Using Attachment Theory in School Social Work

I. Attachment theory and attachment styles
   a. Bowlby – theory of attachment and separation or loss

II. Bowlby vs. Freud
   a. instinctual bond innate (ontogenetic) and relational, not libidinal
   b. rational thinking and reframing change responses
   c. attachment is inherently sought (biological), not an instinctual drive of an oral dependent nature

III. Attachment Behavioral System
   a. organizes behavior for survival in the face of threat
   b. child seeks primary caregiver during times of stress
   c. secondary caregivers
   d. neglect, indifference and/or rejection affect neural pathways
   e. chemical components that support ABS weaker in children who experienced neglect earlier in life
   f. ABS is active throughout life but is affected by styles
   g. loss of proximity and contact with comforting others produces distress and dysfunction
   h. environmental or relational threats activate ABS
   i. response determined by processing info re p.i.e., monitoring attachment figure’s response, and adjusting behavior, similar to adaptation and social functioning
   j. deactivated when a feeling of security is established
   k. attachment is unidirectional
   l. when ABS is activated other behavior systems get less energy (discuss ontogenetic energy and energy distribution)

IV. ABS differences in children and adults
   a. innate in children, who are more easily threatened than adults
   b. threshold of threat higher in adults as they can symbolically self-soothe, unless they were neglected or rejected as a child
   c. help children manage complex relationships as they develop by encouraging clear expression of feelings and needs

V. Attachment figures
   a. special persons to whom one turns for protection and support
b. functions – proximity; safe haven, i.e. protection, comfort, support, relief; secure base for seeking other goals
c. disappearance, real or expected, generates distress
d. attachment bond develops between persons in a long term attachment relationship
e. phases of developing an attachment bond for children:
   pre-attachment (birth to two months) social interaction with anyone
   attachment-in-the-making (two to six months) preference for some care givers
   clear cut attachment (six months to two years) selects primary caregiver over others
   goal directed partnership (two years and beyond) capacity to manage longer separation from care giver
   these phases establish a repetitive pattern for adults such as with romantic partners or close interpersonal relationships
f. this model, with similar time frames, occurs with adults
g. adolescence is a period of change from care receiver to caregiver so problems may occur related to style
h. when an attachment partner is unresponsive, neglectful, indifferent, or rejecting, distress and apprehension about others interferes with adaptation and social functioning
i. ontogenetic, phylogenetic, and learned behaviors generate individual differences in relationships and personality development
j. interactions with positive or negative caregivers are incorporated in working models used in other relationships
k. attachment and affiliation differ related to threat; affiliation is characterized by social relationships with no threat
l. social workers may become attachment figures

VI. Responses to attachment figures
   a. hyperactivation or deactivation may result from an unresponsive caregiver
   b. hyperactivation consists of intensified demands to force attention
   c. deactivation consists of turning off or down regulating the ABS to avoid the psychic pain related to the lack of availability of the caregiver
   d. responses of the caregiver to an attached person are stored in
long term memory (preconscious mind)

e. these memories affect working models that automatically function in relationships
f. these models may be distorted as memories may be biased regarding emotional or cognitive responses

VII. Styles - Ainsworth – secure, insecure (avoidant, ambivalent) and disorganized
Bartholomew & Horowitz – secure, dismissive, preoccupied and fearful

Secure style – positive view of self and others-responsive and sensitive caretaker
Ambivalent or preoccupied – negative view of self, positive view of others – inconsistent caretaker
Avoidant or dismissive- positive view of self, negative view of others-critical, dismissive caretaker
Disorganized and fearful – negative view of both self and others – frightening, confusing caretaker

VIII. Working Models
a. Attachment styles are closely connected with working models
b. There are two types, a working model of the self that is a mental representation of a person’s self-value and behavioral skills, and a working model of others that is developed through repeated use of the ABS with attachment figures.
c. These working models are integral in maintaining closeness to attachment figures.
d. A positive working model occurs with a secure attachment style.
e. Negative working models occur with insecure attachment styles in which a person has decreased self-esteem and self-confidence and a lack of trust in relationships with others complicated by the view that others are not caring and responsive

Discussion – Considering the various attachment styles and working models what outcomes may occur in the relationships between and among social workers, teachers, students and administrators? Don’t consider the features of the styles or the working models as discrete entities. Rather, understand them as occurring on a continuum with more or less intensity.
Interventions

I. The primary goals of Interventions are:
   a. help a student understand accumulated, often forgotten, and misunderstood attachment experiences
   b. identify and revise working models to transform them into more secure and effective models
   c. learn ways to have comfortable intimacy through freedom from ineffective working models

II. Successful intervention depends on successful identification, questioning, clarification, revision and transformation of ineffective working models to adaptive models that increase adaptation and social functioning

III. The intervention tasks are:
   a. provide a secure base meaning a response that allows clients to remember and talk about painful developmental experiences and consider revising the view of those experiences to a more effective working model
   b. examine current relationships to identify maladaptation and the results of inappropriate thinking and/or behavior
   c. do the same with respect to the student’s relationship to the social worker/teacher and work to correct them if they exist
   d. connecting developmental experiences with non-functional working models develops self-awareness and increases adaptation and social functioning
   e. although less intensive than parent-child relationships student-teacher relationships through transference become attachment relationships, including an attachment bond that supports a working alliance between them
   f. students internalize the positive nature of the student-teacher bond and working alliance in a way that promotes a positive working model that results in increasing adaptation and social functioning
   g. the social worker’s-teacher’s attachment working models also may be the source of problems in the working alliance as they may confirm the student’s models
   h. if the teacher is anxious the working alliance deteriorates over time
IV. Techniques for working with students
   a. the social worker-teacher must have strong attachment security to use these
   b. for avoidant students use hyperactivation strategies, increase proximity and promote deeper client exploration of memories
   c. for anxious students use deactivating strategies, maintain emotional distance and promote independence
   d. transference and counter transference affect working models and may be disruptive
   e. secure students generally transfer positive characteristics
   f. secure students do not require these techniques
   g. attachment styles of both student and social worker-teacher affect treatment outcomes and whether a person seeks help

V. Attachment theory and neuroscience
   a. advances in neuroscience – fMRI and measurement of changes in the brain re psychotherapy
   b. neuroscience supports explanatory theory-neural pathways
   c. neural plasticity – adaptation and social functioning

Thomas J. Blakely Ph.D., LMSW, ACSW
thomas.blakely@wmich.edu