American Psychological Association

Professional Psychology: Research and Practice

ISSN: 0735-7028

2021, Vol. 52, No. 4, 396–405
https://doi.org/10.1037/pro0000366

Psychotherapist as a Secure Base Figure: Validation of the Secure Base Questionnaire (SBQ)

Helena M. Carvalho and Paula M. Matos
Faculty of Psychology and Education Sciences, Center for Psychology at the University of Porto

This article describes the validation of a new measure for evaluating psychotherapists' relational dimensions. The *Secure Base Questionnaire* (SBQ) is a self-report measure designed to assess how psychotherapists perceive themselves as a secure base for their clients. The provision of a secure base in psychotherapy consists of the therapist's ability to be consistently responsive and emotionally available, and to provide conditions for the exploration and review of the client's internal working models of self and others. The questionnaire was administered to a sample of 384 psychotherapists from different theoretical backgrounds and levels of experience. The factor validity of the instrument was conducted through principal component analysis, indicating a four factors solution: sensitivity, compulsive caregiving, avoidance of uncertainty, and encouragement of exploration. Hierarchical multiple regression analyses showed important associations between psychotherapist attachment experiences and the provision of a secure base in psychotherapy. The results stress the contribution of attachment theory, and SBQ in particular, for understanding relational dynamics in psychotherapy research and clinical practice.

Keywords: psychotherapist, attachment, secure base, SBQ, therapeutic relationship

The therapist must strive always to be aware of the nature of his own contribution to the relationship which, amongst other influences, is likely to reflect in one way or another what he experienced himself during his own childhood.

—Bowlby, 1988, p. 141

This article was published Online First June 3, 2021.
Helena M. Carvalho https://orcid.org/0000-0002-1927-2853
Paula M. Matos https://orcid.org/0000-0001-5763-8070

Helena Carvalho received her PhD in psychology from the Faculty of Psychology and of Educational Sciences of the University of Porto (FPCEUP), Portugal. She is currently a researcher on FPCEUP and an invited assistant professor on the Polytechnic Institute of Porto. She is also a member of the Center for Psychology at the University of Porto and of the Centre for Research and Innovation in Education (inED). Her areas of interest include attachment theory therapeutic relationships, social exclusion, human rights and child and youth protection.

Paula Mena Matos, PhD, Associate Professor at the Faculty of Psychology and Education Sciences, University of Porto, and member of the Direction Board of the Centre for Psychology at University of Porto, where she coordinates the research group on Relationships, Change Processes, and Wellbeing. Her research interests include the topics of close relationship dynamics, attachment and emotional processes across different developmental stages and contexts. She also practices as a clinical psychologist in the Counseling and Therapy Centre at the faculty and has been supervising clinical psychology trainees for the last 20 years.

Helena Carvalho contributed to the study design, to statistical analysis and to the manuscript writing. Paula Mena Matos contributed to the study design, to statistical analysis, manuscript writing and review.

Research supported by the first author's PhD research grant (SFRH/BD/22333/2005) and by a research project (PTDC/PSI/65416/2006) financed by the Portuguese Foundation for Science and Technology (FCT).

Correspondence concerning this article should be addressed to Helena M. Carvalho, Researcher at the Faculty of Psychology and Education Sciences, University of Porto, Psychology. Email: helenacarvalho@fpce.up.pt

The therapeutic relationship has been widely considered in psychotherapy research as a determinant factor in the therapeutic process and its outcome (e.g., Horvath et al., 2011; Lambert & Barley, 2002; Wampold, 2001). Originally developed by Bowlby and Ainsworth (Ainsworth, 1967, 1991; Bowlby, 1977, 1988), attachment theory provides a comprehensive and promising framework for understanding the characteristics and processes, which underlie the development of the client-therapist bond. Its distinctive contribution relies on the fact that attachment theory is concerned with relationships across the life span, more specifically with how early experiences with significant others influence the development of internal working models of self and others and guide the development and maintenance of later relationships (Woodhouse et al., 2003). Moreover, the "integrative nature of attachment science and theory" (Johnson, 2019, p.5) makes it particularly interesting for applying to counseling and therapeutic relationship across different therapeutic orientations (Pistole, 1989). Considering that psychotherapist attachment organization plays a crucial role in the psychotherapeutic process (Slade & Holmes, 2019), recognizing the implications of different patterns and measures of attachment in interpersonal relationships, namely, in the provision of a secure base, could be of major importance for enhancing the "curative" potential of the therapeutic relationship:

> (. . .) the success of the therapeutic effort depends on the emotional availability of the counselor and this availability, in turn, is related to the counselor's own history of receiving care in attachment relationships (Mohr et al., 2005, p. 298).

In the last decade, there has been an "explosion of interest in clinical applications of attachment theory" (Mikulincer et al., 2013, p. 606), but still, there is no widespread implementation in real-world settings (Kim et al., 2018).

Nevertheless, more than 30 years have passed since Bowlby (1988) outlined three main topics of greater interest in what concerns the therapeutic process and the role of the therapist within this framework:

the therapist as a secure base figure, the attachment history of the therapist and the interplay between attachment and caregiving.

The Role of the Therapist as a Secure Base

Bowlby (1988) delineated five psychotherapeutic tasks for helping therapists to provide conditions for clients' revision of representational models of self and others. The first task is to provide the client with a secure base from which they can explore painful aspects of his/her life—a task that would be difficult or impossible to carry out without the support of a trusted companion. The second task is to encourage the client to explore his/her current patterns of relating to significant figures (Bowlby, 1988). In the third task, the therapist encourages the client to explore and analyze the therapeutic relationship. The fourth therapeutic task is to provide support, so the client understands his/her current representational models of self and others in light of childhood and adolescent experiences with attachment figures. For Bowlby (1977, 1988) once the client has traced the origins of his/her internal working models, he/she is prepared to reflect on the adequacy and accuracy of those models and subsequent actions and thoughts in light of his/her current experiences with emotionally significant figures, including the therapist. This insight leads to the fifth and final therapeutic task, the recognition and experimentation of more adaptive and healthier patterns of relating. Inherent in all the previous therapeutic tasks is the understanding of the therapist as a secure base figure and safe haven provider, responsive to the client's need for support and care while exploring painful memories and experiences. Additionally, developments on the theoretical and empirical attachment framework strengthen the idea that the therapeutic relationship shares important similarities with the parent–child attachment relationship, namely (a) safe haven and separation protest (the client will seek the therapist when in need of help with resolving distress and reacts to the therapist's absence (e.g., Geller & Farber, 1993; Rosenzweig et al., 1996); (b) the therapist as a stronger and wiser figure (Parish & Eagle, 2003) and (c) positive association between the client's perception of the therapist as a secure base figure and therapy outcome (e.g., Goodwin et al., 2003; Levy et al., 2011; Mallinckrodt et al., 2017; Zuroff & Blatt, 2006). This consequently led some authors to consider the therapist as a genuine attachment figure for clients (e.g., Farber et al., 1995; Mikulincer & Shaver, 2007; Pistole, 1989) and the therapeutic relationship as involving processes of adult attachment (e.g., Dozier et al., 1994; Mallinckrodt, 2000; Mikulincer et al., 2013, Pistole & Watkins, 1995; Skourteli & Lennie, 2011).

The attachment History of the Therapist

The second main topic outlined by Bowlby regards the importance attributed to the therapist's attachment history. According to Bowlby (1977, 1988), the psychotherapist's emotional availability is related to their history of receiving care in attachment relationships and influences their ability to provide the emotional conditions for the client to work on and revise the internal working models. Mallinckrodt (2000) stated that "if psychotherapy is a form of attachment, the relationship will be influenced by (a) both the client's and therapist's memories of past attachments, (b) expectations about how self and others will behave in the therapeutic relationship, (c) strategies for maintaining goals in the therapeutic attachment, and (d) strategies for regulating distress when the goals are frustrated" (p. 251). Therefore, a good working alliance depends both on the client's ability to trust the therapist but also on the ability of the therapist to occupy the role of a secure base (Mikulincer & Shaver, 2007, Mikulincer et al., 2013).

Although only a small number of studies have thus far focused on psychotherapists (Farber & Metzger, 2009), being research mainly focused on clients attachment-related characteristics (Bucci et al., 2016), some important findings stress the need to consider the effects of the therapist's internal working models in the psychotherapeutic process, namely in what concerns the development and maintenance of a working alliance (Steel et al., 2018). On one hand, secure therapists seem to be more likely to report stronger alliances and less therapy-related problems (Black et al., 2005), are less prone to engage in negative countertransference behaviors (as rated by supervisors) such as being excessively critical or rejecting (Ligiéro & Gelso, 2002) and tend to respond more easily to client's underlying need for non-complementary feedback, by being more attentive to the clients underlying needs and providing relational experiences that challenge pre-existing models of the world (e.g., Bennett, 2008; Dozier et al., 1994; Tyrrell et al., 1999). These needs are expressed through what Mallinckrodt (2000) termed as "counter-complementary attachment proximity strategies" to disconfirm maladaptive patterns of relating and challenging working models through corrective emotional experiences in the therapeutic relationship (e.g., the therapist adopts hyperactivation strategies for avoidant clients and deactivation strategies for anxious ones). On the other hand, insecure therapists seem to react in a complementary manner to clients' demands, not challenging previous patterns of relating and in this way inhibiting therapeutic change. Insecure therapists also tend to exhibit hostile and distancing countertransference behaviors when their attachment insecurity mismatch from the client's (e.g., dismissing and preoccupied dyads) (Mohr et al., 2005). Another study indicates that therapist's attachment anxiety is related to a better working alliance at the beginning of therapy, but this association is inverted in later sessions (Sauer et al., 2003). Moreover, the therapist's avoidance is negatively associated with the client-rated alliance (Dunkle & Friedlander, 1996) and the client-therapist level of agreement (O'Connor et al., 2019).

The Interplay Between Attachment and Caregiving

The third main topic that we consider of major importance for the comprehension of the therapist's role in attachment framework focuses on the complementary nature of the relationship between attachment and caregiving systems. According to Bowlby (1982), the caregiving behavioral system is designed to provide emotional care and protection and meet the attached individual's needs for support and security. For Mikulincer and Shaver (2007), a primary strategy of the caregiving system is the adoption of what Batson (1991) called "an empathic stance toward another person's need" (Mikulincer & Shaver, 2007, p. 327) , namely, by considering the other's perspective and being sensitive and responsive. If the therapist serves as a genuine attachment figure (Mallinckrodt, 2000; Mikulincer & Shaver, 2007; Pistole & Watkins, 1995) or a secure base figure (Bowlby, 1988) for their clients, the client-therapist bond could be understood as one of caregiving (Pistole, 1999). This theoretical attachment perspective could be very useful for understanding individual differences in what concerns the psychotherapist's working models of caregiving,

defined by Reizer and Mikulincer (2007) as "the extent to which individuals perceive themselves as possessing effective caregiving relevant skills and abilities" (p. 228). Moreover, according to Batson (1991), a potential caregiver tends to react emotionally in two different ways to another person's suffering, either with empathic compassion or with personal distress (cit in Mikulincer & Shaver, 2007). Insecure caregivers tend to be overinvolved with their clients' distress and work as *compulsive caregivers*. Studies on the romantic-partner caregiving system evidenced that: (a) secure caregivers were more prone to provide support to the partner's needs and less prone to adopt a controlling or compulsive caregiving attitude, (b) avoidant partners reported being less available and less responsive when the dating partner engaged in exploratory activities (c) anxious individuals' overdependence on relationship interfere with their availability to encourage partners explorations (d) preoccupied individuals scored higher on compulsive caregiving, being characterized as intrusive and out of sync with their romantic partner's needs (e.g., Bouazizet al., 2013; Feeney, 2005; Feeney & Collins, 2001; Feeney & Hohaus, 2001; Kunce & Shaver, 1994; Péloquin et al., 2014).

In the same way, several studies on the on parent-child caregiving relationship as reported by Elliot and Reis (2003) found that secure caregivers are more prone to support children in autonomy and exploration. Both of the insecure types of attachment, namely, avoidant and anxious/ambivalent, are thought to hinder exploration because the child is concerned with the unavailability or uncertainty of the secure base figure, respectively (e.g., Ainsworth et al., 1978; Bowlby, 1988; Cassidy & Berlin, 1994). Research also suggests that the mental representation of "mothers of ambivalent children were characterized by cognitive disconnection as revealed by their inability to integrate positive and negative, good and bad and desirable and undesirable" (George & Solomon, 1999, p. 661).

Although the potential of the attachment theory for understanding paths and processes on psychotherapeutic processes and relations, with important exceptions (Fitch & Pistole, 2006), little attention has been devoted to the operationalization of the caregiving phenomenon as applied to the role of the psychotherapist. To contribute to a more comprehensive analysis of the therapist as a secure base figure, based on the three topics mentioned above, we developed the *Secure Base Questionnaire—SBQ*. SBQ was developed to access psychotherapists' self-report as a secure base provider for its clients. The aim of the present article is to present the development of a new self-report measure for evaluating representations of psychotherapists as secure base figures, e.g., the ability to be consistently responsive and emotionally available and of providing conditions for the exploration and review of the client's internal models of self and others. The complementarity between the attachment (present and significant relationships) and the caregiving system, will be furthered explored. In order to explore the nomothetic span of the scale's scores, i.e., the network of relationships between scale's scores and other measures (Urbina, 2014), we have conducted regression analyses on the scale's four factors using the following variables as predictors: age, sex, years of training, theoretical orientation, etc.

Method

Procedure

We used two different ways to recruit our sample. First, we have contacted several Portuguese psychotherapy societies from different theoretical orientations, faculties, supervising groups, and training contexts of psychotherapy. Questionnaires were collected *in loco* and in-group sessions, and delivered in training settings, using a pre-stamped return envelope. From a total of 512 questionnaires delivered, 230 were sent back (returning rate 44.92%).

Second, we used the snowball sampling technique. A link to the online questionnaire was sent to psychologists and psychiatrists from all over the country. We asked them to fill the questionnaire and then to forward the message to other colleagues. A total of 154 questionnaires were collected using this method. The final sample included 40.1% questionnaires collected through web-based assessment techniques and 59.9% using traditional article-based methods. The questionnaire was anonymous, and we assured the participants that the data would be confidential and treated only for scientific research purposes.

Instrument

An initial pool of 67 items was developed based on three main topics on attachment literature previously reported during the introduction section, e.g., *the role of the therapist as a secure base, the attachment history of the therapist, and the interplay between attachment and caregiving*. Item formulation was conducted independently by two post-graduate students from the attachment studies research team from Porto University. Final revision and discussion of the items, namely, for evaluating content validity, was conducted by both the researcher and by a senior researcher expert in attachment theory and experienced psychotherapist and supervisor. The face validity of the items was assessed through the thinking aloud method with 10 psychotherapists. Unclear, redundant, repeated, or overlapped items were excluded. The 26 items remaining described four dimensions of the psychotherapist as a secure base provider: (a) *sensitivity*; (b) *encouragement of exploration*; (c) *compulsive caregiving*; and (d) *avoidance of uncertainty*. Each SBQ item was rated on a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Dimensions were named according to the content of the items from an attachment theory perspective.

Participants also completed additional measures concerning: (a) demographic variables, (b) professional dimensions (years of experience (YE), work satisfaction level (WSL), and theoretical orientations). Concerning this last information, therapists were asked to indicate to what extent they identified with each of six different theoretical orientations under study (cognitive-behavioral, constructivist, humanistic/existential, integrative, psychoanalytic, systemic, and other), according to a 5-point Likert-type scale. For descriptive analysis, we considered the participants who responded 4 or 5 on the scale (i.e., "I identify myself with this orientation," "I completely identify myself with this orientation," respectively) as having a salient theoretical identification with that orientation. Also, therapists completed (c) the brief version of the Romantic Attachment Questionnaire (RAQ, Matos & Costa, 2001). RAQ is a self-report measure designed to evaluate adult representations of romantic attachment. Principal component analysis as well as confirmatory factor analysis, using Portuguese independent samples (e.g., Ávila et al., 2012; Vieira et al., 2012) evidenced a reliable four-factor structure. The brief version is composed by a total of 25 items, divided in four dimensions: (a) Trust (five items

e.g., "I know that I can count on my partner whenever I need him/her" (α = .81), (b) Dependence (six items e.g., "When I can't be with my partner, I feel abandoned" (α = .73), (c) Avoidance (six items e.g., "When I have a problem, I prefer being alone instead of being with my partner" (α = .72) and (d) Ambivalence (eight items e.g., "Sometimes I think that he/she is very important in my life, other times I don't" (α = .78). As in previous studies, the questionnaire presented adequate levels of reliability.

Participants

The study was conducted on a sample of 384 therapists, 73 males and 311 females, ranging in age from 22 to 68 years old, with a mean age of 33.3 years (*SD* = 8.05). Years of experience ranged from 0.5 to 40 years, with a mean of 7.8 (*SD* = 6.22). Among the professionals who participated, 358 were psychologists, 11 were psychiatrists, eight were physicians, and seven considered themselves to be psychotherapists but did not specify their professional background.

The percentage distributions for the salient theoretical orientation reported were 48.9% for cognitive-behavioral, 50% for constructivist, 48.2% for humanistic/existential, 38.8% for integrative therapy, 29.7% for psychoanalytic/psychodynamic, and 64.3% for Systemic. These distributions add up to more than 100% because therapists could rate more than one orientation as identifiable with their practice. Therapists were also asked to report their predominant clients' age group, and the distribution was found to be 35.7% children, 44.8% adolescents/young adults, 68.2% adults, and 6% seniors (again, categories were not mutually exclusive).

Results

Factor Analysis and Item Selection

In order to test the factor validity of the scale, we conducted a principal component analysis (PCA) with varimax rotation[1]. Parallel analysis called for the extraction of four factors. The solutions of 5 and 3 factors were also tested for exploratory purposes (Kahn, 2006). In order to increase the percentage of total variance explained and get a more reliable factor structure we decided to delete some items, based on statistical[2] as well as substantive conceptual criteria. The four-factor solution was theoretically more robust.

The final structure consisted of a total of 17 items aggregated into four subscales. Table 1 reports items, factor loadings, and communalities for the four-factor structure. The total variance explained by the four components was 51.35%. The first component accounted for 14.17% of the total variance and was composed of five items from the *sensitivity* scale. The second component explained 13.30% of the total variance and was composed of five items from the *compulsive caregiving* scale. The third component explained 12.90% of the total variance and was composed of four items from the *avoidance of uncertainty* scale. Finally, the fourth component explained 10.99% of the variance and was composed of three items from the *encouragement of exploration* scale. Table 2 presents the scale descriptive statistics, dimensions internal consistency, and factor inter-correlation.

Internal Consistency and Factors Inter-Correlations

Considering the number of items, for assessing the four factors internal consistency we calculated both the Cronbach's *alpha* and the mean inter-item correlation (MIC)[3]. Cronbach's *alpha* scores ranged from .65 to .69, nevertheless considering the MIC scores, all the factors can be considered to achieve an optimal level of homogeneity (Briggs & Cheek, 1986). Table 3 displays descriptive statistics of the subscales, internal consistency, and factors inter-correlations.

The correlation between factors was positive for the *sensitivity* and *encouragement of exploration scales* ($r = .54$; $p < .001$) and for the *compulsive caregiving* and *avoidance of uncertainty* scales ($r = .39$; $p < .001$). Negative correlations were found for the *sensitivity* and *compulsive caregiving* scales ($r = -.16$; $p < .01$), the *sensitivity* and *avoidance of uncertainty* scales ($r = -.27$; $p < .001$); the *compulsive caregiving* and *encouragement of exploration* scales ($r = -.15$; $p < .01$) and the *encouragement of exploration* and *avoidance of uncertainty* scales ($r = -.23$; $p < .01$).

Associations Between SBQ, Demographic and Professional Variables, and Attachment

Hierarchical multiple regression analyses were conducted to investigate the contribution of demographic variables (sex and age), professional psychotherapeutic information (YE, WSL, theoretical orientation), and attachment on the four SBQ dimensions in the total sample. The participants-to-predictors ratio was adequate for multiple regression analyses (Howell, 1997). The proportion of the variance in SBQ dimensions explained by the predictors was reported with the multiple r^2 for the initial model and change in r^2 (Δr^2) for the subsequent step. The contribution of each independent variable (predictor) is reported with the regression coefficient (β), standardized betas (B), and beta standardized error (*SE* B) values. All predictor variables had tolerance values above .20 excluding, thus, multicollinearity (Menard, 1995). Because of missing data, the analyses were based on 318 subjects of the overall data previously described.

Four hierarchical multiple regression analyses were computed. The total scores of the four SBQ dimensions (*sensitivity*, *encouragement of exploration*, *compulsive caregiving,* and *avoidance of uncertainty*) were considered the dependent variables. In what concerns the independent variables demographic information (sex and age) was entered in the first block to control the effects on variables of professional psychotherapeutic information added in the second block (YE, WSL, and theoretical orientation). The third block is composed of the four attachment dimensions (trust, dependence, avoidance, and ambivalence). The results are summarized in Table 3.

For the first hierarchical multiple regression analysis, *sensitivity* was the dependent variable. Both the first model [$r^2 = .04$;

[1] To determine the number of components was conducted the parallel analysis. The solutions of 5 and 3 factors were also tested for exploratory purposes (Kahn, 2006). A four-factor structure solution appeared to be the clearest and most interpretable.

[2] The statistical criteria for deletion included the items that loaded on at least two factors (cross-loadings) and factor loadings less than .40, a cut-off point suggested by Stevens (1992) for substantive interpretative values. Reliability analysis was also conducted and items that had values of less than .30 in the corrected item-total correlation column were removed, as well as items that would improve the reliability of the scale if deleted.

[3] The inter-item correlation is considered by Briggs and Cheek (1986) as a clearer measure of item homogeneity because it is not influenced by scale length and therefore differs from a reliability estimate.

Table 1
Principal Component Analysis Using Varimax Rotation: Structure Coefficients, Communalities for the Four-Factor Structure

Item no.	Item text	Factor loading				Eigenvalue/ communalities
	Factor 1: Sensitivity (5 items)	I	II	III	IV	3.998
16	I usually notice my client's nonverbal signals for help and support.	.68	−.14	−.12	.13	.51
5	I feel that during most therapeutic processes I am able to see the world through my client's eyes.	.67	.10	−.11	.11	.48
1	I can easily identify my clients' needs and feelings.	.64	−.09	.11	.27	.50
14	I know when my clients need to be emotionally comforted or supported, even when they do not openly express it.	.63	−.02	−.16	.11	.43
8	I feel I am able to help my clients feel hope and security.	.48	−.04	−.09	.37	.38
	Factor 2: Compulsive Caregiving (5 items)					2.332
2	Sometimes I feel that I get too emotionally involved in my client's problems and difficulties.	−.08	.76	.04	−.01	.58
13	I often feel overwhelmed by my client's problems and difficulties.	−.19	.72	.09	.02	.56
9	I tend to take on my client's problems.	.14	.68	−.04	−.08	.50
17	I feel guilty when I don't provide the emotional support that my clients look for.	.02	.54	.33	.07	.41
11	I find myself afraid that my clients will dropout.	−.03	.44	.31	−.28	.37
	Factor 3: Avoidance of Uncertainty (4 items)					1.441
4	I feel uncomfortable when I face uncertainty in the therapeutic process.	−.01	.17	.78	.04	.64
15*	I deal well with the fact that certain phases of the therapeutic process don't always make sense.	−.06	−.01	.71	−.24	.57
6	I don't deal well with uncertainty in the therapeutic process.	−.11	.35	.64	.08	.55
12*	I see the ambiguous nature of the therapeutic process as a challenge.	−.37	−.05	.58	−.12	.50
	Factor 4: Exploration Encouragement (3 items)					.958
7	I feel that my intervention encourages clients to explore alternatives.	.13	−.03	−.12	.83	.71
3	I feel that my contributions are important in promoting the client's self-reflection.	.40	−.14	−.13	.67	.64
10	I usually encourage the client to reflect on his/her relational patterns.	.26	.04	.04	.57	.40

* Items Reverse Scored.

F (2, 330) = 6.20, $p < .001$] and the second [$\Delta r^2 = .18$; F (10, 322) = 9.02, $p < .001$] significantly predicted *sensitivity.* Age only significantly predicted *sensitivity* when entered in the first block. When the second block was added to the model, age was no longer significant. From the variables entered in the second block YE ($\beta = .22, p < .01$), WSL ($\beta = .36, p < .001$) and the theoretical orientation constructivist (CONST) ($\beta = .23$, $p < .001$) positively predicted *sensitivity*.

In the second analysis, *encouragement of exploration* was only significant predicted by the second model [$\Delta r^2 = .15$; F (10, 322) = 6.18, $p < .001$]. WSL ($\beta = .33$, $p < .001$), and both the constructivist ($\beta = .23, p < .001$) and humanistic theoretical orientation ($\beta = -.12$, $p < .05$) accounted for 15% of the variance of the total score of this dimension. These last two theoretical orientations have differentially associated the predictor, positively for constructivism, and negatively to humanistic orientation. The third block of variables, concerning the RAQ scales, didn't improve our ability to predict neither the *sensitivity* nor and the *encouragement of exploration* scales (*Sig. F Change > .05*).

In the third analysis, the second model [$\Delta r^2 = .08$; F (10, 322) = 3.23, $p < .001$] significantly predicted *compulsive caregiving* through YE ($\beta = -.20$, $p < .05$), WSL ($\beta = -.18$, $p < .001$) and both behavioral-cognitive (BH-CG) ($\beta = .13$, $p < .05$) and integrative (INT) ($\beta = .15$, $p < .05$) theoretical orientations. The third block accounted for an increase of 10% of variance explained by the model through ambivalence ($\beta = .17$, $p < .05$) and dependence ($\beta = .17$, $p < .05$) subscales of the RAQ [$\Delta r^2 = .10$; F (14, 318) = 5.50, $p < .001$].

Finally, in the last hierarchical multiple regression analysis, *avoidance of uncertainty* dimension was entered as dependent variable. Both the first [$r^2 = .08$; F (2, 330) = 14.39, $p < .001$] as well as the second model [$\Delta r^2 = .10$; F (10, 322) = 7.01, $p < .001$] significantly predicted this variable. In the first model, sex ($\beta = .23$, $p < .001$) predicted positively and age negatively ($\beta = -.15, p < .05$) the *avoidance of uncertainty* dimension. Considering the coding system of the sex variable, (zero-male and one-female), women seem to be more associated with *avoidance of uncertainty*. In the second block, sex continued to be a significant

Table 2
Descriptive Statistics, Internal Consistency, and Factor Inter-Correlation

Factor	Dimensions	*N* Items	*M*	*SD*	Internal consistency α	Internal consistency MIC	Factor inter-correlations I	II	III	IV
I	Sensitivity	5	5.50	.65	.69	.31	—			
II	Compulsive Caregiving	5	2.96	.98	.68	.30	−.16*	—		
III	Avoidance of Uncertainty	4	3.39	1.02	.69	.36	−.27**	.39**	—	
IV	Encouragement of Exploration	3	5.73	.68	.65	.39	.54**	−.15*	−.23**	—

Note. *M* = mean; *SD* = Standard Deviation; α = alpha de cronbach; and MIC = Mean inter item correlation.
* Correlation is significant at the .05 level; ** Correlation is significant at the .001 level (2-tailed).

Table 3
Hierarchical Multiple Regression Analyses Predicting SBQ Dimensions

	Sensitivity			Encouragement of exploration			Compulsive caregiving			Avoidance of uncertainty		
Step 1	B	*SE* B	β	B	*SE* B	β	B	*SE* B	β	B	*SE* B	β
Sex										.58	.14	.23***
Age	.02	.004	.19***							−.02	.01	−.15**
Step 2												
Sex										.59	.14	.23***
Age												
YE	.02	.01	.22**				−.03	−.01	−.20*	−.03	.01	−.21*
WSL	.33	.05	.36***	.32	.05	.33***	−.25	.07	−.18***	−.28	.07	−.20***
BH-CG							.10	.05	.13*	.11	.05	.14*
CONS	.12	.03	.23***	.13	.04	.23***				−.11	.05	−.13*
HUM				−.07	.03	−.12*						
INT							.12	.05	.15*			
PSY												
SYS												
Step 3												
Sex										.60	.13	.23***
Age												
YE	.02	.01	.22**							−.03	.01	−.18*
WSL	.31	.05	.35***	.30	.05	.32***	−.18	.07	.13*	−.23	.07	−.16**
BH-CG												
CONS	.12	.03	.23***	.13	.04	.23***						
HUM				−.07	.04	−.12*						
INT							.13	.05	.16**			
PSY												
SYS												
TRUST												
AMB							.30	.09	.25***	.21	.09	.17*
AVOI												
DEP							.26	.06	.24***	.19	.06	.17*
r^2		.04**			.01 n.s			.01 n.s			.08***	
$r^2\Delta$		.18***			.15***			.08***			.10***	
$r^2\Delta$		.02 n.s.			.01 n.s.			.10***			.05***	

Note. Sex (1-men, 2 women); YE = Years of experience; WSL = Work satisfaction level; Theoretical orientation BH-CG = Behavioral cognitive; CONS = Constructivist; HUM = Humanistic; INT = Integrative; PSY = Psychoanalytical; SYS = Systemic; Romantic Attachment Questionnaire scales TRUST; AMB = Ambivalence; AVOI = avoidance; DEP = Dependence; r^2 = R square computed for the first step; $r^2\Delta$ = change in the R square computed for the second and third step.

predictor ($\beta = .23$, $p < .001$) but age didn't. From the independent variables entered in the second block YE ($\beta = -.21$, $p < .05$), WSL ($\beta = -.20$, $p < .001$) and constructivist orientation ($\beta = -.13$, $p < .05$) predicted negatively *avoidance of uncertainty* and behavioral-cognitive theoretical orientation ($\beta = .14$, $p < .05$) predicted positively *avoidance of uncertainty*. Ambivalence ($\beta = .17$, $p < .05$), and dependence ($\beta = .17$, $p < .05$) of the RAQ entered in the third block predicted positively *avoidance of uncertainty* [$\Delta r^2 = .05$; F (14, 318) = 6.74, $p < .001$] and accounted for an increase of 5% of variance explained.

In summary, as depicted in Table 3, the third model entered containing all predictors explained 24% for *sensitivity*, 16% for the *encouragement of exploration*, 20% for *compulsive caregiving,* and 23% for the *avoidance of uncertainty*). Although with different weights and directions, WSL was the only independent variable that contributed to explain all the four dimensions of the SBQ. WSL positively predicted *sensitivity* and *encouragement of exploration* and negatively *compulsive caregiving* and *avoidance of uncertainty*. Except for the *encouragement of exploration* YE was similarly associated with SBQ dimensions. In what concerns the theoretical orientations just the BH-CG, CONS, HUM, INT orientations contributed to explaining the SBQ dimensions. BH-CG is positively associated with *compulsive caregiving* and negatively with *avoidance of uncertainty*. CONS positively associated with *sensitivity* and *encouragement of exploration* and negatively with *avoidance of uncertainty*. HUM orientation is negatively associated with the *encouragement of exploration* and INT positively with *compulsive caregiving*. The ambivalence and dependence entered in the third block still increased the ability to predict the *compulsive caregiving* and *avoidance of uncertainty* dimensions, even when demographic and professional dimensions were controlled for.

Discussion

> "No concept within the attachment framework is more central todevelopmental psychiatry than that of the secure base"
> —Bowlby, 1988, pp. 163–164.

The purpose of this study was to develop a new measure for psychotherapists according to attachment concepts of John Bowlby and Mary Ainsworth. SBQ was designed to assess how psychotherapists perceive themselves as a secure base figure for their clients. The provision of the secure base in a psychotherapeutic setting consists of the therapist's ability to be consistently responsive and emotionally available and to provide conditions for the exploration

and review of the client's internal models of self and others. The final structure of the SBQ consists of a total of 17 items. The total variance explained by the four components (*sensitivity*, *encouragement of exploration, compulsive caregiving, and avoidance of uncertainty*) was 51.35%, and scales evidenced adequate consistency in terms of the mean inter-item correlation. Correlations between the scales were found in the expected direction and magnitude. The high association between *sensitivity* and *encouragement of exploration* can be explained by the double function of the secure base provider inherent in the attachment-exploration dynamics proposed by Bowlby (1973) and Ainsworth (1991). When applied to the psychotherapeutic context, the provision of a secure base by a sensitive and responsive therapist allows clients to devote attention and energy to exploration (Mikulincer & Shaver, 2007). This result, although not assessed from the client's perspective, supports previous empirical research that shows that the client's sense of security with the therapists promotes their exploration of psychological difficulties (Mallinckrodt et al., 2005; Woodhouse et al., 2003; Romano et al., 2008).

The moderate association between *compulsive caregiving* and *avoidance of uncertainty* can be explained by an anxious and overwhelmed pattern of caring and difficulty with tolerating uncertainty and doubt in therapy. Although additional analysis should be carried out in the future, according to previous research (Kunce & Shaver, 1994) the correlations between *sensitivity* and *encouragement of exploration* and between *compulsive caregiving* and *avoidance of uncertainty* may translate a more secure and a more insecure pattern of caregiving, respectively.

The hierarchical regression analysis of the demographic, professional psychotherapists' variables, and attachment dimensions on the SBQ scales, provided interesting results and addressed three important issues worthy of reflection for future scale development.

First, we found that the psychotherapists' representations of *sensitivity* and *encouragement of exploration* in clinical settings seem to be more influenced by professional characteristics (e.g., years of experience, work satisfaction level, and theoretical orientations) than by the psychotherapists' attachment toward a romantic partner. However, for the *compulsive caregiving* and *avoidance of uncertainty* dimensions, we found that even controlling for the effects of the socio-demographic and professional variables, ambivalence and dependence in the relationship with the romantic partner seem to be positively associated with a more compulsive way of providing support to clients and to a less ability to tolerate uncertainty in the psychotherapeutic process. We consider this a promising result since we found preliminary support for the complementary function between attachment and caregiving systems in this particular relationship of the client-therapist bond. We also observed that only the two dimensions of the SBQ scale that represent a more insecure pattern of caregiving, the *compulsive caregiving,* and *avoidance of uncertainty*, were associated with attachment dimensions of ambivalence and dependence in the romantic relationship. These results lead us to hypothesize that insecure attachment representations of the psychotherapist, namely, the ones that are associated with a negative model of self, may be more susceptible to be transferred to caregiving components in the psychotherapeutic relationship. Although there is no research about the complementary function between attachment and caregiving systems and the specificities of this relationship in the client-therapist bond, Kunce and Shaver (1994) observed that in romantic dyads, preoccupied and fearful participants report higher levels of compulsive caregiving. Moreover, our results stress that the ability to tolerate and integrate uncertainty in the psychotherapeutic process (avoidance of uncertainty) seems to be more difficult for individuals that exhibit higher levels of dependence and ambivalence with the romantic partners. From a hypothetical stance, we could argue that for these individuals dealing with uncertainty could be interpreted as a threat to their sense of self-adequacy and competence. In a study conducted by Rubino et al. (2000) the authors observed that therapists who were more anxious about attachment responded less empathically in response to episodes of alliance ruptures. The authors suggested that "in real therapeutic situations more anxious therapists might interpret ruptures as an indication of their clients' intention to leave therapy, and their own sensitivity toward abandonment might diminish their ability to be empathic (p. 416)." In the same way, uncertainty could be interpreted as a threat to the psychotherapist's own sense of self-adequacy and competence. For Mikulincer and Shaver (2007), more insecure attached psychotherapists may be more vulnerable to reactivation of their own attachment-related worries and defenses during therapy. They may present more difficulties in regulating their distress, to make accurate social representations and to maintain their goal corrected behaviors and interventions on a balanced path (Mikulincer & Shaver, 2007). Moreover, a coherent positive sense of the self seems to be associated with cognitive exploration and flexibility and to a more open attitude toward new information and therefore facilitates dealing with uncertainty (Mikulincer, 1997; Mikulincer & Shaver, 2003).

The second result worthy of reflection concerns the result that work satisfaction level was the only predictor of all SBQ dimensions. WSL positively predicted *sensitivity* and *encouragement of exploration* and negatively *compulsive caregiving* and *avoidance of uncertainty*. Therefore, psychotherapists who were more satisfied (WSL) represent themselves as being more sensitive and encouraging the exploration process of their clients, and on the other, as more prone to deal with uncertainty and be less compulsive on caregiving. These results can reflect a more adaptive pattern of caregiving, namely, in what concerns the therapist's own feelings of self-efficacy and self-preservation. Though no empirical studies were found that explored the therapist as a secure base figure and satisfaction as a psychotherapist, previous research on attachment and relationship satisfaction considering different significant relationships, as in romantic and parent–child dyads, found this association (e.g., Lowyck et al., 2008; Mikulincer et al., 2002; Mikulincer & Shaver, 2007; Rholes et al., 2006). If we consider that *sensitivity* and *encouragement* of *exploration* scales could be attributed to more secure models of caregiving and *avoidance of uncertainty* and *compulsive caregiving* to more insecure ones, this could be a promising result for the construct validity of the scale, since there is a recognition of attachment dimensions on psychotherapeutic relationships.

Finally, the third important result depicted in the hierarchical regression analysis concerns the variable years of experience as a positive predictor of *sensitivity* and as a negative one for the *avoidance of uncertainty*. In a similar way, the qualitative study conducted by Rønnestad and Skovholt (2003) posited that experienced therapists reported the development of contextual sensitivity knowledge during clinical practice, of what they called "experienced knowledge development" (p. 23). Also, in the same study increased tolerance for dealing with uncertainty and unpredictability of life, experienced when assisting others in their suffering, is one

important skill acquired during professional development. Therefore, it seems that SBQ could capture important features in psychotherapist's development and could be a promising scale to address relational features on this framework.

There are three limitations or study constraints that should be considered in future SBQ research. First, although construct validity, through both factor validity and internal consistency, has been addressed, there was no collected data for evaluating convergent validity. This information is of major importance to understand SBQ associations with well-established and wide applied relational constructs in psychotherapists' research, namely, the ones assessed by therapeutic alliance or others (e.g., Gelso et al., 2005; Horvath & Greenberg, 1986). Test-retest reliability could also provide additional information about the stability of the SBQ scales over time. Considering that *sensitivity* and *avoidance of uncertainty* scales of the SBQ were associated with years of experience, future research using a longitudinal design could be important for understanding personal and professional experiences that contribute to the therapist's development of their own representations as secure base figures. The second limitation of this study concerns the exclusive use of the therapist's ratings. We considered that an optimal design should attend to what Teyber and McClure (2000) called ATI perspective (attitude by treatment interaction), which considers the clients, intervention influences, and fit between them when studying therapist's factors (cit in Beutler et al., 2004). Also, considering that client's assessment of the working alliance is one major predictor on therapy outcome (Horvath, 2005) and in line with Mallinckrodt (2000) counter-complementary attachment proximity strategies, it would be important to explore if clients with different attachment patterns elicit different secure base behaviors from the therapist. Also, clients' ratings on outcome measures should be used in future research to test the predictive power of the SBQ on efficacy results. The third limitation concerns the lack of data that could help us to understand the stability of the SBQ dimensions through different clients. Research indicates that the therapist's own attachment history may influence the counseling process as a main effect or as a moderator of the client's attachment orientation (Romano et al., 2008). In the same way, the therapist's own representation as a secure base could be influenced by the client's attachment specificities or remain stable as a dimension of the therapist working models of caregiving. To address this question and investigate if the therapist representations of secure base correspond to more stable aspects of a more general way of conducting therapy, or is influenced by the particular clients, further studies should be conducted. These different study designs could be important for exploring SBQ additional potentialities in psychotherapeutic research.

Considering that therapists own relational and attachment history could be of major importance on the therapeutic alliance and client outcome (Degnan et al., 2016), the SBQ could be an important tool for promoting self and supervision reflective processes. Improving knowledge on dynamics underlying internal working models and the way therapists represent themselves as secure base figures for their clients, could be of major importance for untangling complex relational dynamics phenomena in psychotherapy such as countertransference, ruptures, or difficulties in providing empathic and secure base contexts for exploration. Given the complexity underlying the therapeutic relationship and that "unconscious predispositions of therapists to form certain styles of relationships with themselves and others is highly relevant to their role in the therapeutic relationship" (Steel et al., 2018, p. 34), attachment dynamics should inform supervision practices and training. Although additional studies are needed to provide further validation of the SBQ, we believe that this measure may represent a breakthrough in the application of attachment theory in psychotherapeutic practices and research. Now could be the time to bring back the theory of attachment to clinical application and explore their relational possibilities in understanding the complex and special dynamics that underlie the client and therapist bond. As stated by Mikulincer and Shaver (2007), pp. 432). We hope that the SBQ can help us take this important step.

References

Ainsworth, M. D. S. (1967). *Infancy in Uganda: Infant care and the growth of love*. Johns Hopkins University Press.

Ainsworth, M. D. S. (1991). Attachment and other affectional bonds across the life cycle. In C. M. Parkes, J. Stevenson-Hindle, & P. Marris (Eds.), *Attachment across the life cycle* (pp. 33–51). Routledge.

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: assessed in the strange situation and at home*. Erlbaum Lawrence.

Ávila, M., Cabral, J., & Matos, P. M. (2012). Identity in university students: The role of parental and romantic attachment. *Journal of Adolescence*, *35*, 133–142. https://doi.org/10.1016/j.adolescence.2011.05.002

Bennett, C. S. (2008). Attachment-Informed supervision for social work field education. *Clinical Social Work Journal*, *36*(1), 97–107. https://doi.org/10.1007/s10615-007-0135-z

Beutler, L. E., Malik, M., Alimohamed, S., Harwood, T. M., Talebi, H., Noble, S., & Wong, E. (2004). Therapist variables. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 227–306). Wiley.

Black, S., Hardy, G., Turpin, G., & Parry, G. (2005). Self-Reported attachment styles and therapeutic orientation of therapists and their relationship with reported general alliance quality and problems in therapy. *Psychology and Psychotherapy: Theory, Research and Practice*, *78*, 363–377. https://doi.org/10.1348/147608305X43784

Bouaziz, A.-R., Lafontaine, M.-F., Gabbay, N., & Caron, A. (2013). Investigating the validity and reliability of the caregiving questionnaire with individuals in same-sex couple relationships. *Journal of Relationships Research*, *4*, e2–11. https://doi.org/10.1017/jrr.2013.2

Bowlby, J. (1973). Attachment and loss: Vol. 2. *Separation: Anxiety and anger*. Basic Books.

Bowlby, J. (1977). The making and breaking of affectional bonds: II. Some principles of psychotherapy. *The British Journal of Psychiatry*, *130*, 421–431. https://doi.org/10.1192/bjp.130.5.421

Bowlby, J. (1982). Attachment and loss: Vol. 1. *Attachment* (2nd ed.). Basic Books.

Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. Basic Books.

Briggs, S. R., & Cheek, J. M. (1986). The role of factor analysis in the development and evaluation of personality scales. *Journal of Personality*, *54*(1), 106–148. https://doi.org/10.1111/j.1467-6494.1986.tb00391.x

Bucci, S., Seymour-Hyde, A., Harris, A., & Berry, K. (2016). Client and Therapist Attachment Styles and Working Alliance. *Clinical Psychology & Psychotherapy*, *23*(2), 155–165. https://doi.org/10.1002/cpp.1944

Cassidy, J., & Berlin, L. J. (1994). The insecure/ambivalent pattern of attachment: Theory and research. *Child Development*, *65*(4), 971–981. https://doi.org/10.2307/1131298

Degnan, A., Seymour-Hyde, A., Harris, A., & Berry, K. (2016). The role of therapist attachment in alliance and outcome: A systematic literature review. *Clinical Psychology & Psychotherapy*, *23*(1), 47–65. https://doi.org/10.1002/cpp.1937

Dozier, M., Cue, K. L., & Barnett, L. (1994). Clinicians and caregivers: Role of attachment organization in treatment. *Journal of Consulting and Clinical Psychology*, *62*(4), 793–800. https://doi.org/10.1037/0022-006X.62.4.793

Dunkle, J. H., & Friedlander, M. L. (1996). Contribution of therapist experience and personal characteristics of the working alliance. *Journal of Counseling Psychology*, *43*(4), 456–460. https://doi.org/10.1037/0022-0167.43.4.456

Elliot, A. J., & Reis, H. T. (2003). Attachment and exploration in adulthood. *Journal of Personality and Social Psychology*, *85*(2), 317–331. https://doi.org/10.1037/0022-3514.85.2.317

Farber, B. A., Lippert, R. A., & Nevas, D. B. (1995). The therapist as attachment figure. *Psychotherapy: Theory, Research, Practice, Training*, *32*(2), 204–212. https://doi.org/10.1037/0033-3204.32.2.204

Farber, B. A., & Metzger, J. A. (2009). The therapist as secure base. In J. H. Obegi & E. Berant (Eds.), *Attachment theory and research in clinical work with adults* (pp. 46–70). The Guilford Press.

Feeney, B. C., & Collins, N. L. (2001). Predictors of caregiving in adult intimate relationships: An attachment theoretical perspective. *Journal of Personality and Social Psychology*, *80*(6), 972–994. https://doi.org/10.1037/0022-3514.80.6.972

Feeney, J. A. (2005). Hurt feelings in couple relationships: Exploring the role of attachment and perceptions of personal injury. *Personal Relationships*, *12*, 253–271. https://doi.org/10.1111/j.1350-4126.2005.00114.x

Feeney, J. A., & Hohaus, L. (2001). Attachment and spousal caregiving. *Personal Relationships*, *8*(1), 21–39. https://doi.org/10.1111/j.1475-6811.2001.tb00026.x

Fitch, J. C., & Pistole, M. C. (2006, August). *The counselor caregiving questionnaire (CCQ): An exploratory pilot study* [Poster presentation]. Annual Meeting of The American Psychological Association, New Orleans, LA.

Geller, J. D., & Farber, B. A. (1993). Factors influencing the process of internalization in psychotherapy. *Psychotherapy Research*, *3*(3), 166–180. https://doi.org/10.1080/10503309312331333769

Gelso, C. J., Kelley, F. A., Fuertes, J. N., Marmarosh, C., Holmes, S. E., Costa, C., & Hancock, G. R. (2005). Measuring the real relationship in Psychotherapy; Initial validation of the therapist form. *Journal of Counseling Psychology*, *52*(4), 640–649. https://doi.org/10.1037/0022-0167.52.4.640

George, C., & Solomon, J. (1999). Attachment and caregiving: The caregiving behavioral system. In J. Cassidy & P. Shaver (Eds.), *Handbook of attachment theory and research* (pp. 649–670). Guilford Press.

Goodwin, I., Holmes, G., Cochrane, R., & Mason, O. (2003). The ability of adult mental health services to meet clients' attachment needs: The development and implementation of the Service Attachment Questionnaire. *Psychology and Psychotherapy: Theory, Research and Practice*, *76*(2), 145–161. https://doi.org/10.1348/147608303765951186

Horvath, A. O. (2005). The therapeutic relationship: Research and theory. An introduction to the Special Issue. *Psychotherapy Research*, *15*(1–2), 3–7. https://doi.org/10.1080/10503300512331339143

Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy*, *48*(1), 9–16. https://doi.org/10.1037/a0022186

Horvath, A. O., & Greenberg, L. S. (1986). Development of the working alliance inventory. In L. S. Greenberg & W. M. Pinsof (Eds.), *The psychotherapeutic process: A research handbook* (pp. 529–556). Guilford Press.

Howell, D. C. (1997). *Statistical methods for psychology*. Duxbury Press.

Johnson, S. (2019). *Attachment theory in practice: Emotionally focused therapy with individuals, couples, and families*. The Guilford Press. https://doi.org/10.4324/9781351168366

Kahn, J. H. (2006). Factor analysis in counseling psychology, research, training, and practice: Principles, advances and applications. *The Counseling Psychologist*, *34*(5), 684–718. https://doi.org/10.1177/0011000006286347

Kim, M., Woodhouse, S. S., & Dai, C. (2018). Learning to provide children with a secure base and a safe haven: The Circle of Security-Parenting (COS-P) group intervention. *Journal of Clinical Psychology*, *74*(8), 1319–1332. https://doi.org/10.1002/jclp.22643

Kunce, L. J., & Shaver, P. R. (1994). An attachment-theoretical approach to caregiving in romantic relationships. In K. Bartholomew & D. Perlman (Eds.), Advances in personal relationships: Vol. 5. *Attachment processes in adulthood*. Kingsley.

Lambert, M. J., & Barley, D. E. (2002). Research summary on the therapeutic relationship and psychotherapy. In J. C. Norcross (Ed.), *Psychotherapy relationships that work* (pp. 17–32). Oxford University Press.

Levy, K. N., Ellison, W. D., Scott, L. N., & Bernecker, S. L. (2011). Attachment style. *Journal of Clinical Psychology*, *67*(2), 193–203. https://doi.org/10.1002/jclp.20756

Ligiéro, D. P., & Gelso, C. (2002). Countertransference, attachment, and the working alliance: The therapists' contribution. *Psychotherapy: Theory, Research, & Practice*, *39*(1), 3–11. https://doi.org/10.1037/0033-3204.39.1.3

Lowyck, B., Luyten, P., Demyttenaere, K., & Corveleyn, J. (2008). The role of romantic attachment and self-criticism and dependency for the relationship satisfaction of community adults. *Journal of Family Therapy*, *30*(1), 78–95. https://doi.org/10.1111/j.1467-6427.2008.00417.x

Mallinckrodt, B. (2000). Attachment, social competencies, social support, and interpersonal process in psychotherapy. *Psychotherapy Research*, *10*(3), 239–266. https://doi.org/10.1093/ptr/10.3.239

Mallinckrodt, B., Anderson, M. Z., Choi, G., Levy, K. N., Petrowski, K., Sauer, E. M., Tishby, O., & Wiseman, H. (2017). Pseudosecure vs. individuated-secure client attachment to therapist: Implications for therapy process and outcome. *Psychotherapy Research*, *27*(6), 677–691. https://doi.org/10.1080/10503307.2016.1152411

Mallinckrodt, B., Porter, M. J., & Kivlighan, D. M., Jr. (2005). Client attachment to therapist, depth of in-session exploration, and object relations in brief psychotherapy. *Psychotherapy: Theory, Research, Practice*, *42*(1), 85–100. https://doi.org/10.1037/0033-3204.42.1.85

Matos, P. M., & Costa, M. E. (2001). *Questionário de Vinculação ao Pai e à Mãe (QVPM): Versão revista [Father and Mother Attachment Questionnaire (FMAQ): revised version]*. Faculty of Psychology and Education Sciences at the University of Porto, Portugal.

Menard, S. (1995). *Applied logistic regression analysis: Sage university paper series on quantitative applications in the social sciences* (pp. 7–106). Sage Publications.

Mikulincer, M. (1997). Adult attachment style and information processing: Individual differences in curisosity and cognitive closure. *Journal of Personality and Social Psychology*, *72*, 1217–1230. https://doi.org/10.1037/0022-3514.72.5.1217

Mikulincer, M., Florian, V., Cowan, P. A., & Cowan, C. P. (2002). Attachment security in couple relationships: A systemic model and its implications for family dynamics. *Family Process*, *41*(3), 405–434. https://doi.org/10.1111/j.1545-5300.2002.41309.x

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

Mikulincer, M., Shaver, P. R., & Berant, E. (2013). An attachment perspective on therapeutic processes and outcomes. *Journal of Personality*, *81*(6), 606–616. https://doi.org/10.1111/j.1467-6494.2012.00806.x

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). Academic Press. https://doi.org/10.1016/S0065-2601(03)01002-5

Mohr, J. M., Gelso, C. J., & Hill, C. E. (2005). Client and counselor trainee attachment as predictors of session evaluation and countertransference behavior in first counseling sessions. *Journal of Counseling Psychology*, *52*(3), 298–309. https://doi.org/10.1037/0022-0167.52.3.298

O'Connor, S., Kivlighan, D. M., Jr., Hill, C. E., & Gelso, C. J. (2019). Therapist–client agreement about their working alliance: Associations with attachment styles. *Journal of Counseling Psychology*, *66*(1), 83–93. https://doi.org/10.1037/cou0000303

Parish, M., & Eagle, M. N. (2003). Attachment to the therapist. *Psychoanalytic Psychology*, *20*, 271–286. https://doi.org/10.1037/0736-9735.20.2.271

Péloquin, K., Brassard, A., Lafontaine, M. F., & Shaver, P. (2014). Sexuality examined through the lens of attachment theory: Attachment, caregiving, and sexual satisfaction. *Journal of Sex Research*, *51*(5), 561–576. https://doi.org/10.1080/00224499.2012.757281

Pistole, M. C. (1989). Attachment: Implications for counselors. *Journal of Counseling & Development*, *68*(2), 190–193. https://doi.org/10.1002/j.1556-6676.1989.tb01355.x

Pistole, M. C. (1999). Caregiving in attachment relationships: A perspective for counselors. *Journal of Counseling & Development*, *77*(4), 437–446. https://doi.org/10.1002/j.1556-6676.1999.tb02471.x

Pistole, M. C., & Watkins, C., Jr. (1995). Attachment theory, counseling process, and supervision. *The Counseling Psychologist*, *23*(3), 457–478. https://doi.org/10.1177/0011000095233004

Reizer, A., & Mikulincer, M. (2007). Assessing individual differences in working models of caregiving: The construction and validation of the mental representation of Caregiving Scale. *Journal of Individual Differences*, *28*(4), 227–239. https://doi.org/10.1027/1614-0001.28.4.227

Rholes, W. S., Simpson, J. A., & Friedman, M. (2006). Avoidant Attachment and the Experience of Parenting. *Personality and Social Psychology Bulletin*, *32*(3), 275–285. https://doi.org/10.1177/0146167205280910

Romano, V., Fitzpatrick, M., & Janzen, J. (2008). The secure-base hypothesis: Global attachment, attachment to counselor and session exploration in psychotherapy. *Journal of Counseling Psychology*, *55*(4), 495–504. https://doi.org/10.1037/a0013721

Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on development. *Journal of Career Development*, *30*(1), 5–44. https://doi.org/10.1177/089484530303000102

Rosenzweig, D. L., Farber, B. A., & Geller, J. D. (1996). Client's representation of their therapists over the course of the psychotherapy. *Journal of Clinical Psychology*, *52*(2), 197–207.

Rubino, G., Barker, C., Roth, T., & Fearon, P. (2000). Therapist empathy and depth of interpretation in response to potential alliance ruptures: The role of therapist and patient attachment styles. *Psychotherapy Research*, *10*(4), 408–420. https://doi.org/10.1093/ptr/10.4.408

Sauer, E. M., Lopez, F. G., & Gormley, B. (2003). Respective contributions of therapist and client attachment orientations to the development of the early working alliance: A preliminary growth modeling study. *Psychotherapy Research*, *13*(3), 371–382. https://doi.org/10.1093/ptr/kpg027

Skourteli, M. C., & Lennie, C. (2011). The therapeutic relationship from an attachment theory perspective. *Counselling Psychology Review*, *26*(1), 20–33.

Slade, A., & Holmes, J. (2019). Attachment and psychotherapy. *Current Opinion in Psychology*, *5*, 152–156. https://doi.org/10.1016/j.copsyc.2018.06.008

Steel, C., Macdonald, J., & Schroder, T. (2018). A systematic review of the effect of therapists' internalized models of relationships on the quality of the therapeutic relationship. *Journal of Clinical Psychology*, *74*(1), 5–42. https://doi.org/10.1002/jclp.22484

Stevens, J. (1992). *Applied multivariate statistics for the social sciences* (2nd ed.). Erlbaum Lawrence.

Teyber, E., & McClure, F. (2000). Therapist variables. In C. R. Snyder & R. E. Ingram (Eds.), *Handbook of Psychological Change* (pp. 62–87). Wiley.

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*(5), 725–733. https://doi.org/10.1037/0022-006X.67.5.725

Urbina, S. (2014). *Essentials of behavioral science. Essentials of psychological testing*. (2nd ed.). Wiley.

Vieira, J., Ávila, M., & Matos, P. M. (2012). Attachment and parenting: The mediating role of work-family balance in Portuguese parents of pre-school children. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, *61*, 31–50. https://doi.org/10.1111/j.1741-3729.2011.00680.x

Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Lawrence Erlbaum.

Woodhouse, S. S., Schlosser, L. Z., Crook, R. E., Ligiéro, D. P., & Gelso, C. J. (2003). Client attachment to therapist: Relations to transference and client recollections of parental caregiving. *Journal of Counseling Psychology*, *50*, 395–408. https://doi.org/10.1037/0022-0167.50.4.395

Zuroff, D. C., & Blatt, S. J. (2006). The therapeutic relationship in the brief treatment of depression: Contributions to clinical improvement and enhanced adaptive capacities. *Journal of Consulting and Clinical Psychology*, *74*, 130–140. https://doi.org/10.1037/0022-006X.74.1.130

Received October 8, 2019
Revision received August 3, 2020
Accepted August 7, 2020 ■