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# **Attachment Security and Therapeutic Alliance in Couple and Family Therapy**

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# Learning Objectives

- Identify the research on predictors of outcome in couple and family therapy
- Identify the research on therapeutic alliance and attachment security as predictors of outcome in couple and family therapy
- Identify therapist factors as predictors of alliance building in couple and family therapy
- Integrate an understanding of both attachment and alliance theories as useful constructs in working with couples and families



# Overview

- Research on predictors of outcome in couple and family therapy
- A shift towards a common factors model
- Research on therapeutic alliance and attachment security in couple and family therapy
- Therapist factors in alliance building in couple and family therapy
- Clinical Integration (Video Demonstration)
- Questions



# Outcome Research in Couple and Family therapy



- Family-based interventions have long been recognized as highly effective for specific disorders
- Most notably, childhood behavioral problems, adolescent drug abuse and delinquency (Rowe & Liddle, 2003)



# Outcome Research in Couple and Family Therapy



- Treatments that target the family as a whole, not only reduce the primary symptoms of the identified patient but can enhance engagement and treatment retention (Stanton, 2004)
- Decrease related problems (Lebow & Gurman, 1995)
- Positive impact on other family members (Kelley & Fals-Stewart, 2002)



# The Conundrum: Family Therapy Research

- Meta-analyses reveal that:
- Family therapy generally demonstrates superior effects in comparison to alternative treatments (Shadish & Shadish, 1997; Shadish, Ragsdale, Glaser and Montgomery, 1995)
- **However** few meaningful differences in efficacy across models (Sprenkle & Blow, 2004; Shadish & Baldwin, 2002; Shadish, Ragsdale, Glaser & Montgomery, 1995).



# A Shift Towards Therapeutic Integration and Common Factors

- While the history of MFT has been to emphasize the distinctness of models rather than common ingredients
- There is a push towards therapeutic integration - a conceptually integrated melding of approaches to explain the human experience
- Evidence to suggest that many of change mechanisms common to various models are overlapping (Henggeler & Sheidow, 2002)



# In Support of Common Factors

- Evidence to support that only 8% of outcome variance in psychotherapy is due to the unique model contributions
- General factors shared by all successful therapies accounted for 70% of outcome variance with 22% variance unexplained (Wampold, 2001)



# Research on Common Factors

- Building on Lambert's four-factor model on common elements of change among theories Miller and colleagues (1997) identified:
  1. Client and extra therapeutic factors (40%)
  2. Relationship factors (30%)
  3. Techniques/model factors (15%)
  4. Placebo, hope, expectancy factors (15%)



# A Shift Towards Therapeutic Integration and Common Factors

- Models that supports a creative amalgam of theories and methods boast superior outcomes (i.e. Emotionally Focused Therapy, Johnson; Integrative Problem-Centered, Model-Pinsof)
- There are limitations of specific empirically validated treatments



# A Shift Towards Process Research

- Process Research concerns itself with the specific mechanisms responsible for therapeutic effects
- Study which intervention activities, styles and techniques are most effective



# Process Research

- Excellent at identifying mechanisms and processes of therapeutic change
- Four areas of process research focus:
  - A. Therapeutic alliance
  - B. Within-family negativity
  - C. Family interaction
  - D. Family communication patterns



# **Exploration of Attachment Security and Therapeutic Alliance in Couple and Family Therapy**

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# Purpose of the Study

- Determine factors that may predict the outcome of couple and family therapy
- Outcome operationalized as
  - marital satisfaction at the end of therapy
  - family functioning at the end of therapy
  - therapeutic goal attainment



# Research Questions

- Predictors of outcome:
  - therapeutic alliance
    - overall relationship quality between the patient and the therapist which includes the formation of an emotional bond, shared goals, and agreement on how to attain those goals (Bordin, 1979).
  - attachment security
    - the universal human need to form close affectional bonds, seen as central for survival (Bowlby, 1969, 1973, 1982).



# Main Hypotheses

- People with insecure attachment styles will have more difficulty establishing a therapeutic alliance.
- Weaker therapeutic alliance will be associated with poorer outcome in couple and family therapy.



# Objectives

- explore the role of attachment security and therapeutic alliance in the outcome of couple and family therapy in a clinical setting
- therapy outcome will be measured by couple and family functioning as well as therapeutic goal attainment.



# Efficacy versus Effectiveness

- Literature: growing need to move away from efficacy studies towards effectiveness studies (Wright, Sabourin, Mondor, & McDuff, 2007 Addison, Sandberg, Corby, Robila, & Platt, 2002, Tremblay, Wright, Sabourin, Mamodhousen, & McDuff, 2007)
  - ➔ This study will increase the clinical representativeness of outcome research by moving out of controlled laboratory settings to study couple and family therapy in clinical settings.



# Goal Attainment Scaling (GAS)

- Tool that emphasizes therapeutic goals in the therapeutic process - assesses the degree of goal attainment at the end of therapy
- individualized measure that can be used in complex treatments and allows the comparison of clients with different therapeutic goals.
- focuses on the behaviors, characteristics, and symptoms specific to the particular clients.



# Therapeutic Alliance and Outcome

- Solid evidence that therapeutic alliance strong predictor of psychotherapeutic outcome in individual therapy (Horvath, & Bedi, 2002; Bourgeois, Sabourin & Wright, 1990)
- Therapeutic alliance is a key determinant of outcome in couple therapy (Knobloch-Fedders, Pinsof, & Mann, 2007, Knobloch-Fedders, Pinsof, & Mann, 2004), a stronger predictor of outcome than individual symptoms



# Therapeutic Alliance and Outcome

- However there is limited research in the family therapy domain- alliance formation in couple/family therapy is not well understood
- ➔ this study will bring much needed data on therapeutic alliance in family therapy



# Therapeutic Alliance and Couple/Family Therapy

- Alliance development in family therapy involves attention to:
  - Expanded Treatment System (direct and indirect client systems)
    - The Expanded Therapeutic Alliance:  
Develop a distributed alliance between all family members



# Expanded Alliance in MFT

- Intact Alliance: Convergence of alliance perceptions between partners
- Split Alliance: when both partners do not agree on their perceptions of therapeutic alliance



# Therapeutic Alliance and Couple/Family Therapy

- Split alliance leads to poorer outcomes in marital therapy (Pinsof, 2004)
- This research stressed the importance of establishing a meta-alliance around the couple (family) system to protect alliance development



# Attachment and Outcome

- Individual attachment security is a powerful predictor of outcome in couple and family therapy (Erdman & Caffery, 2003; Marvin, 2003, Feeney & Hohaus, 2001; Johnson & Best, 2003)

Insecure spousal attachment influences both marital outcomes and family dynamics (Mikulincer & Shaver, 2007).



# Attachment and Outcome

- Insecure attachment between child and parent has been associated with negative child outcomes (Solomon & George , 1999) and correlated with overall marital quality (Talbot & McHale, 2003)
- → This study will examine the relationships between attachment security, therapeutic alliance, and therapeutic outcome in couple and family therapy



# Attachment and Therapeutic Alliance

- The effect of attachment security on alliance development in family therapy is relatively unknown (Johnson & Colleagues, 2006).
- Only one published study explored the link between attachment security and the alliance in family therapy with an “at risk” cohort of mothers, fathers and their adolescent offspring (Johnson & Colleagues, 2006).



# Attachment and Therapeutic Alliance

- Evidence to support attachment security and within family alliance development
- Explore the influence of attachment status on multi-person alliance formation
- → finding stepping-stones to understand the pathways between these variables and outcome of therapy



# Alliance Building in Family Therapy



Involves:

- Ability to manage multiple alliances (form an alliance with more than one person)
- Therapist's capacity to regulate intra-familial emotional processes (conflict, emotionality, vulnerability and threat)



# Therapeutic Alliance and Couple/Family Therapy: Context Specific Issues

- The alliance in CFT serves as a context for interpersonal relatedness between therapist and family members
- Opportunity for a “corrective emotional experience”
- Important condition for therapeutic change



# Therapist Factors in Alliance Building

- Quality of the therapist
- Characteristics and skill of the therapist produces better outcomes



# Therapist factors

## Alliance Building in MFT

- Ability to establish therapeutic leadership (controlling structure and interview pace)
- Therapist's capacity to regulate intra-familial anxiety
- Maintain a relational Conceptualization
- Confidence and perseverance



# Alliance Building: Conceptual and Clinical Issues

- Conceptual framework that accounts for interactions within triangles (three-person systems)
- Influence of the system on the therapist
- Therapeutic positioning



# Attachment Processes and Couple Functioning

- Individuals in adult intimate relationships are still seeking the same sense of security and support from their partners that was important in childhood
- Attachment processes can facilitate or hinder consolidation of long lasting relationships (Morgan & Shaver, 1999)



# Attachment Processes and Couple Functioning

- Relationship satisfaction increases as partners become reliable sources of closeness, intimacy support and security (Feeney, 1999; Mikulincer, Florian, Cowan & Cowan, 2002)
- Relationship dissatisfaction arises from attachment related worries and insecurities (Kobak, Ruckdeschel & Hazan, 1994).



# Family of Origin Distress and Alliance Formation: Role of Attachment

- Men: FOO distress is a powerful predictor of alliance formation in early treatment
- Women: FOO distress is a powerful predictor of alliance formation both early and later in treatment
- The connection between FOO factors and split alliance needs investigation (Knobloch-Fedders et al., 2004).



# Therapist Factors

- Early alliance is correlated with treatment adherence in marital and family therapy (therefore the first session is important)



# Therapist Factors

- Influence of therapist's family-of-origin on their person developmental process
- Therapist's own individuation process
- Capacity to establish conjugal relations
- Resolve issues with their family of origin



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# Therapist Factors

- Research Findings:
- Trainees who has are able to experience both personal closeness and clear boundaries with their parents
- Have increased capacity to establish collaborative, caring and accepting therapeutic alliances (Lawson, 1998)



# Common Factors

**Therapeutic Relationship**

**Therapeutic Alliance**

- Joint process of both therapist and client(s) focusing on the work of therapy



# Common Factors Influence Alliance Building

- Client Factors “the single most important contributor to outcome in psychotherapy”
- Specifically, quality of client’s early attachment experiences can influence capacity to form alliance early in individual psychotherapy



# Client Factors

- Individual symptomatology
- Level of marital conflict
- Family-of-origin distress
- Gender factors



# Client Characteristics

- Qualities of Client:
- Level of motivation
- Commitment to change
- Inner strength (religious faith)



# Extra-therapeutic Factors

- Social support
- Community Involvement
- Stressful life events



# Clinical Issues in Alliance Building in Family Therapy

- Complication with multiple membership
- Uneven motivation, goals and belief about change
- Involuntary clients (thus the importance of attention to the beginning phase of treatment)
- Process of “member targeting” in alliance building?



# Clinical Issues in Alliance Building in Family Therapy

## Joining:

- Therapist develops different levels of alliance building-with individual(s), subsystem(s) and family as a whole
- Alliance formation can be seen as a limited partnership (as in structural family therapy)
- Experienced therapist joins opportunistically, disjoins and then rejoins the family to establish a context for therapeutic expansion (Rait, 2000).



# Triangles

- Family therapy involves a conceptual shift- from dyadic to triangular exchanges
- Every therapeutic encounter involves a triangular relationship
- Importance of including the self in therapeutic relationship analysis
- Attention to therapist's level of emotional reactivity



# Triangles

- Knowledge of triangles facilitates the “outsider” position
- Therapist’s capacity to control his/her level of emotional reactivity
- Use of “detriangling” techniques and “unbalancing” to manage this process



# Influence of the System

- Family system exerts an emotional “pull” on the therapist in reaction to the process of change
- The “homeostatic range” of the family taps into the family’s “anxiety” about the change process



# Difficulties in Therapeutic Alliance

- Ruptures in the therapeutic alliance:
- Negative shift in quality of alliance
- Ongoing problems in establishing a positive alliance



# Markers of Alliance Ruptures

- Breaches, miscommunication, misunderstanding,.....
- Overt negative expression
- Indirect communication of hostility
- Disagreement in goals/tasks
- Noncompliance
- Nonresponsiveness to therapy



# Impasses in Family Therapy

- Therapeutic experience loses its “emotional voltage” (Whitaker, 1982).
- Lack of therapeutic “intensity”, issues of therapeutic timing
- Poor fit between therapist and family
- What are those behaviors in therapeutic system that interfere with alliance development?
- Use of “ruptures” as therapeutic tools