The Impact of Insecure Attachment on Adolescent Self -Concept and Peer Attachment:

A Resource for Counsellors

By

Emily Poirier

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APPROVED BY

Jennifer Campbell, PsyD., R. Psych., Capstone Advisor, Master of

Counselling Faculty

Ron Manley, PhD., R. Psych., Faculty Reader, Master of

Counselling Faculty

School of Health and Social Sciences

Abstract

The purpose of this capstone is to provide an outline of the current research on the impact that an insecure attachment has on self-concept and peer attachment in adolescence. Insecure attachment within adolescents creates a negative self-concept, which makes it difficult for individuals to create healthy peer attachments. Adolescents are in a key stage of identity development, and therefore having a negative self-concept only further interrupts their ability to form healthy and positive self-concepts. Within the final chapter, the research is utilized to formulate an outline for a workshop that can be hosted to help train and educate counsellors on effectively working with adolescents who have an insecure attachment style.

Keywords: insecure attachment, adolescents, peer attachment, self-concept, counselling resources

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Chapter 1

This capstone paper aims to address the research around insecure attachment in adolescents and its impact on the adolescent's attachment with their peers, and their self-concept. This paper included research from a variety of individuals, sharing on the research around insecure attachment, peer attachment, and self-concept. This first chapter will cover an overview of the topics, why the author chose this topic to research, a chapter overview and key concepts.

Overview

Insecure attachment within a parent and child relationship is a popular topic of research, and many studies have been conducted regarding this subject. This paper aims to specifically study the relationship between insecure attachment, peer attachment, and self-concept within adolescents. This paper will review the research on self-concept and peer attachment in adolescents with insecure attachment and will provide a resource in the final chapter for counsellors. The resource provided will be a workshop outline, and an outline for a PowerPoint presentation The intention of the workshop will be to educate counsellors on the topic of insecure attachment and its impact on self-concept and peer attachment. It will highlight the research, on how insecure attachment impacts self-concept and peer attachment and provide therapeutic approaches for this population.

Purpose Statement

Attachment has been largely researched within the past decade and has revealed important information for counsellors, particularly working with adolescents. Insecure attachment styles can cause a delay in identify formation, increase the adolescent's likelihood of

developing mental health disorders, and contribute to the development of an insecure peer

attachment. Laczkovics et al. (2020) explained that a preoccupied attachment leads to

dependency on others to fill the need for acceptance, a fearful attachment style leads to the

avoidance of close relationships in efforts to avoid rejection, and a dismissive style and a

preoccupied style leads to avoidance of close relationships to diminish the chances of being

disappointed by others. What Laczkovics et al. (2020) demonstrated is that when individuals

have an insecure attachment (irrelevant to the style) it causes ruptures in their attachments to

others. As highlighted above, insecure attachment also causes concerns for adolescent mental

health. Agerup et al. (2015) explained that adolescents with insecure attachment are at a greater

likelihood of developing mental health disorders such as depression. This can lead to other

mental health concerns and is a cause for concern. As such it is important for professionals and

families to be aware of the mental health impact of insecure attachment. Laczkovics et al. (2020)

further explained that insecure attachment styles increase depression, behavioural problems, and

an increased risk of internalizing problems, such as anxiety. For counsellors who are already

working with adolescents with mental health conditions, it can be important to know where these

conditions may have come from. That is why it is vital for professionals working with these

youth to know the impact that an insecure attachment style can have on them.

       Adolescence is the stage where individuals begin to form a more concrete self-concept,

and therefore negative outcomes of insecure attachment can be detrimental. Harter (1999) stated

that "adolescence is a critical period for development of the socially integrated self-concept,

during which physical, social, and emotional changes occur and, as such, negative self-

perceptions may intensify and in which the sense of 'self' can change profoundly" (as cited in

Esnaola et al., 2020, p. 101). In relation to social and emotional factors that influence one's self-

concept, bullying also needs to be considered. Murphy et al. (2017) stated that "insecure relationships with parents and peers are possible factors that influence adolescents bullying behaviours" (p. 1388). Having a poor self-concept can be further impacted by an adolescent's experience with their peers, and potentially can increase bullying behaviour, as the research above suggests bullying behaviour increases due to their relationships with parents and peers. Having professionals aware of the implications of the social and emotional impact on self-concept would allow counsellors working with this demographic to do so more effectively and holistically.

This paper also aims to outline the implications of insecure attachment on peer attachment itself. Throughout the literature, patterns have been identified about the adverse effects of insecure attachment on peer attachment. Lee et al. (2017) described that individuals with insecure attachment styles are at a greater likelihood of having insecure attachment to their peers, which in turn causes the individual to have a strong fear of refusal and abandonment. It is clear to see through the research the impact that these factors may have on adolescents and why they are worthy of great attention. The current gap in resources available for counsellors limits their ability to implement effective programming and counselling strategies for young people struggling in this area. There is a lack of information around each of the topics individually, particularly peer attachment and self-concept, and almost non-existent research on how insecure attachment impacts peer attachment and self-concept. Through the literature review provided in this paper, and the outline of the workshop in chapter three, counsellors will more competently and confidently be able to work with this population.

Theoretical/Conceptual Framework

This paper is approaching the topic of insecure attachment primarily from the attachment theory framework. Collonessi et al. (2011) explained attachment as a system that is biologically based and promotes connection between the child and caregiver for protection purposes. Bowlby (1979) highlighted, as the originator of attachment theory, that his work really began in the footsteps of other researchers. It was those researchers that noticed an emotional response in children upon separation from their parents that gave him the concept of researching attachment.

Following Bowlby's work, many other researchers, such as Mary Ainsworth, worked to further the field of attachment. Collonessi et al. (2011) explained that Ainsworth and colleagues (1978) developed the *Strange Situation* for the exploration of attachment relationships in children around 12 months old. Ainsworth and colleagues' (1978) research identified three types of attachment: secure, insecure-avoidant, and insecure-anxious. Chapter two will further outline the different types of attachment styles and their implications for adolescents.

Contributions to the Field

Having an awareness of the impact of insecure attachment, self-esteem, and peer attachment would be beneficial for a variety of people. Firstly, counsellors and mental health professionals can work more effectively with their clients. Chen and Santo (2016) explained that being aware of the caregiver – child attachment style allows practitioners to be able to identify high-risk children and suggest interventions, particularly for children who are withdrawn socially more effectively. Having an awareness of the impact that insecure attachment has on adolescents and their self-esteem is crucial to the effectiveness of a helping professional's practice. By increasing awareness, counsellors are able to highlight attachment concerns to the client and use best practices (which are highlighted later) to help clients improve their self-concept.

Secondly, counsellors working with adolescents greatly benefit from having increased resources. Insecure attachment has been linked to a variety of mental health conditions, such as depression. Zietlow et al. (2017) explained that when an individual has an insecure attachment it increases their likelihood of developing depression, and it even impacts the intensity and duration of the depression. An insecure attachment has also been linked to other disorders, such as anxiety. Laczkovics et al. (2020) explained that one cause of this is that an insecure attachment style increases internalizing behaviours. Therefore, counsellors having a resource that outlines the potential mental health implications of an insecure attachment, would allow them to assess the client for and also be mindful of mental health conditions that clients may be more predisposed to due to their attachment style.

Insecure attachment styles can show up in the counselling room and can pose different challenges for the therapist and client relationship. Ainsworth et al. (1978) defined two of the insecure attachment styles and how they may interact in therapy. Collins and Feeney (2000) explained that individuals with an anxious-ambivalent attachment style have the tendency to have a fear of separation and abandonment and tend to depend on others and seek help frequently and tend to use repression as a coping skill. This is beneficial for counsellors to know, as they can address either the attempt to become overly dependent or the attempt to withdraw and have an awareness that these could potentially be barriers for the client and therefore adjust their therapeutic approach and interactions accordingly.

This information can also be beneficial to parents. By providing psychoeducation to parents regarding the impact of insecure attachment, parents can help foster a more secure attachment style for the child. Similarly, the adolescent is also an important member of the family to educate regarding the outcomes of insecure attachment, peer attachment and self-

concept. By being aware of the causes of their negative peer interactions and poor self-concept can be validating but can also help with the adolescent seeking resources and assistance in creating a healthier attachment style both with their parents (if possible and appropriate) as well as their peers.

Positionality Statement

There are many reasons why this topic is important to me. Firstly, my desired outcome of achieving my Masters degree is to work with adolescents and young adults. Therefore, understanding attachment theory and its impact on self-concept will enable me to work with adolescents with these concerns more effectively, and help me better understand how to support them.

Along with this information aiding me in my future career as a counsellor, it has also helped me in my current work and volunteering. I have had many conversations with adolescents who have a negative self-concept, who have an insecure attachment style, and who seem to put a high importance on peer attachment and their social circles. Due to my knowledge being limited in this area, I was unable to provide helpful advice and direction, and thus would like to be better prepared for future clients and interactions with young people.

I have had a desire to work with children and youth for the majority of my life, and if I can help them overcome the issues they face in life I would find that greatly meaningful. Attachment style is being researched more and more and provides invaluable insights into the causes of adolescents' behaviours and thought processes. Being aware of why I think and act the way that I do, and the way that I did, has been validating to my experiences, and I hope to provide that for others.

Definition of Terms

Adolescence: The transition period from childhood to adulthood. Adolescence begins between ten to thirteen years of age and extends to late teens and early twenties (Sawyer et al., 2018).

Anxious-Ambivalent Attachment: When an infant experiences a high level of distress when the caregiver leaves, as well as when the caregiver returns (Collonessi et al., 2011).

Anxious-Avoidant Attachment: When the infant does not use the parent as a secure base but is still able to explore (Ainsworth et al., 1972).

Attachment Style: The relational interactions between an infant and their caregiver, how warm and responsive the caregiver is to the child and how well they meet their needs. From these interactions an attachment style is formed that can carry through the individual's life (Mohammadi, 2016).

Attachment Theory: The theory that explains the relationship between an infant and caregiver, and how responsive the caregiver is to the infant's needs. Based on this interaction the theory suggests different attachment outcomes (Brisch, 2012).

Disorganized Attachment: When a caregiver is unavailable and commonly also struggles with their own mental health concerns, causing the infant to lack a secure base and having hesitation to exploring (Lyons-Ruth & Spielman, 2004).

Insecure Attachment: Occurs when the caregiver does not meet or inconsistently meets the infant's needs (Glazebrook, 2015).

Peer Attachment: An internalized view or understanding that an individual's peers will provide support and attend to needs when necessary (Wright et al., 2015).

Secure Attachment: When a caregiver provides consistent care for the infant and attends to their needs (Glazebrook, 2015).

Self-Concept: Defined as an individual's self-evaluation of their qualities and abilities across multiple domains (Esnaola et al., 2020).

Outline of Capstone Project Chapters

This section offers an overview of chapters two and three. In chapter two, concepts will be further broken down and research will be added and compared. The first concept that will be covered is attachment. This section will include works from Bowlby and Ainsworth. It will discuss how the theory has progressed and will also cover the different attachment styles. The next concept that will be covered is self-concept. Self-concept will be explained and the research that has been conducted on self-concept in adolescents will be outlined. Additionally, self-concept clarity (SCC) will be introduced and its impact on adolescents will be explored. This section will use Erikson's theory of identity formation. Erikson (1968) shared research on how an adolescent may form their identity and how this relates to self-concept. The final concept that will be discussed is peer attachment. The author will break down what peer attachment is and how it differs from or is similar to caregiver attachment.

The next section of chapter two will discuss the cross-sectionality of the topics, describing how insecure attachment impacts peer attachment and self-concept, as well as how insecure peer attachment impacts self-concept and vice versa. Finally, the author will look at effective therapies for insecure caregiver attachment, insecure peer attachment and negative self-concept. This section will provide an outline of how the therapies are utilized and why they are suited for addressing the concerns that these specific adolescents struggle with. Chapter two will conclude with highlighting areas missing in the research and why they are important.

Lastly, chapter three will highlight the research findings from chapter two and suggest important information that can be included within a workshop for counsellors wanting to learn more about this topic area.

Chapter Two: Literature Review

Beginning with attachment theory, chapter two will provide details on the history of attachment theory, the different styles of attachment, and how attachment styles impact adolescents. Secondly, self-concept will be similarly explored. Introducing topics such as self-concept clarity and identity formation, this section will explain why self-concept is relevant to adolescents. Next, peer attachment will be introduced. A description of peer attachment will be provided, as well as an explanation of the continuity model and how peer attachment impacts adolescents. The latter half of the chapter will discuss the intersectionality of these concepts, evidence-based therapies for working with these concepts, and limitations within the research.

Attachment

This section will explain the history of attachment theory, including the work of both Bowlby and Ainsworth. This section will also cover the different styles of attachment: secure, insecure-anxious, insecure-avoidant, and insecure-disorganized.

Before we can truly understand insecure attachment and its impact on adolescent self-concept, it is important to understand what attachment theory is and the role it plays in the lives of adolescents. Johnson et al. (2019) explained "attachment is fundamentally an interpersonal theory that places the individual in the context of his or her closest relationship with others; it views mankind as not only essentially social but also as Homo vinculum- the one who bonds" (p. 6). Johnson outlines how fundamental having social connections and bonds with other people can be for humans.

Attachment in itself is a biologically based function that serves survival purposes. Brisch et al. (2012) explained that "according to Bowlby, the attachment system represents a very basic and genetically anchored motivational and behavioral system that is in some way biologically

preformed, that serves a survival function for the child, and that is activated after birth in relation to specific attachment figures" (Brisch et al., 2012, p. 14). Brisch et al. (2012) explained Bowlby's theory further. Attachment is impacted by the caregiver's ability to attune to the child. Furthermore, the caregiver's ability to do so successfully determines the attachment style. If an attachment figure satisfies and is sensitive to the child's needs, then secure attachment will form, whereas if the caregivers are not attuned then an insecure attachment may form. Esposito et al. (2013) explained that the style of attachment that a child has is based on the interaction patterns with their mother and is not a result of the temperament or instinct of the child. This suggests that these bonds are created, and are not pre-existing for the child, nor are they caused by the child themselves.

Mary Ainsworth expanded Bowlby's original theory and conducted a well-known experiment called *The Strange Situation*. Ainsworth et al. (1972) explained "in the course of a naturalistic longitudinal study of the development of infant-mother attachment, we introduced our subjects to a novel situation which was designed specifically to highlight individual differences in infants' responses" (p. 1). Ainsworth et al. (1972) further explained the classification system that they created based on their experiment. The classification system is what we now know to be the different styles of attachment. The first category, secure attachment, are the babies who use their mother figures as a secure base. There is also a balance between exploration and attachment. The next category, anxious-insecure attachment, are the babies who were able to use their mother as a secure base sometimes but not consistently. The third category, avoidant-insecure attachment, are the babies who do not use the mother figure for a secure base at all, but also still engage in active exploration. The fourth category, disorganized-insecure, are the babies who actively explore and do return to the mother figure as a secure base, but

infrequently and in a disturbed pattern. The final group Ainsworth and colleagues highlighted

was the babies who neither explore nor use the mother for a secure base. The *Strange Situation*

was foundational for discovering the different types of attachment. Main (1986) explained that

there were four types of attachment that derived from Ainsworth's work. The research initially

highlighted three types of attachment, secure, insecure-anxious and insecure-avoidant, and at a

later date the fourth style of disorganized-disoriented was added by Main and Solomon (1991).

This paper will be looking at the impact of insecure attachment styles (avoidant, anxious and

disorganized) and therefore will not focus on the implications of a secure attachment.

Following the *Strange Situation,* Ainsworth continued her research on attachment.

Through further research she categorized each of three attachment interactions that she found in

her experiment. Ainsworth et al. (1978) explained that category A is the securely attached

babies. These babies appear upset when their parents leave, and actively greet the parents when

they return. Category B is insecure-avoidant. This style is categorized by the baby being

indifferent when the parents leave and actively avoiding when the parents return. Category C is

for babies with insecure-ambivalent attachment styles. These babies become distressed when

parents leave but also struggle to be soothed when parents return.

The final form of insecure attachment was later added to the theory by Main and

Solomon. Main and Solomon (1991) reported that in review of Ainsworth's *Strange Situation*

experiment there was a lack of clarity on the attachment styles, and that it was missing a

category, the disorganized-disoriented style. Main and Solomon (1991) explained that infants in

this fourth category behave in one or more of these ways. They listed: incomplete and undirected

movements and expressions, confusion, and apprehension.

An adolescent can have any of the available attachment styles: anxious-ambivalent, avoidant, and disorganized. Cassidy and Berlin (1994) stated that the research suggests that adolescents with an insecure-avoidant attachment most likely experienced caregivers who rejected them, and due to this may expect others in their lives to do the same. This then can make it difficult for individuals to develop relationships with their peers. Cassidy and Berlin (1994) explained that adolescents with an insecure-ambivalent attachment style may feel less self-confident, less complete and be less likely to explore. This then can place these individuals at risk of being victimized by their peers. An anxious-ambivalent attachment style is marked by the caregiver not being fully present or supportive at all times, and therefore the parent may sometimes be available and at other times they would not. The final form of attachment is insecure disorganized. Lyons-Ruth and Spielman (2004) explained that insecure disorganized children's caregivers tend to be psychologically unavailable, typically meaning they have their own mental health concerns or are abusive. The inconsistency is similar to the anxious-ambivalent style, but caregivers whose infants have a disorganized attachment style are usually less present.

Self-Concept

This next section will discuss self-concept and influencing factors such as self-concept clarity and Erikson's theory of identity formation. This section will also highlight why self-concept clarity is important in adolescents.

Research suggests that adolescents tend to develop negative self-concept when they have an insecure attachment style. Laczkovics et al. (2020) stated that individuals with secure attachments more frequently view themselves and others in more positive ways. When an individual has an insecure attachment style they often view themselves and others more

negatively. There are many words and definitions used within the broad topic of identity, such as self-esteem or self-view, however, for the sake of this research the focus will be specifically on self-concept.

Becht (2017) described self-concept clarity as an individual's ability to describe themselves consistently as well as the level to which they feel certain about who they are as an individual. Self-concept describes how the adolescent views themselves in the context of others as well as a self-assessment across multiple domains. Coelho et al. (2016) further explained that self-concept is formed when an individual assesses themself and then continues to carry those assessments or perceptions of themselves across multiple aspects of their lives. This includes perceptions of how they perceive the important people in their life feel towards them. How self-concept is formed and held is different then self-esteem. Self-esteem is less domain-specific and more of a general view of self. Coelho et al. (2016) further explained that individuals base their self-esteem around two judgements - if they are worthy of the respect of others and if they are capable of handling challenges. What is being shown in the research is that self-concept is an organized set of characteristics, attitudes, and abilities that one assesses themselves in, while self-esteem is a person's beliefs around how worthy they are across multiple areas. Adolescence in particular can be a difficult time for individuals who have a negative self-concept. Erikson (1968) explained that the adolescent stage is marked by challenges of figuring out their new roles, how they fit in with their peers, and experiencing more autonomy through increased social demands and increased academic pressure. This additional stress that is experienced by this age demographic can diminish the development of a positive self-concept and reduce the adolescent's ability to form self-concept clarity.

There are many components that affect how one's self-concept forms. Self-concept

formation is a lifelong process and is not something that is developed in one circumstance or

only in a specific area of one's life. With that being said it is important to note that adolescence

is an instrumental stage in the development of self-concept. Erikson (1968) explained that though

self-development is a primary task during adolescence, it is an important aspect of an

individual's life across the life span (as cited in Gandhi et al., 2016). This author reflected that

this is because adolescents are moving away from understanding themselves in relation to their

caregivers and are learning who they are as an individual, particularly within individualistic

societies. Throughout the research many studies noted Erikson's work regarding identity

formation. Erikson (1968) stated that "identity formation in adolescents is an important

developmental process that involves resolution of the dialectic between identity synthesis and

confusion (as cited in Gandhi et al., 2016, p. 1736). Erikson focused his work on the concept that

each stage of identity formation had a major problem to solve and for adolescents it was identity

synthesis versus role confusion. Schwartz (2001) explained that identity synthesis is the task of

adolescents reworking their childhood identity into a larger understanding of self, which includes

goals, commitments, and values. If an adolescent is unable to do this it can lead to identity

confusion.

Erikson's work provides insight into how adolescents form their identity and their overall

self-concept. The research highlights that although adolescence is a critical period for identity

formation, not all of it occurs during this period. Arnold (2017) explained that because of all of

the changes that adolescents experience emotionally, socially, physically, and cognitively, they

begin questioning their self-identity. Arnold (2017) highlighted that though this is true, and this

can be a huge developmental milestone for adolescents, it is actually a process that occurs over

the life span through learning about the self, performing self-development through jobs and interests, and learning one's social role. As Arnold suggested, it is an ongoing process that adolescents discover as they advance across the lifespan. Becht et al. (2016) highlighted that it is an ongoing process. However, rather then highlighting it in a broad lifespan approach, Becht et al. (2016) explained that it happens daily. Uncertainty around identity is an aspect of being an adolescent.

There are many aspects to consider in the development of self-concept, such as self-concept clarity. Campbell et al. (1996) explained that self-concept clarity (SCC) is the extent to which an individual has a clear understanding of self-beliefs, and their understanding of their self-belief is confidently defined and consistent. Self-concept clarity is an important aspect to having an overall positive self-concept as an adolescent can't build a positive self-concept while lacking awareness of their self-concept in general. One of the most effective ways to build self-concept clarity is through positive relationships with supportive peers and receiving validation from peers. Leung et al. (2013) and Becht (2017) explained that having supportive peer relationships helps increase self-esteem and improves self-concept over multiple domains. Emery et al. (2018) explained that when people experience a threat to their self-concept, validation from others can be key to helping people restore self-concept clarity. Becht et al. (2017) further explained that supportive relationships can help validate who the adolescent thinks they are and how they present themselves, therefore leading to less self-doubt and increased self-concept clarity. Self-concept clarity is an important aspect of an adolescent's overall development of self-concept, and if having supportive friends to validate and encourage adolescents improves their self-concept clarity then it is important for adolescents to have these types of social interactions.

In addition to self-concept clarity and identity synthesis and confusion, other aspects of an adolescent's life can impact their development of a positive self-concept. Steinberg and Morris (2001) explained that individuals go through a lot of changes in adolescence. Esnaola et al. (2020) suggested that during the adolescent period youth implicitly and explicitly learn about who they are. During this time adolescents face major changes in physical, cognitive, emotional, and social aspects of their lives. Self-concept clarity is how individuals understand who they are in the context of others. Esnaola et al. (2020) highlighted the varying factors that adolescents evaluate themselves on such as cognitive and emotional changes. They suggested that these changes in adolescents could be influenced by brain development, hormonal changes and even the demands of high school and peer interactions.

The previous section highlighted how adolescents are faced with many factors that impact their self-concept. In addition to the different barriers that simply come along with being an adolescent, some adolescents also have an insecure attachment style which can negatively impact their self-concept. The research shows that adolescents with an insecure attachment struggle with self-concept and low self-esteem. Set (2019) previously explained that children who have negative self-perceptions may have developed them from the negative relationship they had with their caregiver, which can further lead them to perceive difficulties they face in life as their personal inadequacies. Therefore, negative self-concept can reduce the sense of self-value that individuals perceive, and this can increase vulnerability to developing anxiety. This suggests that individuals with insecure attachment have a higher likelihood of developing a poor self-concept.

In contrast, adolescents with a secure attachment style have been shown to have more positive self-concepts. Keizer et al. (2019) explained that "attachment theory indicates that

secure attachment relationships promote positive feelings of self-worth and importance" (p.

1204). Through this literature review it is demonstrated that when an individual has an insecure

attachment style, they are at a higher likelihood of developing a reduced sense of self-value,

whereas if an individual has a secure attachment style then they will have elevated feelings of

self-worth and importance.

Understanding how the formation of identity is created and the impact it can have on self-

concept provides a basis for the next section which will discuss the connection between insecure

attachment styles and self-concept. As discussed previously, attachment creates a basis for

feelings of safety and care. Fearon et al. (2010) expressed that attachment becomes generalized

over time and can begin to affect interpersonal relationships, self-worth, and self-care across the

life span. The earliest stages of attachment formation can create a lifelong understanding of how

to care for oneself and if one is taught that they are not worthy of love and care then that can

damage their self-concept.

How an adolescent's self-concept is impacted varies depending on the form of insecure

attachment - whether it is anxious-ambivalent, avoidant or disorganized-disoriented, each style

of attachment has implications for the adolescent's self-concept. The bulk of the research focuses

on how anxious attachment impacts self-concept. Emery et al. (2018) explained that there is a lot

of research around self-concept and attachment, but it focuses on anxious attachment. Individuals

who are anxiously attached tend to have a more negative self-view and low self-esteem. Emery

et al. found that avoidant individuals receive lower rates of validation from others. They

explained that attachment avoidance was consistently associated with lower self-concept clarity.

Emery et al. (2018) suggested that "lower self-verification mediated the association between

avoidance and lower self-concept clarity" (p. 1142). As shown in their research, self-concept

clarity and a general positive self-concept can be difficult to formulate for both anxiously and avoidantly attached individuals.

Peer Attachment

The third concept covered in this chapter is peer attachment. This section will discuss what peer attachment is and why it is central in the lives of adolescents. This section will explain the continuity/cognitive and compensatory/competition model and explain how each model proposes insecure attachment impacts peer attachment.

Peer interaction is an important aspect of adolescence. It is a stage where adolescents move from finding security from their parents to finding more independence and security within social circles. McGinley and Evans (2020) explained that moving from a place of security from parents to peers is a normal aspect of development and serves as a protective factor to develop strong peer relations. They expanded this by saying that as children get older and move into adolescence and emerging adulthood they experience more self-focus, risk-taking, identity exploration, and stressful transitions. Therefore, having a positive peer attachment promotes higher self-worth and reduces the chances of developing mental health conditions. Lee et al. (2017) expressed that intimate peer interactions are vital to the school life of adolescents because they impact interpersonal skills, self-esteem, and emotional regulation. Peer attachment also goes on to assist adolescents in their transition into adulthood. Gorrese and Gorrese (2019) expressed that beyond family, friends also support their peers as they move from adolescence into emerging adulthood. Peer attachment is not only useful for interpersonal skills, emotional regulation, and transition into adulthood, but is also beneficial to adolescent's mental health.

Peer attachment, as highlighted throughout the research, has a large impact on adolescents' lives. Another factor that positive peer attachment supports is mental health. As

adolescents gain more autonomy they begin to transition from having their caregivers be their

primary attachments to their peers assuming this role. Oldfield (2016) explained that this move

towards autonomy for adolescents is a natural process and has benefits such as increased social

supports from peers and if the peers that they are socializing with go to their school, an increased

connection and association to the schools they go to can also develop. Further, it is also shown to

decrease emotional and behavioural problems among adolescents.

Social connection is a factor that can improve mental health for those who are securely

attached. Schoeps et al. (2020) explained that when adolescents have peers that they trust and

feel secure and safe with they tend to engage with them more. On the contrary, if the adolescent

feels insecure with their peers they may isolate which may increase risk of mental health

conditions such as depression and anxiety. When adolescents feel secure in their social groups,

they are less likely to isolate, which in turn promotes good mental health. Holt et al. (2018)

similarly highlighted that adolescents with a secure attachment style tend to socialize and feel

more confident in their social skills. They go on to explain that these adolescents are at a lower

risk of developing depressive symptoms as they are better able to create close relationships

without fear of rejection.

Parental attachment and peer attachment are both important aspects in an adolescent's

life. Research looks at these types of attachments as systems and shows that, though they are

separate systems, they do impact the other. Shengqi et al. (2020) explained that the family

system and peer system work as two separate systems. Adolescents start in the family system and

transition to the peer system as peer attachment becomes more of the primary focus. Research

provided in this chapter will explore how peer and parental attachment impact each other.

There are two models highlighting the association between parental and peer attachment - continuity/cognitive and compensatory/competition. Buchanan and Bowen (2008) explained "in the continuity/cognitive model, peer relationships are seen as an extension of the relationships formed with the adults" (p. 398). In this model, the relationships adolescents have with their peers is similar to the relationship they had with their parents. The continuity/cognitive model is more seen in popular literature because it is linked to Bowlby's concept of attachment theory. Wilkinson (2004) explained "over time this continuity approach has come to dominate the literature, particularly with the invoking of attachment theory as a central explanatory account" (p. 479). The other model used to understand parental and peer attachment is the compensatory/ competition model. Buchanan and Bowen (2008) described "in the compensatory/competition model, peer support fills the void left by the unsatisfactory adult relationships. Moreover, this model suggests that peers exert a stronger influence on the adolescents' well-being when adult support is low" (p. 398). This explains that adolescent's attachment to their caregiver can have a direct implication on their attachment to their peers. It also suggests that an adolescent's peers can help to repair their attachment wounds by being a support when their caregiver support is low or non-existent.

Insecure Peer Attachment

A secure peer attachment can provide support and safety, while an insecure peer attachment can diminish these. Erdley et al. (2001) stated that "difficulties in peer relationships can also promote and exacerbate vulnerability to internalizing symptomology. Within the realm of close relationships, adolescents who cannot count on warm supportive friendships are at risk for difficulties in social and emotional adaptation" (as cited in Gorrese, 2016, p. 194). This struggle can only be compounded when adolescents have already internalized the narrative that

all relationships behave in an insecure manner. McGinley and Evans (2020) discussed that when it comes to adolescents with insecure attachment, they may have a mental script of relational expectations. This only makes it more difficult when adolescents are trying to make connections with others and have a preconceived idea of the outcome. It is additionally made more of a challenge as individuals with insecure attachments and negative interactions with peers tend to internalize and externalize behavioural problems such as aggression and mental health issues. Al-Yagon (2016) explained that adolescents with positive experiences with peers have various linked outcomes to internalizing and externalizing variables, including lowered levels of depression, anxiety, aggressive behaviour, and loneliness (p. 600). As seen in the research listed above, depending on what the adolescent is experiencing with their peers they have different reactions that are both internalized and externalized.

Similar to parental attachment, peer attachment can function in both an insecure and secure manner. As mentioned in the previous section peers can provide a strong supply of secure attachment which can be restorative and healing for adolescents. In contrast, if an adolescent holds an insecure attachment with their peers this can worsen their attachment wounds. Counsellors should be aware of both caregiver attachment styles and peer attachment styles. Peer attachment can be a central part of an adolescent's life and therefore should be important to the counsellors who work with them.

Insecure Attachment and the Impact on Peer Attachment

This section will cover how insecure attachment impacts peer attachment. It will more specifically discuss different attachment styles and how they individually disrupt peer attachment.

Similar to self-concept, the current literature shows that insecure attachment negatively impacts peer attachment. Lee et al. (2017) described that when adolescents have a secure peer attachment they feel more comfortable communicating with their peers and are also more comfortable with intimacy. In addition, Lee et al. (2017) explained that an anxious peer attachment style can often indicate a fear of rejection or abandonment when it comes to their peers. Therefore, a secure attachment style translates to a healthy peer attachment style and a level of comfort within friendships that lack fear of abandonment. Chen and Santo (2016) added that children who have an insecure attachment style tend to approach new relationships with less confidence and trust and will often carry more negative expectations. Insecure attachments only make it more difficult for adolescents to develop strong peer attachments.

Similar to attachment style impacting adolescent self-concept, attachment style can also impact peer attachment. Seibert and Kerns (2015) explained that a hypothesis has been created regarding secure caregiver attachment patterns impacting peer relations. They also suggested that creating secure attachment with peers can be difficult in peer relationships as adolescents often have different styles of attachment. Chen and Santo (2016) explained that different attachment styles tend to have different social outcomes. They suggested that securely attached adolescents show higher rates of competent social skills and tend to be more accepted by peers. Anxiously attached adolescents tend to hyperactivate their coping mechanisms and have more of an emotional response. In contract, adolescents with an avoidant attachment style deactivate their coping strategies and suppresses their emotions, withdrawing from the relationship. Chen and Santo (2016) suggested adolescents with secure attachment styles tend to be more competent in social situations in comparison to those with an insecure attachment. Additionally, Hoseeinzadeh and Khanjani (2016) suggested that adolescents with insecure attachment styles demonstrate an

inability to cope in stressful situations within their peer groups. As highlighted in both Hoseeinzadeh and Khanjani (2016) and Chen and Santo (2016), insecurely attached adolescents tend to withdraw or over-extend both their emotional responses and coping, which could further exacerbate the barrier within the lack of social competency.

Seibert and Kerns (2015) explained that children with a disorganized attachment style may be unable to interact in coherent ways and withdraw or even act out in an aggressive manner in social situations as a result. Seibert and Kerns (2015) stated that adolescents with a disorganized attachment style have a particular disadvantage when it comes to peer attachment. They explained that adolescents with this specific attachment style struggle with emotional processing and therefore tend to externalize behaviour problems including risk-taking. Due to the neglect that many of these adolescents faced in childhood it is hard for them to trust attachment figures in their lives.

It is vital for counsellors and adolescents alike to be aware of how specific attachment styles may be impacting their peer attachment. Not all attachment styles interact or disrupt adolescents in the same way. Having a better understanding of how each style of attachment may cause different barriers is important because it can be further addressed with knowledge and advocacy.

Self-Concept and Peer Attachment

This section focuses on cross sectionally addressing both of the topics of self-concept and peer attachment. It highlights the research that suggests a negative self-concept impacts peer attachment. It also goes on to highlight that an insecure attachment with peers negatively impacts adolescent self-concept.

Looking at self-concept and peer attachment, Wilkinson (2004) stated that secure attachments are related to how we think about and judge ourselves. When an adolescent has a secure attachment with their caregivers and peers, they tend to be less judgemental of themselves and rate themselves at a higher worth. As Wilkinson suggests, when an adolescent is able to have a trustworthy and safe relationship with a peer, they are able to see themselves more highly. Nishikawa (2010) highlighted a similar point to Wilkinson's research above explaining that an adolescent's self-concept is impacted by their attachments. They explained that adolescents with secure attachments have not only positive models of themselves but also of others. Adolescents with secure attachments view themselves and others as worthy and have confidence and self-assurance. As exemplified in research, insecure peer attachment impacts self-concept because insecure attachments carry on from childhood into adolescence and impact an adolescent's working model of themselves, otherwise referred to as their self-view. Debbane (2017) explained that adolescents carry their working models of self over from childhood, concurring that caregiver attachment transition over into adolescents' attachment with their peers. As children move to adolescence their focus moves away from the family and more to interactions with peers. However, when adolescents already possess a negative working model of themselves it translates to how they view themselves socially and how they perceive their peers view them.

The literature suggests that self-concept is affected by an insecure attachment style. Becht et al. (2017) explained the mutual impact that peer attachment and self-concept clarity are on each other. "Theoretically, supportive interpersonal relationships can both foster adolescent SCC and evolve from adolescent SCC" (p. 1824). This is an important concept to note because, to some extent, supportive relationships can both support and be the result of self-concept clarity.

An important aspect on the level of impact that peer attachment has on self-concept is the level of sense of self that the adolescent holds. Erikson (1968) stated that "psychosocial theory holds that adolescents with a more coherent sense of self might be better able to engage in equal and mutual relationships without losing themselves in these relationships" (as cited in Becht et al. 2017, p. 1824). Adolescents who have a clearer sense of self can set boundaries needed to maintain healthy relationships. Erikson (1968) explained that if adolescents don't have a clear concept of self, then it could lead to less mutual relationships and also a higher dependency on others. It is clear that having a higher level of self-concept clarity is important, particularly in the formation and execution of peer attachment.

Effective Types of Therapies

Due to the lack of research on effective therapies for the combination of all three topic areas (self-concept, peer attachment, and caregiver attachment), the three topics will be broken down into two sections. The first section will discuss attachment-based therapies that could be utilized for adolescents struggling with either insecure peer or caregiver attachment. These types of therapies include attachment-based family therapy, group-based psychotherapy, and cognitive behavioural therapy. The second section will discuss therapies to utilize for negative self-concept, such as self-compassion as a therapeutic tool, cognitive based therapy, and narrative therapy. The third chapter will combine the research to offer a workshop for counsellors working with adolescents struggling with insecure attachment, peer attachment and self-concept.

Therapies for Adolescents with Insecure Peer and Caregiver Attachment

The first form of therapy that research suggests for working with insecure attachment is attachment-based family therapy (ABFT). This form of psychotherapy would be utilized if the adolescent and their family had a desire to work on their attachment concerns and wounds

together. This would not be a useful form of therapy if the family is resistant to working on their concerns. Tsvieli et al. (2020) explained that successful sessions include enactments, disclosure of adaptive emotions and unmet needs. Tsvieli et al. (2020) further explained that the session would also work to shift perceptions of self, others, and build security and trust within the relationships. As Tsvieli et al. (2020) highlighted, successful sessions consist of certain elements, therefore if there is a lack of engagement, these aspects of a successful session cannot take place. ABFT works to use the family system as a means for therapeutic development and was developed by Diamond et al. (2014). Diamond et al. (2014) stated "attachment-based family therapy capitalizes on the innate, biological, and existential desire for meaningful and secure relationships" (as cited in Diamond et al., 2016, p. 596). Within sessions the therapist uses immediacy to tend to the attachment wounds that happened within the system. Diamond et al. (2016) explained that "we work to uncover what experiences (e.g., abuse) and relational processes (e.g., harsh criticism) have damaged trust in the family relationships. We uncover these 'traumas' and help the family have an authentic, honest, emotional engaged, and regulated conversation about these relational disappointments" (p. 596).

Another format and modality of psychotherapy that has been shown to be effective for individuals with insecure attachment is group-based psychotherapy. Group-based psychotherapy can be both a change in therapeutic modality and also in how the therapy is practically offered – such as number of individuals, age ranges, and environment. Group therapy allows a platform for individuals to build secure attachments and therefore repair their previously insecure attachment style. Ormont (1992) explained that group therapy "may provide greater therapeutic leverage for the leader to address insecure self-states in specific moments of heightened intensity repeatedly,

rather than conceptualizing attachment as a stable category (i.e., preoccupied, dismissive,

unresolved) or as a trait requiring a more general intervention" (as cited in Black., 2019, p. 272).

Similarly to attachment-based family therapy, group therapy with an attachment focus is

using immediacy to firstly exemplify the attachment wound and then further work on the wound

within the moment using more effective coping. However, unlike ABFT the family isn't

involved, which may provide less of a barrier to adolescents with family members unwilling to

participate but also does not provide as direct healing. As Black (2019) previously mentioned,

the group can be a therapeutic setting to handle attachment concerns. Within a group, other

members and the therapist themselves can provide the adolescent with a secure attachment and

this offers progress. Byrd et al. (2010) and Daniel (2006) explained that "researchers have

examined the role of the therapist as an attachment figure and the patient's attachment style as a

mediator of psychotherapy process, with attachment style shown to predict a patient's ability to

engage in psychotherapy, the course of therapy, and the quality of the patient-therapist

relationship" (as cited in Kinley, 2013, p. 55). Kinley (2013) explained that having an attachment

informed group therapy provides an adolescent with a safe place to work on their insecure

attachment. Kinley (2013) stated that "group psychotherapy may be especially helpful in

leveraging the therapeutic milieu and group culture in order to establish a climate of safety and

trust, which in turn may facilitate the challenging of maladaptive relationship beliefs and

strategies typical of fearfully attached individuals" (p. 66).

Cognitive behavioural therapy is a commonly used modality in psychotherapy and can be

effective in working with individuals who have insecure attachments. Zalaznik et al. (2017)

researched the impact of utilizing both the concept of a "safe person" or, in other words, an

individual they are securely attached to and cognitive behavioural therapy. In their research they

found CBT on its own could lower the need to engage in insecure attachment style behaviours.

They stated, "consistent with the current study, decreased anxiety sensitivity led to less use of

anxious and avoidant working models" (p. 74). Zalaznik et al. (2017) explained how they

incorporate and use the concept of a safe person. The initial intention is to involve the safe

person and over time build coping and tolerance to move away from that person, therefore

reducing attachment anxiety. Their findings suggested that a reduction in anxiety sensitivity and

a reduction in avoidance behaviours without the use of a safe person can lead to improved

attachment.

Psychotherapy for Negative Self-Concept

This section will cover different forms of psychotherapy that counsellors can use when

working with adolescents with negative self-concept. Self-concept in itself is considered a vital

aspect of therapy and therefore improvement of one's self-concept is advantageous. Styla (2015)

expanded that using cognitive therapy helps rework one's assumptions about themselves and the

world. This helps to address maladaptive assumptions which are often the result of an insecure

attachment. The adolescent's schemas are approached as a hypothesis and the adolescent can

explore and examine their behavioural responses to see if they are accurate or adaptive.

As mentioned, insecure attachment and low self-concept can cause many negative

outcomes for adolescents including increased risk for mental health struggles. One such form of

psychotherapy is compassion-focused therapy. Paul Gilbert (2009) created what he named

Compassion Focused therapy. Gilbert (2009) explained "compassion-focused therapy follows a

behavioural approach in suggesting that internal thoughts and images can act just as external

stimuli do, activating different parts of the brain" (p. 25). Gilbert explained that utilizing

compassion-focused therapy allows for the client to access a completely different part of their

brain. Gilbert (2009) explained that self-compassion focused therapies have many benefits for

clients. He stated that it helps client who are critical of themselves, to experience a sense of self-

warmth and kindness. It also helps clients shift from not just practicing being less critical

towards themselves like other therapies, but it works on the emotional response that clients have

towards themselves.

Yang (2018) described self-compassion as the act of practicing and approaching oneself

with gentle kindness and having an understanding that difficulty and struggle are apart of the

human experience. Yang (2018) explained that when someone is unable to practice self-

compassion, they often experience more negative feelings towards themselves, self-judgement,

and isolation.

Further research shows another benefit of self-compassion focused psychotherapies in

that they provide a more resilient tool for adolescents to utilize. "Another advantage of self-

compassion is that it is available precisely when self-esteem fails us- when we fall flat on our

face, embarrass ourselves, or others come in direct contact with imperfection in our life" (Neff,

2011, p. 6). Neff (2011) earlier outlined what she believed self-compassion to be: "self-

compassion is a salient source of positive self-regard. When we're kind to ourselves, clearly

seeing ourselves as a part of a larger interconnected whole, we feel safe, accepted and secure"

(Neff, 2011, p. 6). Giving adolescents the skills and ability to develop self-compassion would

allow them to have enduring increased self-concept and positive regard for themselves. Since it

is skills-based, it is something to work on over time in therapy. But as previously mentioned,

self-compassion can be more sustainable for improving one's self-concept than other methods

such as generally improving self-esteem.

Similar to attachment-based concerns in therapy, cognitive therapies can also be an effective modality of psychotherapy for clients who present with a negative self-concept. Styla (2015) stated "cognitive therapies deals with maladaptive assumptions about oneself and the outer world" (p. 2). Utilizing cognitive therapies can help to address the maladaptive assumptions that adolescents carry about themselves in hopes of improving their self-concept and build their self-concept clarity. One such cognitive model that is suggested within the research is the assimilation model. Van Geert (1998) explained assimilation and accommodation, according to the theory of Piaget (1970), are two processes that allow individuals to adapt the environment through the change of structures in the mind. Cognitive therapy focuses on one's maladaptive thoughts. Therefore, using either assimilation or accommodation, adolescents can rework the way they think about themselves and further improve their self-concept to a more positive outlook.

Further research within cognitive-based therapies shows that combining cognitive therapy and narrative therapy for individuals with negative self-concepts can be effective. This specific type of cognitive therapy is called narrative enhancement cognitive therapy (NECT). Yanos et al. (2011) explained, "…NECT was developed to address the fundamental impact of stigma on identity" (as cited in Yanos et al., 2015, p. 175). This could be relevant for individuals with insecure attachment styles as the latter commonly increases the adolescent's risk of developing other mental health concerns and conditions. Yanos et al. (2015) outlined that the first step of NECT is to reflect on their experience of self and illness, then to implement psychoeducation around stigma, self-concept, and other relevant topics. The next step is to work on the cognitive aspect of the therapy which would use coping mechanisms to combat the self-stigmatizing beliefs. The third step is the narrative piece, which is where clients make meaning

out of their stories. The fourth and final stage is to allow the clients to openly discuss their experience with mental illness. This process would address many of the concerns and barriers that adolescents with insecure attachment styles and negative self-concepts struggle with. Further, this technique utilizes two forms of reputable modalities in psychotherapy, cognitive behavioural therapy and narrative therapy.

Limitations

This section highlights the limitations that exist within the research on insecure attachment in adolescents and its impact on self-concept and peer attachment. The intention of this paper was to focus on the adolescent population, twelve- to twenty-four-year-olds, who experience insecure attachment styles and as a result have poor peer attachment and negative self-concept. Research on the adolescent age demographic was lacking. Many of the studies that included the adolescent age range also included research findings on children and young adults. Therefore, studies included in this chapter incorporate a broad view of the concepts. Further research needs to be conducted within insecure attachment, self-concept, and peer attachment that is specifically geared towards the adolescent population, only using adolescent participants so as not to further dilute the research findings.

Another limitation was a gap in the research on the combination of insecure attachment, self-concept, and peer attachment. The literature reviewed in this capstone was broken down into categories of insecure attachment, self-concept, and peer attachment. Research showed that each factor had an impact on the other and the field of study would greatly benefit from further research on the intersectionality of these concepts. This could help counsellors understand the impact that insecure attachment has on both peer attachment and self-concept and further their counseling abilities with an understanding of the cross-sectional impact and how to help clients

who are struggling with caregiver attachment, peer attachment, and self-concept. Due to the lack

of research on the combination of insecure attachment, peer attachment and self-concept, the

information that is available is not diverse. Future studies including age, gender, socioeconomic

status, and cultural diversity would improve the relatability and range of use for the research

findings. Many of the studies were conducted in the United States of America and often failed to

mention diversity factors regarding their participants.

Future Research

As highlighted in the limitations section in both this chapter and the previous chapter,

there are significant gaps within the literature. Firstly, studies looking at insecure attachment as a

direct impactor for self-concept and peer attachment would be required to gain further insight

into how insecure attachment impacts these two factors. Through this, counsellors would have a

greater understanding of how specific types of therapies would be useful for individuals who are

struggling within this area.

Conducting more studies that research the impact of insecure attachment on peer

attachment and self-concept would allow for the suggestions of different types of

psychotherapies and therapeutic tools to be more directed at the problem, instead of the current

research where the concepts are typically researched individually or a cross-analysis of two of

the concepts.

As mentioned in the previous section, more research needs to be done that is specific to

the adolescent demographic. There was limited adolescent specific research, this could be useful

so that the findings can be more directly related to adolescents. Additionally, to age specific

research, a wider sampling of ethic background, gender, and class would provide research that is

more widely applicable.

Chapter 3

As highlighted throughout this paper, adolescents can have a variety of negative outcomes when possessing an insecure attachment style. Including the research from the previous chapter, this chapter will highlight ways to use the research to aid both the clients' experience and growth as well as to assist the counsellor in utilizing best practices for these specific clients. This final chapter will highlight important information that was outlined in chapter two, as well offer a workshop for counsellors who are working within this area of practice.

Workshop

In writing this paper, it was my intent to provide a resource for counsellors in the form of a workshop. This workshop will give counsellors the information they need to work with adolescent clients who have insecure attachments and are struggling with peer attachment and self-concept.

The intended audience for this workshop is counsellors, particularly those who are working with an adolescent population. This workshop welcomes both private practice and community agency-based counsellors. Counsellors who work in an educational setting, such as middle schools and high schools, would find benefit as well.

This workshop will be run over two days and will be an intensive style workshop. This means that participants will join for two full days. At the end of the two days, practitioners will leave understanding each of the three concepts, the research behind it, and how attachment and self-concept intersect. Also included will be evidence-based modalities to use when working with these clients. Many counsellors have some foundational knowledge on attachment theory,

self-concept, and peer attachment but previous knowledge is not required as the workshop

provides introductory information on the topics.

The goal of the workshop is to increase counsellors' awareness and understanding of

what attachment is, what an insecure attachment looks like, and how it impacts adolescents' self-

concept and peer attachment. Providing the goals of the workshop are achieved, practitioners

will leave with a larger understanding of the concepts and will therefore be better able to assist

adolescents they serve within their practice.

Workshop Topic Areas

This next section will outline the different topic areas that will be covered in the

workshop. Each area is outlined, and the important findings from each of the topic areas is

highlighted of how the information would be presented in the workshop, what the information is

in general terms, and why it is important for counsellors to be aware of.

Attachment

The first concept that will be covered in the workshop is attachment theory. This will

include research on where the concept of attachment theory came from, how the theory has

evolved over the decades, and what the different styles of attachment are. This workshop

specifically focuses on insecure styles of attachment, providing comprehensive information on

the different styles and their presentation. This will help counsellors decipher what attachment

style the young person has and therefore what would be the best course of intervention.

In learning about attachment theory, the first and most foundational piece is

understanding where the theory came from. This workshop will highlight the works of Bowlby

and Mary Ainsworth, who worked with Bowlby to further expand his theory with what she

called the *Strange Experiment*. Going beyond this, the different styles of attachments will be

outlined, noting what causes the different styles and how they present. Diener and Monroe (2011) highlighted important research findings for working with clients with an insecure attachment style. They explained that clients, when working with therapists, may have a more difficult time making emotional bonds and agreeing on therapy tasks and goals. Being aware of the clients' struggle, the counsellor can give extra attention to developing trust to further nurture emotional bonding. Having awareness is the first step, but there are other considerations when proceeding with these clients. Anvari et al. (2021) highlighted that it is important to both identify the client's attachment style and work within the means of the therapeutic relationship to provide a contrasting approach to help shift the client's attachment style. Openly having a conversation with the client about their attachment style and working with the client to address it can be a useful skill for practitioners to use to improve the therapeutic relationship.

The therapist can also use their awareness of the client's attachment style to track their progress and assess if ruptures have been made. Diener and Monroe (2011) suggested that therapists should monitor the therapeutic relationship regarding signs of distancing or ruptures occurring in the relationship due to attachment insecurity. Using in-vivo therapy can help address the attachment rupture within the therapeutic alliance as well provide an example of what effective repair can look like in ruptured relationships.

The final section that will be covered within the attachment portion of the workshop is the specific attachment styles and how they present. As mentioned above, having an awareness of what kind of attachment style a client has helps both the therapist and the client engage meaningfully with one another. As shown throughout the literature, different attachment styles engage differently and often have different needs within general and therapeutic relationships. Counsellors with an awareness of the impact of specific styles of attachment can help the client

in a client-centered and best practice approach. Ainsworth (1966) highlighted the different

attachment styles that she found within her *Strange Situation* study. As outlined in chapter two,

there are a variety of impacts that an insecure attachment can have on adolescents, and that is

why it is important for counsellors to be aware of their client's attachment styles. In the case of

an anxious attachment style, an individual with ambivalent-anxious attachment style may have

the tendency to become overly dependent on the counsellor due to a fear of abandonment.

Counsellors can then be mindful of what instances of separation will look like and can be sure to

educate and enforce boundary setting within the alliance. In terms of avoidant attachment styles,

therapists can be aware of the resistance that these clients usually demonstrate when it comes to

reflecting on emotions or hurts. Therapists can work carefully as clients with avoidant

attachment styles as they can potentially disengage in sessions or even not attend. The final

insecure attachment style as mentioned is the disorganized style. Clients with a disorganized

attachment style tend to seem disoriented and will either rely on the secure attachment heavily or

disengage. Therapists should be aware of the back and forth that occurs for these clients, and to

meet them where they are at with their different needs, while pointing out the patterns they are

stuck in.

Peer Attachment

The next concept that will be covered in the workshop is peer attachment. The concept

will first be introduced independently while the intersectionality of peer attachment will be

highlighted later. Counsellors will be introduced to what peer attachment is and the important

role that it plays in adolescents' lives.

Peer attachment plays a significantly important part in the lives of adolescents. Peer

attachment is the attachment that people (in this case adolescents) feel towards their peers, and

often is a direct translation of the attachment style that this individual held with their parents. When an adolescent has an insecure attachment it can cause ruptures within relationships with their friends. Lee et al. (2017) explained that when an adolescent has a secure peer attachment, they are typically more comfortable in communicating their feelings as well as feeling more comfortable with intimacy. When adolescents do not feel this place of security, it can be damaging to their relationships. As counsellors it is important to be aware of clients who are struggling in this area as it directly impacts the individuals' social interactions which can affect the adolescent's mental health.

As outlined in chapter two, when discussing peer attachment there are two models that have emerged, the continuity/cognitive and compensatory/competition model. Buchanan and Bowen (2008) explained, "in the continuity/cognitive model, peer relationships are seen as an extension of the relationships formed with the adults" (p. 398). This model essentially describes that when children have a specific attachment to their parents it carries over into their adolescent and even adult relationships. When professionals are aware that adolescents have had ruptures in their attachments with their caregivers and potentially have insecure attachments it gives us an advantage to some degree. By being aware of what their early stages of attachment looked like we can better predict and work with the adolescents to help them bond and make more secure attachments with peers.

Mental Health and Insecure Attachment

This portion of the workshop will cover the mental health outcomes of attachment. This section will explain both the impact of insecure caregiver attachment and peer attachment. Counsellors will be educated on what mental health implications an insecure attachment style

can have on adolescents and what type of mental health disorders adolescents are more

susceptible to as a result.

As research shows, caregiver attachment is linked to the outcomes of peer attachment.

Though they are both separate energy systems, caregiver attachment does influence peer

attachment. As such this next section will focus on mental health and attachment, highlighting

the impact of insecure attachment in both caregiver and peer relations.

The research highlights that adolescents with insecure attachment styles tend to

internalize and have lower self-regulation skills. Lee et al. (2017) expressed that when

adolescents have insecure attachment, specifically insecure peer attachments, they tend to have

less of an ability to regulate their emotions. Also highlighted in the research is that adolescents

with insecure attachment styles are at a higher risk of developing anxiety or depression. Schoeps

et al. (2020) highlighted that adolescents with insecure attachment styles tend to isolate which

furthers internalizing behaviours and increases the likelihood of developing depression or an

anxiety disorder.

Self-Concept

The next concept that is important to highlight in the workshop is self-concept. This

section will highlight a few key points. Self-concept as a general foundation is important for

practitioners to understand specifically, including what is self-concept, how does it differ from

self-esteem, and how self-concept is built. Understanding these pieces will allow for counsellors

to help recognize when their clients are struggling with a negative self-concept, and therefore

supporting their clients in building a more positive self-concept.

Throughout the research, an important aspect of self-concept that is highlighted is self-

concept clarity. Crocetti et al. (2016) explained that self-concept clarity is the amount that an

individual can define who they are and what their self-beliefs are in a clear and consistent

manner. One's self-concept clarity is of huge importance as it highlights that some clients may

have a disconnect between what they see of themselves and what others see, or in extreme cases

if the client may not have formed a self-concept at all. Some clients significantly lack an

awareness of self, and therefore don't even have a clear image of how they view themselves.

From what this author has seen in previous research and out in the field a majority of the work

around oneself involves self-esteem, which assumes that the client considers viewing themselves

in the first place. Therefore, self-concept clarity is an important aspect for counsellors to assess.

It ensures that they can get to the root of the problem, which in some cases is how much clarity

do clients have about themselves. In other words, is the client able to recognize themselves to

some extent or are they on the other side of the spectrum where they completely lack awareness?

Counsellors can strengthen and support adolescents' self-concept clarity. One of the

effective ways to build self-concept clarity is through validation. Counselors typically use

validation as one of their basic therapeutic tools but as the research suggested in the previous

chapter, the validation needs to be specifically geared towards self-concept. Emery et al. (2018)

explained that when people experience a threat to their self-concept, utilizing validation from

others is key to helping people restore self-concept clarity. The tool of validation will be

highlighted to counselors and recommended to gear it specifically to self-concept and areas in

their self-concept that are lacking confidence or clarity.

Intersectionality

Once all the concepts are discussed separately, and there is an understanding of their

meaning and their impact on adolescents, the focus will shift to their interactions. Research

shows that insecure attachment impacts both peer attachment and self-concept negatively.

Insecure attachment causes an insecure peer attachment style and negative self-concept and

impairs development of self-concept clarity. It is important for therapists to understand these

concepts on an individual basis but also to understand how they interact together. When an

adolescent struggles with insecure attachment, they often struggle with their peer attachment and

self-concept. Therapists who are aware of this can better help their clients by being aware of the

general impact.

Insecure Caregiver Attachment and Peer Attachment

As highlighted earlier in the workshop, peer attachment is often a continuation of

caregiver attachment. Therefore, if an adolescent has an insecure attachment style with their

caregivers it increases the chances of that attachment style transferring over to their peer

relationships. Shengqi et al. (2020) explained that caregiver attachment and peer attachment are

two different systems, but one transitions into the other and therefore they impact each other.

Shengqi et al. (2020) suggested that the two attachments are two different systems and that one

impacts the other. Counsellors working with adolescents that are struggling with attachment to

their peers or with their caregivers should be aware of this interaction and check in on the

clients' relationships as one could be impacting the other. Bringing awareness to the

circumstance could help the client feel validated and also help them to work on skills that could

benefit their relationships.

As mentioned in previous sections, different styles of attachment impact the clients'

outcomes within a therapeutic relationship between counsellor and client. The research shows

that the two original styles of insecure attachment, avoidant and anxious, can both directly

impact peer attachment. Chen and Santo (2016) expressed that children with an insecure

attachment style (anxious or avoidant) tend to approach social situations and new peer

relationships with not only less confidence but also less trust for their peers, holding an assumption of negative outcomes. Depending on the therapeutic setting (community, group/family based, individual), these barriers could be more or less obvious, which is why being aware of the adolescent's attachment style and their interactional patterns is helpful for the counsellor to better be able to assess if the client is having concerns with peer attachment. Being aware that these individuals usually have less confidence, less feelings of trust, and an expectation for negative outcomes can give counsellors an idea of what to be looking for in their clients.

Insecure Attachment and Self-Concept

This section of the workshop will highlight the impact of insecure attachment and self-concept and how the two concepts affect each other. As done in the mental health section, insecure attachment and its impact on self-concept will be highlighted in general terms and not broken down between peer attachment and caregiver attachment. This section will share the research on how insecure attachment impacts self-concept.

Much of the research highlights that adolescents with insecure attachments tend to have a more negative internal working model which leads adolescents to develop a more negative self-concept. Debbane (2017) explained that adolescents carry their working models of self over from childhood. As children move to adolescence their focus moves away from the family and more to interactions with peers. However, when an adolescent already posses a negative working model of themselves, it translates to how they view themselves socially and how they perceive their peers to view them.

Further research will be shared at the workshop regarding self-concept and insecure attachment specifically looking at self-concept clarity. As explained in the self-concept section,

adolescents with a negative self-concept tend to also struggle with diminished self-concept

clarity. Becht et al. (2017) explained that "theoretically, supportive interpersonal relationships

can both foster adolescent SCC and evolve from adolescent SCC" (p. 1824). This is important to

note at the workshop as it can give therapists a clear understanding of why self-concept clarity is

important to adolescents and how peer attachment can aide in its development or destruction.

Evidence Based Therapies

This workshop doesn't prescribe a specific modality of therapy, and therefore therapists

who use any form of psychotherapy could benefit from attending this workshop. Despite not

being modality specific, there were several forms of psychotherapy that came up in within the

research as shown to be effective for adolescents struggling in the areas highlighted within this

paper.

Group Therapy

Group therapy was found to be an effective form of psychotherapy for adolescents with

attachment ruptures. It was listed as a best practice throughout the literature. Group-based

interventions use an in-vivo process where the adolescent slowly connects with the group

facilitator and uses them as a secure attachment figure. Once the participants have connected and

created a secure form of attachment with the facilitator they are able to work through their

attachment insecurities, while also connecting with other individuals who have insecure

attachment styles. Kinley (2013) suggested that once a therapist identifies that the group has

worked to build a trusting bond, then the therapist can use the group space to highlight and

address any maladaptive attachment beliefs or fears that individuals with insecure attachments

typically struggle with.

Compassion Therapy

Compassion therapy has been shown to be effective for adolescents and individuals who have a negative self-concept as explained by Gilbert (2009). Compassion therapy involves an acceptance of self, working on one's internal monologue, and practicing using compassion statements to move one's self-concept from negative to more of a positive one. Yang (2018) discussed that self-compassion is the act of approaching oneself in a way that is both kind and gentle and understanding that difficulties are part of the human experience. Without self-compassion one is more likely to judge themselves more frequently and to strongly associate ones-self with negative experience and therefore feel isolated in their experience. This could be a beneficial tool for therapists to utilize when working with adolescents with a negative self-concept. As cited in Yang (2018), self-compassion allows one to approach themselves with gentleness and kindness. When working with adolescents, counsellors can work to build self-compassion with their clients, which encourages the clients to be less self-critical and build a more positive self-concept.

Cognitive-Based Therapy

Cognitive-based therapies have shown to be effective in working with clients with both insecure attachments and self-concept. Cognitive-based therapies aim to rework one's internal monologue or internal working model. This can be helpful for adolescents with attachment-based insecurities and negative self-concept as both these instances need improvement. Zalaznik et al. (2017) stated, "decreased anxiety sensitivity led to less use of anxious and avoidant working models" (p. 74). Counsellors can utilize cognitive-based therapies to work with their clients working models to help them rework their thought patterns to improve their working models. A specific model that was suggested within the research is Van Geerts (1998) Assimilation model. The intention of this model is to use assimilation and accommodation to rework one's internal

working model. Allowing for adolescents to be in a place of acceptance and understanding what

is going on for them through assimilation and accommodation enhances and improves the way

they think about themselves and thus improves their working model.

Another specific method that was suggested within the research is Narrative

Enhancement Cognitive Therapy. The original intention for this type of cognitive therapy was to

address the impact of stigma on one's self-identity. This can be relevant for adolescents with

insecure attachment and a negative self-concept as they often struggle with their mental health

and other aspects of their lives. This cognitive approach allows the therapist to work with the

client to address potential maladaptive thoughts coming up around being stigmatized and reframe

them in more of a narrative approach.

Attachment-Based Family Therapy

Attachment-based family therapy, as the title suggests, is an attachment-based

intervention. This can be utilized for both adolescents who are struggling with an insecure

caregiver attachment and, by extension, insecure peer attachment. This type of therapy was

widely suggested throughout the research more than any of the other types of psychotherapy

listed above. Attachment-based family therapy is a type of family therapy that directly works

within the family unit to recognize, bring awareness, and attempt to repair attachment ruptures

that have been made. Since it is family-based therapy, all parts of the family must agree and be

ready to attend counselling. Diamond et al. (2016) explained in their work that through the

therapeutic process of ABFT, the counsellor is able to uncover traumas and help the family to

address the experiences and work to repair. Many therapists work solely on an individual basis,

but others regularly use family work within their practice. Hearing about the effectiveness that

attachment-based family therapy has on individuals with insecure attachment seems that it could

be an encouragement to more therapists to utilize the techniques when working within these demographics that perhaps have struggles within this area.

It is important to note that with attachment-based family therapy all the members of the family need to be willing to participate in the therapy. If the adolescent is not open to family therapy, then it would be better to start with the individual or non-family-based group therapies.

Conclusions

Insecure attachment styles can cause a variety of mental health conditions and barriers in a person's life. Adolescence is a difficult stage and adding on an insecure attachment only adds to the struggle. For adolescents an insecure attachment has been linked to insecure peer attachment, a higher likelihood of a negative self-concept, and ruptures in the young person's self-concept clarity. Looking into many adolescents' lives, it is a stage where they are trying to find themselves and this is usually done through external sources such as their peers and how they feel they are perceived by others. That is why peer attachment and self-concept are so vital for therapists to be aware of when working with young people.

In counselling it is always important to consider a client's full story or case, and that is why it is important to be aware of how their insecure attachment may impact these two vastly important areas in an adolescent's life, and practice therapies that are informed by the struggles the clients are facing. This capstone provides some insight and some resources for counsellors to use to aid them in their pursuit of an informed practice.

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Appendix A

Workshop outline for counsellors working with adolescents with insecure attachment styles with an impact on peer attachment and self-concept.

Overview
Participants: Counsellors who work with adolescents
Size: There is no size limit, it is based on demand and how big the facilitators choose to make the workshop.
Duration: 10-hour workshop/ taking place over two days.
Format: In- person power point presentation, with mixed group discussion and open floor discussion.
Supplies: each participant will be given a copy of the handouts, and an over-view of the research/ key findings. When broken into groups for small group work, participants will be provided with paper and a marker.
Note To Presenter: The above is listed as a suggestion. There may be variance in how the workshop is presented depending on participant needs, and capacity of the providers.

Goals
- To provide counsellors with the background knowledge and research findings they need to work effectively with adolescents who struggle with an insecure attachment style, peer attachment, and self-concept
- To provide counsellors with the knowledge of how insecure attachment style, peer attachment, and self-concept intersect.
- To provide counsellors with the knowledge of best practice modalities and tools to work with adolescents who struggle with insecure attachment style, peer attachment, and self-concept.

Day 1:
- Welcome participants and have an introduction to the goals of the workshop
- General over-view of topics including insecure attachment, peer attachment, and self-concept
- Background information on attachment theory, including the work of Bowlby & Ainsworth
- Education on the different attachment styles, including secure, insecure-avoidant, insecure -anxious and insecure disorganized and the impact these have on adolescents' mental health.
- Education on peer attachment, including the continuity model, the difference and similarities between caregiver and peer attachment. Information on the impact that an insecure attachment has on adolescents
- Education on self-concept, including what self-concept is, and self-concept clarity, and Erikson's theory of identity formation. Finishing with the impact it has on adolescents to have a negative self-concept.
- Break-out groups: asking the participants to break up into small groups of 3-6 people and discuss if they have seen insecure attachment styles, insecure peer attachment or negative

self-concepts in their work with adolescents and how it presents. Give participants 15-20 minutes and then ask people to volunteer to share in the larger group.

- Questions: allowing space for participants to ask questions in the larger group.
- Wrap up and thank participants for attending.

Day 2:
- Welcome back participants and break-down the second day agenda
- Brief overview of what was taught the previous day
- Teach on the intersectionality of concepts learned the day before. Including the impact that insecure attachment has on peer attachment and self-concept and how self-concept and peer attachment impact each other.
- Break-out groups: have participants get into small groups of 3-6 people and brainstorm how they see the topics intersecting with their own clients. Give participants 15-20 minutes and then ask people to volunteer to share in the larger group.
- Overview of different psychotherapies and therapeutic tools to use within this population
- Introduce Attachment based family therapy and provide worksheet for participants to review.
- Introduce compassion based therapeutic tools and educate on how compassion- based therapy would be utilized for adolescents with negative self-concepts. Provide worksheet for participants to review.
- Introduce group-based psychotherapies and education on how it is utilized for adolescents with insecure caregiver and peer attachment. Provide worksheet for participants to review.
- Introduce cognitive therapies and educate on how they are utilized for adolescents with a negative self-concept. Provide worksheet for participants to review.
- Open the floor to participant questions
- Debrief two-day workshop learning
- Thank participants and dismiss them.

Appendix B
Insecure Attachment Slide Presentation Information

History (Slide 1)

- Attachment theory was originally created by John Bowlby (Brisch et al., 2012).
- Bowlby notes that it is a biological need for infants to connect with their caregivers (Brisch et al., 2012).
- Attachment is developed by how attuned the caregiver is to the infant (Brisch et al., 2012).
- Mary Ainsworth furthered the research by conducting the Strange Situation experiment (Ainsworth et al., 1972)
- The Strange Situation studied infants' responses to their caregivers leaving (Ainsworth et al., 1972)
- Ainsworth noted different response and categorized the babies based on their responses (Ainsworth et al., 1972)
- Ainsworth's study highlighted three different styles: secure, insecure-anxious, and insecure avoidant (Ainsworth et al., 1972)
- Main & Solomon noted a missing attachment style and add insecure-disorganized (Main, 1986).

Attachment Styles & Their Impact (Slide 2)

Retrieved from: https://www.cbtcognitivebehavioraltherapy.com/wp-content/uploads/2020/11/attachmenttherapy02.jpg

Appendix C
Peer Attachment Slide Presentation Information

Background Information (Slide 3)
- Peer attachment is the attachment that one has with people who are within a similar development stage. It is a natural movement away from caregivers and more towards peers (McGinley & Evans, 2020).
- The research suggests that peer attachment is a continuation of caregiver attachment (Buchanan & Bowen, 2008).
- Peer attachment helps adolescents with development, socialization skills, and decreases chances of developing mental heath conditions such as depression and anxiety (Schoeps et al. 2020)

Peer Attachment and Caregiver Attachment (Slide 4)
- Caregiver attachment styles can carry over and affect peer attachment (Buchanan & Bowen, 2008).
- Peer attachment becomes more of the primary focus in adolescence and emerging adulthood (Oldfield, 2016).
- Insecure attachments with peers can worsen the adolescent's attachment wounds from their caregivers and vice versa (Shengqi et al., 2020).

Continuity/Cognitive & Compensatory/Competition Models (Slide 5)
- A model created to explain the two hypothesis regarding if peer attachment is linked to caregiver attachment (Buchanan & Bowen, 2008)
- The continuity and cognitive model suggest that peer attachment is a direct extension of peer attachment, and the peer attachment tends to show similar patterns to the caregiver attachment (Buchanan & Bowen, 2008)
- The continuity/ cognitive model dominates the research, as it more directly aligns with Bowlby's attachment theory (Buchanan & Bowen, 2008)
- The compensatory/ competition model suggests that peer attachment replaces or fills the hole that is missing from caregiver attachment. (Buchanan & Bowen, 2008)
- The compensatory/competition model is less of a continuation of caregiver attachment and more of a replacement for the attachment system (Buchanan & Bowen, 2008)

Appendix D
Self-concept Slide Presentation Information

Background Information (Slide 6)
- Self-concept is a form of how an individual perceives themselves and is a greater aspect of one's overall identity (Becht, 2017).
- Self-concept is an individual's perception or even rating of oneself across many different domains (Coelho et al., 2016).
- It is different then self-esteem as it is one's assessment of self in specific domains where-as self-esteem is more of a general perception of self (Coelho et al., 2016).

Self-Concept Clarity (Slide 7)
- Self-concept clarity is an individual's ability to describe themselves in consistent ways and with a level of certainty (Becht, 2017).
- Positive peer interactions and validation from peers help to build self-concept clarity (Emery et al., 2018)
- Self-Concept clarity is something that forms across the lifespan through different experiences, interactions and learning of one's authentic self (Crocetti et al., 2016).

Impact of Negative Self-Concept (Slide 8)
- Reduces sense of self-value (Set, 2019).
- Isolates the adolescent (Set, 2019).
- Increases internalizing behavior (McGinley & Evans, 2020).
- Increases likelihood of developing mental health conditions such as depression and anxiety (Set, 2019).
- Decreases adolescents' ability to form secure attachment with peers (Emery et al., 2018).

Erikson's Theory of Identity Formation (Slide 9)
- Erikson highlights that the adolescent period is characterized by the search for autonomy, identity integration, exploration of new roles, experiences with peers, increased academic and social demands and finally an experience of more emotional turbulence. (Orkibi et al., 2017).
- Erikson's theory also highlights identity synthesis vs confusion (Orkibi et al., 2017)
- Identity synthesis vs confusion is the task of incorporating one's experiences into what they feel is their identity (Orkibi et al., 2017).
- As children mature into adolescence and then into adulthood it is important to have performed identity synthesis as it amalgamates one's childhood identity into larger and self-determined set of ideals, values, and goals (Gandhi et al., 2016).

Appendix E
Intersectionality of Topics Lesson Plan Overview

Insecure Caregiver Attachment & Peer Attachment (Slide 10)
- Insecure caregiver attachment impacts peer attachment in many ways.
- An insecure attachment style particularly an anxious attachment style can cause adolescents to have a fear of abandonment (Lee et al., 2017).
- It creates less confidence and feelings of security within friendships (Chen & Santo, 2016).
- Anxiously attached adolescents tend to hyperactive their coping mechanisms and have larger emotional reactions within peer relations (Chen & Santo, 2016).
- Avoidant attached adolescents tend to hypoactive their coping mechanisms and tend to withdraw and social isolate from their peers (Chen & Santo, 2016).
- Adolescents with disorganized attachments can respond to peers with abrupt and sometimes aggressive behavior. This can be due to a lack of emotional processing (Seibert & Kerns, 2015).

Insecure Peer & Caregiver Attachment & Self-Concept (Slide 11)
- Secure attachment is directly linked to how we think and judge ourselves (Wilkinson, 2004).
- Insecure attachment can diminish self-concept clarity, as adolescents often use peer relationships to develop their idea of self (Becht et al., 2017).
- Adolescents with clearer senses of self can better engage in mutual peer relationships and set boundaries (Becht et al., 2017).
- Insecure styles of attachment increase adolescents' negative perceptions of other peers and of situational outcomes (Chen & Santo, 2016).
- An insecure style of attachment can cause adolescents to assume the worst will happen in social situations (Chen & Santo, 2016).

Appendix F
Psychotherapy and Therapeutic Tools Slide Presentation Information

Attachment Based Family Therapy (Slide 12)
- Created by Diamond et al.
- Best suited for adolescents with insecure attachment styles (Diamond et al., 2016).
- It is a form of family therapy, that involves everyone to be active participants (Tsvieli et al., 2020).
- It actively works to address attachment ruptures, and repair them in session (Tsvieli et al., 2020).
- Successful sessions include enactments, disclosure of adaptive emotions, unmet needs, the session would also work to shift perceptions of self, others, and build security and trust within the relationship (Tsvieli et al., 2020).
- Diamond et al. (2016) states that therapists "uncover these "traumas" and help the family have an authentic, honest, emotional engaged, and regulated conversation about these relational disappointments" (p. 596).

Compassion as A Therapeutic Tool (Slide 13)
- Self-compassion as the act of practicing and approaching oneself with gentle kindness and having an understanding that difficulty and struggle is part of the general human experience (Yang, 2018)
- A lack of self-compassion can lead to increased self-judgement, negative feels towards self, and isolation (Yang, 2018).
- Self-compassion can offer validation when self-esteem fails to support us (Neff, 2011).
- Self-compassion empowers the individual to provide themselves with validation instead of requiring external validation (Neff, 2011).

Cognitive Based Therapies (Slide 14)
- Can be used to address maladaptive thinking particularly around negative self-talk and one's internal working model (Styaa, 2015).
- A specific type of cognitive therapy that is suggested in research is narrative enhancement cognitive therapy (Yanos et al., 2015).
- This is useful for individuals who have been stigmatized due to mental health issues such as the outcomes of insecure attachment (Yanos et al., 2015).
- The steps in summarization for narrative enhancement cognitive therapy include reflecting on experience with mental health struggles, using psychoeducation around stigma, work to rewire thoughts and build coping mechanisms, and finally the individual attempts to make meaning out of their story (Yanos et al., 2015).

Group Therapy (Slide 15)
- Uses the tool of immediacy to identify and address attachment wounds (Kinley, 2013).
- Group therapy provides an environment to provide challenging of maladaptive relationship beliefs and strategies typical of fearfully attached individuals (Kinley, 2013).
- The therapist can act as a secure based for the client and allow them to experience engaging with peers from more of a securely attached place (Black, 2019).

Appendix G
Attachment Based Family Therapy Worksheet

ATTACHMENT TYPE	DISPLAYED CHARACTERISTICS	
	AS A CHILD	AS AN ADULT
Secure	Able to separate from parent	Have trusting, lasting relationship
	Seek comfort from parents when frightened	Tend to have good self-esteem
	Return of parents is met with positive emotions	Comfortable sharing feelings with friends and partners
	Prefers parents to strangers	Seek out social support
Avoidant	May avoid parents	May have problems with intimacy
	Does not seek much comfort or contact from parents	Invest little emotion in social and romantic relationships
	Shows little or no preference between parent and stranger	Unable or unwilling to share thoughts and feelings with others
Ambivalent	May be wary of strangers	Reluctant to become close to others
	Become greatly distressed with the parent leaves	Worry that their partner does not love them
	Do not appear to be comforted by the return of the parent	Become very distraught when a relationship ends

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Reflection Questions (for all adolescents and parents)
- Do you feel that you fit into one of these categories?
- Why do you believe that you fit into that category?
- Where there moments that you felt that your attachment with your caregiver experienced a rupture?
- How could you bring this up in therapy in a way that made you feel safe and comfortable?

Appendix H

Self-Compassion Worksheet

Triggering Event What caused you to have the negative thought about yourself?	Negative Thoughts What negative thoughts came up about yourself?	Emotions Did you notice any emotions come up with the negative thoughts?	Self-Compassion Statement What can you say to yourself to replace the negative thought	Outcome Did you notice a difference when you used the self-compassion statement?
EX. Failing a math test	EX. I am stupid	EX. Anger and frustration	EX. It's ok to fail, I can learn through mistakes and have space to grow	EX. My anger and frustration felt less intense

Appendix I
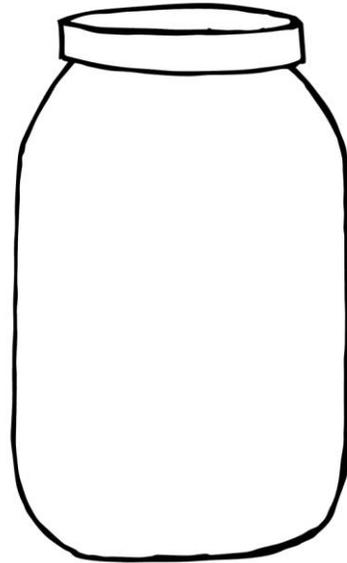**Cognitive Behavioral Therapy Worksheet**

Negative Thoughts:

Write in this jar what thoughts you have that make you feel negative about yourself.
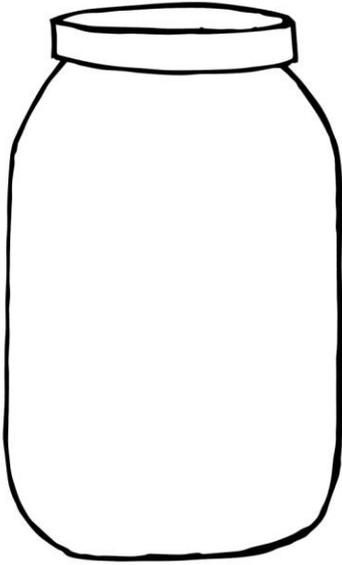
Positive Thoughts:

Write in this jar what thoughts you have or would like to have that make you feel positive about yourself.

Reflection Questions
1. Is your negative thoughts jar or positive thoughts jar fuller?
2. How do you think you could fill your positive jar more?
3. How do you think you could put a lid on the negative jar and open your positive jar more?