RESPECTIVE CONTRIBUTIONS OF THERAPIST AND CLIENT ADULT ATTACHMENT ORIENTATIONS TO THE DEVELOPMENT OF THE EARLY WORKING ALLIANCE: A PRELIMINARY GROWTH MODELING STUDY

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The authors investigated the temporal relationship between client and therapist attachment orientations and early working alliance. Attachment was measured by self-report after the 1st session of therapy. The working alliance ratings were completed after the 1st, 4th, and 7th therapy sessions. Hierarchical linear modeling results indicated that anxiously attached therapists had a significant positive effect on the client working alliances after the 1st session but significant negative effects over time. No other therapist or client attachment variables or related interactions had a significant effect on client working alliance ratings. Results also indicated that time was a significant positive predictor of client working alliance ratings.

The quality of working alliance, or the underlying change-inducing relationship between therapist and client, is regarded by some as the most important process variable in contemporary psychotherapy research (Sexton & Whiston, 1994). In fact, the working alliance, measured early in therapy, has been consistently linked to a range of positive therapy outcomes (see Horvath & Symonds, 1991; Martin, Garkse, & Davis, 2000, for meta-analytic reviews) across a variety of different interventions (Horvath & Luborsky, 1993). Yet despite its moderately strong association with positive therapeutic outcomes, relatively few studies have concurrently explored the unique contributions of therapist and client characteristics to the development of the early working alliance.

Although initially grounded in psychoanalytic theory, over the past several decades other theoretical frameworks have been used to conceptualize the therapeutic working alliance (see Martin et al., 2000). Although these varied conceptualizations

have spawned alternative measures of the working alliance, none has generated more theoretical and empirical attention than Bordin's (1979) pantheoretical conceptualization. Bordin described the working alliance as the change-inducing counseling relationship reflecting the degree to which client and therapist experienced a sense of collaboration within the therapeutic relationship.

Subsequent empirical investigations of the working alliance suggested that certain client (e.g., expressed hostility, quality of interpersonal relationships, relationship expectations) and therapist (e.g., training level, clinical intentions, relationship expectations) characteristics or factors may indeed impact the development of the working alliance (Al-Darmaki & Kivlighan, 1993; Dykeman & LaFleur, 1996; Kivlighan & Schmitz, 1992; Kokotovic & Tracey, 1990; Mallinckrodt & Nelson, 1991). However, uncertainty persists as to which therapist and client factors contribute to working alliance development. Thus, there is a continuing need for theory-driven research capable of addressing this important empirical gap.

Attachment theory (Bowlby, 1969/1982, 1988) offers a useful lens for exploring the relation between client and therapist interpersonal stances and the development of the working alliance. According to theory, as a function of their early relationships with primary caregivers, human beings form integrated cognitive appraisals of their own competence and lovability and of the dependability and trustworthiness of these attachment figures. This internal working model of self and other is further assumed to be carried forward in the course of development and to predict individuals' interpersonal strategies for managing the experiences of closeness and distance in their intimate adult relationships. Persons with a secure attachment orientation are presumed to have internalized positive views of both self and other and to experience comfort with interpersonal closeness and separateness, whereas those with an insecure attachment orientation are assumed to have adopted a negative self model, a negative other model, or both. As a result, their interpersonal strategies in close relationships are likely to reflect anxiety about separateness, a discomfort with closeness, or a combination of these dispositions.

Researchers have used two general approaches to the measurement of adult attachment: the narrative or interview approach and, more commonly, self-report instruments. The narrative approach yields respondents' current state of mind with respect to early relationships with their parents, whereas self-report measures gather more conscious information about one's feelings about oneself, others, and close relationships. Both interview and self-report measures are capable of yielding three or four categorical styles or continuous scores that assess underlying dimensions/orientations of attachment security and avoidance (Lopez, 2003). Still, considerable debate remains regarding whether interview and self-report methodologies are tapping the same phenomena (Eames & Roth, 2000). In this study, we used a self-report measure to assess two primary dimensions of adult attachment (i.e., anxiety and avoidance).

Although attachment theory provides a useful framework for exploring the therapeutic relationship (e.g., Mallinckrodt, 2000; Mallinckrodt, Gantt, & Coble, 1995; Pistole, 1989), empirical work in this area has been limited. Mallinckrodt (1991) reported that memories of early parental bonds, especially with fathers, were related to therapist third-session alliance ratings. Similar findings emerged in a subsequent study that reported that recalled parental bonds accounted for significant variance in working alliance ratings (Mallinckrodt, Coble, & Gantt, 1995). Elsewhere, Satterfield and Lyddon (1995) reported that clients with secure attachment styles were more likely to form positive alliances with their counselors, whereas fearfully attached clients were more likely to form negative alliances.

Moving beyond single time-point assessments of the working alliance, Eames and Roth (2000) found that adult attachment styles were significantly related to working alliance ratings across early therapy sessions. In particular, fearful attachment was associated with lower alliance ratings, whereas secure attachment styles predicted more favorable alliances. According to these authors, "the present study suggests that attachment concerns may have more of an impact on the alliance as it develops over time" (p. 430).

Empirical research on the impact of therapists' (or clinical case manager) attachment characteristics on the development of the working alliance has been especially meager. Dunkle and Friedlander (1996) reported that, early in treatment (between the 3rd and 5th sessions), therapists who reported comfort with intimacy were more likely to perceive more positive alliances with their clients. Elsewhere, Dozier, Cue, and Barnett (1994) found that clinical case managers' attachment style classifications were related to their clinical intervention strategies. Specifically, secure case managers were more likely to respond to clients' underlying needs, whereas insecure case managers attended to only the most obvious need. In addition, case managers with preoccupied orientations intervened more intensely than did their dismissing peers. Finally, Tyrrell, Dozier, Teague, and Fallot (1999) found that dissimilarity of client and clinician attachment on the deactivating (vs. hyperactivating) dimension appeared to enhance the therapeutic relationship.

Along this general line of inquiry, researchers now consider time to be a critical factor in working alliance development, but there are contrasting perspectives about the phases or stages of alliance development (Hill & Williams, 2000). For example, Gelso and Carter (1985) proposed that, in briefer treatments, "an initially sound working alliance will subsequently decline, but in successful therapy this decline will be followed by an increase to earlier, high levels" (p. 338). This proposed high-low-high pattern of working alliance development has been supported by two small clinical studies (Golden & Robbins, 1990; Horvath & Marx, 1990). However, Bachelor and Salame (2000) found that client working alliance ratings did not demonstrate significant average changes over the course of therapy.

Kivlighan and Shaughnessy (1995) reported yet another pattern of alliance development. In their study of 21 therapist–client dyads, Kivlighan and Shaughnessy found a linear growth pattern in client working alliance ratings over time (i.e., at the third counseling session, midpoint of treatment, and final session) and reported that linear growth was related to client outcome. This study is noteworthy because it was the first to use hierarchical linear modeling (HLM) to investigate counseling-related research. Moreover, these findings were supported by another longitudinal clinical study using HLM (Piper, Bororoo, Joyce, McCallum, & Azim, 1995).

In short, controversy persists with regard to the impact of time on working alliance development. As suggested by Hill and Williams (2000), more empirical work is needed to evaluate the changes in the alliance over time and to study the effects of the initial strength of the alliance on the course of the alliance.

In sum, the larger working alliance literature has shown some links between client and therapist factors and the early working alliance. An emerging line of inquiry has reported associations between client or therapist attachment and working alliance. Although findings from these early studies are promising and suggest that attachment theory may provide a framework for exploring the development of the counseling relationship, they share some noteworthy limitations. For instance, these studies generally examined either client or therapist attachment-related dynamics (but not both concurrently), relied on single-time point assessments (i.e., typically at the

third counseling session), and assessed either therapist or client perspectives on the working alliance. Thus, these results address the status of the working alliance at a particular point in therapy (typically at the third session) but preclude assessment of the conjoint contributions of client and therapist attachment characteristics to working alliance growth patterns.

The current study used HLM to explore the relations between client and therapist attachment orientations and the formation of their early working alliance. In particular, it explored how clients' and therapists' attachment orientations influenced growth patterns in alliance development. Drawing from attachment theory and available theory-guided empirical studies, we hypothesized a significant, positive relationship between time and early working alliance ratings. That is, in line with the larger literature linking adult attachment to functioning in close relationships, we anticipated that clients and therapists would develop closer relationships over time. We also anticipated that client and therapist attachment insecurity would have a significant, negative effect on first-session alliance ratings and explain variance in initial alliance ratings between dyads. Finally, we expected client and therapist attachment insecurity to have a significant, negative effect on alliance ratings over time and explain variance in alliance ratings between counseling dyads over time.

Method

Procedures

This study used a naturalistic design in which data were collected as part of the treatment-as-usual. Therapists were recruited from graduate-level clinical training courses, university counseling centers, and community counseling centers to participate in a study that aimed "to learn more about characteristics that contributed to the development of therapeutic relationships." After agreeing to participate, therapists were asked to recruit one or more of their newly assigned clients whom they planned to see for at least seven sessions to participate in this clinical study. The purpose and nature of the study were outlined in the consent form. Participants were asked to sign a consent form and to complete the survey packets. Immediately after the first counseling session, therapists and clients completed the self-report measures of adult attachment and working alliance and a demographic information sheet. After the fourth and seventh sessions, only the working alliance measure was completed. Client and therapist survey packets were returned to the examiner in sealed envelopes. As an incentive, all client and counselors who finished the study received a small monetary gift ($10.00 video rental gift certificate). To ensure confidentiality and anonymity, surveys were coded and no identifying information was requested from clients. Clients were also informed that therapists would not be seeing their survey responses.

Participants

Therapists. Of the 20 therapists who began the study, 7 had clients unilaterally terminate before the seventh session. Only the 13 therapists (3 men and 10 women) with complete data are included. The mean age of this sample was 29.15 years (*SD* = 7.94 years; range = 23–44 years); 77% of the sample were Caucasian and 23% were African American. A majority of the therapists (85%) reported that they were cur-

rently enrolled in a counseling or psychology graduate program. Five (38%) of the therapists had little or no therapy/counseling experience (0–1 years), 5 (38%) had some experience (2–4 years), and 3 (23%) had a moderate to high level of experience (5 years or more). Therapists' self-reported primary theoretical orientations were psychodynamic (23%), eclectic (23%), cognitive–behavioral (31%), and systems (23%). Four therapists contributed 2 clients to the study, and 9 contributed 1 each.

Therapy received. On the basis of therapists' self-reported primary theoretical orientations, 4 clients received psychodynamic therapy, 5 received cognitive–behavioral therapy, 5 eclectic therapy, and 3 systems therapy. Clients were seen for weekly, 50-min individual therapy sessions. Ten clients were seen at university counseling centers and 7 were seen in community counseling agencies. Although the duration of treatment was not standardized across the different clinical settings, most clients were seen under treatment models that intended to be brief.

Clients. Of the 28 clients who began the study, 11 unilaterally terminated before the seventh session. Only the 17 clients (6 men and 11 women) with complete data are described. The mean age of this sample was 32.75 years (*SD* = 10.85 years; range = 20–56 years), and ethnic group representations were Caucasian (88%) and Asian American (12%). Clients were mostly single (59%); all had at least a high school diploma, and 59% had obtained an advanced degree. A majority of the sample (65%) reported that they had received previous counseling.

Instruments

Adult attachment was measured by the Adult Attachment Inventory (AAI; Simpson, 1990; Simpson, Rholes, & Nelligan, 1992). This 13-item self-report instrument used a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*) to measure adult attachment orientations. Respondents were asked to describe how they typically felt about romantic partners in general. The AAI provided two factor analytically derived subscales related to attachment. The Avoidance subscale (eight items) assesses respondents' comfort in close relationships (e.g., "I'm not comfortable having others depend on me"). The Anxiety subscale (five items) taps the level of tension or worry about these relationships (e.g., "I often worry that my partner[s] don't really love me"). Higher scores on these two subscales respectively indicate greater orientation toward attachment-related avoidance and anxiety. Adequate construct validity for these two subscales has been demonstrated (Simpson, 1990). The Avoidance subscale demonstrates acceptable internal consistency (.81–.83), whereas the consistency of anxiety subscale has been moderate (.58–.70; Lopez et al., 1997; Simpson et al., 1992). In the current study, the obtained Cronbach's α coefficients for clients were .83 and .70 for the Avoidance and Anxiety subscale scores, respectively; for therapists, the obtained Cronbach's α coefficients were .85 and .54 for the Avoidance and Anxiety subscale scores, respectively.

The alliance was measured by the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989). This 36-item self-report instrument used a 7-point rating scale ranging from 1 (*never*) to 7 (*always*) to measure the quality of the working alliance. Parallel forms are available for the client (WAI-C) and therapist (WAI-T). Horvath (1994) reported that "a number of separate investigations provide support of the WAI's validity" (p. 115). Although the WAI used three different subscales (Bonds, Goals, and Tasks), empirical evidence examining its factor structure has suggested that "one

overriding alliance factor appears to be the most salient dimension measured by the WAI" (Tracey & Kokotovic, 1989, p. 209). The overall WAI demonstrates acceptable internal consistency across client and therapist ratings (see Martin et al., 2000). In the current study, the obtained Cronbach's α coefficients for the total WAI-C were .92, .81, and .81 for Times 1, 2, and 3, respectively. Cronbach's α for the total WAI-T were .89, .91, and .86 for Times 1, 2, and 3, respectively.

Data-Analytic Approach and Procedure

Changes in working alliance ratings by clients over the three time points measured were assessed through growth modeling using HLM (see Bryk & Raudenbush, 1992). Only the 17 dyads with complete data were used to run the HLM analysis. Two models were examined: the within-client model (Level 1) and the between-client model (Level 2). At Level 1, changes across time were assessed. At Level 2, attachment variables were examined.

HLM assumes linear relationships. Each case was visually examined, but the test of linearity was done by dropping the middle time point. That is, a dummy variable removing the middle time point was used to test whether this would alter the model. Because it did not, linearity was assumed. In addition, the effect of therapists having multiple clients was assessed similarly and was not found to alter the results.

Model building proceeded step by step, beginning with an unconditional model without predictors. Predictors that were significant at Level 1 were kept in the model, and then predictors that were significant at Level 2 were added to find the most complex model with the best fit to the data. Only significant predictors were kept in the model. The computer program used was HLM for Windows v4.01.

Results and Discussion

The results of this preliminary growth modeling study are consistent with an emergent line of inquiry that has identified important relations between client and therapist adult attachment orientations and the development of the working alliance. Noteworthy were the findings indicating that therapist attachment anxiety may be meaningfully related to the development of the early working alliance.

A series of correlational analyses conducted on the entire sample ($N = 28$) determined that neither therapist nor client background variables were systematically related to attachment or working alliance measures; therefore, these variables were not controlled in subsequent analyses. The t-test analyses indicated that the therapist AAI scores did not predict client dropout. Likewise, t-test analyses indicated that clients who completed all seven counseling sessions ($n = 17$) and those who dropped out prematurely ($n = 11$) did not significantly differ from one another with regard to their respective scores on initial AAI or WAI ratings. However, relative to those clients who dropped out prematurely, completers were significantly older, $t(25) = 2.14$, $p < .05$, and had obtained higher education levels, $t(26) = 4.12$, $p < .001$. A chi-square analysis indicated that the groups were not significantly different in terms of gender, martial status, or whether they had received previous counseling.

To assess the strength of the relationships among client and therapist AAI subscale scores (Avoidance, Anxiety) and WAI ratings across the three time points, a series of intercorrelations were computed. Results indicated that client and therapist working alliance ratings were significantly related at Time 1 ($r = .42$, $p < .05$) and Time 2

($r = .62$, $p < .05$), but not Time 3 ($r = .10$). Interestingly, therapist attachment anxiety was positively associated with client WAI ratings at Time 1 ($r = .40$, $p < .05$).

Table 1 displays the means and standard deviations for client and therapist working alliance ratings across the three time points. In general, these working alliance scores were consistent with those observed elsewhere (e.g., Mallinckrodt, 1993). These data also indicate that the average working alliance ratings by clients and therapists who completed the study increased across the three time points.

HLM Analyses Fixed Effects

In the unconditional model, the mean working alliance parameter, a fixed effect, was estimated (Table 2; for clarification of terms, see Bryk & Raudenbush, 1992). At Level 1, parameters for mean initial ratings and mean changes in ratings were estimated. Time was a significant, positive predictor of client working alliance ratings, with the largest effect at the initial session. At Level 2, the mean effects of therapist attachment anxiety on client working alliance ratings across time were estimated. Therapist attachment anxiety had a small, significant, positive effect on initial ratings and a small, significant, negative effect on changes in ratings.

The current study was primarily interested in exploring how AAI attachment orientations of clients and therapists impacted the time–early working alliance relationship, and we specifically predicted that attachment insecurity would have a significant, negative effect on first-session alliance ratings and explain variance in initial working alliance ratings. Our results provided mixed support. Only therapist attachment anxiety explained significant variation in client working alliance ratings across dyads. Surprisingly, therapist attachment anxiety had a significant, positive effect on initial client working alliance ratings. Because insecurity is not generally considered positive, we did not anticipate this finding. Nonetheless, at the outset of therapy, the current sample of clients reported a stronger connection or sense of collaboration with therapists who manifested higher attachment-related anxiety. Although this finding is tentative, understanding therapist factors that impact clients' initial impressions of the therapeutic relationship may warrant further study given the high proportion of clients who drop out of therapy after the first session.

We next expected attachment insecurity to have a significant negative effect on client working alliance ratings and explain variance between dyads across time. Again, our results provided partial support for this prediction. Therapist attachment anxiety was the only attachment variable that helped to explain variability in client working alliance ratings. Likewise, only therapist attachment anxiety had a significant negative effect on client working alliance ratings across time. That is, the more attach-

TABLE 1. Client and Therapist Working Alliance Inventory (WAI) Scores Over Time

Measure	Time 1		Time 2		Time 3	
	M	SD	M	SD	M	SD
Client WAI	199.12	31.23	218.29	13.94	221.88	13.90
Therapist WAI	192.24	21.98	201.94	19.90	210.18	13.87

Note. $N = 17$. Time 1 = after first counseling session; Time 2 = after fourth counseling session; Time 3 = after seventh counseling session.

TABLE 2. Effect of Therapist Anxiety on Growth Parameters for Client-Rated Working Alliance and Variance Components

Fixed effect	Coefficient ± SE	t	r
Unconditional model			
Mean working alliance	213.10 ± 3.71	57.41**	.99
Level 1: model with time			
Mean initial rating	201.72 ± 6.77	29.79**	.99
Mean change in rating	3.79 ± 1.26	3.02*	.60
Level 2: model with therapist anxiety			
Initial rating	154.92 ± 15.96	9.71**	.93
Change in rating	15.05 ± 3.17	4.83**	.77
Therapist anxiety on initial rating	3.44 ± 1.13	3.06*	.61
Therapist anxiety on change	−0.83 ± 0.22	−3.77**	.69

Random effect	Variance component ± SD		χ^2
Unconditional model			
Working alliance	460.57 ± 21.46		
Level 1: model with time			
Working alliance	204.20 ± 14.29		
Initial rating	609.10 ± 24.68		73.25**
Change in rating	15.58 ± 3.95		37.71*
Level 2: model with therapist anxiety			
Working alliance	174.09 ± 13.19		
Initial rating	469.76 ± 21.67		63.02**
Change in rating	7.79 ± 2.79		24.34
Final model without change in rating			
Working alliance	243.49 ± 15.60		
Initial rating	151.63 ± 12.31		43.01**

Note. $N = 17$. r = effect sizes (all effect sizes large: $r > .50$).
*$p < .01$. **$p < .001$.

ment anxiety therapists endorsed, the more client ratings of the working alliance decreased over time. This finding is congruent with attachment theory (Bowlby, 1969/1982, 1988), as well as with other clinical studies reporting that therapists' own attachment orientations influence the process of psychotherapy or the early working alliance (Dozier et al., 1994; Dunkle & Friedlander, 1996; Tyrrell et al., 1999). However, the current study extends this literature by moving beyond single-time-point assessments of the working alliance.

This finding also lends direct support to one study that reported "the security of case managers appears particularly important in their ability to respond therapeutically to the individual needs of clients" (Dozier et al., 1994, p. 798). Taken together, these findings indicate that therapist attachment insecurity, especially attachment anxiety, may be associated with problematic clinical intervention strategies or with particular problems building early working alliances.

HLM Analyses Random Effects

Random effects were also assessed (see Table 2). At Level 1, time explained substantial variation in working alliance ratings. At Level 2, therapist attachment anxiety helped explain a small, additional proportion of working alliance ratings and ex-

plained a great deal of variation in initial ratings. The change in ratings term was removed because of nonsignificance. The final between-client model consists of a 75.11% reduction in variance (proportion of initial ratings explained), whereas the final within-client model consists of a 47.13% reduction (proportion of working alliance explained).

The utility of HLM analyses is demonstrated in random effects. There is substantial variation in initial ratings of working alliances, and this variation at Time 1 is best explained by therapist attachment anxiety. The most powerful relationship in this study is the most unexpected finding. One possible explanation is that anxious therapists (i.e., those with negative models of self and positive models of others) are better at perceiving variation in others and responding differently depending on the needs of the other person because they are highly invested in establishing connections.

A main limitation of this study was the small size of the total sample. In fact, of the 28 clients who began the study, 11 (or 39%) unilaterally terminated before the seventh session. Only the 17 dyads with complete data were used to run our primary HLM analyses. Although this attrition rate is comparable to other longitudinal clinical studies (Tyron & Kane, 1993), the current results should be considered tentative pending replication of this study with a larger clinical sample.

Several lessons can be learned from this preliminary study regarding the design of future naturalistic studies. First, this study relied exclusively on therapist and client self-reports of the working alliance and not did not gather any information on the pathology of clients or presenting complaints. The absence of this information reduces the generalizability of results and potential for replication. If possible, future studies should gather this information from therapists or seek permission from clients to access their clinical records. Second, this study was designed to explore the early "process" of counseling. Thus, we did not gather information about counseling outcome. In hindsight, this additional information would have strengthened our study by permitting us to examine how attachment and alliance-related changes are systematically related to counseling outcomes. Future studies should administer standardized outcome measures on a repeated basis. Third, with respect to the assessment of adult attachment, we relied on a multi-item measure of adult attachment (AAI) that had previously demonstrated moderate to acceptable internal consistency. Unfortunately, in the current study, this measure demonstrated marginal reliability, which may have attenuated our findings. Since our data were gathered, however, a psychometrically sound, multi-item self-report measure of adult attachment has been developed (Brennan, Clark, & Shaver, 1998) that yields reliable scores on each of the two underlying dimensions of adult attachment (anxiety and avoidance). Fourth, data obtained in the current study pertained to a relatively early and brief period of therapy. By extending data collection, future investigators could examine impact of client and therapist attachment on working alliance over the entire course of treatment. Fifth, only three time points were sampled in the current study. Future studies using HLM to examine the development of the working alliance should use ratings from all counseling sessions.

Next, the nature of the naturalistic methodology also limited the generalizability of the current findings. For instance, recruitment procedures may have negatively impacted the external validity of this study because therapists and clients who volunteered for this study may not represent all clients and therapists. Other factors that may weaken the generalizability of this study include different therapists using different treatment methods, the level of therapist training or experience, and an unstandardized duration of treatment across clinical settings.

References

Al-Darmaki, F., & Kivlighan, D. M. (1993). Congruence in client-counselor expectations for relationship and the working alliance. *Journal of Counseling Psychology, 40,* 379–384.

Bachelor, A., & Salame, R. (2000). Participants' perceptions of dimensions of the therapeutic alliance over the course of therapy. *Journal of Psychotherapy Practice Research, 9,* 39–53.

Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice, 16,* 252–260.

Bowlby, J. (1982). *Attachment and loss: Volume I. Attachment*. New York: Basic Books. (Original work published 1969)

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

Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self-report measurement of adult attachment: An integrative overview. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationships* (pp. 46–76). New York: Guilford Press.

Bryk, A. S., & Raudenbush, S. W. (1992). *Hierarchical linear models: Applications and data analysis methods*. Newbury Park, CA: Sage.

Dozier, M., Cue, K., & Barnett, L. (1994). Clinicians as caregivers: The role of attachment organization in treatment. *Journal of Consulting and Clinical Psychology, 62,* 793–800.

Dunkle, J. H., & Friedlander, M. L. (1996). Contribution of therapist experience and personal characteristics to the working alliance. *Journal of Counseling Psychology, 43,* 456–460.

Dykeman, C., & LaFleur, N. K. (1996). Counselors' adjective correlates of working alliance. *Psychological Reports, 78,* 563–570.

Eames, V., & Roth, A. (2000). Patient attachment orientation and the early working alliance–A study of patient and therapist reports of alliance quality and ruptures. *Psychotherapy Research, 10,* 421–434.

Gelso, C. J., & Carter, J. A. (1985). The relationship in counseling and psychotherapy: Components, consequences, and theoretical antecedents. *The Counseling Psychologis*t, 13, 155–243.

Golden, B. R., & Robbins, S. B. (1990). The working alliance within time-limited therapy: A case analysis. *Professional Psychology: Research and Practice, 21,* 467–481.

Hill, C. E., & Williams, E. N. (2000). The process of individual psychotherapy. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (pp. 670–710). New York: Wiley.

Horvath, A. O. (1994). Research on the alliance. In A. Horvath & L. Greenberg (Eds.), *The working alliance: Theory, research and practice*. New York: Wiley.

Horvath, A. O., & Greenberg, L. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology, 36,* 223–233.

Horvath, A. O., & Luborsky, L. (1993). The role of the therapeutic alliance in psychotherapy. *Journal of Consulting and Clinical Psychology, 61,* 561–573.

Horvath, A. O., & Marx, R. W. (1990). The development and decay of the working alliance during time-limited counselling. *Canadian Journal of Counselling, 24,* 240–259.

Horvath, A. O., & Symonds, B. D. (1991). Relation between the working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology, 38,* 139–149.

Kivlighan, D. M., & Schmitz, P. J. (1992). Counselor technical activity in cases with improving working alliances and continuing-poor working alliances. *Journal of Counseling Psychology, 39,* 32–38.

Kivlighan, D. M., & Shaughnessy, P. (1995). Analysis of the development of the working alliance using hierarchical linear modeling. *Journal of Counseling Psychology, 42,* 338–349.

Kokotovic, A. M., & Tracey, T. J. (1990). Working alliance in the early phase of counseling. *Journal of Counseling Psychology, 1,* 16–21.

Lopez, F.G. (2003). The assessment of adult attachment security. In S. J. Lopez & C. R. Snyder (Eds.), *Handbook of positive psychological assessment* (pp. 285–299). Washington, DC: American Psychological Association.

Lopez, F. G., Gover, M. R., Leskela, J., Sauer, E. M., Schirmer, L., & Wyssmann, J. (1997). Attachment styles, shame, guilt, and collaborative problem-solving orientations. *Personal Relationships, 4,* 187–199.

Mallinckrodt, B. (1991). Clients' representations of childhood emotional bonds with parents, social support, and formation of the working alliance. *Journal of Counseling Psychology, 38,* 401–409.

Mallinckrodt, B. (1993). Session impact, working alliance, and treatment outcomes in brief counseling. *Journal of Counseling Psychology, 40,* 25–32.

Mallinckrodt, B. (2000). Attachment, social competencies, social support, and interpersonal process in psychotherapy. *Psychotherapy Research, 10,* 239–266.

Mallinckrodt, B., Coble, H. M., & Gantt, D. L. (1995). Working alliance, attachment memories, and social competencies of women in brief therapy. *Journal of Counseling Psychology, 42,* 79–84.

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,* 307–313.

Mallinckrodt, B., & Nelson, M. L. (1991). Counselor training level and the formation of the psychotherapeutic alliance. *Journal of Counseling Psychology, 38,* 133–138.

Martin, D. J., Garkse, 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,* 438–450.

Piper, W. E., Bororo, D. R., Joyce, A. S., McCallum, M., & Azim, A. F. A., (1995). Pattern of alliance and outcome in short-term individual psychotherapy. *Psychotherapy, 32,* 639–647.

Pistole, M. C. (1989). Attachment: Implications for counselors. *Journal of Counseling and Development, 68,* 190–193.

Satterfield, W. A., & Lyddon, W. J. (1995). Client attachment and perceptions of the working alliance with counselor trainees. *Journal of Counseling Psychology, 42,* 187–189.

Sexton, T. L., & Whiston, S. C. (1994). The status of the counseling relationship: An empirical review, theoretical implications, and research directions. *The Counseling Psychologist, 22,* 6–78.

Simpson, J. A. (1990). Influence of attachment styles on romantic relationships. *Journal of Personality and Social Psychology, 59,* 971–980.

Simpson, J. A., Rholes, W. R., & Nelligan, J. S. (1992). Support seeking and support giving within couples in an anxiety provoking situation: The role of attachment style. *Journal of Personality and Social Psychology, 62,* 434–446.

Tracey, T. J., & Kokotovic, A. M. (1989). Factor structure of the working alliance inventory. *Psychological Assessment, 1,* 207–210.

Tyron, G. S., & Kane, A. S. (1993). Relationship of working alliance to mutual and unilateral termination. *Journal of Counseling Psychology, 40,* 33–36.

Tyrrell, C. L., 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.

Zusammenfassung

Die Autoren haben die zeitliche Verbindung zwischen Klienten- und Therapeuten-Bindungsorientierungen und der Arbeitsbeziehung zu einem frühen Zeitpunkt untersucht. Der Bindungsstil wurde durch Selbstbeurteilung nach der ersten Therapiesitzung gemessen. Die Arbeitsbeziehungsratings wurden nach der 1., 4. und 7. Therapiesitzung abgegeben. Ergebnisse von hierarchischen linearen Modellen deuteten darauf hin, dass Therapeuten mit ängstlicher Bindung signifikant positive Effekte auf die Arbeitsbeziehung der Klienten nach der ersten Sitzung hatten, aber signifikant negative über die Zeit hinweg. Keine der anderen Therapeuten- oder Klientenbindungsvariablen oder damit in Beziehung stehende Interaktionen hatten einen signifikanten Effekt auf die Arbeitsbeziehungsratings der Klienten. Die Ergebnisse lassen auch darauf schließen, dass die Zeit ein signifikant positiver Prädiktor der Arbeitsbeziehung der Klienten war.

Résumé

Les auteurs ont investigué la relation temporelle entre les orientations de l'attachement chez les clients et les thérapeutes et l'alliance de travail précoce. L'attachement a été mesuré par auto-évaluation après la première séance de thérapie. Les jugements de l'alliance de travail étaient accomplis après la 1e, 4e et 7e séance de thérapie. Les résultas du modelage hiérarchique linéaire indiquaient que des thérapeutes à l'attachement anxieux avaient un effet positif significatif sur les alliances de travail après la 1e séance mais des effets négatifs significatifs à la longue. Aucune autre variable d'attachement des thérapeutes ou clients et aucune des interactions associées avaient un effet significatif sur les jugements de l'alliance de travail par le client. Les résultats indiquaient également que le temps était un prédicateur positif significatif des jugements par le client de l'alliance de travail.

Resumen

Los autores investigaron la relación temporal entre la alianza terapéutica temprana y el tipo de apego entre del terapeuta y hacia el cliente. El apego se midió por medio de una autoevaluación después de la primera sesión de terapia. Los valores de la alianza terapéutica se registraron después de la primera, cuarta y séptima sesiones de terapia. Los resultados del Modelo jerárquico lineal indican que los terapeutas de apego ansioso tienen un significativo efecto positivo sobre la alianza terapéutica del cliente después de la primera sesión pero que con el tiempo muta a efectos negativos significativos. Ninguna otra vari-

able de apego del terapeuta o del cliente ni interacciones relacionadas tuvo un efecto significativo sobre los valores de la alianza terapéutica del cliente. Los resultados también indican que el tiempo fue un predictor positivo significativo de los valores de la alianza terapéutica del cliente.

Resumo

Os autores estudaram a relação temporal entre as orientações da vinculação do terapeuta e do cliente e a aliança terapêutica inicial. A vinculação foi avaliada através dum auto-relato após a 1ª sessão de terapia. A aliança terapêutica foi avaliada após a 1ª, 4ª e 7ª sessões de terapia. Os resultados duma análise de Modelagem Linear Hierárquica indicaram que os terapeutas com vinculação ansiosa tinham um efeito significativo positivo sobre as alianças terapêuticas dos clientes, após a 1ª sessão, mas um efeito negativo significativo a longo prazo. Nenhuma outra variável ou interacções afins da vinculação do terapeuta ou cliente demonstraram um efeito significativo sobre a avaliação da aliança terapêutica pelo cliente. Os resultados também indicaram que o tempo era um significativo preditor positivo do índice da avaliação da aliança terapêutica do cliente.

Sommario

Gli autori hanno indagato il rapporto temporale tra il tipo d'attaccamento del paziente e del terapeuta e l'alleanza di lavoro iniziale. L'attaccamento è stato valutato tramite uno strumento Self-report dopo la prima seduta. Le valutazione sull'alleanza di lavoro sono state fatte in prima, quarta, e settima seduta. I risultati del modello gerarchico lineare hanno evidenziato che i terapeuti con attaccamento ansioso hanno avuto un effetto positivo significativo sull'alleanza terapeutica dopo la prima seduta ma effetti negativi significativi a lungo termine. Nessuna altra variabile dell'attaccamento del terapeuta o dei pazienti è risultata avere un effetto significativo sui valori d'alleanza terapeutica dei pazienti.Inoltre i risultati hanno mostrato come il tempo fosse un predittore positivo significativo delle valutazioni dell'alleanza terapeutica fatte dai pazienti.

摘要

作者探討在不同時間點案主與治療師之間的依附取向與早期治療工作聯盟間的關係。依附取向是透過第一次治療後以自陳的方式測得。治療工作聯盟是在第一次、第四次、第七次治療後測得。階層直線回歸模式的分析結果顯示,焦慮依附的治療師在第一次治療結束時對案主的治療工作聯盟有顯著正向的影響,但是隨治療時間進展出現顯著負面影響。研究結果沒有發現其他與治療師或案主依附變項、或是相關互動變項對案主的治療工作聯盟有顯著的影響。研究結果也顯示時間是案主治療工作聯盟的顯著正向預測變項。