

Attachment as a Predictor of the Therapeutic Alliance in Couple Therapy

RICHARD B. MILLER

Brigham Young University, Provo, Utah, USA

SHAWN BILLS

University of Louisiana at Monroe, Monroe, Louisiana, USA

BRYAN KUBRICHT, JONATHAN G. SANDBERG, and ROY A. BEAN

Brigham Young University, Provo, Utah, USA

SCOTT A. KETRING

Auburn University, Auburn, Alabama, USA

There is substantial evidence that the therapeutic alliance is an important predictor of successful outcome in couple therapy. However, little research has addressed the predictors of the development of a strong therapeutic alliance. One possible predictor is attachment styles among the two partners because of the effect of attachment styles to influence the formation of important personal relationships. The relationship between attachment at the first session and the therapeutic alliance at the fourth session was examined using data from 115 couples in couple therapy. Using Structural Equation Modeling, results indicated that only wives' avoidant attachment was significant predictive of the therapeutic alliance.

INTRODUCTION

Couple therapy is generally successful in treating relationship dysfunction (Lebow, Chambers, Christensen & Johnson, 2012; Snyder, Castellani, & Whisman, 2006). However, not all couples benefit from couples therapy. For example, Whisman and Snyder (1997) found that nearly one third of the couples in their study did not improve in the course of therapy. In another study, Snyder, Wills, and Grady-Fletcher (1991) studied the effect of couple

Address correspondence to Richard B. Miller, Ph.D., Marriage and Family Therapy Program, School of Family Life, Brigham Young University, 2075 JFSB, Provo, UT 84602. E-mail: rick_miller@byu.edu

therapy among 59 couples and found that over one-third of the couples were divorced four years after the completion of therapy.

Because not everyone benefits from couple therapy, it is important to understand what predicts therapy success. Research has consistently found that the relationship between the therapist and the couple, referred to as the therapeutic alliance, has a significant positive effect on couple therapy outcome (Johnson & Talitman, 1997; Kobloch-Fedders, Pinsof, & Mann, 2007). For example, a meta-analysis of the effect of the therapeutic alliance on outcome in couple therapy found an average effect size of .37 (Friedlander, Escudero, Heatherington, & Diamond, 2011).

Recognizing the importance of the therapeutic alliance on the outcome of therapy, it is important to understand what predicts the development of a strong therapeutic alliance. It is possible that the attachment style of the two partners who come to therapy may help explain the development of the therapeutic alliance. Because adults in therapy have the potential to develop close relationships with their therapist, which are based on trust and safety, the concept of attachment has been applied to the client-therapist relationship (Bowlby, 1988). Although research has found that attachment is an important predictor of the therapeutic alliance in individual therapy (Diener & Monroe, 2011), no research has examined the effect of spouses' attachment styles on the development of the therapeutic alliance in couple therapy. Therefore, the current study sought to understand the effect that partners' attachment has on the therapeutic alliance in couple therapy.

REVIEW OF LITERATURE

The Therapeutic Alliance

The therapeutic alliance has been defined as "the collaborative and affective bond between therapist and patient" (Martin, Garske, and Davis, 2000, p. 438). Bordin (1979) hypothesized that a strong alliance was the result of three major tasks in therapy: the therapist's and the client's ability to agree upon the goals of therapy, the individual and therapist agreeing on the tasks that constitute therapy, and the bond between the therapist and the client.

The concept of the therapeutic alliance, which was developed within the context of individual therapy, has been applied to couple therapy. The therapeutic alliance in couple therapy differs from that in individual therapy, though, because the therapist is responsible for more than just a single alliance between himself or herself and a single client. Quinn, Dotson, and Jordan (1997) stated that "with two or more clients, couple and family therapy creates a social field that presents unique challenges, demands, and processes not found in individual psychotherapy" (p. 430). For example, instead of viewing the alliance individualistically, the therapeutic alliance must be considered in terms of the couple relationship (Rait, 2000), meaning that

the therapist's actions in joining with one member of the couple subsystem could have a simultaneous effect on the other member (Pinsof, Zinbarg, & Knobloch-Fedders, 2008). Thus, the therapist must focus on the relationship between himself and each client, as well as the relationship between the clients, which makes establishing an effective therapeutic alliance more difficult and complex.

Attachment

Attachment theory posits that there are three styles of attachment: anxious, avoidant, and secure (Simpson, 1990; Feeney & Noller, 1990). Secure attachment is characterized by the expectation that one's needs for comfort, protection from danger, and needs for soothing will be met (Svanberg, Mennet & Spieker, 2010). Scholars describe avoidant attachment as the attachment style in which one tends to be uncomfortable with close relationships, therefore distancing oneself from attachment providers as a means of coping (Fraley & Shaver, 2000; Mikulincer & Shaver, 2003). Recent research suggests that there is a positive relationship between the avoidant attachment style and infidelity, that a partner will be more likely to seek safety from a different companion than from their own spouse (DeWall et al., 2011). Finally, anxious attachment is characterized by one's uncertainty regarding the availability of attachment providers (Cassidy & Berlin, 1994). This attachment orientation develops when one receives inconsistent care from their attachment provider, resulting in uncertainty concerning the availability of the caregiver, especially when one is in need (Campbell & Marshall, 2011).

Research suggests that as a person grows older, these attachment styles continue into adulthood and play a role in how one interacts in romantic relationships (Hazan & Shaver, 1987). Avoidant individuals, or those with an avoidant-attachment style, have a tendency to avoid being committed in their relationships and tend to keep their distance, emotionally and psychologically (Campbell & Marshall, 2011). Anxious individuals are concerned that others will not love them; as a result, they tend to wish that they could completely merge with someone so that the likelihood of separation anxiety is diminished (Roisman et al., 2007). In contrast, securely-attached individuals do not spend time worrying about being abandoned or having someone get too emotionally attached to them; rather, they find it easy to get close to and to depend on others, as well as be depended on (Simpson, 1990).

Attachment and Alliance

The concept of attachment has been applied to the therapeutic relationship. Bowlby (1988) contended that the relationship between a client and

therapist may be a representation of attachment that embodies the same elements that trigger attachment-related behaviors. Consistent with this idea, research suggests that attachment styles play a role in the ability to form an effective therapeutic alliance in individual therapy. A meta-analysis of 17 studies found that the effect size between attachment and therapeutic alliance in individual therapy was .17, with securely attached clients significantly more likely to develop a strong therapeutic alliance, compared to clients who were insecurely attached (Diener & Monroe, 2011). Although there is a robust literature demonstrating the significance of client attachment on the development of the therapeutic alliance in individual therapy, no research has examined the association between attachment styles among couples and the strength of the therapeutic alliance in couple therapy. Consequently, this study examined the effect of partners' attachment style on the strength of the therapeutic alliance in couple therapy.

METHODS

Sample

The data came from a larger clinical study that was conducted at a university-based Marriage and Family Therapy (MFT) clinic in the Southeastern part of the United States (see Anderson & Johnson, 2010), which was associated with an accredited masters MFT program. One hundred seventy-three heterosexual couples were seen at the clinic during the period of the study. Every couple completed a battery of assessment measures before the first session, but only 115 couples completed the assessment at session four. Because therapeutic alliance was measured at the fourth session, the sample for this study was 115 couples.

Of the 115 couples in the study, 72% were in a married relationship, while 28% were in a cohabiting relationship. The average income per couple was between \$21,000 and \$40,000. The most common racial demographic was Caucasian (78.8%), with approximately 15% of both males and females reporting that they were African American. All but one of the males had graduated from high school, and 40.0% had graduated from college. All of the females had graduated from high school, and 54.6% of them had graduated from college. The average age was 31.25 years for men and 29.40 years for women ($SD = 8.11$ and 7.91 years, respectively). The average reported time that each couple had been together was 5.53 years ($SD = 4.53$ years).

Measures

EXPERIENCES IN CLOSE RELATIONSHIPS-ECR

Adult attachment was measured using the Experiences in Close Relationships questionnaire (ECR; Brennan, Clark & Shaver, 1998). The ECR has

been found to be an appropriate measure for clinical samples (Parker, Johnson, & Ketring, 2011). It is a 36-item self-report measure that contains two scales with 18 items each: avoidance and anxiety. Responses ranged from “Disagree strongly” to “Agree Strongly” on a 7-point Likert Scale. There is minimal correlation between the two scales ($r = .11$), indicating that the measure includes two separate, underlying dimensions of adult attachment. High reliability was concluded due to the alphas of the avoidance (.94) and anxiety (.91) subscales. The total scores for the anxiety and avoidance subscales were used as the independent variables. Higher scores indicated a higher level of anxious or avoidant attachment.

COUPLES THERAPY ALLIANCE SCALE-REVISED (CTAS-R)

The CTAS-R is a revised version of the original 29-item scale developed by Pinsof and Catherall (1986). It contains 40 items and measures three different areas of the couples' alliance: goals, tasks, and bonds. Consistent with a study by Anderson and Johnson (2010), this study used those items that measure the self-group alliance (the alliance between the therapist and each partner) score by adding 6 scale items that measure bonds, goals, and tasks. The within-system alliance (the alliance between partners) was also included in the analysis. It was calculated by adding together three items that measure goals, tasks, and bonds. The items were measured using a 7-point Likert-type scale, creating a self-group score ranging from 6 to 42. The within-system alliance ranged from 3 to 21. The Cronbach's alpha for the within and the self-group subscales sample were .89 and .83, respectively. The total scores for the within and self-group subscales were used as the dependent variables. Higher scores indicate a healthier alliance for each subscale.

CONTROL VARIABLES

The education level and race of each spouse in the relationship, as well as the number of years that they have been together, were included as control variables in the analyses. They were measured using standard demographic questions. The race variable was recoded so that 0 represented European American and 1 represented other racial groups.

Analysis

Structural equation modeling was used to analyze the data with the statistical program Mplus (Muthén, & Muthén, 1998–2012). Educational level and race of each partner, as well as the number of years that the couple has been together, were included in the model as control variables. Because of potential gender differences in the relationship between attachment and the

therapeutic alliance, the actor-partner independence model was used to fully utilize the dyadic data (Kenny, Kashy, & Cook, 2006). The model included the two main independent variables (anxious and avoidant attachment) and the two dimensions of the therapeutic alliance (between and within) for each gender. Maximum likelihood estimation was used to account for missing data (Byrne, 2001).

RESULTS

Preliminary Analysis

The mean score for females on the avoidant subscale was 51.54 ($SD = 20.97$), and it was 72.35 ($SD = 21.74$) on the anxiety subscale. For males, the mean score on the avoidant subscale was 46.30 ($SD = 17.40$), and 59.84 ($SD = 22.31$) on the anxiety subscale. The mean female score for the self/group alliance subscale was 32.37 ($SD = 7.34$), and 16.19 ($SD = 3.61$) for the within alliance subscale. The mean male score for the self/group alliance was 32.40 ($SD = 7.33$) and 16.24 ($SD = 3.87$) for the within alliance subscale.

Pearson correlations were conducted to examine zero order correlations among the variables in the study. As indicated in Table 1, among the females, there was a significant association between self/group alliance and within alliance ($r = .75$, $p < .01$), as well as between anxious and avoidant attachment ($r = .25$, $p < .05$). There was also a significant association between avoidant attachment and self/group alliance ($r = -.25$, $p < .05$), but not between anxious attachment and self/group alliance. There was a significant association between avoidant attachment and within alliance ($r = -.22$, $p < .05$), but not between anxious attachment and within alliance. For males, there was a significant association between self/group alliance and within alliance ($r = .82$, $p < .01$), but not between anxious attachment and avoidant attachment. None of the relationships between attachment and alliance were significant.

Path Model Results

The goodness of fit analysis of the structural equation model indicated that the model fit the data well. The chi-square was nonsignificant at 20.136, with 20 degrees of freedom ($p = .45$). The Comparative Fit Index (CFI) and the Tucker Lewis Index (TLI) were above the score of .95 with a value of .999 and .998, respectively indicating excellent fit. The Root Mean Square Error of Approximation (RMSEA) was below .03, with a score of .008, and the Standardized Root Mean Square Residual (SRMR) was below .05, with a score of .037 indicating excellent fit.

TABLE 1 Correlations for Wives and Husbands of Education Level, Years Together, Race, Avoidant Attachment, Anxious Attachment, Within Alliance, and Self/Group Alliance

	Mean (SD) Wives	1	2	3	4	5	6	7	Mean (SD) Husbands
1. Education Level	6.42(1.63)	—	.822**	-.049	-.187	.037	.005	.088	5.99(2.03)
2. Years Together	5.92(5.38)	.065	—	-.152	-.184	-.035	-.046	.072	5.46(4.50)
3. Race	.18(.39)	-.057	.172	—	.086	.124	-.007	-.262*	.21(.41)
4. Avoidant Attachment	51.54(20.97)	-.170	.008	-.104	—	.044	.102	-.283**	46.30(17.40)
5. Anxious Attachment	72.35(21.74)	-.037	.210	-.059	.248*	—	.007	-.169	59.84(22.31)
6. Within Alliance	16.61(2.93)	.015	-.106	.099	-.251*	-.092	—	.205*	16.69(3.07)
7. Self/group Alliance	33.48(4.89)	.109	-.097	.189	-.218*	.014	.750**	—	33.26(5.56)

* $p < .05$. ** $p < .01$.

TABLE 2 Regression Weights for Full Model

	Unstandardized	Standardized	<i>p</i>
Actor Effects			
Wife Avoidant Attachment → Wife Between Alliance	-.04	-.27	.01
Wife Avoidant Attachment → Wife Within Alliance	-.09	-.38	.00
Wife Anxious Attachment → Wife Between Alliance	-.02	-.15	.18
Wife Anxious Attachment → Wife Within Alliance	-.02	-.07	.53
Husband Avoidant Attachment → Husband Between Alliance	-.01	-.07	.53
Husband Avoidant Attachment → Husband Within Alliance	-.05	-.14	.21
Husband Anxious Attachment → Husband Between Alliance	-.02	-.11	.33
Husband Anxious Attachment → Husband Within Alliance	-.01	-.03	.78
Partner Effects			
Wife Avoidant Attachment → Husband Between Alliance	.01	.04	.75
Wife Avoidant Attachment → Husband Within Alliance	.02	.07	.56
Wife Anxious Attachment → Husband Between Alliance	.01	.04	.74
Wife Anxious Attachment → Husband Within Alliance	.002	.01	.95
Husband Avoidant Attachment → Wife Between Alliance	.02	.08	.42
Husband Avoidant Attachment → Wife Within Alliance	-.01	-.02	.87
Husband Anxious Attachment → Wife Between Alliance	-.01	-.10	.31
Husband Anxious Attachment → Wife Within Alliance	.02	.08	.46

Note. Model Fit: Chi-square = 20.136 (*df* = 20); RMSEA = .008; CFI = .999; TLI = .998; SRMR = .037.

As indicated in Table 2, results indicated that wives' avoidant attachment was significantly associated with the between self/group alliance ($\beta = -.27$, $p < .01$) and the within alliance ($\beta = -.38$, $p < .01$). However, anxious attachment was not significantly associated with the between system alliance ($\beta = -.15$, $p = .18$) nor the within system alliance ($\beta = .07$, $p = .53$).

For husbands, there was no evidence that attachment was predictive of the therapeutic alliance. Avoidant attachment was not significantly associated with the self/group alliance ($\beta = -.07$, $p = .53$) or the within alliance ($\beta = -.14$, $p = .21$). Likewise, anxious attachment was not significantly associated with the self/group alliance ($\beta = -.11$, $p = .33$) or the within alliance

($\beta = -.03$, $p = .78$). The partner effects for neither husband nor wife were significant.

Results from the model indicated that the control variables were generally not significantly associated with the predictors and the outcomes. Husbands' education was significantly correlated with avoidant ($\beta = -.30$, $p < .01$) and anxious attachment ($\beta = -.24$, $p < .05$). Wives' education was significantly correlated with avoidant attachment ($\beta = -.21$, $p < .05$).

DISCUSSION

In summary, these results suggest that attachment styles have only a limited effect on the development of the therapeutic alliance in couple therapy. The only significant relationship between attachment and therapeutic alliance was among the wives, with avoidant attachment being predictive of both lower levels of self/group and within alliance. No other paths were significant.

The finding that avoidant attachment is predictive of a weaker therapeutic alliance among wives is consistent with other research that has shown that avoidant attachment is connected to a learned lack of trust among adults within an attachment provider, which, in the case of a therapy setting, refers to the therapist (Mallinckrodt, Gant, & Coble, 1995). Also, the nature of therapy may not suit those that are avoidantly attached because it is transitive. A female client may shy away from engaging with the therapist because she knows that therapy will end and that the therapist will no longer be available or responsive in times of need. Often, the working model that underlays avoidant styles is based on real life experience with disappointment and abandonment, leading a person to be very cautious about reaching out to others and asking for help (Mikulincer & Shaver, 2007).

In contrast to the wives, husbands' report of their avoidant attachment was not predictive of the development of the therapeutic alliance. This finding may be explained by research findings that men are influenced to a greater degree by anxiety in their relationships, whereas women more by avoidance (Mikulincer & Shaver, 2007).

On the other hand, anxious attachment was not predictive of either husbands' or wives' alliance. These findings are consistent with research on the association between avoidant attachment and the therapeutic alliance in individual therapy, where many of the studies did not differentiate between anxious and avoidant attachment. For example, the meta-analysis that examined attachment and alliance in individual therapy (Deiner & Monroe, 2011) lumped these two types of attachment into the single category: insecure attachment. However, studies that have differentiated between the two types of insecure attachment, have generally found a lack of association between anxious attachment and the therapeutic alliance. For example, one study (Bachelor et al., 2010) examined the effect of clients' anxious and avoidant

attachment on the therapeutic alliance among 80 individuals in therapy and found that, although avoidant attachment was associated with lower level of alliance, anxious attachment was not a significant predictor. Thus, there seems to be pattern that anxious attachment is not predictive the therapeutic alliance in individual and couple therapy. This may be related to the fact that some anxiety is expected, and at lower levels even beneficial (provides motivation), in the therapeutic relationship.

Limitations and Directions for Future Research

The major limitation of the study concerns the generalizability of the findings. The sample was relatively young, with the couples being around 30 years of age and being in their relationship for about five years. In addition, although African Americans were well-represented in the sample, other racial groups, such as Latinos and Asian Americans were significantly underrepresented. Therefore, the generalizability of the results have limited generalizability.

Consequently, future research should address the association between couples' attachment and the therapeutic alliance using a more diverse sample, including a wider range of ages and a better representation of minority groups.

Clinical Implications

These findings suggest the potential impedance of an avoidant attachment style among women in couple therapy towards the development of a strong therapeutic alliance. Consequently, it would be helpful for therapists working with couples to assess for attachment style at the beginning of therapy. Equipped with that knowledge, therapists could make special efforts to connect with the female partner and to ensure that the environment and relationship between client and therapist is safe. The Experiences in Close Relationship Scale (ECR)-Short Form (Wei, Russell, Mallinckrodt, & Vogel, 2007) is a short, 12-item measure that assesses adults' level of anxious and avoidant attachment. Such a measure would be helpful in quickly assessing women's level of avoidant attachment.

REFERENCES

- Anderson, S. R., & Johnson, L. N. (2010). A dyadic analysis of the between- and within-system alliances on distress. *Family Process, 49*(2), 220–235.
- Bachelor, A., Meunier, G., Laverdiere, O., & Gamache, D. (2010). Client attachment to therapist: Relation to client personality and symptomology, and their contributions to the therapeutic alliance. *Psychotherapy Theory, Research, Practice, Training, 47*(4), 454–468.

- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research, and Practice*, 16(3), 252–260.
- Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. London, England: Routledge.
- Brennan, K., Clark, C., & Shaver, P. (1998). Self-report measurement of adult attachment: An integrative overview. In J. Simpson & W. Rholes (Eds.), *Attachment theory and close relationships* (pp. 46–75). New York, NY: Guilford Press.
- Campbell, L., & Marshall, T. (2011). Anxious attachment and relationship processes: An interactionist perspective. *Journal of Personality*, 79(6), 917–947.
- Cassidy, J., & Berlin, L. J. (1994). The insecure/ambivalent pattern of attachment: Theory and research. *Child Development*, 65, 971–981.
- Deiner, M. J., & Monroe, J. M., (2011). The relationship between adult attachment style and therapeutic alliance in individual psychotherapy: A meta-analytic review. *Psychotherapy*, 48(3), 237–248.
- DeWall, C. N., Lambert, N. M., Slotter, E. B., Pond, R. S., Jr., Deckman, T., Finkel, E. J.,...Fincham, F. D. (2011). So far away from one's partner, yet so close to romantic alternatives: Avoidant attachment, interest in alternatives, and infidelity. *Journal of Personality and Social Psychology*, 101(6), 1302–1316.
- Fraley, R. C., & Shaver, P. R. (2000). Adult romantic attachment: Theoretical developments, emerging controversies, and unanswered questions. *Review of General Psychology*, 4, 132–154.
- Friedlander, M. L., Escudero, V., Heatherington, L., & Diamond, G. M. (2011). Alliance in couple and family therapy. *Psychotherapy: Theory, Research, and Practice*, 48(1), 25–33.
- Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, 52, 511–524.
- Johnson, S. M., & Talitman, E. (1997). Predictors of success in emotionally focused marital therapy. *Journal of Marital and Family Therapy*, 23(2), 135–152.
- Kenny, D. A., Kashy, D. A., & Cook, W. L. (2006). *Dyadic data analysis*. New York, NY: Guilford.
- Knobloch-Fedders, L. M., Pinsof, W. M., & Mann, B. J. (2007). Therapeutic alliance and treatment progress in couple psychotherapy. *Journal of Marital and Family Therapy*, 33(2), 245–257.
- Lebow, J. L., Chambers, A. L., Christensen, A., & Johnson, S. M., (2012). Research on the treatment of couple distress. *Journal of Marital and Family Therapy*, 38(1), 145–168.
- Mallinckrodt, B., Gantt, D. L., & Coble, H. M. (1995) Attachment patterns in the psychotherapy relationship: Development of the client attachment to therapist scale. *Journal of Counseling Psychology*, 42, 307–317.
- Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 68(3), 438–450.
- Mikulincer, M., & Shaver, P. R. (2003). The attachment behavioral system in adulthood: Activation, psychodynamics, and interpersonal processes. In M. P. Zanna (Ed.), *Advances in experimental social psychology* (Vol. 35, pp. 53–152). New York, NY: Academic Press.

- Mikulincer, M., & Shaver, P. R. (2007). *Attachment in adulthood: Structure, dynamics and change*. New York, NY: Guilford Press.
- Muthén, L. K., & Muthén, B. O. (1998–2012). *Mplus user's guide 7th (ed.)*. Los Angeles, CA: Muthén & Muthén.
- Parker, M. L., Johnson, L. N., & Ketring, S. A. (2011). Assessing attachment of couples in therapy: A factor analysis of the experiences in close relationships scale. *Contemporary Family Therapy, 33*, 37–48.
- Pinsof, W. M., & Catherall, D. R. (1986). The integrative psychotherapy alliance: Family, couple and individual therapy scales. *Journal of Marital and Family Therapy, 12*(2), 137–151.
- Pinsof, W. M., Zinbarg, R., & Knobloch-Fedders, L. M. (2008). Factorial and construct validity of the revised short form integrative psychotherapy alliance scales for family, couple, and individual therapy. *Family Process, 47*(3), 281–301.
- Quinn, W., Dotson, D., & Jordan, K. (1997). Dimensions of therapeutic alliance and their associations with outcome in family therapy. *Psychotherapy Research, 7*(4), 429–438.
- Rait, D. S. (2000). The therapeutic alliance in couples and family therapy. *Psychotherapy in Practice, 56*(2), 211–221.
- Roisman, G. I., Holland, A., Fortuna, K., Fraley, R. C., Clausell, E., & Clarke, A. (2007). The adult attachment interview and self-reports of attachment style: An empirical rapprochement. *Journal of Personality and Social Psychology, 92*(4), 678–697.
- Simpson, J. A. (1990). Influence on attachment styles on romantic relationships. *Journal of Personality and Social Psychology, 59*(5), 971–980.
- Snyder, D. K., Castellani, A. M., & Whisman, M. A. (2006). Current status and future directions in couple therapy. *Annual Review of Psychology, 57*, 317–344.
- Snyder, D. K., Wills, R. M., & Grady-Fletcher, A. (1991). Long-term effectiveness of behavioral versus insight-oriented marital therapy: A 4-year follow-up study. *Journal of Consulting and Clinical Psychology, 59*(1), 138–141.
- Svanberg, P. O., Mennet, L., & Speiker, S. (2010). Promoting a secure attachment: A primary prevention practice model. *Clinical Child Psychology and Psychiatry, 15*(3), 363–378.
- Wei, M., Russell, D. W., Mallinckrodt, B., & Vogel, D. L. (2007). The Experiences in Close Relationship Scale (ECR)-Short Form: Reliability, validity, and factor structure. *Journal of Personality Assessment, 88*(2), 187–204.
- Whisman, M. A., & Snyder, D. K. (1997). Evaluating and improving the efficacy of conjoint couple therapy. In K. W. Halford & H. J. Markman (Eds.), *Clinical handbook of marriage and couples interventions* (pp. 679–693). New York, NY: John Wiley & Sons.

Copyright of American Journal of Family Therapy is the property of Routledge and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.