

Overview of the Three Pillars Model of Attachment Treatment

(Brown & Elliott, 2016)

The Importance of Understanding and Treating Attachment Problems

- Depending on countries and groups assessed, the prevalence of insecure attachment is 30 - 92%.
- Insecure attachment is associated with problems in:
 - self experience (self-esteem; stability and clarity of sense of self; organization of mind)
 - relationship experience (excessive anxiety/preoccupation or/and avoidance)
 - emotion experience (recognizing emotions; being able to regulate emotions; self-soothing)
- Insecure attachment greatly increases the risk for developing mental health problems.
- For someone who has experienced trauma, treating any pre-existing attachment problem will make the trauma treatment less difficult and more efficient.

The Three Pillars of Comprehensive Attachment Treatment

Each "pillar" is a dimension of functioning known to be an important aspect of secure attachment, so their integration in therapy leads to comprehensive, effective, and efficient treatment.

The First Pillar: Creating a New, Positive Internal Working Model (IWM) of Attachment

The therapist helps the patient to *imagine feeling as a young child* and to create and engage with *imagined ideal parent figures (IPFs)* and secure attachment experience with them.

The primary agent of change is the *patient's relationship with the imagined IPFs*, rather than the relationship with the therapist.

- imagination directly creates *internal representations*.
- the medium of internal representation is efficient for creating a new IWM, which is also an internal representation.
- *patient-as-child* relating with *imagined adult IPFs* is more consistent with the actual developmental conditions during attachment formation than is adult patient relating with adult therapist.
- in experiential imagery, *time can be expanded*, which allows the patient to have experience with the IPFs that is *much longer* than a 50-minute psychotherapy session.

The IPF method (and all three pillars) is applied *in the context of the therapeutic relationship*, in which the therapist does his or her best to embody the qualities that support security.

The Second Pillar: Developing a Range of Metacognitive Skills

Existing approaches that promote metacognitive functioning, such as Mentalization-Based Treatment (MBT), are integrated into the Second Pillar.

In addition, a *wider range* of metacognitive potentials are included, and new techniques too.

The Third Pillar: Enhancing Collaborative Abilities

All good therapy is collaborative. The Third Pillar places specific focus on collaborative and non-collaborative verbal and non-verbal behavior of the patient and the therapist.