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At-Risk Youth and Attachment-Based Therapy: Implications for Clinical Practice
Les jeunes à risque et la thérapie basée sur l'attachement : implications pour la pratique clinique

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ABSTRACT

Youth with a history of mental health concerns, trauma, aggression, and/or loss are vulnerable to high-risk behaviours and negative outcomes. Attachment-based therapy is investigated here to provide more effective suggestions for clinical practice. The following synthesis of strengths and limitations of current research reveal the need of at-risk youth to feel valued, connected, and supported. These needs originate from insecure or disorganized attachment patterns and subsequently lead to weak social understanding and interpersonal skills. Suggestions include development of caring relationships, interventions, emotional attunement between clients and therapists, expanded client self-understanding and acceptance, and increased awareness of attachment patterns and perceptions.

RÉSUMÉ

Les jeunes ayant des antécédents de problèmes de santé mentale, de traumatisme, d'agression, et/ou de perte sont plus susceptibles de présenter des comportements à risque élevé et de vivre des conséquences négatives. Dans cet article, on analyse le recours à la thérapie basée sur l'attachement pour fournir des suggestions de méthodes plus efficaces à utiliser en pratique clinique. Il s'ensuit une synthèse des forces et des limites de la recherche actuelle qui révèle que les jeunes à risque ont besoin de se sentir valorisés, en contact, et soutenus. Ces besoins découlent de schémas d'attachement non sécurisés et désorganisés, qui engendrent à leur tour une faible compréhension sociale et des habiletés interpersonnelles faibles. Parmi les suggestions, citons le développement de relations empathiques, des interventions à privilégier, une syntonie affective entre les clients et les thérapeutes, une accentuation de la compréhension et de l'acceptation de soi chez le client, et une conscience accrue des schémas et des perceptions liés à l'attachement.

Mental health concerns in childhood can cause isolation, challenge daily functioning, and negatively impact developmental milestones in youth (Nowak, Gaweda, Jelonek, & Jonal-Kozik, 2013; Weems & Carrion, 2003; White & Yellin, 2011). Academic and social development are also adversely affected by mental health issues, which can exacerbate stress and influence children's experiences with families, school staff, social service workers, and law enforcement personnel (Rapee, Bögels, van der Sluis, Craske, & Ollendick, 2012). Estimates reveal that 10–20% of American and Canadian children and adolescents suffer from one or more mental health disorders, with symptoms severe enough to influence their

daily functioning (Ministry of Health, Statistics Canada, 2013; National Institute of Mental Health, U.S. Department of Health and Human Services, 2010). On a global scale, the World Health Organization estimates that 1 in 5 children internationally suffer from a diagnosable mental health concern (WHO, 2003). Of Canadian youth surveyed, 33% reported insufficient or complete lack of specialty support services (Ministry of Health, Statistics Canada, 2013). Limited services, which can positively influence emotional and behavioural challenges, are linked with limited opportunities for youth to realize their innate potential and decrease their involvement in risky behaviours (Rapee et al., 2012).

Developmental psychologists propose that neurological pathways to internalizing (such as anxiety, depression, social isolation, withdrawal, self-harming, and suicidal ideation) and externalizing disorders (such as aggression and oppositional defiance) are complex; however, once established, symptoms tend to be stable over time (Hunsley, Ronson, Cohen, & Lee, 2014; Keiley, Bates, Dodge, & Pettit, 2000). This trend places children with special needs vulnerable for various forms of future adversity. Researchers suggest that children with insecure attachments to significant adults are twice as likely to develop internalizing and/or externalizing behaviours compared with children with secure attachments (Madigan, Atkinson, Laurin, & Benoit, 2013). At-risk youth are also susceptible to a variety of undesirable outcomes, such as school dropout, criminality, aggression, unsafe sexual practices, and abuse of alcohol and/or other substances (Rahim, 2014; Rapee et al., 2012; Savage, 2014). Psychologists, school counsellors, teachers, school staff, caregivers, family members, law enforcement, and others can contribute in positive and supportive ways to ease the anxiety and confusion that youth face every day. To meaningfully connect with others, strengthen social skills, and build positive experiences, strong attachments to healthy relationships need to be established and reliable in times of need (Eyberg, Nelson, & Boggs, 2008; Ginot, 2012; Savage, 2014). The innate social demand for connection of at-risk youth cannot be ignored, as improved accommodations, adaptation, and interventions are beneficial for these individuals, their families, and society (Carr, 2005; Savage, 2014, Yanos, Roe, West, Smith, & Lysaker, 2012).

Increasing the clinical knowledge of childhood, adolescent, and adult attachment patterns, as well as methods to promote positive adjustment, are central to understanding and treating at-risk youth and their high-risk behaviours (Carr, 2005; Walden & Beran, 2010). It is proposed in this article that attachment-based interventions can provide a safe and effective approach for youth to express emotions and thoughts, build secure attachments to therapists and others, reflect on past family patterns, heal insecure attachment styles, and develop new outcomes. A review of attachment theory and therapy literature is provided, as well as current research strengths and limitations. Clinical applications of findings to therapeutic practice will also be offered in the form of individual, family, and group therapy interventions. Finally, considerations for future research will be explored.

Youth Challenges and Attachment Needs: Literature Review

This section defines the expression "at-risk youth" and coordinates contemporary understandings of attachment theory as it relates to troubled adolescents. For the purposes of this article, "at-risk youth" constitutes individuals with disruptive, impulse-control, and conduct disorders; according to the current *Diagnostic and Statistical Manual*, this includes youth with oppositional defiant disorder and conduct disorder (American Psychiatric Association, 2013). However, youth with attention deficit/hyperactive disorder and anxiety problems are also vulnerable to attachment challenges (Breinholst, Esbjorn, & Reinholdt-Dunne, 2015). Youth engagement in acts of criminality, hyperpromiscuity, and truancy also predispose them to issues with self-esteem, negative relationship attachments, hostile conflicts, and incarceration (Carr, 2005; Nowak et al., 2013), thus putting them at risk for greater adversity and rendering them susceptible to negative future outcomes. Furthermore, young survivors of exposure to and/or recipients of violence, abuse, maltreatment, and/or neglect were found to have significantly decreased abilities in social interactions and academic ability, and increased risk of developing personality disorders and unlawful behaviour (Bowlby, 1973; Howe & Fearnley, 1999; Rahim, 2014). Bullies, and youth who have been bullied, have also been found to possess insecure attachment patterns, which renders them more vulnerable, and therefore more prone to maladaptive behaviour and higher rates of offending (Walden & Beran, 2010). Mental health concerns and other signs of significant maladjustment contribute to relationship challenges for some youth, and those individuals are categorized here as "at-risk."

The founder of attachment theory, John Bowlby (1973), defined attachment as a primary need to establish an emotional bond with one's mother or other caregiving adults. This innate draw to develop relationships is viewed as a natural source of human survival and motivation. Attachment bonds can also be generalized to any sort of behaviour that results in an individual attaining or maintaining a relationship with another individual (Bowlby, 1973; Howe & Fearnley, 1999; White & Yellin, 2011).

Bowlby (1973, 1980) also proposed that the quality of the attachment between an infant and the caregiver form an internal model for the development of future relationships. Secure attachment to primary caregivers is associated with an attuned responsive and supportive parenting style, which leads to greater reported self-confidence, positive peer relationships, supportive parental relationships, productive expectations about social interactions (Walden & Beran, 2010), and fulfilling romantic relationships (Bowlby, 1973). Insecure early attachments are associated with children who perceive caregivers as unresponsive, unpredictable, or unavailable. These children develop avoidant attachment patterns and do not seek contact or comfort from their caregivers, or develop ambivalent attachment patterns in which they seek reassurance from caregivers but do not seem to benefit from the interaction. Neglectful or abusive caregiver experiences are related to dissociative/disorganized attachment patterns in children. This often results in

confusing, frustrating, neglectful, aggressive, and/or violent parental and romantic relationships, as well as problematic relationships with peers (Ainsworth, Blehar, Waters, & Wall, 1978; Carr, 2005; Howe & Fearnley, 1999; Savage, 2014).

In recent studies, Pietromonaco, Uchino, and Schetter (2012) reported evidence of the health enhancing and protecting effects of supportive relationships and secure attachment patterns. In childhood, Bowlby (1980) noted that when secure attachments are made with a parent and/or caregivers, children appeared more confident, safe, and protected, and thus are more likely to explore, self-soothe, self-regulate, and make positive choices. Children with antisocial behaviour, or other trauma-related experiences, often demonstrate insecure-avoidant, insecure-ambivalent, or disorganized attachment behaviour patterns.

Additionally, at-risk youth challenges are compounded when met with insecure attachment issues of their parents or guardians (Ainsworth et al., 1978; Bowlby, 1980; Ziberstein, 2013). Ziberstein (2013) found that weak attachment (insecure-avoidant) and negative experiences between the infant and mother created or exacerbated the symptoms of behaviour disorders. Furthermore, once these individuals entered the school system and other social environments, negative personal narratives from infancy became more stable and difficult to change. Negative consequences of maladaptive actions (such as frustration, low grades, or confrontations) and weak relationship attachment patterns often resulted in youth feeling agitated, lonely, and unloved (Howe & Fearnley, 1999; Savage, 2014; Walden & Beran, 2010). Limited relationship connections and social skills were also associated with other antisocial behaviours such as smoking, underage drinking, aggression, and rule breaking (Walden & Beran, 2010).

Nevertheless, youth who are naturally in a developmental stage of self, social, and environmental discovery examine self-worth in relation to significant others, as well as availability and responsiveness of attachment figures (Pietromonaco et al., 2012). Closeness and trust within a secure parent-teen relationship have been found to provide a buffer against anxiety and maladjustment (Green, Myrick, & Crenshaw, 2013). At-risk youth have a strong need for acceptance and secure attachments with significant others; they are also more likely to be sensitive to social, family, and self-stigma, require accommodations, and need interventions that will counteract negative expectations (Pietromonaco et al., 2012). In social settings, confusing stimuli, challenging scenarios, social expectations, and emotional responses can render at-risk youth vulnerable to developing negative or maladaptive problem-solving patterns. These negative experiences and internalized stigma of individuals with mental illness have been linked to hopelessness, diminished self-esteem, and restricted social relationships (Eyberg et al., 2008; Yanos et al., 2012). Furthermore, children who have been abused or suffer significant loss are challenged by negative beliefs that they are unlovable, inadequate, guilty, and/or dishonest (Howe & Fearnley, 1999; White & Yellin, 2011). Loss or separation from significant attachment figures can also trigger destructiveness, anger, and hostility toward a parent or guardian. These intense emotions may threaten survival and are usually redirected to other objects, people, or animals (Bowlby, 1988; Sav-

age, 2014). Antisocial tendencies, such as acting out, are linked to shortcomings in the youth's environment to meet his/her needs (Savage, 2014; Winnicott, 1990).

Globally, in a meta-analysis of empirical research across 60 studies and 5,236 families from the United States, Canada, Europe, and Australia, Madigan et al. (2013) found that children with insecure attachments are twice as likely to develop internalizing behaviours (such as anxiety, depression, social isolation, withdrawal, self-harming, and suicidal ideation) compared to children with secure attachments. Insecure attachments were also significantly linked to externalizing behaviours (such as aggression) for male individuals. These results were consistent across varying levels of socioeconomic status, clinical status, risk status, and geographical region.

Locally, bullying and securely attached social connections were found to have an inverse correlation in Canadian youth; middle school students with secure attachments were more likely to demonstrate prosocial conflict resolution skills and less likely to bully others or be victims of bullying (Walden & Beran, 2010). Correspondingly, students with insecure parental attachment were more likely to bully others or be victimized. Age and gender differences were not found to affect attachment styles, bullying, or victimization variables. Youth who have survived bullying or trauma were also found to significantly struggle with insecure or disassociated/disorganized attachment patterns. Furthermore, avoidant or anxious attachment patterns and reported feelings of humiliation, self-loathing, and disgrace were significantly correlated to self-reported suicidal attempts, suicidal ideation, suicidal plans, and completed suicide (Diamond et. al., 2013; Sheftall, Schoppe-Sullivan, & Bridge, 2014).

Finally, whether youth are at risk due to trauma, bullying, or mental health concerns, attachment-based interventions could improve disadvantageous patterns. A survey of 137 Canadian child and youth counsellors found that just under half of their clients were boys and 93% of clients were born in Canada (i.e., not immigrants). They were living with two parents and had multiple risk factors, including parental psychopathology (Hunsley et al., 2014). Interpersonal factors (such as bullying and physical and/or sexual abuse) were also found to affect adjustment and responsiveness to therapy. In agreement with past studies, participants demonstrated a range of internalizing and/or externalizing issues and chronic conditions, which emphasized the need for counsellors to offer flexible, attuned, and effective services in order to meet comorbid and changing needs of children and families. These studies indicate the importance of attuned and responsive attachment bonds between children and their caregivers, as well as the need for effective interventions that target confidence in secure attachments and positive future outcomes.

Attachment Assessment

When problems arise between parents, youth, and/or other social contexts, valid assessment of attachment relationships may lead to more effective support, adequate treatment of issues, and service development. In a clinical trial,

Farnfield, Hautamaki, Norbech, and Sahhar (2010) found that attachment diagnosis (secure, insecure-avoidant, or insecure-ambivalent) with 110 youths (6 to 12 years of age) can be reliably measured through participants telling a story about pictures; observational data from picture cards disclosed cognition, affect, theory of mind, and reflective integration. To assess older youths (12 to 16 years of age), Farnfield et al. (2010) utilized a modified version of the Adult Attachment Interview (George, Kaplan, & Main, 1985), which questioned childhood relationships with attachment figures, siblings, close friends, and the speaker's perspective on romantic relationships. In the interview, patterns of speech, coherence of discourse, stress, and possible elicitation of "self-protective" strategies were noted, as well as participants' responses. The interview process included an analysis of how speakers think about attachment relationships and also the impact of different kinds of danger (i.e., loss, neglect, abuse) on behaviour and well-being (Farnfield et al., 2010). The results supported the theory that attachment levels can be reliably assessed in interviews. Other reliable and valid procedures for interpreting attachment patterns include the Security Scale (Breinholst et al., 2014; Kerns, Aspelmeier, Grentzler, & Grabill, 2001), Strange Situation for Young Children (Ainsworth et al., 1978), and the Family Attachment Interview (Bartholomew & Horowitz, 1991).

Individual and Family Therapy

Insecure relationship patterns and emotional dysregulation can be improved with attachment-based therapy. An investigation by Travis, Bliwise, Binder, and Horne-Moyer (2001) tracked participants' pretreatment and posttreatment attachment styles after time-limited dynamic psychotherapy (TLDP) and found that only 34% of clients maintained the same attachment classification. This study supports the theoretical attachment framework for understanding and measuring client change, as well as the efficacy of TLDP therapy to improve insecure attachment patterns. Attachment-based theory was found to be a clinically meaningful perspective to link interpersonal coping strategies with differential symptoms and global functioning patterns.

After an analysis of long-term neuropsychological development and relationships in babies to adulthood, Ginot (2012) found reoccurring patterns that affected health and relationships throughout the life span. Neuroscientific findings were used by Ginot to frame the understanding of persistent negative self-narratives, or internal working models, which were correlated to negative physical, mental, and social outcomes. This study also illuminated the connections between affect and thoughts, the importance of attachment experiences to the formation of self and worldviews, and the significance of accessing and reflecting on feelings as a productive way to promote lasting positive change. Weems and Carrion (2003) found treatment of separation anxiety disorder was effective with an attachment theory framework and cognitive behaviour therapy strategies. Through enriching the parent-child relationship, trust was fostered, behavioural contracts were fulfilled, patterns were positively adapted,

and anxiety was reduced. This study also demonstrates the effective integration of attachment-based theory with other specifically appropriate interventions to regulate emotions and improve resiliency.

In case studies with children who had endured early traumatic life experiences, attachment-based interventions were found to be a successful means to treat major relationship and behavioural problems (Howe & Fearnley, 1999). Empathetic and supportive therapeutic alliance, consensual therapeutic holding, and cognitive restructuring were employed to significantly reduce outbursts, rebuild positive attachments, improve accurate emotional self-understanding, and develop social skills. Animal-assisted therapy with children suffering from insecure attachment patterns due to abuse, neglect, and mental health concerns was also found effective in building the therapeutic alliance, communication, and reflection on relationship patterns (Balluerka, Muela, Amiano, & Caldentey, 2014; Parish-Plass, 2008). Parish-Plass (2008) also reported an increase in client demonstrations of calmness, empathy, and trust, as well as self-expression and improved interpersonal skills.

In case studies with adolescents who had eating disorders, Dallos (2003, 2006) found that trans-generational experiences of insecure or dismissive attachments with primary caregivers affected current views and experiences of relationship patterns. Dallos (2003) employed systemic family therapy to reframe attachment styles around clients' narratives and to significantly reduce the prevalence of eating disorders. By creating a secure, nonblaming, respectful, attuned base with the client and his/her family, therapists gave individuals the opportunity to explore generational patterns and current attachment narratives, and consider alternative stories of strength, acceptance, and understanding. This approach provided a framework to generate multiple perspectives of everyone involved, while maintaining an emphasis on emotion regulation and relationship needs (Bowlby, 1969; Dallos, 2003, 2006; White & Yellin, 2011).

Furthermore, a trial study of 12 sessions with suicidal lesbian, gay, and bisexual youth found that parent-child bonding increased with attachment-based family therapy so that adolescents' unmet needs were addressed and trust was rebuilt (Diamond et al., 2013). Treatment tasks included discussions with youth alone to identify family conflicts linked to suicidal ideation. Parents then met to discuss and amplify expressions of parental acceptance, love, and empathy as well as to learn parenting skills. Later, all family members met to discuss relationship issues and conflict resolution strategies. Final sessions were related to processing fears, shame, anger, disappointment, and invalidations, as well as promoting youth autonomy and well-attuned family bonds. The results indicate a significant reduction in attachment-related anxiety, avoidance, and depressive symptoms. With this population, youth appeared to need more time to work alone with parents to process their emotions and repair insecure attachments.

For youth who have experienced trauma and violence, attachment and exposure therapy were found to significantly reduce avoidant coping, emotional numbing,

and hyperarousal (Carr, 2005). Cautiously including parents in therapy sessions provided a safe place to discuss events, reduce anxiety and fearful associations, build acceptance, find strengths, and process emotions. In addition, Carr proposed that the shared atmosphere of the family or group worked to dispel perceptions of a dangerous world, build client courage, strengthen or create secure attachment patterns, and increase hope for the future.

Youth Attachment Group Therapy

Adolescents, in a developmental time of growing independence, are more likely to block meaningful adult relationship development, and/or feel anxious in social settings; however, peer therapy groups have been shown to be effective in challenging unhealthy patterns and building social connectedness, confidence, and skills (Carr, 2005; Khattab & Jones, 2007; Paone, Packman, Maddux, & Rothman, 2008). White and Yellin (2011) posited that group therapy benefits include greater peer understanding and acceptance, as well as a reduction of the counsellor-client power and cultural imbalances. Differences in age, status, gender, and culture may also trigger client feelings of anger, shame, blame, victimization, or hopelessness; however, peer group members have the opportunity to offer understanding, solidarity, compassion, and support, as well as receive them (DeLucia-Waack & Gerrity, 2001; Gerrity & DeLucia-Waack, 2010; Kivlighan, London, & Miles, 2013; Marmarosh, 2014; Marmarosh & Markin, 2007; Mendelsohn, Aachar, & Harney, 2007). Researchers suggest the benefit of witnessing others' personal narratives and shared group experiences offer group members a growing feeling of purpose, connection, and hope (White & Yellen, 2011; Yanos et al., 2012). As the group experience progresses, members can feel themselves to be of value to the group and deserving of the support they receive (Markin & Marmarosh, 2010). Furthermore, the therapy group becomes a community within which members experience inclusion, co-operation, and mutuality (Marmarosh & Markin, 2007).

While in group therapy, sharing stories of struggles, confusion, conflict, and shame, as well as honouring strengths and coping strategies, can empower members to new levels of mastery over anger, emotion regulation, self-deprecation, or fear. With positive group leadership, recovery is not in isolation but is a social healing within a supportive context. For some individuals, this may be the first time they experience secure, positive attachments with the therapeutic relationship with the counsellor and others in the group (Keating et al., 2013; White & Yellen, 2011).

Through the group process, tentative assumptions about group members' attachment styles can be made and therapeutic approaches can be applied accordingly. For example, a client who appears to have an insecure-anxious attachment style would benefit more from a consistently safe, calm, and supportive working alliance with less challenging interventions. This attunement has been found effective at reducing feelings of hyperactivation of the stress response and building a secure, engaged, and reliable therapeutic relationship (Dallos & Vetere, 2009).

On the other hand, a client with an insecure-avoidant attachment style, who withdraws from close relationships, suppresses negative emotions, and represses negative memories, would benefit from encouragement of self-expression, building positive experiences with the group, and more direct codiscovery of past experiences. An awareness of emotional needs and different approaches to relationship patterns was found productive with fewer reported posttreatment conflicts, an increase in emotion regulation, and positive outcomes for both groups of clients with insecure attachment patterns (Dallos & Vetere, 2009; Marmarosh, 2014; Marmarosh & Markin, 2007). To build healthy connections and reduce negative experiences of diagnosis and/or social conflicts, outdoor adventure, play, and art therapy groups were found effective in re-establishing positive attachments, expressing relationship needs, reducing family conflict, and reducing prevalence of risky behaviours (Bettmann, Olson-Morrison, & Jasperson, 2011; Green et al., 2013; O'Brian, 2004; Shen, 2007).

ATTACHED AND ATTUNED PRACTICE: CLINICAL IMPLICATIONS

Individual and Family Therapy

A common treatment plan for youth with emotional or behavioural concerns is to prescribe sedatives, antidepressants, stimulants, and/or other psychotropic drugs; however, this method alone is not an effective long-term solution (Rahim, 2014). Furthermore, the biomedical approach promotes the belief that recovery is quick, easy, and found in a bottle. On the contrary, this article supports the view that therapy is needed to increase self-regulation, coping skills, and a sense of personal empowerment and well-being. Furthermore, it is believed that traditional behavioural and cognitive therapies have limited long-term efficacy when relationship patterns and social perceptions represent deeper feelings of mistrust, inadequacy, shame, and self-loathing (Howe & Fearnley, 1999; Shen, 2007; Weems & Carrion, 2003; White & Yellin, 2011).

A report of the American Professional Society on the Abuse of Children (Chaffin et al., 2006) recommended that contemporary use of attachment assessment include cultural awareness of issues, the inclusion of the child and family members, questions of context and duration of conflicts, as well as the prevalence of other conditions such as environmental and genetic factors (Marmarosh, 2015). Furthermore, treatments should promote relationship safety, stability, sensitivity, consistency, and nurturance. Short-term attachment-based therapy was suggested to be goal-directed, evidence-based, and focused on improving familial and social relationships (Chaffin et al., 2006; Weems & Carrion, 2003).

To reduce the negative impact of diagnoses and social stigma, counsellors are advised to put labels aside and demonstrate curiosity, understanding, empathy, and attunement (Rahim, 2014). At-risk youth should be viewed as multilayered and constantly negotiating boundaries within oneself and with the self that develops in relationship to others (Mendelsohn et al., 2007). Outdoor adventure groups, animal-assisted interventions, mentor relationships, play therapy, and art therapy

strategies can be utilized to navigate around barriers and reach positive adjustments in client perceptions and behaviour (Balluerka et al., 2014; Bettmann et al., 2011; Germain, 2011; Green et al., 2013; O'Brian, 2004; Parish-Plass, 2008; Shen, 2007).

More specifically, Ginot (2012) recommended focusing on identifying current attachment-related processes rather than diagnoses or attachment classifications. Within a collaborative, respectful, caring, and congruent working alliance, attachment issues are discussed and challenged, directly and indirectly. By building a secure relationship and exploring client narratives, attention to language and reflection are promoted (Dallos, 2003; Ginot, 2012; O'Brian, 2004). Therapists are advised to pay attention to the way stories are told, as well as content, organization, and behaviour (Bowlby, 1969; Ginot, 2012; O'Brian, 2004, Savage, 2014). Questions of childhood relationships to primary caregivers, separation, and loss should be explored; this will also encourage self-expression, reflection, and social learning. Client stories tend to become more coherent and cognizant of relationship needs with effective psychotherapy (Bowlby, 1969; Ginot, 2012). Furthermore, the supportive and attuned nature of a secure therapeutic alliance can disconfirm the client's current internal perceptions of relationship patterns and insecure expectations (Dallos, 2003; Ginot, 2012).

Intervention techniques should be held in the attachment framework with an awareness of adult and environmental stability, safety, patience, sensitivity, and consistency (Chaffin et al., 2006; Weems & Carrion, 2003). All therapeutic interactions should portray youth in a positive, strength-based way, utilizing goal-directed, evidence-based approaches that also fit the main presenting problem (Chaffin et al., 2006; Weems & Carrion, 2003). When appropriate and possible, counselling sessions should be conducted individually with the client, parents, and/or significant others, and then meet later as a family unit; this works to express potentially repressed feelings of anger, fear, shame, and disappointment before sharing as a group. Parents may need guidance with expressions of acceptance, love, empathy, compassion, and sensitivity to youth needs (Walden & Beran, 2010). Caregivers may also require coaching on positive supports, boundary needs, expectations maintenance, and monitoring techniques to decrease inconsistent parenting, harsh punishment, and/or excessive material rewards (Stievenart & Roskam, 2014). Caution should be taken not to suggest blame when discussing behaviour challenges; instead, careful explanation of concepts and interventions will increase transparency, understanding, and parental or client motivation (Weems & Carrion, 2003). Advocacy for youth by the counsellor, if necessary, can facilitate client validation, self-acceptance, and trust in adult relationship attachments (Diamond et al., 2013).

Furthermore, the caring attention of the therapist can reduce feelings of anxiety, shame, or contempt in failure to win parental attention or support (Howe & Fearnley, 1999; White & Yellin, 2011). The emotional sharing and accepting nature of the working alliance in therapy sessions can work to increase client-perceived sense of self-value and hope in future possibilities. The emotional con-

nection missed in childhood can be supplemented by the balanced approach of the counsellor, whereby discussing and modelling secure attachments can lead to positive social learning, insight, and interactions with other adults and peers (White & Yellin, 2011).

In cases of severe client distress, gentle, nurturing, and consensual therapeutic touch can reduce heightened emotional arousal or insecurities, and/or work to mend relationship ruptures (Chaffin et al., 2006; Howe & Fearnley, 1999). Client narratives and beliefs, family experiences, multigenerational family attachment history between caregivers, and the quality of caregiving and attunement with perceived needs can be discussed to increase awareness and personal reflection (Dallos, 2003, 2006; Howe & Fearnley, 1999). Therapists should seek to honour client strengths and coping mechanisms that facilitated survival over negative judgements, as well as aided positive adjustment and resiliency (Daniel, 2009; Dallos, 2003, 2006; White & Yellin, 2011). Over time, signs of trust, positive attachment, and victory over negative perceptions may include increased eye contact, smiles, spontaneous laughter, words of hope, and social interaction (Mendelsohn et al., 2007).

Group Therapy

Although the drive for independence is great in adolescence, the pull for socializing with peers is also strong; thus group processes can be engaging and strengthen resiliency. The development of secure attachments within the therapeutic alliance, and in relationship with others in the group, should be encouraged and modelled by group leaders. Group activities such as art, poetry, movement, play, and animal-assisted interventions can stimulate discussion, self-expression, and social support. This is an opportunity for peers to listen and understand each other, as well as share personal experiences and views (de Zulueta & Mark, 2000; White & Yellin, 2011). With an increasing awareness and experiences of diversity, at-risk youth can build acceptance of self and others, as well as take steps toward new beliefs and outcomes.

Group members should be encouraged to address each group member directly, as opposed to responding only to the group leaders. This sharing of mutuality, respect, and compassion can empower youth to cooperate, challenge past patterns, and build hope, which can also offset the power imbalance between the therapist and client (White & Yellin, 2011). Here-and-now conversations and activities of the group can guide members to learn to manage social exposure and stay present, rather than dissociating while describing their experiences and listening to others. The group leader should monitor attachment patterns and actively intervene if necessary. When a group member appears disengaged, group leaders should reflect on the group dynamic and, if appropriate, invite all members to contribute thoughts. When a member is re-enacting traumatic events, active intervention and examination of cognitive, emotional, and behavioural factors can work to honour the group member's past, while drawing their attention into the present (de Zulueta & Mark, 2000). The counsellor

is also recommended to model empathic feedback that group members can expect to give and receive, which results in stronger feelings of group acceptance and belonging (White & Yellin, 2011). Demonstrating and receiving peer understanding and support is an effective method to fight long-held feelings of shame, self-loathing, helplessness, and social, family, or self-stigma (de Zulueta & Mark, 2000).

DIRECTIONS FOR FUTURE RESEARCH

Future research on attachment styles and interventions should include more ethnic, cultural, and other population diversity to develop improved culturally sensitive and appropriate interventions (Marmarosh, 2014, 2015). With more representational findings, more effective and efficient attachment-based therapy may be achieved. Similarly, more longitudinal studies on gender, sexual orientation, ethnicity, and disabilities may uncover different patterns in attachment development and effects on health and well-being. Research on the influence of youth attachment patterns and attachment-based interventions on social interactions, academic success, and other outcomes could also improve the therapeutic process. Finally, more research on counsellors' attachment styles, as well as others' attachment patterns, in connection with youth, could facilitate the development of the therapeutic alliance, positive youth adjustment, and mental health service development and efficacy.

CONCLUSION

Attachment theory is relevant to youth development and has implications for the therapeutic process and long-term change. With this article, an attempt has been made to evaluate and share theory and practice implications to further psychological services for at-risk youths. Early intervention, service development, counsellor and caregiver attachment awareness training, as well as effective individual, family, and group therapy for at-risk youth and their families may reduce the critical need for medical, legal, or acute therapeutic interventions.

This approach may facilitate secure alliances, enable utilization of much-needed services, and break familial cycles of abuse, neglect, or abandonment. Continued effort to understand and expand on theory and effective practice can help to foster the development of the "next generation" prevention and intervention initiatives that are capable of reducing the incidence, frequency, and intensity of youth confusion, detachment, and delinquency.

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