



# *Attachment - Informed Collaborative Process*

*By Dr. Sonya Vellet, PhD, and Yuval Berger, MSW, RSW*

The Collaborative Process, from its inception in the early 1990s, aspired to be a different experience for individuals who are going through the separation process. Collaborative Process is a relationship-based experience which, over and above the legal discourse, integrates mental health professionals to help support the clients. By providing participants with consistent and predictable emotional support, soothing and direction, especially during a time of distress, this support can enhance their confidence around moving forward. Our assumption as Collaborative professionals, when we embarked on this process, was that the support we provide to the clients would be tailored to their specific relational or attachment needs. This support should assist them with emotion regulation, minimizing existing conflicts, incorporating new behaviors, planning a secure path to the next stage of their life and ideally provide emotional closure to the committed relationship. Our hope is that this Collaborative Process will increase clients' sense of emotional safety, openness and readiness to be guided into a long-lasting resolution. Our hypothesis, as Collaborative professionals, is that the robustness of the process and the presence of emotional safeguards, within a safe relational and negotiating environment, will empower the clients to make important decisions about their life and the other family members. All of this is done while internally the clients might feel significant distress and in some cases may feel traumatized by the dissolution of their relationship and the losses that ensue. This article will explore how attachment theory and decades of related research can be applied to enhance the Collaborative divorce model and process.

## **Attachment Theory**

Attachment theory originated in the work of a British psychiatrist, John Bowlby, in the mid-twentieth century, around the time of the Second World War. The theory grew out of observations he and colleagues made of the

highly negative impact on children (both immediately and in terms of later functioning) of major separations from and disruptions in the mother-child relationship. These disruptions occurred even if children were fed and cared for by others e.g., children who experienced maternal deprivation, were orphans, or hospitalized. To understand the significance of children's emotional ties to their parents, Bowlby drew on evidence from diverse fields of study and proposed that infants are born with a biologically-based drive to attach to their primary caregivers to increase the likelihood of the infant's survival and to preserve the species. Importantly, research indicates that children will become attached even to abusive caregivers who are dominant adults in their life. The multiple benefits of attachment (including learning about the environment, self-regulation of emotions, and social interaction) all contribute to its evolutionary advantage.<sup>1</sup>

Further, attachment behaviors are organized within an 'attachment behavioral system' that is goal-oriented, with the goal being the child's experience of felt security provided by the desired distance from and proximity to the caregiver. For example, when the child is calm, feeling well, nourished, and comfortable and the environment is perceived as safe, the child may have a need to use their caregiver as a secure base from which to explore their environment, act on their curiosity, and pursue mastery. However, when exploring, if the child becomes ill, tired, hungry, hurt, uncomfortable, or upset and the environment is perceived as threatening and unsafe (e.g., a stranger is present), the child's exploratory system will become deactivated and the child will seek proximity to the caregiver as a safe haven for caregiving, protection, comfort and to organize the child's feelings. The child's attachment system will remain activated until the child has been comforted and soothed by the caregiver and is calm, at which point the child can once again utilize the

caregiver as a secure base and return to exploration. Thus, the caregiver is the infant's first 'holding environment', providing the infant with the experience of their caregiver 'being with' them emotionally during times of need. The complementary yet mutually inhibitory nature of the exploratory and attachment systems is thought to have evolved to ensure that while the child is protected by maintaining proximity to attachment figures the child gradually learns about the environment through exploration.<sup>2</sup> This circle is repeated innumerable times not only daily but throughout the life of a child. It continues into and through adulthood, as attachment is from 'the cradle to grave' as captured in the following by Bowlby:

*"Intimate attachments to other human beings are the hub around which a person's life revolves, not only as an infant or toddler or school child but through adolescence and years of maturity as well and on into old age."*<sup>3</sup>

The goal of the Collaborative Process is to provide clients, particularly during a time of distress, with a consistent, predictable, and soothing presence. The goal of the professionals is to create the experience of a 'holding environment' and 'being with' emotionally, to assist clients in feeling safe, secure, self-regulated and capable of navigating forward.

### **Caregiver-Infant Attachment Patterns**

Several different caregiver-infant attachment patterns have been identified in the literature. First, securely attached infants seem to have confidence in their caregiver to be sensitive, responsive, and comforting when the infant is alarmed or stressed (i.e., a safe haven) as well as being a secure base from which to explore, without interference. In addition, secure attachment is also characterized by opportunities for self-regulation and mutual regulation, repair of ruptures in the caregiver-child attachment relationship, and co-creativity.

In contrast, some infants consistently experience rebuffing of their distress signals and comfort-seeking behaviors by their caregivers. Typically, such infants develop an 'insecure-avoidant' attachment pattern, in which their response to alarm, where possible, is to shift their attention toward exploration of the environment

at the expense of communicating their feelings and attachment needs to their caregiver. In this way, these infants deactivate/down-regulate their attachment system or emotionally minimize, inhibit, or suppress their attachment behavior. In doing so, these infants appear to be responding to the caregiver's discomfort (and ultimately the infant's discomfort) with close contact. As long as the caregiver continues to provide reasonable protection and monitoring in the context of more emotional distance, this adjustment allows the infant to achieve an organized, workable attachment strategy.<sup>4</sup>

Other infants may have experienced unreliable caregiver responsiveness when they make their desire for comfort known, leading them to be highly vigilant about their attachment figure's accessibility. These infants, hyper-activate/up-regulate or emotionally maximize their attachment system, thus shifting their attention to communicating their attachment feelings and needs to their caregiver, but with ambivalence and resistance, at the expense of exploring their environment. Typically, such infants develop 'insecure-ambivalent/resistant' attachment, seen as inconsolable distress and/or anger during a formal procedure for assessing caregiver-infant attachment (i.e., the Strange Situation), which maintains connection with the caregiver. Even in situations without significant alarming cues, these infants may engage in attachment behavior such as clinging to the caregiver at the expense of play, or combine whiny or angry behavior with distress. To the extent that the caregiver does respond to this behavior, the child's heightening of attachment behaviors can result in an organized, workable attachment strategy.<sup>5</sup>

A fourth pattern, 'disorganized attachment' has also been identified.<sup>6</sup> On reunion with their caregiver during a formal procedure for assessing caregiver-infant attachment (i.e., the Strange Situation), some infants displayed various conflicted, disoriented, or fearful behaviors and it is the intensity of the display of conflict, disorientation or fear, and the extent to which this disrupts a child's attachment strategy, that lead to a disorganized attachment classification. In addition, with growing cognitive and social abilities during the preschool years, formerly disorganized

infants or toddlers may adopt controlling (caregiving or punitive) strategies to help manage dysregulated, unpredictable, or frightening caregiving environments. In a compelling consensus statement by Granqvist and leading experts in disorganized attachment, it is argued that some of the widespread interest in disorganized attachment from policy-makers and practitioners is based on some false assumptions (e.g., that disorganized attachment reliably indicates child maltreatment). A strong case is made to consider other pathways to disorganized attachment (e.g., parent's unresolved trauma and/or loss), for the value of attachment theory for supportive work with families, and for the development and evaluation of evidence-based caregiving interventions.<sup>7</sup>

All of these caregiver-infant patterns have been shown to be *relationship-specific*; an infant/toddler may well show one pattern with a particular caregiver and a different pattern with another caregiver. In addition, there can be discontinuity in attachment security over time in that, for example, changes from insecure to secure attachment are linked to decreased family stress and increased social support. However, one's entire developmental history is always part of the array of influences acting on the person. This suggests that, even following change, early experience is not erased. Finally and related, the capacities to rebound, to cope with adversity, and to take advantage of turning points for growth are all predicted by attachment history.<sup>8</sup>

### **Adult Attachment Styles**

As noted earlier, Bowlby was interested in the significance of attachment relationships for long-term mental health and wellbeing. Although the majority of research in attachment theory has centered on the relationship between caregivers and young children, attachment theory is a theory about lifelong development. Consequently, there has been a gradual increase in research exploring how early childhood attachment experiences are consolidated and extended in adulthood.<sup>9</sup>

In this regard, a central concept in attachment theory's account of the development and continuation of attachment patterns throughout life is the concept of 'internal working model'. The "internal working model

is established during early interaction with caregivers and constitutes the child's inner representation or knowledge base of attachment,"<sup>10</sup> becoming progressively more complex as a result of the child's maturation and relational experiences. Different methods have been developed to measure adult attachment patterns, including adult self-report measures, which explore the significance of attachment for adult romantic relationships. Understanding adult attachment styles is central to the Collaborative Process for many reasons, including that separation and divorce involves the dissolution of one of the strongest 'affectional bonds' formed by adults. Furthermore, research in adult attachment styles provides a framework for not only understanding how individuals behave in relationships and in situations of danger, insecurity, or crisis but also for understanding how to adapt or tailor our intervention to the client's attachment style.

Several different adult attachment styles have been identified, the features of which, overall, correspond to the above-mentioned caregiver-infant attachment patterns (although not highly deterministic) and so the same terminology will be used to describe these adult attachment styles, namely secure, avoidant, ambivalent-resistant, and disorganized (See Table).

First, the interpersonal characteristics of individuals with secure adult attachment include openness and trust, openness regarding feelings, vulnerability, and to seeking help, balanced expression and regulation of positive and negative emotion, and use of constructive strategies for managing conflict. An important point about adult attachment patterns is that, although there is a tendency toward 'developmental continuity', that is, that secure and insecure attachment in childhood is related to secure and insecure adult attachment respectively, there is no narrow determination and movements in both directions occur. For example, there are individuals who appear securely attached in adulthood but who, in the past, have experienced insecure attachment relationships – this is referred to as "earned" or 'evolved' security.<sup>11</sup>

In contrast, adults with an avoidant attachment style attempt to deactivate or down-regulate their attachment system. That is, the avoidant attachment style is characterized by withdrawal, avoidance of directing

attention to their own or others' vulnerability, limiting attention to feelings particularly of insecurity, preference for handling challenges themselves, and discomfort with potential conflicts and attempts to ignore these.

Adults with ambivalent-resistant attachment tend to hyper-activate or up-regulate their attachment system. This can be done in a number of ways, such as through an extensive focus on interpersonal relationships, a

## **Interpersonal Markers of the Four Attachment Patterns Presented During the Separation Process**

Adapted from: *Adult Attachment Patterns in a Treatment Context* By Sarah I.F. Daniel

	<b>SECURE</b>	<b>AVOIDANT</b>	<b>AMBIVALENT</b>	<b>DISORGANIZED</b>
<b>Attitude to seeking and receiving help</b>	Are open to seeking help, trusting the professional and have positive expectations from the professional	Prefer to handle things themselves, try to ignore feelings of insecurity	Strong desire for help and support, form dependency on the professional	Afraid of getting involved but feel helpless
<b>Expression and regulation of emotions</b>	Balanced expression of both positive and negative emotions	Limited expression of emotions, false positivity, suppression of negative emotions	Frequent and dramatic expressions focus on and intensify negative emotions, catastrophizing	Absent or chaotic expression of emotions, difficulties in regulating emotions
<b>Openness and self-disclosure</b>	Are pleased to share thoughts and feelings, but 'dose' these according to the situation	Are reticent about sharing thoughts and feelings, 'keeps cards close to the chest', description lacks details	Shares thoughts and feelings but not always adapted to the context, overwhelms the listener, lacks coherence	Are reticent about sharing thoughts and feelings, but involuntary 'break thoughts' may occur
<b>Conflict Management</b>	Constructive strategies for handling conflicts, relies on support network effectively	Uncomfortable with potential conflicts, attempts to ignore these, undermines the severity and its impact on participants, self-manages	Great attention to conflicts, may be inclined to escalate these, uses catastrophic adjectives to describe it, can't differentiate between the severity and intensity	Conflicts may lead to breakdowns and inappropriate behavior
<b>Downplaying/ Dramatization</b>	Openness about difficult aspects without appeal to pity	Downplaying of difficult incidents or feelings	Dramatizes difficulties and appeals to pity and involvement	Sudden shifts between dramatization and downplaying
<b>Wordiness</b>	Appropriate amount of relevant information	Relatively short and telegram-like description	Long accounts, including much irrelevant information	Can shift between restraint and verbosity

Daniel, S. (2015). *Adult attachment patterns in a treatment context: Relationship and narrative*. London: Routledge

desire for constant closeness and a feeling of being unable to function without close proximity to another, a strong desire for help and support, frequent and dramatic expressions of emotions and a tendency to focus on and intensify negative emotions and conflict.

As mentioned earlier, avoidant and ambivalent attachment are both specific, organized, workable ways of deviating from a fundamentally secure pattern by either deactivating or hyper-activating the attachment system. However, adults with the disorganized attachment style have strong avoidant-deactivating as well as strong ambivalent-hyper-activating tendencies. More specifically, the interpersonal characteristics of adults with disorganized attachment include fearing proximity but feeling lost without it, strong distrust of others, fear of seeking and receiving help but feeling helpless, significant difficulties in regulating emotions, and a focus on conflicts and a tendency to escalate these.

In terms of the Collaborative team and the attachment-related match between a client and a professional(s), some research shows that it may prove advantageous for clients to work with a professional who leans toward the opposite side of the deactivation/hyper-activation dimension, at least in so far as the professional is predominantly secure.<sup>12</sup> Although in practice it may seldom be possible to match client and professional in terms of attachment styles, the professional and team can strategically adjust the professional relationship to correspond with the client's attachment pattern. This will be explored in more detail in the next section.

### **Application of Attachment Theory and Research to a Collaborative Divorce Model and Process**

As outlined earlier, attachment theory specified the characteristics of a trustworthy relationship as a relationship which enhances a person's safety and security by providing: 1) A safe haven to which he or she could retreat in times of need; and 2) A secure base from which to explore (learn, discover, work, play and engage in challenging activities) and grow as an individual.

**Could the Collaborative Process offer clients the experience of safe haven and secure base that they have lost during the dissolution of the marital relationship?**

As noted earlier, divorce is a significant life event because it involves the termination of one of the strongest affectional bonds formed by adults. All or most divorcing people struggle with the psychological separation from their spouses and with the need to relinquish the strong emotional bonds that had developed in their courtship and marriage. From an attachment theory perspective, the end of a committed relationship represents the loss of two important emotional anchors for healthy human functioning: the presence and the availability of a trustworthy figure who is willing and able to provide a safe haven - for comfort and support; and the loss of a secure base - from which adults engage in exploration and acquire the confidence to overcome challenges. The absence of one or both of these important features of a marriage - for one or both partners - sets the stage for dysfunctional relations and eventual separation and divorce.<sup>13</sup>

The Participation Agreement (PA) is a key element of this process that is discussed between the client and the professional at the inception of the process. The PA is a contractual agreement that governs the behaviors, assumptions, boundaries and limitations of the process. This agreement is intended to protect clients from the adversarial process and its consequences. It is an expression of the intentions of all participants to equally share the responsibility to cultivate a feeling of safe haven and a secure base. This is done by actively restraining secrecy and urging transparency and by discouraging disparaging language and conduct that is oppositional. Stating and applying the rules for safe communication creates a sense of protection for the client in the process, by knowing that he or she will be shielded from blame and shame and from being interrogated about their integrity. We increase client's trust in the process - a trust that has just been lost in their marital relationship. By stipulating the roles and the responsibilities of each professional and by setting clear boundaries and expectations the client is presented with a predictable 'road map' and structure which is intended to reduce their anxiety and to set parameters for the Collaborative Process. This agreement can be viewed as the foundation for the 'safe haven' experience we would like to instill - a deep understanding of the philosophy and the

values that will guide this process. However, as we have all experienced in our work, even the most robust agreement cannot protect all clients when one spouse is consciously or unconsciously undermining the process. The experience of a *safe haven* requires that all signatories on the PA will strive to accomplish this goal, because even one weak link can undermine the whole process.

In addition, the Collaborative team is another key component of the process that is intended to assist in cultivating the experience of safety and growth for the clients. An assumption of attachment theory is that when individuals are distressed, they feel an urge to seek proximity to attachment figures who may be romantic partners, close friends, parents, or a trusted professional. As metaphor, the professional team can be seen and experienced as the parental figures responsible for the clients' emotional welfare through providing advocacy and containment. The experience of the team of professionals who are all responsible for nurturing strengths and avoiding fear tactics is a powerful component in this process. This experience is closely associated with the experience a child may have in a secure attachment relationship with parents. The knowledge that both parents will have their child's 'back', communicate effectively about their needs, support them in making sound decisions based on their goals, and provide containment for their distress, is a reassuring experience. This experience is particularly important when separating parents are struggling with a sense of failure and feeling overwhelmed by the responsibility for their children. The team, like the secure attachment figures, is responsible for projecting a soothing atmosphere while inspiring encouragement of new behavior and forgiveness for mistakes. The team role models and educates the client in how to pursue a different mind-set when dealing with their pain. With the team the client transforms this experience into a growth oriented one. A key aim for the Collaborative team is to expand the client's horizons from the immediate emotional turmoil to long-term goals, a movement from the experience of sufferer to having a sense of agency. The team, unlike the separating parents, can convey one coherent goal for the family and can hold all parties accountable to this goal. All provide a sense of hope. The team, as in a secure parent-child

Dr. Vellet is a Psychologist who is currently in private practice on Vancouver Island, including Courtenay and Comox. She has specialized in the areas of infant and early childhood mental health and caregiver-infant/child attachment. Dr. Vellet provides a wide variety of evidence-based, trauma-informed, and culturally safe assessment and intervention services for caregivers and infants/children experiencing challenges in their attachment relationships, consultation, training, and supervision to professionals, and is a court-appointed expert in these two areas in Alberta. Dr. Vellet has worked on the traditional territories of the Huu-ay-aht First Nations (Port Alberni), Squamish Nation (Shéwaynewas Family Program, Ayas Men Men Child & Family Services, North Vancouver), and Long Lake 58 First Nation (Long Lake, Ontario) and supported Indigenous families involved with the Calgary Urban Project Society, the BC Ministry of Children and Family Development, and Vancouver Aboriginal Child and Family Services Society. Dr. Vellet collaborates with professionals from various systems to address the developmental and mental health needs of infants and young children who have been placed in out-of-home care. Dr. Vellet also works as a Child Specialist offering an attachment-informed and team-based Collaborative Process to support families in transition related to separation and divorce. Dr. Vellet's previous academic appointments include as a Clinical Associate in the Department of Psychology at Simon Fraser University, as a sessional instructor in the Faculty of Education at the University of British Columbia, and in the Faculty of

Education at Vancouver Island University. Dr. Vellet is also an organic gardener and potter.



***Dr. Sonya Vellet ,  
PhD***

attachment relationship, will demonstrate empathy for the clients' feelings and can provide a role model for responsible parenting. Effective communication between team members is of the highest priority in facilitating clients' sense of safety in the process. Team members are committed to maintaining prompt communication and to resolving disagreements as they arise. In addition, repairing ruptures that occur in the relationships between the professional team members and clients is also very important. There is a shared understanding among team members that the cohesiveness of the team is a key factor in helping the two parties transcend their disagreements. As team members, we are obligated to understanding our client's deepest fears and goals and, at the same time, offering equal respect and attention to the other client's fears and goals. The team members demonstrate calmness, openness, decisiveness and responsiveness to the clients' concerns. Sensitive and compassionate reaction to the needs of the clients are the product of a well-functioning, efficient team, especially following the event of separation when one's own need for security has not been met. The sensitive responsiveness of the professionals to the clients' emotional cues is crucial in creating a Collaborative atmosphere. Identifying clients' needs and providing just the right support while giving a message of hope and trust in clients' ability to overcome this predicament can lower clients' anxiety and increase their trust in the process. The team, involving all the professionals, can represent and provide the caregiving and attachment behavior that the clients have lost.

### **Individual differences in attachment styles and the experience of emotional security.**

Each and every client is different and unique, therefore the way in which they experience and react to the loss of their committed relationship is distinctive. Attachment theory identifies five key features in client-professional communication that are linked to the most desirable outcome: 1) Interaction which aims at learning as much as possible about the client's needs, feelings, values and desires; 2) Actively engaging with the client to validate their emotional experience, while demonstrating a deep understanding of their experience; 3) A stance reflecting acceptance combined with an expectation of a little

more from the client than they currently believe they are capable of; 4) Sensitivity to any rupture in the relationship between the professional and the client and willingness to repair; 5) A readiness to comfort while setting appropriate limits for the interaction.<sup>14</sup>

Attachment theory assists the Collaborative professional in conceptualising clients' narrative and needs. It can help adjust the professional stance. A client who tends to hyper-activate their attachment system when distressed requires a different conceptualization and intervention than does a client who employs strategies to deactivate their attachment system when distressed. Shavar and Hazan described adults with the hyper-activated attachment system as having an ambivalent attachment

Yuval brings with him 25 years of clinical experience as a relationship and child therapist with special expertise in supporting couples through the dissolution of their intimate relations. Over the years he has practiced as divorce coach, child specialist, family therapist, and a trainer. Yuval joined the Vancouver BC Collaborative group in 2002, and since then has been an active member supporting and promoting the interdisciplinary team approach.. Yuval has been on the board of the IACP between 2013 – 2016. Yuval has taught basic, and advanced Interdisciplinary CP courses in Canada, England, Scotland, Holland, US, Panama and Israel. He presented in numerous IACP forums in North America and in Europe and taught in the IACP institute. When offering advance training, Yuval focuses on expending professional knowledge about the possibilities for couples to move from intimate relationship into a co-parenting. He also brings his knowledge and experience in using

attachment theory to facilitate a better understanding of couple's experience through their separation.



***Yuval Berger***  
***MSW, RSW***

style, as outlined earlier.<sup>15</sup> Although adults utilizing hyper-activated strategies seek approval and reassurance from others, this rarely relieves their self-doubt, feelings of powerlessness, and pessimism. In relationships, adults with the hyper-activated attachment system experience a deep-seated feeling that they are going to be rejected, and this, in turn, causes worry and lack of trust.

On the other hand, adults who employ strategies to deactivate their attachment system, also known as an avoidant attachment style, employ different strategies when dealing with distress in relationship. Following a breakup, individuals with an avoidant attachment style seem to be less emotionally close to romantic partners, to self-disclose less, to dislike physical and emotional intimacy, and to grieve less, in comparison to non-avoidant adults. While they need to be perceived and present themselves as highly self-reliant, they are extremely sensitive to rejection, hence they harbor considerable amount of rage.

When faced with conflict in their interpersonal relationship, the client with ambivalent attachment characteristics tends to appraise the conflict in catastrophic terms, dwell on negative emotions and thoughts and ruminate obsessively. The client is likely to seek social support, however, utilize it ineffectively by overwhelming the listener with their feelings, while being hesitant to take in their advice. When negotiating with their partner, a client with an ambivalent attachment style is likely to either try to dominate the interaction (in an effort to get their own needs met) or to agree submissively to the partner's demands to avoid rejection. They often anticipate being disappointed by their close relationships and are prone to being dissatisfied with the professional who supports them through the crisis. Their defense against the projected dissatisfaction is often a protest behavior, including complaining, blaming and grumbling. Their worry about their needs not being met compels them to flood the negotiation discourse with many details describing their predicament, while not conveying a coherent statement. In spite of the excessive verbiage, they might protest that their issues were not listened to and complain about not having enough 'airtime' during the negotiation. When assisting these clients, the Collaborative professional should maintain proximity to

## INTRODUCTORY AND INTERDISCIPLINARY COLLABORATIVE PRACTICE TRAINING



***Bring an Introductory Training  
to your hometown!***

IACP has some of the best trainers in the business on its faculty, and you can bring trainers to your local community. Our Introductory Interdisciplinary Trainings are designed to make Collaborative training accessible to new communities around the globe - we now have trainers or teams on four continents!

For more information, visit our training webpage at [collaborativepractice.com/introductory-collaborative-practice-training](https://collaborativepractice.com/introductory-collaborative-practice-training)

**IACP** INTERNATIONAL ACADEMY OF  
COLLABORATIVE PROFESSIONALS





**We are delighted to announce  
our training faculty!**

**Our IACP Training Faculty  
Members include:**

Lisa Alexander, BA, LLB	Cassandra Pullos LLB, Nationally Accredited Mediator and Arbitrator, Accredited specialist (Family Law)
Simona Ardesi, JD	Anne Purcell, PhD, M Ed, B Ed ST Hons, Dip T
Yuval Berger, MSW	Clarissa Rayward
Sheila I. Brown, MSW, RSW	Anne-Marie Rice BA LLB (Hons)
Marília Campos Oliveira e Telles, BA, LLB	George Richardson, JD
Olivia Fürst	Lisa Schneider, CDFA™, CFP®
Jacinta Gallant, BA, LLB	Donna Smalldon, MBA, CDFA™, CFP®
Isabella Gandini, MHP	Victoria Smith, JD
Mariette Geldenhuys, LLB	Linda Solomon, LPC, LMFT
Kim Gordon, JD	Laurie Stein, LLB, MSW, RSW
Deborah Graham, LLB	Gaylene Stingl, MST, CPA, CVA
Barbara Hummel, LPC	Pauline Tesler, JD
Barbara Kelly, Ph.D. LLC	John Thynne, FCA, F.Fin, Dip.Fin.Serv.
Kristin Little, MA,MS, LMHC	Shelby Timmins
Diana Martinez	John Twitchell, CDFA
Maria Izabel Montenegro, MBA, CFP	J. Mark Weiss, JD, CDFA
Cheryl Panther, CPA/PFS, ADFA/CDFA	Elisabetta Zecca, JD
Patricia Peters MBA MPAcc CFP	

the client (i.e., sitting arrangement) and actively engage in their narrative. In order to assist the client when they are feeling overwhelmed by their emotions, the professional could support by organizing the client's experience into a coherent narrative as well as help in prioritizing their goals. This engagement will promote the client's experience of being heard and could assist in avoiding the client's anticipated disappointment of the professional or the process. This client would likely require more personal support from their lawyer or coach in the form of frequent phone calls, pre-briefing and debriefing after meetings. However, setting limits and providing clear guidelines about professionals' fees are important to avoid complaints about charges. As described above, clients with an *ambivalent attachment style* tend to overwhelm their support system and are quick to feel disappointed in relationships even with their close friends. The anticipated disappointment could be compounded by their recent experience of loss. The Collaborative coach could guide the client in how to maintain their support network effectively while avoiding further losses of relationships. These clients need to be frequently reassured that their advocate – their coach or lawyer - 'has their back'.

The client with *avoidant attachment* characteristics, in their attempt not to feel overwhelmed by the intense emotions associated with a conflict, will try and avoid the conflict as it might interfere with their sense of autonomy and invite vulnerability. As a result, they are likely to downplay the significance of the conflict, while minimising or dismissing their and/or their partners' feelings and concerns. They might downplay the hurt they, or their family members, have experienced and will often use few words to describe their emotions. They tend to withdraw from a conflict resolution process and show less confidence in the ability of the process to resolve conflict. Often they will look for a 'quick solution' by downplaying the relational aspect and the pace of the Collaborative Process. Contrary to the client with an ambivalent attachment style, they are less likely to engage in support-seeking under stress, instead employing self-reliant techniques. In an attempt to lessen the conflict they may be less likely to divulge all the information that is relevant to the conflict and will prefer to 'keep their cards close to their chest'.

Supporting clients with an avoidant attachment style proves to be no less challenging than supporting the clients with an ambivalent attachment style. With the client with an avoidant attachment style, it is imperative for the professional to explain the relational aspect of the Collaborative Process and demonstrate how the support for the whole system (i.e., the family) could be advantageous for the client. The communication with this client should highlight the transactional nature of the negotiation process by demonstrating, for example, that accommodating or acknowledging their ex-spouse's wishes and concerns may be financially beneficial for the client. The client should be encouraged to be transparent with information and open about their needs, as this will allow the professional to better advocate on their behalf. Reminding a client with an avoidant attachment style about their tendency to devalue the emotional needs and dependency in others should be highlighted and possibly confronted as it might undermine the essence of the Collaborative Process and a core value of the process. Feedback to the client about their posturing and the impact it might have on their ex-spouse should be noted and explained. For example, it can be explained that they might be experienced as non-caring, and that their behaviour might trigger additional defences in the ex-spouse leading to less cooperation.

A fourth prototype/style of attachment in the adult is the disorganized attachment. Disorganized attachment is described by Mary Main as “a collapse of behavioural strategies of attachment behaviour.”<sup>16</sup> This style is marked by the inconsistent and disorganized style of insecure attachment behaviour. Adults with disorganized attachment show multiple, contradictory attachment behaviour – both deactivating and hyper-activating. They have more dissociative experiences and often are in a state of high fear arousal. They have a poor capacity for affect regulation, which contributes to their chronic negative affect states. In a close relationship they can easily shift between highly negative to a highly idealised view of self and other. During interpersonal conflict they can use a blend of contradictory approach/avoidance behaviour, both highly anxious and highly avoidant strategies which could be confusing to their partner.

For the professional who supports the client who exhibits this style, it is especially important to act consistently as a source of safety that aims to be calming, soothing and reassuring. Because disorganized clients show both deactivating and hyper-activating attachment behaviour the professional's stance must be actively engaging, without involving the client in the professional's state of mind.<sup>17</sup> The qualities which the professional should embody are to be comforting, fearless, confident, accepting, welcoming, determined and proactive.

Viewed from the lens of attachment theory and research, the transformative power of the Collaborative Process derives primarily from the relational aspect of this process. By providing the client with an experience of being recognized, fully understood and genuinely cared for, the client can be inspired to participate in the process with less rigidity and more openness for exploring positive alternatives for their post-separation lives. For us, the professionals, the theory helps in conceptualizing, defining, and tailoring the support needed for each and every client, as it provides us with a ‘roadmap’ for work. Understanding attachment theory and its implications for this process moves us beyond an instinctual, gut-level response, to an informed, knowledge-based, organizing, and substantiated professional involvement.

## Notes

<sup>1</sup> Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.

Cassidy, J. (2016). The Nature of the Child's Ties. In J. Cassidy and P. R. Shaver (eds). *Handbook of Attachment: Theory, Research, and Clinical Applications*, 3rd ed. New York: The Guilford Press.

<sup>2</sup> Winnicott, D. W. (1965). *The maturational processes and the facilitating environment*. London: Hogarth Press.

Stern, D. N. (1998). The process of therapeutic change involving implicit knowledge: Some implications of developmental observations for adult psychotherapy. *Infant Mental Health Journal*, 19, 300-308.

Cassidy, J. (2016). The Nature of the Child's Ties. In J. Cassidy and P. R. Shaver (Eds). *Handbook of Attachment: Theory, Research, and Clinical Applications*, (pp. 3-24), 3rd Ed. New York: The Guilford Press.

<sup>3</sup> Bowlby, J. (1980) *Loss, Sadness, and Depression, Vol. 3 of Attachment and Loss*. London: Hogarth p. 442.

Cassidy, J. (2016). The Nature of the Child's Ties. In J. Cassidy and P. R. Shaver (Eds). *Handbook of Attachment: Theory, Research, and Clinical Applications*, (pp. 3-24), 3rd Ed. New York: The Guilford Press.

<sup>4</sup> Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. N. *Patterns of attachment: A Psychological Study of the Strange Situation*. New York: Psychology Press, 1978.

Granqvist, P. et al. (2017). Disorganized Attachment in Infancy: A Review of the Phenomenon and its Implications for Clinicians and Policy-makers. *Attachment and Human Development*, 19, 534-558,

<sup>5</sup> Granqvist, P. et al. (2017). Disorganized Attachment in Infancy: A Review of the Phenomenon and its Implications for Clinicians and Policy-makers. *Attachment and Human Development*, 19, 534-558,

<sup>6</sup> Main M., & Solomon J. (1986). Discovery of a new, insecure-disorganized/disoriented attachment pattern In M. Yogman & T.B. Brazelton (Eds.), *Affective development in infancy* (pp. 95-124). Norwood, NJ: Ablex.

Main M., & Solomon J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth Strange Situation In M.T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the preschool years* (pp. 121-160). Chicago, IL: University of Chicago Press.

<sup>7</sup> Granqvist, P. et al. (2017). Disorganized Attachment in Infancy: A Review of the Phenomenon and its Implications for Clinicians and Policy-makers. *Attachment and Human Development*, 19, 534-558.

<sup>8</sup> Sroufe, L. A., Egeland, B., Carlson, E., & Collins, W.A. (2005). *The development of the person: The Minnesota Study of Risk and*

*Adaptation from Birth to Adulthood*. New York: Guilford Press.

<sup>9</sup> Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. N. *Patterns of attachment: A Psychological Study of the Strange Situation*. New York: Psychology Press, 1978.

Mikulincer, M. & Shaver, P. R. (2007). *Attachment in adulthood: Structure, dynamics, and change*. New York: Guilford Press.

<sup>10</sup> Daniel, S.I.F. (2015). *Adult attachment patterns in a treatment context: Relationship and narrative*. London: Routledge. p. 13.

<sup>11</sup> Crowell, J.A. & Hauser, S.T. (2008). AAIs in a high-risk sample: Stability and relation to functioning from adolescence to 39 years. In H. Steele & M. Steele (Eds.). *Clinical Applications of the Adult Attachment Interview*. New York: Guilford Press.

<sup>12</sup> Daniel, S.I.F. (2015). *Adult attachment patterns in a treatment context: Relationship and narrative*. London: Routledge. p. 13.

Tyrrell, C.I., Dozier, M., Teague, G.B., & Fallot, R.D. (1999). Effective treatment relationships for persons with serious psychiatric disorders: The importance of attachment states of mind. *Journal of Consulting and Clinical Psychology*, 67, 725-733.

<sup>13</sup> Feeney, B.C. & Monin, J.K. (2016). Divorce through the lens of attachment theory. In J. Cassidy and P. R. Shaver (Eds). *Handbook of Attachment: Theory, Research, and Clinical Applications*, (pp. 941-965), 3rd Ed. New York: The Guilford Press.

<sup>14</sup> Wallin, D.J. (2007) *Attachment in Psychotherapy*. Guilford Press.

<sup>15</sup> Hazan, C. and Shavar, P. (1987) *Romantic Love Conceptualized as an Attachment Process Journal of Personality and Psychology* 52(3), 511.

<sup>16</sup> Main, M. Recent studies in attachment: Overview, with selected implications for clinical work. 1995.

<sup>17</sup> Brown, D. P., & Elliott, D. S. (2016). *Attachment disturbances in adults: Treatment for comprehensive repair*. WW Norton & Company.