Attachment representations of professionals – Influence on intervention and implications for clinical training and supervision ☆

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ARTICLE INFO

ABSTRACT

This study focuses on the attachment background of facilitators carrying out STEEP intervention, which may be a possible source of effectiveness variation. The attachment status of 161 professionals was assessed before STEEP training. 18 were followed up to evaluate the programme's effectiveness regarding mother infant attachment. In the larger sample ($n=161$), 76% of trainees had insecure attachment representations. While attachment security had no impact on intervention efficacy, professionals with an unresolved attachment trauma were 4.4 times less effective than professionals with no unresolved attachment status. This study highlights the importance of including professional workers' attachment status in intervention programs.

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1. Introduction

Attachment theory and research has been widely used within the last decade to inform practice, especially preventive intervention with parents and their children. A rich data base highlights the importance of parental sensitivity, reflective functioning and the general importance of attachment security in development, issues which have become important cornerstones of attachment-based intervention (Berlin, 2005; Egeland & Erickson, 2004; Toth, Gravener-Davis, Guild, & Cicchetti, 2013). Enhancing

sensitivity (mostly through video techniques) and encouraging parents to reflect on the possible influences of their own childhood relationships with their parents on their personal development and relationships, have been translated into intervention strategies (Bakermans-Kranenburg, Van IJzendoorn, & Juffer, 2003). Bowlby (1988) pointed out that a therapist should – just as a good enough mother does for her child – provide a secure base for his client from where he can freely explore his inner working models (IWM) and their roots, as well as their possible contributions to significant relationships, including the therapeutic relationship. Bolwby (1988) highlights that "the therapist must strive always to be aware of the nature of his own contributions to the relationship which, amongst other influences, is likely to reflect in one way or another what he experienced himself during his own childhood" (p. 141).

Meeting these challenges is highly demanding for professionals. They have to draw on their own personal resources in order to provide a secure base, to help mothers reflect on maladaptive working models and to become more sensitive towards infants' signals. The question remains whether this can be accomplished if the professional's own attachment background is insecure. This issue is not only relevant for intervention practice and reducing the repeatedly found variation in delivery of effective intervention programs, but also for learning about the influence of attachment representations in interpersonal contexts outside the

family, as described in Bowlby's Attachment Theory (Bowlby, 1969/ 1982, 1973, 1980; Schuengel, Kef, Damen, & Worm, 2012).

Central is the concept of IWM of self and others, where real life experiences within attachment relationships are summarized and evaluated in order to allow reasonably good simulations of all relevant interactions, always based on what proved to be adaptive in the past. IWM have an important bridging function between past and future attachment processes as well as the inner and the outside world (Bretherton & Munholland, 2008). The outside world includes all other attachment-relevant relationships outside the family, e.g. the therapeutic relationship.

"This means that the patterns of interaction to which the models lead, having become habitual, generalized, and largely unconscious, persist in a more or less uncorrected and un-changed state even when the individual in later life is dealing with persons who treat him in ways entirely unlike those that his parents adopted when he was a child" (Bowlby, 1988, p. 130).

The relevant underlying processes are selective perception (including feelings), biased attribution, more or less restricted freedom of communication (including feelings), what to expect from and how to respond to others, and how to regulate the de-gree of closeness in relationships. These are important facets of deactivating, hyper-activating or balanced strategies with regard to attachment needs, which are learned within early attachment relationships (Suess & Sroufe, 2005).

Within an insecure-avoidant (A) attachment relationship, a child learns not to turn to the attachment figure when in need and to shut down direct communication when stressed. As these children grow up, they develop a dismissive attachment model (Ds). They tend to idealize the attachment figure and strive for strength and independence. They are rigidly self-reliant, and tend to devaluate others as a form of self-protection (Wallin, 2007). Most obstructive to psychotherapy is that they have little access to true feelings, particularly negative feelings, and tend to be overly controlled, i.e. they use deactivating strategies with regard to at-tachment needs (Steele & Steele, 2008). Quite the opposite can be said about the insecure-resistant (C) group, who learned from the beginning to maximize the expression of attachment needs, i.e. they act in hyper-activating ways and are preoccupied with at-tachment needs (E). Later in life, they have access to their at-tachment feelings, but are not able to structure them into orga-nized thoughts. They seem to be either still angry at their at-tachment figure, or they are passive-helpless. Obstructive to in-tervention is that they are hyper-vigilant towards signs of with-drawal, disapproval or rejection; they tend to be under-controlled and unable to build up structure when needed. Wallin (2007) summarises: "those who are dismissive can deal, but they can't feel, while in contrast, those who are preoccupied can feel (and reel), but they can't deal" (p. 224).

The unresolved status on Adult Attachment Interview (AAI) or Adult Attachment Projective (AAP) is characterized by lapses of reasoning when unresolved themes are touched (George, West, & Pettem, 1997; Main, Kaplan, & Cassidy, 1985). For patients with unresolved attachment issues, dissociation is a key issue, and therapy should promote their integration at different levels (Wallin, 2007). Most individuals of the secure category learned from the beginning to use the attachment figure as a secure base, i.e. they turn to them when in need and explore the world while trusting their caregiver's psychological availability. Later in life, they are balanced in affective and cognitive aspects of attachment strategies, which creates perfect conditions for aspiring therapists (Steele & Steele, 2008; Wallin, 2007). There is an additional group of people who describe their childhood as negative in the AAI and

their parents low on loving, but they are coherent and contained in their manner, and fulfill the criteria for a secure state of mind. Typically, they were also either in therapy for some time or have a loving romantic partner, which may explain an assumed change in their attachment representations. Those parents are called "earned secure" and are important sources for developing facilitators (Steele & Steele, 2008).

The influences of facilitators' IWM on their interventions have been studied with psychotherapists (Dozier, Cue, & Barnett, 1994), foster parents (Dozier, Albus, Fisher, & Sepulveda, 2002; Stovall-McClough & Dozier, 2004), and professional caregivers in homes for disabled children and young adults (Schuengel et al., 2012). The results indicate significant effects of secure attachment back-grounds regarding successful psychotherapies, security of attach-ment relationships between foster parents and foster children, and the quality of interactional guidance for children with disabilities.

STEEP™ (Steps Towards Effective, Enjoyable Parenting) is a two-year preventive intervention program based on attachment theory that aims to enhance mothers' sensitivity and reflective functioning. The German STEEP practice research project, sup-ported by the National Center of Early Intervention (NZFH), is aimed at supporting young high-risk mothers and their infants. Suess, Bohlen, Mali, & Frumentia-Maier (2010) and Suess, Bohlen, Carlson, Spangler, & Maier (in preparation) studied the effective-ness of STEEP intervention. Suess et al. (in preparation) report that mother infant pairs showed significantly more secure attachments in the STEEP intervention group at the infants' age of 12 months in comparison to a group of mother infant pairs receiving conven-tional treatment in the German child welfare system (TAU). At the end of the STEEP intervention, at the infants' age of 24 months, there were still in tendency more secure attachments in the STEEP intervention group than in the TAU group. Since the study design was quasi-experimental, it is important to note that the STEEP group mothers were also significantly more exposed to risk factors than mothers of the TAU group, which supports the interpretation that the found differences between groups are due to intervention. Although there is a detailed STEEP manual for facilitators on how to conduct the intervention, it cannot cover all aspects of the program's effectiveness. Factors not accounted for by the manual may include the personality of facilitators (Erickson & Egeland, 2009). Since STEEP is attachment-based and emphasizes the therapeutic relationship, it makes sense to consider the influence of the facilitator's own attachment background on intervention outcomes.

In order to minimize variations in program delivery, we in-vested in program integrity through close cooperation with STEEP developers from the US, Erickson and Egeland (2009), and in training of STEEP workers, constantly encouraging trainees to re-flect on their own attachment-related experiences. Because stu-dies show effects of professionals' IWM on their intervention, we assessed the IWM of STEEP workers in order to test their influence on effectiveness.

The purpose of the current study is threefold. (1) To investigate the distribution of attachment security of facilitators' IWM in a larger sample of workers who attended STEEP-Trainings. (2) To study the influence of IWM on effectiveness of the STEEP inter-vention, expecting superiority of secure IWM. Insecure profes-sionals are expected to be less successful in enhancing mothers' reflective-self functioning and sensitivity due to an impaired ability to provide a secure base. Infants' security, in turn, is based on parental sensitivity (see Raby, Roisman, Fraley, & Simpson, 2015) as well as parents' reflective self-functioning (Fonagy, Steele, Steele, Moran, & Higgitt, 1991). (3) To investigate whether there is a change in IWM of facilitators two years later. More secure IWM are expected, since professionals are constantly challenged to re-flect on them in training, supervision, and in their intervention