

Transcript - Episode #3

Exploring Attachment Theory: Understanding the Influence of Assessments and Human-Animal Connections

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Hello, and thank you for joining the Connection Therapy podcast. This is a podcast about the craft of psychotherapy, and we seek to support those who strive to improve their craft by sharing research about the science and stories about the art of psychology. Together, we will explore these findings so you can decide how you want to apply them to benefit your practice.

Thank you for returning to learn more about the research study I completed. In the previous episode, I reviewed the relevant literature that informed my study. And in this second of three episodes, I'll explain more about two influential assessments in the field of attachment theory and how they shaped the final design of my study.

Have you heard of the phrases insecure attachment or avoidant and anxious attachment? These largely draw from what is called the Strange Situation, which was designed by Dr. Mary Ainsworth. Mary Ainsworth was an American Canadian developmental psychologist. She is known for her contributions to the field of attachment. She was a colleague of Dr. John Bowlby, and she found a way to study attachment that has shaped a lot of the ways we speak about it now, and informs much of our current understanding. She wanted to understand the bond between infants and their caregivers. The design of the Strange Situation is really interesting. The protocol involves about a 25-minute interaction that was video-recorded and then scored for interactions between a child, their caregiver, and a stranger. They asked the caregiver to bring their infant into a room where there were toys, usually a chair, blankets, rugs on the floor.

The pair settled for a few minutes in the room, which is the first of a few specific interactions or situations. Each of the situations is only a few minutes long, and there are about eight. After the pair settled, then a 'stranger' entered the room, usually a woman, and a few minutes after this happened, the caregiver left the room. Then the caregiver comes back, and there are a couple more iterations. The stranger was kind to the child, but not overly attentive nor dismissive. She attempted to be neutral. I'm speaking in generalities because they did this over many years and the protocol changed slightly throughout that time, but you get the idea. The child is sort of idly playing, not understanding why mom took them to a new place today, but this happens all the time for kids and they have to go places they don't expect. So once they get settled, they don't think much about it until, 'uh -oh, mom just left the room.'

And this is one of my most favorite things about this research study is the design is fairly elegant because despite the ominous sounding name, the Strange Situation, the setup is something that happens all the time. Children are always being taken to new places and left with strangers because when they are young, most places and most people are new. For example, imagine a family reunion. The family attends and within minutes, someone new, at least new from the infant's perspective, is asking to hold the child, parents walk off, start talking to new relatives they haven't seen in a long time. That's what I mean when I say this kind of situation happens all the time for children.

So back to the experiment. The child and the stranger sit together for a few minutes. It was done with two-way mirrors and the caregiver and researchers were watching the whole time. If the child was too distressed, they stopped the experiment. But typically, after the allotted time, the caregiver returns to the room. And this is actually where the experiment gets its data, is in the reunion between the child and their caregiver.

What do you think happened? Well, they ended up categorizing the behavior of the infant into four categories. The first was a kind of initial distress and then soothing, and an ability to be soothed by the caregiver upon the return. The second was an inability to soothe, so the child stayed under duress for the remainder of the experiment. The third is interesting, a kind of aloofness where some children did not even acknowledge the return of their caregiver. You know, kind of a, 'hmpf,' sort of assessment. And the fourth category came after the experiment was ran awhile. They essentially used the category to hold the behaviors when they saw a child display the variety mentioned above, those three responses, in an unpredictable pattern.

This experiment is what yielded the attachment categories we now use, And you may have heard of them, they are secure attachment, anxious attachment, avoidant attachment, and disorganized attachment. We will have a link with more information about this on our website, [connectiontherapypodcast .com](http://connectiontherapypodcast.com). The Strange Situation study informed a lot of how the field of attachment has been shaped because they not only learned about the attachment patterns between infants and their caregivers at the time, but Ainsworth and her team did additional studies to understand how children matured with these attachment patterns.

In fact, her students, Mary Main, Carol George, and Nancy Kaplan went on to develop another assessment in 1985 called the Adult Attachment Interview. The Adult Attachment Interview, or AAI, demonstrates how an adult makes statements about their caregivers and how those statements provide a view into the relationships they experienced with them. Among many things, it yields the conclusion that patterns demonstrated in infancy go all the way into adulthood. So an example of the adult attachment interview is participants are asked to describe their caregivers from their own childhood. So, they are adults at the time of the assessment, but they are invited to think about growing up and to describe their caregivers in five adjectives.

And, you would think that is actually, again, it's a really elegant design, because it's a very straightforward way to, you know, invite a participant to participate in an assessment. And many people about that third or fourth adjective have trouble finding the right, the words they would like to portray their caregivers as and depending on what they say at those times and how they say it, there's a tremendous coding schema for how to organize the responses in the Adult Attachment Interview into the same categories from the Strange Situation. It's really fascinating. Among many things, it yields the conclusion that patterns demonstrated in infancy go all the way into adulthood. The second big point from discussing these two studies is to consider the subtle yet important statement they make about the ways intergenerational ways of being together are transferred. In preparation for this podcast, I was reviewing the obituary written by UC Berkeley for Dr. Mary Main, and it highlighted this point that the ways in which these studies have had so much impact is her ability to tie the results from infancy to adulthood. There were many hopeful ways in which not always if someone had a difficult attachment style did they always have it. And as a result, it's developed a huge array of the interventions we now see in treatment because we are keenly aware of the possibilities for intervening and changing someone's ability to relate.

So back to my experiment. Since I was interested in the connection between humans and animals, I considered the likelihood that the participants in my study may make certain behaviors towards a therapy dog that revealed something about their internal dynamics. For example, would the children in my study show some initial anxiety about the therapy dog session entering session, and then calm down, or might they be too distressed for the whole session that we needed to end early, or something along those lines. The Strange Situation was so established in its ability to see patterns in the behaviors of infants, and the adult attachment interview could pick up similar patterns by the ways people speak about their caregivers, that I was pretty convinced that something about the ways the children behaved toward the therapy dog would be indicative of their own attachment patterns.

The question was how to design things in a way that I could figure this out. After learning about the Strange Situation experiment, I designed my research after this model. I imagined the 'stranger' in my experiment to be the therapy dog, which as I mentioned was my dog Maddie. We entered sessions with a client and their therapist and stayed with them for about 15 to 20 minutes. I set up a four session protocol where we visited clients and their therapists four times during the course of their treatment. In my experiment, the client, their therapist, myself and Maddie were together for the whole time. So I didn't have people coming and going in my experiment. We all stayed together the full 25 minutes and I video recorded the behaviors of the participants toward Maddie.

I scored for 15 behaviors and I'll introduce each of them in this episode and there will be future episodes that go into detail about how those behaviors showed up in the research and how I see them now in treatment. My thoughts were that much like the strange situation experiment the participants' behaviors toward the therapy dog could be diagnostic about their attachment patterns and overall about their internal emotional states. I also theorized that perhaps as a

therapist this would be easier to see if these behaviors could be observed in interaction with an animal, because I know when I'm involved in the interaction it is way more difficult for me to have perspective. All of the participants in the study had experienced some form of abuse, and I was aware that trauma changes the ways children interact with other humans, so I thought perhaps the interactions with the therapy dog might be more revealing as they had the potential to be less defended or masked toward the therapy dog. And that is the design and intent of this initial study, the theory that behaviors toward the therapy dog are revealing something about the internal thoughts, feelings, emotions, sometimes you will hear me refer to them generally as states because I think there are many things we don't fully understand. For example, the nervous system activates when in interaction with others, too. So these internal states are always active and I'm interested in learning more about how they affect us and our ability to relate to others, because as a psychologist, I'm hugely interested in our ability to relate.

All right, so let me explain more of the details about the design and the data collection. The first thing to consider about research is that it never goes as you plan. And like many early researchers, I included a lot of things in this initial study. A few things happened prior to the first session, informed consent and a pre-assessment, which I will explain more about later, were provided to and returned by the guardians of the participants. Also, before each session started, informed assent was provided to the participants, which is a term used to mean that the children in the study were minors, so their guardians provided the consent, but to their age level, the procedures were explained to them and they were provided with choices throughout each session, including the ability to refuse participation. A video camera was set-up in the room and it was explained where it was and how it worked. I designed this study to include four sessions for each participant.

Session one.

The content of session one included an introduction and a discussion of boundaries. The participants were introduced to the therapy dog, Maddie, and the researcher, myself. The participants were introduced to the concept of physical boundaries in the following way. "When Maddie is at the non -profit agency, she stays on the purple blanket. If you would like to be close to her, you can come onto the blanket. If you would not like to be close to her, you can stay off the blanket in other parts of the room and she will respect your space by remaining on the blanket" Notice the language is very specific and I did say that in that exact way to all of the participants because it was important to me that each session was unique, but that the set-up was the same across and consistent so that the results could be more easily deciphered between participants.

So, after that explanation, the participants were then invited to consider how Maddie communicated if she wanted to share her blanket, that is how she communicated her boundaries. Then the participants were asked things about their areas for personal space, private time, and how they communicate their boundaries to others. The participants were also asked to explore how they can say, 'no,' if their boundary wishes are not respected, what

actions they can take and whom to contact for help, when necessary. So I think you might be getting the set-up, so there's a purple blanket and Maddie was really great about staying on the blanket and so luckily that statement held true that if the participants didn't want to be near her they could be in a different part of the room and I made sure she stayed on the blanket, and they could come and go in interaction with her as they pleased. And that stayed true for all four sessions.

Session Two.

So then in session two, the focus was on verbalization of feelings, so being able to speak about how you feel. The participants were invited to observe Maddie's behavior and actions during the session and to explore what she might have been thinking or feeling. So, you know, she would do something and they might make a comment and then with me and their therapist, we could explore what she might have been thinking or feeling. The participants were also asked how they share their thoughts and feelings with others. At times throughout the session, we asked sometimes what they were thinking and feeling. Sometimes they were asked directly, either by myself or their therapist, and often they were asked indirectly after they made an observation about Maddie's thoughts or feelings.

Identification and verbalization of feelings is a consistent therapy goal in the treatment of clients at the nonprofit agency, largely because of the experience of trauma that brings patients in for therapy. It is believed that expressing thoughts and feelings is important to therapy and a quote that summed this up for me at the time, was from an article written by Hughes in Fosha, Siegel, and Solomon's book, *The Healing Power of Emotion: Affective Neuroscience, Development, & Clinical Practice*. The quote is, "When we are able to successfully share our emotional experience with a trusted other, we are better able to regulate these emotions" (p.282). This was written in 2009, and you can find more information about this on our website, [connectiontoeverypodcast .com](http://connectiontoeverypodcast.com).

Session Three.

The focus of session three was telling a story to Maddie, and to brush her while doing so, which was a combination of two things I had learned about at the time. Therapists at the non-profit agency often work in the modality of Trauma-Focused Cognitive Behavioral Therapy, or TF-CBT. And one part of TF-CBT is Creating the Trauma Narrative. More information about this can be found from the National Crime Victims Research and Treatment Center. It's in the Department of Psychiatry and Behavioral Sciences at the Medical University of South Carolina. And you guessed it, we'll have a link on our website, [connectiontherapypodcast .com](http://connectiontherapypodcast.com). This practice of creating the trauma narrative refers to a client verbalizing the trauma they have experienced to a supportive therapist and is often in preparation for the client speaking with their parents about the trauma.

This session was placed in the protocol to see if having a therapy dog present provided additional support for clients in the telling of the trauma narrative. However, not all therapists at the nonprofit agency work in the modality of TF-CBT, and the capacity to tell a story

about oneself requires skills that not all clients have, either because of age or ability. And also I thought it could be difficult for a child to tell a significant trauma to a researcher and therapy dog whom they had just recently met. So for this session the participant was simply invited to "tell Maddie a story about something important to you." At the end of Sessions 1 and 2, the participants were told about this upcoming activity and invited to think about what story they may want to tell. Where it fit in with their overall treatment plan, some therapists worked with their participants outside of the time with Maddie and myself to help prepare their clients to tell the story they wanted to tell.

Before the start of their story, the participants were asked if they would like to brush the therapy dog. If they agreed, they were given a brush and some brief instructions on how to brush her. The brushing part of this session protocol was included based on two reasons. First, I had seen a similar activity done at a conference on equine assisted therapy hosted by the Equine Assisted Growth and Learning Association, which goes by the acronym EAGALA. I had attended EAGALA's eighth annual conference entitled "Partnering for a Better World" in March of 2007 in Ogden, Utah. From the audience at the conference, participants were selected to come forward into the arena and brush the horses while telling them a story. The participants were all adults and their stories were not shared with the audience. However, it was clear, even from yards away where I was seated in the bleachers, that the participants were greatly impacted by the experience. I wondered why that might be and I conceptualized that one reason may be the experience of an unbiased and attentive listener, which was discussed at the conference. The second reason I included this activity is because I also wondered if the experience of telling a story while brushing might have an impact because of the neurochemistry involved. I mentioned Dr. Lou Cozolino earlier, an American psychologist and professor of psychology. The summaries here that follow are from his book, *The Neuroscience of Psychotherapy, Building and Rebuilding the Human Brain*. I had the 2002 version at the time. If you would like more details about this, we have information on our website where you can find information about the book, even down to the page numbers where these quotes are located.

He explains, "The left hemisphere generally produces language, and emotions and related abilities are primarily right hemisphere processes" (p. 109). Furthermore, the experience of trauma has a corresponding result in the brain, especially for the participants in this research study, he says, "childhood trauma compromises core neural networks" (p. 258). Activities that stimulate both sides of the brain are likely then beneficial, "bilateral," meaning both sides of the brain left and right, "stimulation may enhance the consolidation of the traumatic memory with cortical hippocampal circuits providing contextualization in time and place," (p. 314). Let me help break that down, so integrating the left and right brain at the same time may help consolidate some of those traumatic memories that are kind of fragmented across different areas of the brain, including the hippocampus, which typically we understood to be the place where memory is stored. And sometimes they get fragmented in time and place. So what he's suggesting is that activities that stimulate the right brain, left brain at the same time could be beneficial to consolidate some of those traumatic memories. He summarizes here, "Thus the

right -left stimulation of attention may simultaneously trigger integration of affect with cognition, sensation, and behaviors throughout the brain," (p. 315). So, having the right and left brain stimulated at the same time, while asking someone to focus on their attention, may trigger an integration of the feeling, or affect, with their thoughts, sensations, kind of like sensations in the body and behavior.

So, I was attempting in this third session to have the participants do an activity that would cause this bilateral stimulation, the brushing of the therapy dog while telling her a story. Of course, it is too simple of an assertion that this one activity has a direct connection to bilateral stimulation. After all, Cozolino also explains "the systems of memory are distributed throughout the entire brain and nervous system," .. and.. "systems of memory bridge top -down and left -right pathways" (pp. 90-91). And tactile or touching perception and sensory motor organization like movement occurs in the front and back of the parietal lobes, which are above the ears. Nevertheless, he also suggests that since "the therapeutic context may enhance the brain's ability through concurrent emotional and cognitive processing," (p. 258), I theorized that the brain stimulation required to both tell the story and brush the therapy dog may have provided an opportunity for integration of neural network functioning.

Session 4.

The focus of Session 4 was on the process of saying goodbye. Many clients of the nonprofit agency have experienced traumatic losses of parents, caregivers, siblings, and other loved ones who suddenly leave the family for a variety of reasons. The executive sponsors of the nonprofit agency encouraged a lot of focus be placed on this last session with an intent to give clients a chance to have more control over the separation, which they wouldn't typically have had in the ways they had to say goodbye previously in their families, and in their experiences prior to coming to the nonprofit agency.

So in this session, we really focused on giving them a lot of control over how to say goodbye to Maddie. So, during this final session, they were asked to remember the previous three sessions and discuss them with myself and their therapist. Something I have not mentioned yet is that the participants were provided what I called a 'Maddie and Me booklet.' It was a handout that reminded them and their therapists and guardians about the content and purpose of each session. I provided some details as well as a blank page in the booklet where they were invited to draw and color after each session. That is, after Maddie and I left the room, their therapists would typically give them the booklet and offer that they could color about what had just happened. Again, I was following Cozolino's direction on the bilateral stimulation possibilities, and I had wanted to give them a token to remember their experiences. This was enhanced by my awareness of Winnicott's idea of a transitional object.

You may have heard of D.W. Winnicott, he was an English pediatrician and psychoanalyst. And among many things we will discuss about him in this podcast, he suggested the idea of a transitional object being helpful for children to transition from one phase to another. An example would be holding a teddy bear at night after transitioning to independent

sleeping. So the therapists of the nonprofit agency had the Maddie and Me booklet after each session and provided an opportunity for the participant to draw or color in it. And then in this final session, if the participant was comfortable, their handbook of drawings was often used as a way to review the events of the previous sessions. If the participant had difficulty remembering, myself and their therapists provided additional and specific details for each session. Then the participants were asked how they would like the remainder of the session to take place. So what we were doing there is trying to help the participant integrate all that had happened, from the beginning of the four sessions to the now this final one, to kind-of help concretize those memories by both putting them in the booklet and also saying them out loud in this final session with myself and their therapist.

Then the participants were asked how they would like the remainder of the session to take place. That is, did they want to hug Maddie goodbye, or shake her paw. or both, or neither. And the participants were invited to take a Polaroid picture with Maddie, which was then placed on the front of their booklet. They could choose the pose and timing of these photos, and then of course they were given the booklet to take home or leave at the nonprofit agency, whichever was their choice. So that is how the four sessions were designed, and they mostly went to plan.

Lastly, I had to state what I thought would happen and how I would measure it. These things are typically called hypotheses and hypotheses testing. First, I will explain how I measured things. It is common practice when you are looking at something in a new way to tie out to an established assessment. This is called construct validity, where you are verifying that your understanding of the phenomena, also called the construct, is similar to another assessment's idea of the phenomena. It would be natural for me to have used a Strange Situation or Adult Attachment Interview for this. But each of them have multiple protocols for scoring that require extensive training. And the participants were not in age range for either, so I did not use them.

Instead, I correlated the behaviors I saw in the sessions with an attachment assessment called the Devereux Student Strengths Assessment, also goes by the acronym DESSA. The DESSA is modeled after another assessment, the Devereux Early Childhood Assessment, goes by DECA. The DESSA was used for this research because it allows for a larger age range. According to its literature review at the time, the DECA was regarded as one of the if not, "the only clinical behavioral assessments that measures attachment in children," this is from some of the people who did the original metrics for the assessment, Chain, Dopp, Smith, Woodland, and LeBuffe in 2010 (p. 30). The DESSA is a strength -based assessment, which has a rating scale that includes 72 items for assessing a child. This is done by some other authors who help provide metrics when an assessment was first designed called Nickerson and Fishman in 2009. They define a strength -based assessment is "the measurement of emotional and behavioral skills and characteristics that create a sense of accomplishment, contribute to satisfying relationships with family members, peers, and adults, enhance the ability to cope with stress and promote social and academic development" (p. 48). The DESSA is a rating scale for parents, teachers, and

school staff to assess children and kindergarten through eighth grade. So what I was doing here is trying to find some kind of assessment that measured attachment. My question wasn't exactly about attachment, but it was allowing the lines of what I was interested in. We'll get into that.

For now, let's keep going with the explanation of the DESSA, which measures behaviors over the past four weeks on a five -point Likert scale that are organized into eight sub -scales. A five -point Likert scale is something you've probably seen but you may have never heard it called a Likert scale. These are the scales that have five choices, usually something like 'mostly,' 'some,' 'neutral,' 'not very much,' and 'hardly ever' are some of the categories you might see on a five -point Likert scale. They provide five selections, in this case how often the behaviors were observed. Eight subscales means that the 72 items were categorized into eight themes.

I selected the subscale entitled "Relationship Skills" to compare my results to, and it is defined as "a child's consistent performance of socially acceptable actions that promote and maintain of connections with others," (LeBuffle, Shapiro, & Naglieri, 2009, pp. 64-65). This information is from the assessment authors and is listed on our website, [connectiontherapypodcast .com](http://connectiontherapypodcast.com).

Okay, so the DESSA is something that I'm going compare my results to, and I needed then to design a way to understand what happened in the four sessions. I was looking for how a child might express what they are experiencing internally in an outward way, like a behavior, and trying to figure out how to measure it, and how to find something that I can compare to the DESSA. I ended up designing a behavior checklist. I listed all the behaviors that were known to be important to the various theories, as well as some that just felt intuitively important. And in the next episode, I will review each of those.

I hope you'll join us again for future explorations in the field of psychology. If you would like to learn more about the authors and the studies listed in this episode, you'll find more information about them on our website, [connectiontherapypodcast .com](http://connectiontherapypodcast.com). And if you'd like to take a step further, we offer additional ways you can collaborate with us. Maybe you would like to confidentially discuss a case or do some additional consulting, we'd be happy to speak with you. We also have study groups where you have the opportunity to join and gain more knowledge in a supportive environment. These are small groups where we share and explore the podcast topics and more in detail. And in some states, your time spent in the group may be able to qualify toward your continuing education requirements for many licensure types. You will find more information on our website [connectiontherapypodcast .com](http://connectiontherapypodcast.com).

Thanks! Until next time!