Attachment Theory and Clinical Practice through the Life Span

Course Description

Understanding the implications of early relationships on adult functioning can assist in providing adult psychotherapy in ways that can assist to repair individuals’ capacity to form and maintain healthy adult relationships. Using attachment theory and emotional regulation theory as the foundation, this course will address relationship-based interventions in interpersonal practice with adults.

Course Objectives

Students will understand:

- The theoretical construct of attachment patterns
- The clinical correlates of adolescent and adult attachment organization
- How to use an understanding of the dynamics of attachment to inform clinical thinking and intervention
Course Text


Optional:


Course Requirements

Prep for Class One (in files tab of Canvas):

- Obegi and Berant
  - Chapter 2 – An Overview of Adult Attachment Theory (pp. 17 – 45)
  - Chapter 3 – The Therapist as Secure Base (pp. 46 – 93)

https://www.youtube.com/watch?v=kwxjfuPIArY (Links to an external site.)

Optional

- Wallin - Chapter 2 – Foundations of Attachment Theory (pp. 11 – 24)

Prep for Class Two:

- Wallin –
  - Chapter 11 – Constructing the Developmental Crucible (pp. 193 – 210)
  - Chapter 12 – The Dismissing Patient (pp. 211 – 223)
Assignment

Using a compilation of the readings, provide a detailed example of how you can apply what you read to your clinical work. Be specific. For example, how will you listen for attachment themes? Have you thought about any of your clients differently and if so, how? How will Attachment Theory inform your interventions? What do you expect might be easy for you to employ? What might be more difficult? Use the chapters to help elaborate your points and use specific examples from your work. You should be able to write at least two pages about application of attachment theory to your work. You must reference the readings, and not just course slides, in order to receive credit for this paper.

Finally, end with at least a paragraph or two connecting what you learned about yourself in relation to attachment theory and the way in which you think your own relational style may impact your clinical work. Again, be specific. For example, if you assume you have a relatively autonomous state of mind regarding attachment, how do you think that will play out in your work? What benefits, specifically, may it afford you? What might be something of a limitation, if any, of having an autonomous state of mind? Due Sunday 6/21 at 11:59 p.m. through Canvas. PLEASE UPLOAD AS A WORD DOCUMENT - not a PDF. Thank you.

I grade papers based on evidence of understanding of markers of attachment-related behavior, and ability to construct a strong therapeutic hypothesis and frame for intervention, as well as evidence of beginning level of understanding of transference and countertransference, including how your own attachment history may impact your work with clients.

Excellent papers (A papers) will show strong writing, strong clinical thinking and marked evidence of having read and integrated course materials. ‘B’ papers will show understanding of same concepts and at least some level of clinical thinking. Students’
whose papers that do not show such evidence will be asked to meet with me and to re-write their paper. **ONLY Papers under a B- will be accepted for revision and the revised grade can only be as high as the lowest passing grade in the class.**

Because I have so many papers to grade in a term, I do not provide feedback on late papers. If your paper is unavoidably late but still turned in within a week of the assigned due date, I will grade it, deducting half a grade for lateness.