses provides some descriptive differences in response style. The WAI instrument is composed of a Likert scale response format for each of the twelve items as well as a forced-choice ranking system for those same items. Reported statistical analyses examined composite and subscale scores derived solely from responses using the Likert scale format. The WAI ranking system, although not incorporated into the
statistical analyses, revealed trends in response style consistent with the proposed hypotheses.

On the Bond subscale, participants with a Secure profile ranked two items higher than other attachment styles. On item 5 (“I am confident in my ability to help Thomas”), 52% of securely attached participants ranked this statement as 1 (most important) or 2. Compared to the other three attachment styles, the results which follow reflect cumulative percentiles for ranking this item as 2 or higher: 29% Fearful, 29% Preoccupied, 38% Dismissing. On item 9 (“Thomas and I must build a mutual trust”), 42% of securely attached participants ranked this item as 1 (most important). Comparatively, this item was ranked a “1” by only 21% of Fearful, 35% of Preoccupied, and 25% of Dismissing participants. Also, consistent with the hypothesized findings, 71% of Preoccupied participants ranked item 7 (“I appreciate Thomas as a person”) as 1 (most important) or 2. Comparatively, this item was ranked two or higher by 58% of Secure, 57% of Fearful, and 62% of Dismissing participants.

Securely attached participants responded strongly to two items not contributing to the Bond subscale. On the Goal subscale, item 6 (“We are working towards mutually agreed upon goals”) was ranked as 1 (most important) or 2 by 64% of Secure participants. Comparatively, this item was ranked two or higher by 29% of Fearful, 53% of Preoccupied, and 50% of Dismissing participants. On the Task subscale, item 8 (“We agree on what is important for Thomas to work on”) was ranked as 1 or 2 by 39% of Secure participants. In comparison, only 14% of Fearful, 17% of Preoccupied, and 25% of Dismissing participants ranked this item as 2 or higher.
Hypothesis III

It was hypothesized that neither a therapist’s theoretical orientation or level of training would significantly account for detected differences in perceived overall working alliance ratings. As the previous hypothesis was not supported and differences were not detected, additional analyses were not performed. Chi-square tests of independence performed with these variables did not detect significant relationships (see Hypothesis I). No further investigation of this hypothesis was conducted due to lack of significant findings for the prior two hypotheses.

DISCUSSION

The purpose of this study was to examine the relationship of attachment style to perceived working alliance among student therapists. Previous studies examining the role of attachment style in working alliance development have produced variable findings, with some consensus suggesting that a relationship does exist. The present study specifically examined the role of attachment style on perceived working alliance as evaluated by participant responses to descriptions of therapeutic interactions. Based on past research, the participant sample was hypothesized to have a higher frequency of securely attached individuals as compared to the general population and a distribution consistent with previous findings. Furthermore, it was predicted that attachment style of participants would be associated with differences in responses to a working alliance scale. Specifically, it was predicted that participants classified as “Secure” in their attachment style would report higher overall working alliance ratings and that Secure and Preoccupied participants would be associated with higher Bond scores on the WAV.
Lastly, it was anticipated that demographic variables would not significantly account for these findings.

Hypothesis I

Based on past research, it was hypothesized that the sample would include a high number ($n \geq 70$) of securely attached therapists. The present sample was predicted to have a frequency consistent with some estimates of secure attachment among therapists (Leiper and Casares, 2000). This position would lend support to previous assumptions of higher rates of secure attachment among therapists as compared to the general population. The results did not support this hypothesis. Participants classified as “secure” based on their composite ECR scores accounted for only 45% ($n=32$) of the total sample. Although this finding is consistent with estimates of secure attachment within the general population, it is remarkably low compared to attachment research examining large samples of practicing therapists.

Two studies examining therapist attachment styles place estimates of secure attachment between 69.9% (Leiper & Casares, 2000) and 90% (Ligiero & Gelso, 2002). The more conservative estimate (69.9%) proposed by Leiper and Casares established the level of significant employed in the present study ($n \geq 70$). Ligiero and Gelso’s contribution, although highly relevant given that their sample was comprised of therapists in training, was not thought to be replicable due to the unusually high number of participants identified as “secure.” Many of the studies employing smaller sample sizes also point to greater homogeneity and higher rates of secure attachment among therapists (Tyrell et al., 1999). Although several factors distinguish the present investigation from
previous research, a difference of 25% from the expected level of significance warrants further attention.

One potential reason for the lack of expected findings was the use of the Experiences in Close Relationships instrument in the present study. None of the previous studies used for comparison employed this instrument. It is possible that use of the ECR has resulted in a more accurate depiction of therapist attachment style frequencies. Leiper and Casares (2000) employed the Hazen and Shaver (1987) questionnaire, which conceptualizes attachment along three categories (Secure/Avoidant/Anxious-Avoidant). Comparisons between instruments employing three and four category models would likely result in some degree of variability. As Bartholomew and Shaver (1998) point out, no category on the Hazen and Shaver instrument is parallel to the dismissing category employed in four category models. Based on their investigation, participants with a dismissing style would be forced to endorse either the fearful category, acknowledging their avoidant tendencies, or the secure category, in recognition of their autonomy and self-esteem (p. 38). Inflation of one or more categories may result from the limited response options inherent in the three category model of attachment. Discrepancies between the present findings and the 69.9% secure therapists identified by Leiper and Casares (2000) may therefore be attributed to taxonomic differences in attachment classification.

Use of the ECR in this study may also account for differences with studies that employed the four category model of attachment. Although Ligiero and Gelso’s (2002) findings were extremely high (n= 90%) and not expected to be replicated, their examination of “therapists in training” is especially relevant to the present investigation.
The Relationship Questionnaire employed in their study was developed by Bartholomew and Horowitz (1991) from the previously described Hazen and Shaver (1987) instrument. In a study comparing the Relationship Questionnaire to the ECR, Brennan, Clark, and Shaver (1998) found that just over half (52.8%) of individuals identified as “secure” on the Relationship Questionnaire were classified as “secure” on the ECR. The remaining 47.2% identified as “secure” by the Relationship Questionnaire were instead identified as insecure (Preoccupied/Fearful/Dismissing) on the ECR. Brennan and colleagues' conclusion, and one which can be applied to the present findings, is that the ECR can be considered a more conservative instrument with regard to classifying adult attachment styles (1998). The present findings may therefore be a more accurate reflection of therapist attachment styles, especially with regard to student therapists. Based on this unexpected outcome, further research may help to determine if ECR findings are generally consistent with other attachment measures.

Assuming that that ECR may provide a more accurate estimation of adult attachment, the present findings suggest that the distribution of therapists’ attachment styles is more consistent with the general population than previously thought. While assessing attachment in the general population is speculative at best, researchers have estimated that 45% to 55% of the college student can be classified as “secure” (Bartholomew & Horowitz, 1991; Hazan & Shaver, 1990). Using an adaptation of the Adult Attachment Interview, Bartholomew and Horowitz (1991) place estimates of secure attachment among college students at around 45%. Hazan and Shaver (1990) provide a less conservative estimate of attachment security among college students (55%), although their use of the three category model may explain this higher estimate as
discussed previously. Such estimates suggest that participants in the present investigation, themselves graduate-level students, have rates of attachment security more consistent with college students and, possibly, the general population than previously thought.

This position is further supported by comparisons with student samples from other professions. In their study of patient and provider relationships within the medical field, Ciechanowski, Russo, Katon, and Walker (2004) examined how attachment dynamics contributed to medical students’ decision to enter into primary care or specialty training. Primary care practice was characterized by having more long-term interpersonal relationships with patients, while a specialty practice would have fewer opportunities for long-term care and focus on short-term and consultative functions. Using the Relationship Scales Questionnaire (RSQ), 56% of the 144 medical students sampled rated themselves as securely attached. A study conducted by Atherton, Chisholm, Rutter, and Peters (2009) sought to determine if securely attached medical students would respond more empathically to patients’ concerns than their insecure counterparts. Of the 82 medical students sampled, 49% demonstrated a secure attachment style based on their RSQ ratings. Both findings are consistent with college-aged norms provided by Hazan and Shaver (1990) and Bartholomew and Horowitz (1991), respectively. Taking the present finding (45%) into account, there appears to be some consistency in rates of secure attachment irrespective of specific area of study or level of training.

Although comparisons with other professional samples may serve to highlight the observed discrepancy between the present sample and practicing therapists, relatively few studies have been conducted in this area. A study conducted by Hawkins, Howard, and Oyebode (2007) serves as the only comparative literature identified which provides
actual rates of secure attachment among professionals outside of the behavioral sciences. Their investigation of attachment style among hospice nurses (N= 82), as related to stress and coping, revealed that 52% of the sample evidenced a secure style based on their ECR ratings. As this finding is more consistent with student samples and, by extension, the general population, reported therapist rates (Leiper & Casares, 2000; Ligiero & Gelso, 2002) are a significant departure from this trend.

Another explanation is that actual differences in rates of secure attachment exist between student therapists and their professional counterparts. As attachment style is considered to be a relatively stable phenomena, it is assumed that the present findings do not reflect a shift in attachment classification occurring over the course of professional development. With the exception of instances of intervening trauma changing attachment style classifications (Main et al., 2005), both interval and longitudinal studies have demonstrated continuity of attachment classifications across test administrations. (Levy & Davis, 1988; Bartholomew & Horowitz, 1991; Shaver & Brennan, 1992; Sharfe & Bartholomew, 1994; Waters et al., 2000; Main et al., 2005). Differences between these populations are likely not attributable to changes in attachment style over time, and would suggest that other factors may be responsible.

These findings may therefore indicate that attachment characteristics are instrumental in the course of professional development. Although none of the studies examined have specifically addressed this possibility, previous research (Leiper & Casares, 2000) has indicated that insecure styles of attachment are more frequently associated with professional difficulties and specific complaints in the areas of therapeutic encounter, providing appropriate support, and assuming blame. It is possible
that these and other behaviors may result in professional sanctions, poor client retention, and fewer opportunities to serve in a clinical capacity. To illustrate this point, a study conducted by Mahoney (2007) found that therapists’ who felt more secure in their relationship with clients tended to have higher rates of retention. Secure attachment has also been negatively correlated with professional burn-out as demonstrated in a cross-cultural investigation conducted by Pines (2004). Higher rates of secure attachment among professionals may therefore be indicative of selective processes in professional development which favor those characteristics that support clinical work. While speculative, further research will need to be conducted to determine if attachment style frequencies differ between student therapists and their professional counterparts.

If research among other professions is any basis for comparison (Ciechanowski et al., 2004), higher rates of secure attachment among practicing therapists’ over student therapists’ may not necessarily reflect higher drop-out rates or professional censure attributed to insecure qualities. Similar to their medical school counterparts, one possibility is that psychology graduate students naturally select for career paths that reflect their level of comfort in proximity to others. As securely attached medical students were observed to choose professional paths with the greatest opportunity to develop long-term relationships (Ciechanowski et al., 2004), securely attached student therapists may similarly choose career paths with the greatest opportunity for long-term client contact (i.e., psychotherapy). By extension, insecurely attached students, and specifically dismissive and fearful styles, may choose career paths with an emphasis on short-term or consultative contact.
The influence of attachment dynamics on a student’s career trajectory might therefore account for the high rates of secure attachment observed among professional therapists’ (Leiper & Casares, 2000; Ligiero & Gelso, 2002). Although members of the present sample are identified as “student therapists,” it is important to recognize that this designation may reflect training experiences rather than an area of professional interest. Taking this into account, future research employing a longitudinal methodology may determine if attachment style as identified in graduate school is related to degree and type of client contact in later professional practice.

Although several points for consideration have been provided that may explain discrepancies between student and professional therapist samples, the present findings are thought to represent a more accurate depiction of secure attachment among student therapists than previously reported. Ligiero and Gelso (2002) provide the only comparative data specific to this population. Discrepancies with the present findings and rates identified in other student populations may be explained by differences in instrumentation, attachment taxonomies, and sampling procedures. As with other areas of attachment research, a limited empirical base from which to draw such conclusions requires that further investigations be conducted with the above considerations in mind.

Hypothesis II

Based on past research, it was predicted that there would be significant differences in perceived working alliance scores based on participants’ attachment style. Furthermore, securely attached therapists were predicted to endorse higher, overall, working alliance scores (Total WAI) than their insecure counterparts. No significant relationship was detected between attachment style (Secure/Fearful/Preoccupied/
Dismissing) and Total WAI scores. This finding was surprising given that multiple studies have detected some relationship between these variables. In some studies, insecure attachment among therapists was related to weaker working alliance ratings (Sauer et al., 2002; Black et al., 2005). It might therefore be inferred from this and other research, (Dunkle & Friedlander, 1996; Tyrell et al., 1999) that secure attachment is more indicative of stronger working alliance ratings. The present findings do not support this assumption. The present findings are more consistent with those reported by Ligiero and Gelso (2002), and to some extent, Dinger and colleagues (2009). Taking this research into consideration, one possible explanation is that insecurely attached therapists are just as likely to form strong working alliances with clients as their secure counterparts.

It was further hypothesized that participants with Secure and Preoccupied attachment styles would endorse significantly higher scores on the Bond subscale of the WAI than participants with Dismissing and Fearful styles. No significant relationship was detected between these variables. This is surprising given that the Bond subscale is thought to represent the attachment and emotional components of the therapeutic relationship (Horvath, 1994). Consistent with our understanding of attachment relationships, the Bond subscale was expected to capture the degree of trust and comfort experienced in proximity to an attachment figure. Dunkle and Friedlander’s (1996) investigation, which yielded significant findings, led them to conclude that therapists’ attachment along with other personal characteristics was significantly predictive of Bond subscale ratings. Some client research also indirectly supports this position. For example, Satterfield and Lyddon (1995) found that fearful attachment style among clients was negatively correlated with the Bond subscale. However, as with Ligiero and Gelso’s
(2002) study, the present investigation did not detect significant difference for the Bond subscale. This lack of findings extends to client research as well. For example, several studies found no relationship between the Bond subscale and dismissing attachment styles within client samples (Satterfield & Lyddon, 1995; Eames & Roth, 2000).

The only indication that participants responded differently to Bond subscale items was on the WAI ranking system. Participants with a Secure profile ranked two items higher than their insecure counterparts. Preoccupied individuals ranked one item substantially higher than Secure, Dismissing, or Fearful participants. As these results are purely descriptive and involve only a few items, it is unclear if these items represent actual differences not captured by the original, Likert scale format. It is interesting to note that the items endorsed by these two styles reflect qualities ascribed to their respective attachment styles. For example, item 5 (“I am confident in my ability to help Thomas”) and item 9 (“Thomas and I must build a mutual trust”) are suggestive of some of the characteristics (Positive Self/Positive Other, Low Avoidance/Low Anxiety) attributed to Secure individuals. Similarly, Preoccupied individuals high response rate to item 7 (“I appreciate Thomas as a person”), may be indicative of attachment characteristics specific to that style (Negative Self/Positive Other).

Although the present investigation did not specifically address the relationship between attachment style and the Task and Goals subscales of the WAI, it is worth noting that no relationship was detected between these variables. Client research again provides for some contrary, if indirect, evidence. For example, Eames and Roth (2000) found that Fearful attachment was negatively correlated to the Tasks and Goals subscales. Although comparisons with therapist samples might provide for more direct evidence, most of the
studies examined (Dozier et al., 1994; Tyrell et al., 1999; Sauer et al., 2003; Dinger et al., 2009) did not report findings for specific WAI subscales. Consistent with Ligiero and Gelso’s (2002) work, the present investigation detected no relationship between therapists’ attachment and any of the three working alliance components.

As the present investigation did not detect significant differences in overall or subscale WAI ratings, it represents a considerable departure from previous research in this area (Dunkle & Friedlander, 1996; Tyrell et al., 1999; Sauer et al., 2002; Black et al., 2005). The existing body of research is further supported by studies of client attachment and working alliance, with significant differences detected at treatment onset (Satterfield & Lyddon, 1995; Mallinckrodt et al., 1995; Hietanen & Punamäki, 2006) and at different intervals of treatment (Kanninen, Salo, & Punamäki, 2000; Goldman & Anderson, 2007). Informed by these various lines of research, it would appear that attachment style has some bearing on the therapeutic encounter and, consequently, perception of working alliance.

The question arises as to why the present investigation did not detect these differences. Although Black and colleagues (2005) conducted the most methodologically similar study, having assessed therapist attachment and working alliance rating by mail, their findings generally indicated that therapists’ attachment styles were significantly associated with their perceptions of therapeutic alliance. Several key factors distinguish Black et al.’s (2005) work from the present investigation. Black and colleagues (2005) sampled 491 experienced therapists’ as compared to the 72 student therapists’ examined currently. A larger sample size may have provided for the power necessary to detect more subtle differences between attachment styles. Another important consideration is that
experienced therapists were asked to rate the working alliance with respect to actual therapeutic encounters, and could likely draw upon richer array of, and more affectively charged, experiences. The present investigation may have therefore failed to detect actual differences due to a relatively small sample size and a reliance on fictional therapeutic encounters to elicit responses.

Implications

The findings from this study have important implications which, although unexpected, may have some bearing on the clinical and theoretical application of attachment research. First, the findings from this study suggest that rates of secure attachment among student therapists are more consistent with other populations than previously thought. Specifically, the present findings suggest that frequencies of secure attachment among student therapists closely resemble those of college samples (Hazan & Shaver, 1990; Bartholomew & Horowitz, 1991) and medical students (Ciechanowski et al., 2004; Atherton et al., 2009). As high attachment security among therapists has often been assumed theoretically, the present findings may provide for a more realistic estimate of secure attachment among therapists.

As research indicates that attachment characteristics remain largely unchanged across the lifespan, the present findings may also be attributed to the larger body of practicing therapists. Higher estimates of attachment security among therapists (Leiper & Casares, 2000; Ligiero & Gelso, 2002) may be attributed to inflation in one or more attachment categories from the application of different taxonomies or less stringent instruments. As only six identified studies have specifically examined these variables, the present study represents a considerable contribution to the available literature. Based on
these observations, the present results suggest that attachment security among therapists has not been adequately investigated and that estimates may be more conservative than those posited by previous researchers.

The present investigation will also be of benefit to clinical practitioners and other treatment providers. Although no relationship was detected between therapists’ attachment style classification and perceived working alliance, ratings were generally high across the four categories. Given that working alliance is thought by some to be the strongest indicator of positive treatment outcome (Martin, Garske, & Davis, 2000; Horvath & Bedi, 2002), indications that therapists may form strong working alliances irrespective of attachment style has positive implications. This would suggest that therapists, by virtue of their role as a secure base for clients in times of distress, may still respond in a relationship-enhancing manner regardless of attachment dynamics.

Limitations

The study was limited to a convenience sampling of the identified student population. Participation was further limited to those individuals contacted through their respective training programs, and may therefore not have reached a wider and more representative sample. As demographic information collected was limited to theoretical orientation and year of training, it cannot be determined if the sample reflects gender and minority distributions within the larger community. The study is therefore limited in its generalizability and may have failed to detect important factors that were relevant to the present investigation. Although use of an internet-based study was intended to reach a larger population of student participants, it may have inadvertently selected for students with access to, or familiarity with, the internet. It is also important to note that the
sample size (N= 72) was small relative to other studies (Leiper & Casares, 2000; Black et al., 2005) that served as a basis for comparison. A small sample size may also have important implications for the lack of significant differences detected between groups. In this respect, the present investigation may have failed to detect actual differences in WAI ratings due to insufficient power.

Use of an internet-based study to conduct this research may present additional limitations. Factors which contributed to the use of this medium for research purposes included: wider dissemination of study materials, ease of administration, ease of sorting, ease of scoring, and protection of confidential information through a secure hosting website. As noted previously, this format may have reached a more limited population than was intended. Additionally, it has been noted that internet-based surveys may have lower response rates than more traditional survey formats (Granello & Wheaton, 2004). Using this format, the investigator was unable to assess for other possible barriers to completion of the survey materials. Although the survey was pilot-tested prior to dissemination with no noted difficulties, participants’ ability to read and understand survey materials was largely assumed.

As a variety of attachment instruments have been employed by researchers, incorporation of these findings is difficult and sometimes speculative. Although similar studies have tended to employ self-report measures, the use of different taxonomic systems (the three category model) and less stringent instruments may explain some variability in findings. Although it is beyond the scope of the present investigation, it is important to note that there is considerable debate among researchers as to whether narratively-based instruments (AAI) are sampling the same behavior as self-report
attachment instruments (ECR, RQ, RSQ, ASQ). This presents a significant limitation for comparing the present results with some earlier research. Another important consideration is that self-report measures of attachment should be validated by interview (Griffin & Bartholomew, 1994). This raises the question of subjective versus objective appraisals of attachment characteristics and may explain some discrepancies within the literature. Adaptation of the Working Alliance Inventory to an online format may also have resulted in substantial limitations. As participants responded to vignettes instead of actual therapeutic encounters, it is possible that these findings may not be applicable to the larger body of research.

Future Research

Due to the relatively few studies examining the relationship between therapists’ attachment and working alliance, additional research in this area is indicated. The available research on this subject, including the present study, provides for variable and sometimes conflicting findings. As the present investigation employed vignettes of hypothetical therapy encounters, it would be important to determine how this impacted findings as compared to having participants’ reflect on actual therapeutic relationships. As Jenkins (2010) points out, “a therapist’s ability to be attentive and attuned to the client’s affective and cognitive expressions is crucial to the formation of a strong alliance” (pp. 127). Future researchers should therefore be cognizant of the various factors that contribute to relationship formation within therapy settings and construct their studies accordingly.

As estimates of secure attachment have tended to be high as compared to the present findings, future research should seek to employ the most psychometrically sound
instruments available to reach greater consensus in this area. As indicated previously, the present study focused on student therapists and extrapolated upon these findings to include professional therapists. Future research might therefore focus on comparing student samples to professional samples to determine if actual differences in rates of secure attachment exist. Such research may confirm or disconfirm the investigator’s conclusion that use of the Experiences in Close Relationships Scale resulted in more conservative findings that more closely resemble actual rates.
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APPENDICES
CONSENT TO PARTICIPATE IN A RESEARCH STUDY

1. Study Title
Therapists Attachment Styles as Predictors of Capacity to Establish Therapeutic Alliance

2. Study Personnel
Name: Colin Christopher, M.S.
Institution: Pacific University
Program: School of Professional Psychology
Email: chri5202@pacificu.edu
Telephone: XXX-XXX-XXXX

Name: Sandra Jenkins, Ph.D.
Institution: Pacific University
Program: School of Professional Psychology
Email: jenkinss@pacificu.edu
Telephone: XXX-XXX-XXXX

3. Study Location and Dates
The study is expected to begin February 1st, 2011, and to be completed by April 20th, 2011. As study materials are available online, participants may choose the location for completing the study. It is important that participants are aware of potential privacy and security concerns when completing these materials in a public area. Participants are strongly cautioned to use a private or home computer with minimal outside interruption and a secure-internet connection.

4. Study Invitation and Purpose
You are invited to participate in an ongoing research study designed to explore how relationship experiences contribute to the therapeutic relationship. You were invited to participate because you are a graduate-level psychology student. Please read this form carefully and direct any questions or concerns you have to the primary investigator before agreeing to be in this study.

This study is being conducted by Colin Christopher, a graduate student at Pacific University, and Dr. Sandra Jenkins, a faculty advisor and clinical supervisor. The purpose of this study is to investigate how practitioners’ attachment styles relate to their approach to forming working alliances with their clients. The study will involve gathering information on your attitudes towards past relationships and comparing this to your responses regarding therapy interactions.
5. Study Materials and Procedures

If you agree to be in this study, you will be asked to complete two measures available in the online survey. Completion of these forms is expected to take 15-20 minutes. You will also be asked to indicate your year of training and theoretical orientation. After completion, these forms will be submitted to an online database. No further information will be required from you.

6. Participant Characteristics and Exclusionary Criteria

Only participants who meet the following conditions will be included in the study: a) students enrolled at a graduate-level training institution for counseling or clinical psychology, and b) individuals 18 years or older. Participants who do not meet the above criteria will be excluded from the study.

7. Anticipated Risks and Steps Taken to Avoid Them

There are a few risks associated with participation in this study. As is the case in any study in which data is collected, there is a risk that participant confidentiality will be breached. This risk is minimal, as no identifying information apart from year of educational experience will be included in survey materials. As stated above, confidentiality will be maintained by using electronic forms hosted by a secure, online survey hosting site. All data pertaining to this study will remain password-protected and used solely by the principal investigator. Any data stored on a portable electronic device will remain password-protected and stored in a double-locked file cabinet to further protect confidentiality. In the event that a breach of confidentiality occurs, participants will be immediately notified and all attempts to rectify the problem will be made. Should participants experience any distress from participating in this study, the participant may discontinue participation at any time.

8. Anticipated Direct Benefits to Participants

There are no direct benefits to participating in this study.

9. Clinical Alternatives

Not Applicable

10. Participant Payment

Participants will not receive financial compensation for their involvement.

11. Medical Care and Compensation In the Event of Accidental Injury

During your participation in this project it is important to understand that you are not a
Pacific University clinic patient or client, nor will you be receiving complete medical care as a result of your participation in this study. If you are injured during your participation in this study and it is not due to negligence by Pacific University, the researchers, or any organization associated with the research, you should not expect to receive compensation or medical care from Pacific University, the researchers, or any organization associated with the study.

12. Adverse Event Reporting Plan

In the event that confidentiality regarding your participating in this study is breached, an e-mail will be sent to all participating schools and student listserves which explain the situation and efforts to correct it. Should an unexpected and/or adverse reaction occur, the researcher will contact the director of research at the Psychological Service Center as well as the researcher’s advisor to determine the most appropriate course of action. If a significant adverse event occurs, the principal investigator will contact the IRB immediately by phone or e-mail and provide all supporting documentation. The IRB committee will be provided with a detailed report of the incident which describes the nature of the event, identified causes, and steps taken by the investigator to resolve the situation. The researcher will only provide information necessary to resolve the situation. Following consultation with the aforementioned parties, the researcher will take appropriate action in a timely and ethical manner.

13. Promise of Privacy

The records of this study will be kept private and no one, other than principal investigator, will have access to your completed forms. No identifying information, apart from year of training, will be collected. Information obtained from these surveys will only be viewed by the principal investigator. If any data is stored on a portable electronic device, it will be kept in a locked filing cabinet in a locked office when the investigator is not present. Data analyses will include sorting survey responses and entering information into a computer database. Access to this information will be limited to the principal investigator using password protection. If the results are to be presented or published, we will not include any information that will make it possible to identify you as an individual.

14. Voluntary Nature of the Study

Your decision whether or not to participate will not affect your current or future relations with Pacific University. If you decide to participate, you are free to not answer any question or withdraw at any time without prejudice or negative consequences.

15. Contact and Questions

The researcher will be happy to answer any questions you may have at any time during the course of the study. Complete contact information for the researchers is provided above. If the study in question is a student project, please contact the faculty advisor. If
you are not satisfied with the answers you receive, please call Pacific University’s Institutional Review Board, at XXX-XXX–XXXX to discuss your questions or concerns further. All concerns and questions will be kept in confidence.

16. Statement of Consent

By endorsing "Yes, I will participate" below, you are indicating that (1) you have read this form, (2) you agree to participate in this study, (3) you are 18 years of age or older, and (4) you agree to have this survey information be used for the stated research project. If you do not wish to participate, please click "No" below to compute a rejection rate.

Would you like to participate in the survey?

☐ Yes, I will participate
☐ No
APPENDIX B: Participant Information Questionnaire

Participant Information Questionnaire

1. Please indicate your primary theoretical orientation:

☐ Behavioral
☐ Psychodynamic
☐ Humanistic
☐ Integrative/Eclectic
☐ Other

2. If you answered “other”, please indicate your theoretical orientation below:


3. Please indicate your current level of training:

☐ 1st year graduate student
☐ 2nd year graduate student
☐ 3rd year graduate student
☐ 4th year graduate student or higher
☐ 1-5 years experience (post-graduate)
☐ 6+ years experience (post-graduate)

4. If the above responses do not accurately reflect your level of experience, please provide this information below:


APPENDIX C: Working Alliance Vignettes

Working Alliance Vignettes

1st Session:

Thomas is a 25 year old Caucasian male. He is college educated and single. He works for a private firm that writes grants for non-profit community organizations. Thomas is seeking psychotherapy because he has been depressed since his girlfriend left him for another man. Thomas has no history of serious medical or mental health problems.

Each sentence below describes some of the different ways a person might feel or think about their client. As you read each sentence ask yourself if the statement describes the way you typically think about clients in the 1st session. Indicate your level of agreement or disagreement for each of the sentences below with regard to this 1st session.

1. It is important that Thomas and I agree about the steps to be taken to improve his situation.

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2. It is important that Thomas and I both feel confident about the usefulness of our current activity in counseling.

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3. It is important that Thomas likes me.

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4. It is important that I examine and discuss any doubts about what we are trying to accomplish in counseling.

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5. It is important that I have confidence in my ability to help Thomas.

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6. It is important that Thomas and I are working towards mutually agreed upon goals.

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<tbody>
<tr>
<td>Strongly Disagree</td>
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<td>Neutral</td>
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</table>
Rank order the statements in the order in which you believe the statement describes the most important way to think about your clients in the 1st session. Rank order the following statements 1 through 6. 1 = most important to 6 = least important.

It is important that Thomas and I agree about the steps to be taken to improve his situation. _____

It is important that Thomas and I both feel confident about the usefulness of our current activity in counseling. _____

It is important that Thomas likes me. _____

It is important that I examine and discuss any doubts about what we are trying to accomplish in counseling. _____

It is important that I have confidence in my ability to help Thomas. _____

It is important that Thomas and I are working towards mutually agreed upon goals. _____
In the beginning of the second session Thomas begins to display his pain about losing his girlfriend. He talks rapidly and begins to weep. Near the end of the session his emotions shift to anger. He states that he is sick of being deceived and taken advantage of. He demands to know how you will be able to understand his problems and expresses doubts about whether the therapy will help him.

Each sentence below describes some of the different ways a person might feel or think about their client. As you read each sentence ask yourself if the statement describes the way you would typically think about this client in this 2nd session. Indicate your level of agreement or disagreement for each of the sentences below with regard to this 2nd session.

7. It is important that I appreciate Thomas as a person.

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8. It is essential that we agree on what is important for Thomas to work on.

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9. It is important that Thomas and I build a mutual trust.

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10. It is important that Thomas and I discuss our different ideas on what his real problems are.

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11. It is important that we establish a good understanding between us of the kind of changes that would be good for Thomas.

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12. It is important that Thomas believes the way we are working with his problem is correct.

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Rank order the statements in the order in which you believe the statement describes the **most important way to think about your clients in the 2nd session**. Rank order the following statements 1 through 6. 1 = most important to 6 = least important.

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Dear Dr. XXXX,

My name is Colin Christopher and I am a doctoral candidate in the School of Professional Psychology program at Pacific University. I am writing you this e-mail to request your assistance in locating participants for a study on the therapeutic working alliance and therapist attachment that I am conducting for my doctoral dissertation. The aim of my study is to explore the relationship between therapists’ attachment styles and their approach to forming working alliances with clients. This project has been approved by the Institutional Review Board of Pacific University and is under the direction of Sandra Jenkins, Ph.D.

I am interested in recruiting master’s and doctoral level students enrolled in Counseling and Clinical Psychology graduate programs. Eligible participants must be currently enrolled in a training program, but are not required to have current or previous therapy experience. The participants will be required to complete two online questionnaires and this is expected to take 15-20 minutes. The study does not require any identifying information, apart from year of training and theoretical orientation. If you have any questions, you may reach me at chri5202@pacificu.edu or XXX-XXX-XXXX. You can also reach my dissertation chairperson at jenkinss@pacificu.edu. Please contact me if you would like a copy of the IRB approval form.

I would appreciate you forwarding the information below to all eligible students in your program and to any faculty and supervisors who have contact with your students, to pass the questionnaire onward to other students.

Thank you very much for your assistance.

Sincerely,

Colin Christopher, M.S.

Doctoral Candidate
School of Professional Psychology
Pacific University
XXX-XXX-XXXX
chri5202@pacificu.edu
Hello colleagues,

My name is Colin Christopher and I am a doctoral candidate in the School of Professional Psychology program at Pacific University. I am conducting a study towards completion of my dissertation and doctoral degree, and I ask that you consider participating in this study. The study examines students and student therapists in graduate-level training programs.

I am studying attachment styles and how this relates to therapists’ ability to establish a working alliance with their clients. I am asking you to participate in an online survey. The survey consists of reading two brief vignettes and answering questions about the working alliance. It also includes a brief attachment-related measure. You are asked to answer all questions to the best of your ability, and may discontinue at any time should you no longer want to participate.

The survey should take about 15-20 minutes to complete and you will not be asked for any identifying information, apart from your year of training and theoretical orientation. All data will be kept in the strictest confidence. You will be provided with an informed consent document at the beginning, and may continue on to the survey after reading this document and checking the appropriate box. Please click on the link below to proceed to the survey.

Survey Link: http://www.surveymonkey.com/s/ZHCDFTW

This study has been approved by the IRB at Pacific University. Should you have any questions or concerns, please feel free to contact me at chri5202@pacificu.edu or by phone at XXX-XXX-XXXX. My chair, Sandra Jenkins, Ph.D., will also be available for such inquires and can be reached at jenkinss@pacificu.edu.

Thank you,

Colin Christopher, M.S.
Doctoral candidate
School of Professional Psychology
Pacific University
chri5202@pacificu.edu
XXX-XXX-XXXX

Sandra Jenkins, Ph.D.
Professor
Pacific University
jenkinss@pacificu.edu
XXX-XXX-XXXX