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A Cultural Perspective of the Adult Attachment Projective Picture System with Latino Youth

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A CULTURAL PERSPECTIVE OF THE ADULT ATTACHMENT PROJECTIVE PICTURE SYSTEM
WITH LATINO YOUTH

By

Erika Jean Leacox

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2022

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WITH LATINO YOUTH

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A CULTURAL PERSPECTIVE OF THE ADULT ATTACHMENT PROJECTIVE PICTURE SYSTEM
WITH LATINO YOUTH

Abstract

By Erika J. Leacox

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2022

This study investigated the usefulness of administering the Adult Attachment Projective Picture system (AAP) through a cultural lens with two Latino youth receiving mental health treatment. The AAP is a measure developed from the Bowlby-Ainsworth developmental attachment theory that is used to assess an attachment state of mind for individuals. These case studies facilitated an understanding of how the attachment perspective may be combined with knowledge of cultural themes represented in the AAP results to inform mental health treatment. Each of the participants of this single-subject study design are youth who have experienced symptoms of trauma. We observe from this study how trauma, cultural traditions, and developmental attachment are related. Based on qualitative findings of coded defense process markers of the AAP and instances of traditional Latino cultural themes, the researcher discusses recommendations for future mental health interventions for these two youth.

It was found that cultural influences were depicted in the responses from the AAP and could therapeutically integrate with attachment classification. Cultural orientation as an adaptive process is helpful in assessing attachment. When viewed as non-adaptive, acculturative differences may cause distress among families. Both cases from this study were moving toward secure attachment. Case 2 was able to maximize the cultural background to adapt and showed more cultural themes in the AAP which was consistent with the family traditions used in real life

to support this youth's mental health progress. Clinicians and families can address youths' attachment needs and trauma by utilizing cultural influences to inform mental health treatment.

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CHAPTER 1: INTRODUCTION

The field of clinical psychology has documented interest in finding more concise ways to assess attachment. Historically, theories of attachment such as Bowlby's developmental theory of attachment and attachment assessments like the Adult Attachment Interview (AAI) have been found to be useful methods of defining and characterizing attachment for adults and adolescents (Bowlby, 1969/1982, 1988; AAI, George et al. 1984/1985/1996; Main & Goldwyn, 1994; Main et al. 2003). These developmental approaches to attachment support researcher and clinician aim to evaluate an unconscious defensive process and any disorganization and trauma resulting from attachment (Solomon & George, 2011; George & West, 2011). Attachment assessments like these have been reported as valid and conclusive ways to assess attachment among certain individuals. However, the AAI, while useful as a research tool, is cumbersome for most clinicians as it is a lengthy interview that can take from 45 minutes to an hour and a half to administer and then usually twice as long or more to transcribe. More recently, a handful of studies have been conducted on the Adult Attachment Projective Picture System (AAP). Researchers George and West (2011) developed the AAP and based its representations of attachment on Bowlby's developmental theory of attachment. The AAI and AAP both have shown high validity and reliability, although most research has been with adult convenience sampling (Bakermans-Kranenburg & Van Ijzendoorn, 2009; George & West 2011). The AAP uses fear of separation, loss of attachment figure, and being left alone without protection as foundational representations of attachment which is in alignment with a developmental approach. Childhood experiences hold many predictors for adult functioning and understanding the overall lifespan of individuals (Blatt & Levy, 2003; Buchheim et al. 2008; Wallis & Steele, 2001).

Clinicians may administer the AAP in a shorter amount of time (typically 20 minutes) than the AAI, and it requires less time to finish the complete assessment. The current study focused on the need for findings using the AAP with a youth minority population receiving clinical mental health assessment and treatment.

According to Bowlby's attachment theory (1979), the development of early attachment can predict areas of a person's adult life such as relationships, their emotional regulation, their behavior, and confidence (Webster and Joubert, 2011). Outcomes related to attachment such as externalized or internalized symptoms and behaviors have also been linked to possible mediators. Variables and representations that a developmental assessment provides for mental health treatment is highly valuable. Rather than a stylistic approach to attachment focusing on avoidance and anxiety attachment styles, the AAP helps clients depict patterns of thought and the effects of childhood attachment (George and West, 2011). This is consistent with the foundational goal of attachment theory as a theory used to interpret the bigger picture of human lifespan for individuals. Additional research to the field of attachment theory with different populations could help to understand further how individuals unconsciously defend themselves in the future from attachment relationships or attachment-related events (George and Solomon, 2008; Solomon et al. 1995). Practitioners may use research on these types of assessments to inform them of better ways to implement attachment theory into their practice. Representations of attachment depicted by clients from the AAP help to understand the functions behind certain internalized or externalized symptoms and behaviors related to childhood attachment experiences (George and West, 2011; Webster and Joubert, 2011). The individual, subjective experience of each client receiving mental health treatment is at the forefront when using assessments such as the AAP. It is a highly valid measure to observe internal processes,

attachment needs, and representations of those processes and needs in a way that is not restricted to objective labeling of an attachment category.

Previous data and research findings have noted that there is a disparity in quality mental health services for Latino populations (Merikangas et al., 2010, Lawton et al., 2018). Martinez and colleagues (2015) highlighted that immigrant families are particularly subjected to challenges related to poverty, finding adequate housing, and being discriminated against. In the U.S., Latino orientation to culture has been shown to be a mediator of mental health behaviors and symptoms in some studies (Lorenzo-Blanco et al., 2011); although, other research has found no link between Latino cultural orientation and mental health outcomes (Knight et al., 1994; Katragadda and Tidwell, 1998; Lawton et al., 2018). Regardless, the overall literature on Latino family factors and mental health indicate that family risk and protective factors are directly related to mental health outcomes (Bamaca-Colbert and Gayles, 2010). The cohesion and adaptability of Latino families is an important factor and family cultural orientation to the U.S. may be a possible mediator of mental health outcomes (Sullivan et al., 2007). According to a study by McQueen (2003) and colleagues, increased orientation to U.S. culture in Latino families has been linked to an increase in family conflict. The difference between Latino adolescents' and their parents' cultural orientation has resulted in acculturation conflicts and these conflicts have been shown to mediate outcomes of substance use, distress, and aggression in Latino adolescents (Hwang and Wood, 2009; Smokowski and Bacallo, 2006; Martinez, 2006; Lawton et al., 2018). More research is needed to develop further findings regarding the cultural orientation of Latino youth and their families. Latino cultural themes should be highlighted to investigate the effects that attachment states of mind and attachment-related experiences may have on mental health outcomes for Latino youth. Lawton and colleagues (2018) propose that newer studies investigate cultural predictors of Latino adolescent mental health such as the

nature of relationships and experienced loss. Using a cultural perspective alongside an attachment approach to mental health assessment would advance the current literature on mental health treatment and could provide ways to inform practitioners of contextual factors.

Purpose of the Study

Research for the current study focused on the usefulness of the AAP with Latino youth. Internal models depicted by cases for this study might be representative of family systems and defense mechanisms related to attachment, but further understood through a cultural lens. Literature on clinical assessment of attachment for the purpose of mental health treatment has aimed to continue investigating how developmental attachment can inform clinicians and clients. The AAP is a valid and reliable measure that can be used to fill gaps in research on attachment by applying it to observe the understudied attachment experience of Latino youth and their families. Furthermore, this study's purpose was to highlight influences that attachment and cultural orientation may have on the mental health assessment of a younger population than has been researched in the past. Gander and colleagues (2018) observed the use of the AAP in a case study with an adolescent refugee who immigrated with his family to the U.S. from the Middle East. In that study, researchers questioned how the AAP may be a valuable tool for an attachment-based mental health treatment plan. The past few years have still shown a gap in research that highlights the role of attachment among refugee, immigrant, or minority populations. More attachment-based studies are needed to continue to understand difficulties that underly childhood trauma among the youth of different cultures.

The aim of the present case studies for this research was to investigate the use of the AAP for assessing and implementing an attachment approach to therapy for two Latino youth. Applicability of the AAP for mental health treatment for these cases is discussed. The researcher clinician for the present case studies is interested in exploring the value of integrating

both representational meaning and possible cultural themes depicted by the participants when conducting an attachment assessment using the AAP.

Research Questions

The main goal of this study was to examine the AAP coded responses with a cultural lens and foundational knowledge of hardships that come to Latino youth who experience generational effects of immigration and acculturation. The following hypotheses were investigated:

1. Are cultural influences seen in the representations and depictions from the AAP?
2. Knowing an individual's attachment state of mind, how might an integration of attachment and cultural experiences inform therapeutic interventions?

Significance of the Study

The current study proposed to explore the use of the AAP in a clinical setting with two individual case studies. It was the researcher's hope to qualitatively illustrate relevant aspects of findings that are helpful for continuing assessment, interventions, and case conceptualization. A major focus of this study was to identify any culturally relevant information that might appear in the narrative of the client's responses to the AAP. The main inquiry of this study was how attachment constructs presented from the AAP assessment's analysis may be useful in designing culturally sensitive therapeutic interventions. Identifying cultural themes among the attachment classifications was of particular interest and significance for these case studies.

CHAPTER 2: LITERATURE REVIEW

Developmental Attachment Theory

Bowlby (1969) proposed that an attachment organization was determined by the relationship that one had with the primary caregiver as an infant. How attachment is organized is thought to stabilize once a person reaches adulthood, and the internalized perceptions of early attachment figures are helpful for understanding adult attachment relationships (Shelton & Wang, 2018). In developmental attachment theory, relatedness and interaction between a child and their caregiver are thought to impact a wide range of cognitive, as well as emotional and relationship factors (George and Buchheim 2014). Psychoanalysis may serve a foundational purpose alongside developmental attachment theory (Slade, 2000; Steele and Steele, 2008; Eagle, 2013); although, this would take a developmental perspective of attachment for psychoanalysis rather than a broader developmental point of view for psychoanalysis.

In their 2014 study of psychodynamic psychotherapy with a severely traumatized adult, George and Buchheim (2014) highlight the complexities of assessing attachment during therapy treatment. They distinguish defensive processes represented by individuals that form the differences between psychoanalysis and attachment theory perspectives. George and Solomon (1999, 2008) claim that Bowlby's definition of defense is related to an internal working model that attempts to exclude representations to cope with challenging and anxiety provoking attachment situations. The authors explain that Bowlby identified two primary defensive processes: deactivation and cognitive disconnection. Each of these defining qualities of defense are part of the exclusion process of defense which aims to keep the physical or psychological proximity of a child's caregiver when the attachment experience with that caregiver has been disrupted (George and Buchheim 2014). Originally, the model for defensive exclusion was

posited by Bowlby (1980) as a way for “segregated systems” to function because a person’s memory, affect, and experiences became repressed as a response to the distress created when an attachment figure was not available and defense exclusion was thus activated. Researchers have since reconstructed this model in seeing that deactivation encompasses aspects of intellect and denial, and cognitive disconnection aspects of splitting. George and Solomon (1999, 2008) explain that in this way, the defense exclusion process can be observed as a process that organizes and supports forms of an individual’s regulation. Rather than analyzing attachment from a developmentally pathological perspective with segregated systems at the core, developmental attachment theory researchers look at the failed protection, attachment trauma, and disorganized or dysregulated attachment behavior and representation of an individual (Solomon and George, 2011; George and West, 2012). Because the internal working models of both defensive processes and segregated systems are needed to understand emotional and behavioral regulation (Casidy and Kobak, 1988; George and West 2012), attachment theorists suggest the use of assessments like the Adult Attachment Projective Picture system that capture the functions of defense as central to understanding attachment representation.

Bowlby’s developmental attachment theory has helped many researchers and clinicians understand the pathology that may be associated with the disrupted caregiving that individuals experience, and it has been tested as a valid and reliable theoretical source (Webster and Joubert, 2011; Kobak and Madson, 2008). Fear of separation and the loss of attachment figures remain the foundational aspects of developmental attachment theory. Over time, developmental attachment literature has continued to find that early attachment relationships in one’s life have a direct and indirect influence on emotional and behavioral self-regulation, self-esteem, and relationships (Bowlby, 1979). A handful of studies show that internal representations of attachment may present important mediating factors of the influence of attachment on

externalizing behaviors and negative mental health outcomes (Olson et al., 1999; Stams et al., 2002; Egeland, 1997; Oosterlaan and Sergeant, 1996). In an article that discusses the integration of developmental attachment theory into clinical practice, George and West (2011) argue that Bowlby's attachment theory continues to heavily influence psychological and therapeutic practice as a dependable way to evaluate how childhood experiences effect personality functioning, relationships, and psychopathology of individuals.

It is important to decipher the concepts of attachment style versus developmental attachment representations or categories. Developmental attachment measures based on Bowlby's theory examines the patterns of thinking and the outcome of childhood experiences (George and West; 2011). Attachment style, on the other hand, is a way of distinguishing someone's tendency to have personality traits associated with anxious or avoidant attachment behaviors. Attachment style derived from a personality model of attachment that was historically used for adding to the assessment of a client's personality and is not based on childhood experiences (Millon, 1969; Bartholomew and Horowitz, 1999). Developmental attachment theory also differs from attachment style in that the style of attachment is observed through an individual's general perception of their relationships with others. Developmental attachment theory embedded in the research of Bowlby (1969/1982) and Ainsworth (1964) observes attachment as a developmental unfolding of attachment within specific relationships and contexts that an individual has across their lifespan. Researchers note that this development of attachment in one's life is central to a person's mental health (Coan, 2008). Attachment style and developmental attachment theory are separate fields of thought and research on attachment (Crowell et al., 2008; de Haas et al., 1994), and this study focused on developmental attachment.

The AAP, Youth Clinical Assessment, and PTSD

Many clinicians and researchers have been curious about the use of attachment assessment and other assessment tools for informing inpatient and outpatient therapy practice. The Adult Attachment Projective Picture System (AAP) is a reasonably new assessment method that has proven to be a reliable means of interpreting attachment in case studies and has been examined in larger populations to provide construct validity of the measure (Gander et. al, 2017; Finn, 2011; Gander et. al, 2018; George & Buchheim, 2014). The AAP is one of the few attachment assessments which follows Bowlby's developmental attachment theory that has been applied to youth. For example, the role of the attachment figures themselves, how accessible they are, and the perceived ability of the attachment figure to protect, support, and comfort are all required for the assessment of developmental attachment. Clinical researchers emphasize the therapist's ability to evaluate defensive processes and attachment disorganization and trauma of a client when utilizing the AAP (George and West, in press; Solomon and George, 2011a; Webster and Joubert, 2011). Rather than receiving a self, or parent report, or interview questions for assessment, the AAP prompts the client to describe scenes that depict attachment situations. Presented to the participant of the AAP is a set of projective stimuli created to activate the individual's attachment system response which can then be coded into a mental representation of attachment classification (George et al., 1997). Attachment situations that are theoretically placed in the pictures of the AAP prompts are of solitude, illness, separation, death, and potential maltreatment. Clinicians and researchers analyze and code the representations described by participants, which can then be classified into attachment categories. The projective stimuli images of the AAP are construct-oriented and based a developmental theory of attachment and the creators as well as other researchers pose that the AAP may be used alongside other valid attachment assessments (George and West, 2011;

Solomon et al., 1995). The AAP was created with the assumption that the attachment system must be activated in order to assess attachment. Therefore, prompts are included in the image stimuli that have shown to maximize attachment distress. A second quality of attachment measured by the AAP is the perception of accessibility to attachment figures. Some image stimuli of the AAP show a single person and others show more than one person. Internal working models of attachment security and insecurity can be conceptualized with an understanding that the availability and responsiveness of an attachment figure help define developmental attachment (Bakermans-Kranenburg et al., 2003; Sroufe et al., 2005; Ainsworth et al., 1978). Another defining feature of developmental attachment that the AAP supports is the representation of attachment over the course of life. Image stimuli in the AAP show people who range significantly in age to bring to the surface lifespan quality of attachment theorized from Bowlby's research (George and West, 2011).

Gander and colleagues (2017) distinguish benefits that the AAP has over other types of attachment assessments in that it avoids changes to representations given by the participant since they are not required to tell a real-life story. For example, the AAP elicits responses from the stimuli that are from significant attachment experiences even if the narrative given is not told as one's own experience (George and Buchheim, 2014). Also established are the user friendly and affordability aspects of the AAP. The AAP has been used as a reliable measure in experimental studies and captures Bowlby's developmental theory on attachment such as how to implement classified defensive processes into treatment (Buchheim et al., 2008; Juen et al., 2013). Unlike other narrative instruments used for attachment assessment, the AAP is focused on traumatic experiences and is qualitatively analyzed. It offers a construct-validated attachment assessment option that prioritizes the central aspects of Bowlby's developmental attachment theory (Webster and Joubert, 2011). Clinicians and researchers may utilize the AAP

during initial assessment as they gather background information and identify words or themes which may be triggering during therapy. In this way, the AAP provides further understanding around traumatic dysregulation and defensive structures as well as significant insight as to how clients may begin to understand themselves in attachment-related contexts (Fonagy and Bateman, 2006).

While implementing the AAP in a case study for the purpose of gaining more insight on a difficult long-term psychotherapy case, Finn (2011) highlighted the therapeutic use of AAP results during clinical treatment. The study discussed relational aspects presented by the therapy client through this attachment assessment that other assessments previously used with the same client had not elicited. Finn explains that the therapy was able to delve further into defensive processes of the client by using the AAP; although, the discussion emphasizes added value to the use of the AAP once a therapeutic relationship has already been formed. Like previous research conducted by the creators of the AAP, Finn (2011) concluded that the AAP stimuli help to form the topic of attachment-related material based on the attachment systems depicted. From there, therapy sessions may become more meaningful and focused in that the therapeutic process can begin to reveal how an individual continues to navigate attachment-related experiences or representations they hold onto (George and West, 2001). The AAP brings to light many of the early attachment experiences of individuals that are linked to difficulties they may be currently experiencing and may benefit from resolving. In doing so, clients may begin effectively moving toward making positive, therapeutic changes in their relationships (Fosha, 2000; Schore, 2003; Stern, 2004). Integrating attachment theory into practice requires a growing body of research.

Convergent and discriminant validity and reliability of the AAP adds to the support for its application. Validity of the AAP among different populations has been tested by comparison

to other frequently used attachment assessment measures such as the Adult Attachment Interview, and the Adolescent Unresolved Attachment Questionnaire. Interrater reliability and classification validity of the AAP has also been measured and has found the assessment tool to be promising (Webster and Joubert, 2011; West, et al., 1998; 2000; George and West, 2001; George et al., 1986). In a 2017 study by Gander and colleagues, researchers examined the discriminant validity of the AAP among adolescents. They investigated the effect of verbal fluency and intelligence, or the number of words and complexity of stories that were transcribed in the AAP coding, sociodemographic variables, and social desirability on attachment classification. In the same validation study by Gander and colleagues (2017), they also looked at the social desirability in responses of adolescents that could possibly minimize attachment distress stimuli in the AAP's images. These researchers additionally examined sociodemographic variables such as gender or socioeconomic background that may have an influence on the categorization of attachment from adolescents' AAP assessments. This study concluded that in a non-risk adolescent sample which helped to determine AAP validation with youth that there was no significant difference of verbal intelligence and fluency scores among each of the attachment classifications (Gander et al., 2017). Researchers also looked at the varying lengths of narratives from adolescent participants and found that there was not an association between the complexity of a narrative and the attachment classification. Overall, fluency, vocabulary breadth, and narrative elaboration were not related to attachment classification in the adolescent population for this study. From the results of their first hypothesis, Gander, and colleagues (2017) found that there was also no relation between any of the sociodemographic variables and attachment classification. As far as social desirability was concerned, these researchers found that the motivation for social acceptance and presenting the self in socially desirable ways was not a predictor of attachment classification or verbal fluency

and intelligence. This means that adolescents who attempt to respond to stimuli in a socially desirable way do not risk the validity of attachment classification during AAP coding and analysis.

Although there continues to be need for research on the AAP with youth participants, studies which have been conducted support the use of the AAP as a measurement tool for assessment. Clinicians and researchers may effectively administer the AAP to understand trauma related defensive responses of protection against loss and separation from attachment by measuring the participant's mental representation activated by the AAP (George and Solomon, 2008; Solomon et al., 1995; Webster and Joubert, 2011). The need to emphasize idiographic concepts from mental representations of attachment is explained by Webster and Joubert in their 2011 case study on the use of the AAP with a youth in foster care. These researchers discussed the value of gaining knowledge of not only representations, but also a youth's attachment-related needs and subjective experience. This understanding might then be able to inform intervention as they are processed and integrated into treatment. Primary, relational defensive strategies on an individual level are important features for utilizing attachment assessment in a clinical setting. This means that clinicians should work deeper than simply identifying a general attachment categorization and pull from internal working models to gain more knowledge about an individual's early attachment experiences. For case studies, the AAP is a beneficial tool as it highlights concepts from developmental attachment theory frameworks such as achieving security through nonattachment (Bowlby 1969/1980). The AAP was designed to support clinician efforts to link the representational models of early relationships to observations of conflict, thoughts, and affects provoked by attachment assessment (Webster and Joubert, 2011). It can be implemented in this way therapeutically by prioritizing attachment as an important mediator of child development on adaptation and psychosocial functioning (Fonagy and Target,

1996; McCarthy and Taylor, 1999). According to Howe (2005), when a youth's attachment organization is responsive to treatment, it can be associated with positive psychological outcomes. This suggests that attachment assessment can be used alongside other forms of treatment when guiding intervention. Theoretically informed, and empirical assessments like the AAP should be explored as an additional method to evaluate attachment for youth.

Studies have found that parent-child relationships are central for optimal development and resilience of youth. In a study on adolescent youth and attachment, Gander et. al, (2017) clarified that the combination of individuality and autonomy are required for healthy attachment development. Conversely, Sroufe and colleagues (2005) argue that infants and young children are dependent upon caregivers and that their effective dependence or secure attachment as a child distinguishes their level of individuality and autonomy (Joubert and Webster, 2012; Sroufe et al., 2005). The quality of a parent-child relationship also relies on constructs of trust, familial agreement on the distance between parent and youth, and the way that a parent responds to their child (Duemmler, 1994). In addition, this established foundation may promote autonomy through a communicative and accountable relationship. Longitudinal studies show that attachment security as a child influences the types of future friendships, romantic partners, and future parent-child relationships individuals will have. Researchers highlight that positive attachment relationships for youth decrease the probability that they will have negative behavioral and mental health outcomes (Allen, 2008; Sroufe et al, 2005). Some research proposes that childhood attachment security is related specifically to risk factors of cognitive ability, interactions with others, conflict management, self-regulation, depression, suicidality, and hospitalization (Gander et. al, 2017). Although results on the parent-child attachment dyad form different understandings, they all agree on the importance of early attachment relationships as a predictor for life-span development.

Individuals with Post Traumatic Stress Disorder (PTSD) are susceptible to becoming retraumatized due to challenges that they face with their relationships (George and Buchheim, 2014). This often happens to youth when they have been severely traumatized through complex or developmental trauma. A caregiver's misunderstanding of symptoms and proper treatment for PTSD could complicate the trauma response and impair resolution. This understanding of PTSD is explained by Pearlman and Courtois (2005) who highlight that focusing on the attachment difficulties that underly childhood trauma is the main goal of attachment-based therapeutic treatment. In reference to PTSD, dissociation is a commonly defined phenomena related to traumatization (Liotti 2004; Kihlstrom, 2005). Typically, dissociation is caused by the intrusion of mental content that effects a person's attention, behavior, thoughts, and memory (George and Buchheim, 2014). Individuals with PTSD observed in dissociative states may become unresponsive to their surroundings or talk in a way that briefly describes mental images which are unrelated to the inquiries at hand. Dissociative symptoms can be activated in a person with PTSD when there is a threatening situation (Liotti, 2006). Attachment security and successful defensive strategies are needed for individuals who suffer pathologically from disassociation and clinicians benefit from understanding on how to provide therapy to those with unresolved attachment representations (Slade, 2008). More information is needed in the field of PTSD and youth attachment that presents how attachment issues can help treat youth with PTSD and be further implemented into a treatment plan (Gander et al., 2018). Utility of attachment-based measures and assessment among youth from different cultures who have suffered from PTSD would be helpful as this population will continue to need therapeutic intervention.

Gander and colleagues (2018) discussed how attachment-based constructs can be used in treatment plans of youth with PTSD who come from differing cultural backgrounds. After

analyzing the results of an AAP, researchers from that study were able to recommend psychotherapeutic interventions that helped to address the familial roles, defensive strategies, and feelings and thoughts around traumatic events from a youth's past. For example, it was found that the caregiver's role interfered with the youth's ability to develop in an age-appropriate way. A more stressful caregiving environment led to an increase in developmental challenges. In other words, without a stable functional model of attachment figures, youth suffering from PTSD are less able to regulate their emotions, leading to an instability of their inner mental states and possible developmental trauma (Gander et al., 2018; Rahim, 2014). When this information was applied to treatment, the authors concluded that the youth with PTSD were able to learn to identify attachment-related resources, and cope with the stress of feelings associated with traumatic experiences. Researchers from this study also note the importance of creating a safe and gentle space when using a protocol that may trigger traumatic experiences. Clinicians should be aware of the youth's affect while they are giving responses to support them and prevent re-traumatization (Courtois, 2008). Individuals with PTSD may be unable to respond to stimuli from the AAP due to the severity of traumatization they have experienced. AAP creators refer to this occurrence as "constriction" a behavioral response that indicates that a participant with PTSD requires a highly supportive and clinical environment for administration (Gander et al., 2018). Finn (2011) adds that there continues to be a need for further research that shows the usefulness of attachment information for people with complex trauma histories.

Latino Mental Health and Attachment

Previous research has documented the disparities that Latino children and families encounter when in need of good quality mental health care (Merikangas et al., 2010).

Researchers pose this as further concerning since Latinos are one of the biggest and most rapidly growing ethnic populations in the U.S. (Ennis et al., 2011). More research is needed to understand how Latino children and families experience these disparities. It is understood that connection and attachment family systems are central to the prevention of mental health disorders related to life trauma (PTSD; Figley, 1986; Suarez-Orozco et al., 2002). As 76% of U.S. Latino households are either Spanish speaking or bilingual, Shelton and Wang (2018) emphasize the importance of having valid and reliable attachment instruments that may be administered with cultural sensitivity. In their 2018 study, a Spanish version of an attachment measure was used to examine the psychometric properties among a bilingual college student sample. Shelton and Wang (2018) wanted to use an attachment measure that avoided item bias and that would reflect reliable variance in the attachment of Latinos.

In a 2007 study, researchers Santa-Maria and Cornille highlight the potential for mental disorder to worsen as the stress of separation and loss is added to children and families already faced with cultural ambiguity or exile. Exposure to violence, and separation from parents has been shown to predict increased symptoms of PTSD and lower cognitive performance especially in Latino immigrants who involuntarily relocated to the U.S. (Diehl et al., 1993; Rousseau et al., 1996; Cervantes et al., 1989). Experiences like these can shape attachments in adulthood or the caregiving system of immigrant families of the U.S. One in five children have been born into an immigrant family (Suarez-Orozco et al., 2002) which may be subject to attachment difficulties from caregivers who suffered extended parental separation, violence, or involuntary migration (Estrada, 1988; Phillipe, 2002). A study from Santa-Maria and Cornille (2007) explored the impact of attachment on the traumatic stress of Latino American immigrant families. Their hypothesis that those who had been separated would have significantly higher levels of mental health symptoms was confirmed, even though they did not find that those who

had been separated exhibited significantly more attachment avoidance than did those who had not been separated. These findings further clarify the difference between attachment categorization and mental health symptomology. It is important to continue to define constructs and bridge gaps in the existing research. Attachment research can explain findings by framing attachment as a risk or a protective factor for the development of youth or adolescents. Rather than observing attachment classifications as a form of diagnosis (which they are not), clinicians can look at attachment risk factors under certain circumstances.

For this research and as summarized by previous investigation within the field, acculturation refers to the process of delineating and re-establishing one's identity and life navigation between two cultures due to a person's immigrant, migrant, or expat status. According to Nwosu et al., (2014), 37% of Latino immigrants are born outside of the U.S. and 52% of Latino children in the U.S. are born to immigrant families (Fry and Passel, 2009). Researchers have known for many years now that moving back and forth between different cultures to acculturate to the language, values, beliefs, and customs of those cultures may be associated with negative psychological outcomes (Berry, 1997). Acculturation has also been observed to have more than simply a bidirectional process and can involve multiple levels of cognitive and behavioral adaptations (Schwartz et al., 2010). Specifically, Latino youth acculturating to U.S. culture have been found to have greater rates of externalized problems (Lawton and Kapke, 2018). Lorenzo-Blanco et al. (2011) also found that acculturation and orientation of female youth specifically to the U.S was associated with increased internalized problems, eating disorders and depression or suicide attempts. Lawton and Kapke (2018) suggest exploring more about how experiences such as discrimination and the influence of peer and family relationships can predict mental health outcomes for Latino youth.

When it comes to the parent-child relationship and acculturation, there is evidence that U.S. acculturation differences between youth and their parents may lead to an increase in substance use of youth; however, this effect was mediated by family stress and parenting practices (Martinez, 2006). Other studies' results found that the effect of acculturation differences between youth and their parents was mediated by the perceptions of differences. For example, research from Smokowski and Bacallao (2006) and Hwang and Wood (2009) both found that the effect of youth perceptions of acculturation on youth aggression or distress symptoms was mediated by family conflict. Overall, however, the literature on the effects of acculturation for Latino youth is inconsistent and there is some evidence of positive outcomes linked to U.S. acculturation (Lawton and Kapke, 2018). Zamboanga and colleagues (2009) found that substance use and externalized symptoms were negatively correlated to U.S. acculturation among Latino youth, but other research (Knight et al., 1994; Katragadda and Tidwell, 1998) has found no significant link between U.S. acculturation and mental health outcomes such as conduct disorders. A study from researchers Smokowski and Bacallo (2007) concluded that for adolescents, biculturalism was linked to a decrease in internalizing problems and an increase in self-esteem. Inconsistencies like this point to a need for qualitative investigation that focuses on the specific acculturation experience of each person as well as underlying factors that lead to mental health outcomes. There are several risk and protective factors that have been linked to the mental health development of Latino children and families. Research has investigated family factors such supportive parenting, acceptance, and attachment which are protective factors associated with decreased levels of depression and fewer conduct disorders in Latino youth (Lawton and Kapke, 2018; Bamaca-Colbert and Gayles, 2010; Gonzales et al., 2006). Although researchers have examined the parent-child relationships and acculturation among Latino youth and families in the U.S., other factors involved in the

development of Latino youth need to be identified to explain the increased risk that they experience. Further knowledge on the attachment relationships and family processes may be able to account for the mental health problems that Latino youth face.

Attachment research has been brought outside of the U.S. and European borders as crosscultural implementation of attachment measures were sought to explore universality of attachment theories (Rothbaum et al., 2000), and cross-cultural differences in attachment-related parenting have been found (Gander et al., 2017). There have not been findings that show cultural variations in representational attachment assessment (Hesse, 2008), and more studies that investigate immigrant experiences of attachment are needed to identify mechanisms of risk and resilience. The Latino population is the largest minority population in the U.S.; although, there are not many studies on attachment for Latinos. Very few culturally specific attachment measures have been investigated and there are fewer studies that examine the attachment of Latino youth. So far among the existing research in the U.S., studies have found varying results on the developmental attachment of those who are of identifying Latino populations (Wei et al., 2004). Ainsworth and colleagues (1978) found that a secure attachment bond is created between a child and a caregiver through the caregiver's sensitivity to attachment behaviors of the child.

Falicov (1998) found that Latina mothers are more likely to show physical closeness and sensitivity towards their children than non-Latina White mothers. Similarly, "familismo" is a known concept among Latino families highlighting the value of strong attachment and familial support and has been linked to pro-social behavior as well as a reduction in externalizing problems for youth (Cauce and Domenech-Rodriguez, 2002; Calderon-Tena et al., 2011). The way one defines themselves in relation to the world around them is a moderating variable between attachment and well-being (Wang and Ratanasiripong, 2010). A person's identity also

moderates the relationship between attachment and the social support that they receive from others (Frias et al., 2014). Therefore, researchers have suggested that future studies examine the representational experience of discrimination, acculturation, and immigration that U.S. Latino populations may present in developmental attachment assessment (Shelton & Wang, 2018).

CHAPTER 3: METHODS

Research Design

A single-subject qualitative case study design was chosen for this study. A qualitative research design was chosen for the access that it will give to the unique meaning each participant's responses may illuminate in the study's findings. Qualitative research as a way of approaching research design has shown to clarify symbolic meaning of an individual's experience (Merriam and Tisdell, 2016). Rather than focusing on the amount of data collected or numerical patterns for this study, the researcher hoped to highlight cultural, familial, and psychological responses to the picture stimuli. For the same reason, utilizing the background of participants and the cultural and linguistic sensitivity of the researcher was also important for the design of this study. A qualitative design was appropriate for this study although it should be noted that when using a qualitative design, interpretation of the data serves the study at hand and the purpose is to further understand a phenomenon rather than explore associations. A basic qualitative approach is appropriate for this research to further investigate the measurement of developmental attachment in an understudied youth minority population.

Participants of the study, their parents, and the current clinical supervisor of the researcher were asked to approve and consent to the procedures of this study's design. An allotted amount of time and a private office was used for the administration of the AAP for this study. The researcher collected data by administering the AAP while audio-recording the session. A trained coder of the AAP transcriptions coded the data collected by the researcher. The researcher for this study has years of experience working with youth in the mental health field and the trained coder of the AAP data is also well-seasoned with years of experience and is the dissertation chair of this study. Follow-up debriefings were implemented by the

researcher for the purpose of answering any questions or addressing any concerns that the participants and their parents may have had after the AAP administration.

Participants

The two cases proposed for this study are youth receiving ongoing therapy at a public mental health practice. Both clients were children of parents who are first-generation immigrants to the U.S., live in homes that are primarily Spanish-speaking, and both clients attend school full-time. The goal of this study was to understand more about what information may be gathered from the results of the AAP to support client mental health progress. We also hope that findings from this study can help researchers understand cultural or generational factors that result from the effects of immigration to the U.S. Themes of acculturation and identity were considered as a lens for therapeutic recommendation based on the qualitative findings of this AAP analysis with youth.

Case 1

The first case for this study is an 11-year-old female of Latina decent whose parents both identify as Mexican American first-generation immigrants. Both the mother and father of this client are Spanish-only speaking, although the siblings that live in the home with her speak both English and Spanish. The primary language of this client is English, and her and her family's native language is Spanish. This client lives with her mother and her parents are separated. There are no reported developmental or intellectual delays for this client. No known injuries, illnesses, or physical traumas such as the use of drugs or alcohol of the mother were reported during pregnancy for this client. The client's birth was on time; although, it was reported that the mother's labor with this client was medically induced due to complications. This client recently moved in with her mother full time due to her wish to feel safe and be further away from a perpetrator from whom she experienced molestation at her father's residence. Prior to

this client moving in with her mother at the age of 11, she lived with each of her parent's half of the time. She has noted that she does not plan to return to living with her father. She also explains that her older sisters are easier to talk to about her experiences than her parents. The client's main mental health concerns and reason for referral to therapy are her inability to decrease anxiety and stress symptoms related to intense worry she experiences about her perpetrator. The client's parents expressed a need for this client to improve her relationship with her father by expressing her thoughts and feelings.

This client and her family have no reported history of any drug or alcohol use. Her parents separated when she was five years old after immigrating to the states and living together for eight years. Overall, this client has a strong connection with her family and currently visits with her father once a week. She has friend whom she has identified a strong connection with outside of school and has identified multiple peers at school with whom she communicates. The mother reported that this client has interacted well with her peers throughout her childhood. She attends the 5th grade at a public elementary school. No health or medical concerns have been reported for this client and she does not take any medication. She has no previous mental health treatment history to report. This client participates in individual talk therapy and play therapy once a week as well as family therapy one to four times per month to support her in addressing her mental health concerns. During sessions, her general affect is positive and ranges from exhibiting smiles and laughter, as well as making frequent eye contact. She presented with a flat affect during intake and the beginning sessions, but has become tearful expressing feelings of sadness, confusion, and anger during treatment. She does, however, frequently discuss her relationships with others in her day-to-day life and her past.

Case 2

The second case for this study is an 11-year-old male of Latino decent whose parents also both identify as Mexican American first-generation immigrants. Both mother and father of this client are Spanish-only speaking. This client lives with his older brother and with both of his parents. The native language of all family members is Spanish, but the primary language of this client and his siblings is English. There are no reported developmental complications, illness, or birth complications for this client. There are no reported incidents of trauma within the first five years of this client's life. When this client was 10 years old, he experienced an attempted abduction of himself and his neighborhood friend. The client was riding his bike on the street with his friend when a man in a car pulled up and told him and his friend to get into the car. This client and his friend were able to decline the demand of the abductor and ride away on their bikes and notify their parents who then followed and reported the suspect to authorities. Although this client has made great progress in the past year since the incident, he was referred to therapy due to persisting high levels of anxiety and fear related to the incident. The client himself identified symptoms of re-experiencing the traumatic event, having flashbacks, chest tightness, intense sadness, racing thoughts, and an increased need to be with family and friends. He also reported that he has difficulty sleeping about twice a week due to flashbacks of the incident. The parents of this client are worried that he does not want to be outside alone or ride his bike again due to his fear of being abducted again. This client has become tearful while discussing the traumatic incident one year ago, but he is able to utilize coping skills that have been taught to him. The mental health needs and reason for referral are to decrease his fears related to his past trauma from the attempted abduction by creating plans to feel safe and to increase his ability to fall asleep.

This client's mother moved to the U.S. from Mexico in 1998 while his father was already living in the U.S. He reports he gets along well with his siblings and enjoys spending time with his immediate family as well as his extended family. This client and his parents have noted that he is able to discuss his thoughts, feelings, and memory of the traumatic incident with his siblings and his parents. He and his family also spend one full day each week with his extended family playing Loteria, or Mexican Bingo. The client's father works five days each week and his mother does not currently work. He plays on a soccer team regularly and interacts well with his peers by engaging in play with his neighbors and his friends at school. There has been no family history of substance abuse or mental health illness reported. The client interacts with his parents using positive communication and appears to have a strong bond with them.

Measure

Adult Attachment Projective Picture System (AAP)

The AAP begins with the clinician providing the explanation of the procedure for the AAP. This includes a reminder of the 30-40 minutes that the assessment will take and that the session will be audio recorded. Terms of confidentiality were reviewed with the participants. There are eight different line drawings which make up the stimuli for the AAP. A general warmup stimulus is given for the first task (See Appendix B), and seven more stimuli follow the warm-up stimulus which are attachment-oriented images. Stimuli were designed by the creators to show details of actions, facial expressions, postures, and background elements that may be associated with an attachment context (George and West; 2011). Characters have been made to be a variety of races and ethnicities, genders, and ages. Administration of the AAP requires the clinician to ask some interview questions as well as traditional free response tasks from the participant. Once the participant takes the stimuli to look over, the clinician asks the participant to describe what events happened prior to the image, the characters' thoughts, and

feelings in the image, and what will happen to the characters following the event in the image.

When coding the transcriptions from the AAP, the certified coder determines attachment classification by evaluating patterns of responses using the story content and a set of dimensions within the coding system. Attachment classification by use of the AAP is done by evaluating this pattern of responses which developmentally define attachment (Ainsworth et al., 1978). The attachment dimension is identified, and then used to evaluate the meaning of the self and the meaning of the self with others depicted in the narrative story responses from participants.

Agency and *connectedness* are coded for the stimuli that are “alone” stimuli, and *synchrony* is coded for the stimuli that are “dyadic” with other characters in the story of the participant’s response (George and West, 2011). When coding for agency, the depicted character’s self-reliance, and ability to make decisions regarding the situation is considered. This sense of self that a person identifies as a part of their character forms in early childhood and develops among other experiences of attachment figures or close relationships (Sroufe et al., 2005; Waters and Hamilton, 2000). Agency of the self must be present for the “alone” depiction of the self to solve problems, separate, and repair arguments. Agency also supports organized thoughts and behaviors when an individual is triggered into adverse feelings like desperation, helplessness, isolation, fear, or threat. There are two levels of agency of self. One is called integrated agency and is seen as the “qualities of integrity of self that are associated with balance and confidence that underpin attachment security” (Ainsworth, 1989; Bowlby, 1980; George and Solomon, 2008; Solomon et al., 1995). The second level of agency of self is the capacity to act which refers to the individual’s ability to remove themselves from threat and take action to protect themselves and engage in problem-solving behavior (George and West, 2011). *Connectedness* as a dimension for coding the AAP is evaluated by noting the character’s interpersonal relationships including friendships and others who may be bonded in one’s life.

Interpersonal relationships that are renewed or are depicted as intimate are significant influences on the emotional support that an individual feels (Allen, 2008; George and Solomon, 2008; Zeifman and Hazan, 2008). In the AAP responses for example, connectedness is shown if a participant depicts a character who is seeking attachment relationships. Connectedness would not be seen as a dimension of the story content however if they depict a character who aims for close relationships with strangers or are restricted from attachment and bonding relationships.

The *synchrony* dimension of story content within the participant's response evaluates the caregiving relationships in dyadic stimuli as reciprocal and committed. This is based on Bowlby's (1969/1989) definition of a goal-corrected partnership which represents a character that enjoys an attachment figure by showing empathy and understanding of the other figure's challenges (George and West, 2011; Marvin and Britner, 2008). Synchrony is helpful in preventing attachment-related distress even when the commitment and reciprocity of the attachment figure is not available or initially desired by the character. This means that the attachment figure may respond to the situation rather than the needs or cues for attachment given by the individual character themselves. Defensive processes are dimensions that are coded using the transcriptions from the AAP administration. Bowlby's (1980) view of defense was that it is an unconscious process that selects, excludes, and transforms the presentation of an individual to prevent attachment issues and mental health regressions (Hesse and Main, 2006; George and West, 2011). As previously mentioned, there are three defense exclusion strategies which are deactivation, cognitive disconnection, and segregated systems. Researchers have found that to help further validate the definition of defense and make the approach useful for assessment, learning someone's primary defensive strategy is necessary to identifying attachment classification (George and Solomon, 1989, 2008; Solomon et al., 1995).

Furthermore, learning the pattern of one's defensive strategies helps to define the attachment classifications themselves as well as the uniqueness of the individual's defensive strategy pattern. Defense in the AAP is coded by taking the words and images from the transcriptions of the participants narrative and assigning them to the three different forms of defense exclusion criteria.

George and West (2011) explain *deactivating* defensive processes as a shift of the character's focus that moves away from attachment-related scenes. Deactivation would be coded in story narratives that describe themes that divert the attachment system. It also may be coded when characters are displaying attachment rejection or expressing a sense of being undeserving. The same researchers note that the defensive processes of *cognitive disconnection* may be coded when a character represents themes of confusion or uncertainty brought on by a disconnect of the elements of attachment in one's mind. This may present during the AAP responses as being unable to decide on opposing themes for the stimuli presented.

Disconnection may also be coded from themes of anger and frustration that appear to be ways of covering up the attachment-related issues. *Segregated system* defensive processes are defined as a way for the character or individual to repress any threatening memories or thoughts of attachment difficulties from consciousness (George et al., 1999; Solomon et al., 1995).

Segregated systems are thought to be associated with disorganized attachment rather than the normative forms of organized attachment like deactivation and cognitive disconnection which help prevent levels of threat that may cause disorganization (Lyons-Ruth and Jacobvitz, 2008; Main and Solomon, 1990). Segregated systems defensive processes on the other hand are seen to provide a more protective model. In this way, if the segregated system defensive strategy can no longer be relied on, frightening presentations of attachment-related symptoms may be depicted in the AAP responses. If a participant shows in their coded response that they are

unable to contain a breakthrough of the segregated systems, they are considered to have unresolved attachment (Hesse, 2008). Themes of helplessness, fear, lack of control, isolation, being unprotected, or abandonment are all examples of segregated systems among the AAP responses. When dysregulation can be reorganized by the individual, “resolution” has occurred and is typically evidenced by agency of self or support from others.

Procedure

For both clients to participate in the study, an informed consent form was completed with signatures from both the parents and the clients. The clinician researcher explained the specific purpose and process of the AAP. Research goals for both assessment and treatment were discussed with the client and the parents of the client to maintain full disclosure of the clients’ participation in a research study. Anonymity of the clients and families were reassured by the clinician researcher so that they are aware that no identifying information was used in the study and that findings will be used solely to inform treatment and the future use of the AAP for other cases. This means that the AAP results are only made accessible to the researchers. Results of the AAP were incorporated into the strategies explored by the clinician to create the mental health treatment plan for the clients. The AAP results are considered for the purpose of gaining more individualized knowledge for these cases. The clients were individually scheduled for a single AAP assessment session at the mental agency they attended by the researching clinician that they were seeing weekly. The AAP was administered in a quiet, confidential therapy room where the clients sat facing the clinician. Each response from the sessions using the AAP was audio recorded, transcribed, and then coded by a certified coder of the AAP transcriptions. A certified and experienced AAP judge independently coded the transcripts from both sessions for the researcher clinician to analyze the results of the AAP

responses. For these case studies the researcher clinician recorded, transcribed, and analyzed the responses.

Proposal for Analysis

The qualitative information received from the AAP results of these two assessment sessions was analyzed using the coded data from the AAP coder. Test behavior during the assessment sessions was noted directly following the sessions to provide a thorough assessment which includes observation of the participant. This also gave an illustration of the engagement of the participant during the administration of the AAP. Analysis of the AAP for this study focused on the story content and defense patterns from the response's narratives. Coding results from the patterns elicited by story content and defensive processes were used to help explain internal working models of attachment. The researcher then provided a discussion of the results and how the findings from the attachment measure can be integrated into culturally sensitive interventions for the two cases. From the coded AAP data based on the responses, participants were judged and classified into an attachment state of mind. Attachment classifications were determined by the coding protocol of the AAP to judge the attachment of the participant based on their responses to the stimuli. Coding patterns from the set of seven different attachment stimuli are considered and a system of classification rules was used to direct the analysis to the classification for that participant. Responses to the stimuli were coded as a disconnection, segregated systems marker, internalized secure base, neutralizing, or deactivation. Participants may be seen to have a classification of unresolved attachment, secure attachment, dismissing attachment, or preoccupied attachment based on the patterns of coding from the story content and defensive processes in their responses.

Narratives from the responses of the participant's AAP are also helpful in qualitatively explaining how the attachment classification was depicted in a particular stimulus. Whether a

stimulus is alone or dyadic was taken into consideration. Agency, connectedness, and synchrony defensive processes are dimensions that were analyzed and discussed in relation to the participant's responses. Other major patterns related to the therapeutic treatment or background of the participants from this study were considered to qualitatively inform future attachment research and future implementation of attachment assessment into treatment.

CHAPTER 4: RESULTS

Included in this study's findings of the AAP administration is content of the transcription responses for each case and a neutral picture used as the first stimulus during the assessment. Test behavior of the participants during the AAP administration is also described to help contextualize individual presentations of each case during session. Analysis of the transcription responses will explain the defense system categories identified by the AAP coding. Based on the coding summary for each case's AAP protocol, each was classified into a particular attachment mindset or status. Much like in previous case studies, researchers of this study will qualitatively explain the defense patterns depicted by participants which led to the identification of their attachment classification.

Case 1

Test Behavior

The case 1 participant of this study presented with what appeared to be nervousness during the beginning of the AAP. She had been participating in both individual and family therapy each week. Individual and family therapy for the case 1 participant were heavily focused on developmental trauma symptoms resulting from multiple childhood traumatic experiences. Prior to beginning administration of the AAP for case 1, the participant expressed that she was ready to participate in and to begin the assessment. She began with rapid, soft speech and appeared more relaxed as her voice became louder for each consecutive stimulus. This participant seemed to become more nervous as she went through the cards. Due to the case 1 participant appearing nervous during the beginning of administration, the researcher monitored for any need to pause or stop the AAP. The researcher also explained to her that the AAP session was optional. Case 1 presented with more of an anxious affect during AAP

administration. She did not ask questions regarding the AAP and at times would bring the picture stimuli closer to her face while telling her story.

Adult Attachment Projective Picture System Analysis

This participant was judged with an attachment classification of Enmeshed/Preoccupied and moving in the direction of organized secure attachment. There were multiple instances of Capacity to Act (CTA) and one instance of Internal Secure Base (ISB). Her primary method for managing attachment-related stress was cognitive disconnection which is associated with an enmeshed/preoccupied state of mind in regard to attachment (Lyons-Ruth and Jacobvitz, 2008; Solomon and George, 2011a; George and West, 2011). Cognitive disconnection as a defense helps to maintain attachment organization by redirecting negative attachment-related events or attachment related fears (George and Solomon, 2008).

From an article written by George and West (2011) we learn that AAPs coded for enmeshed/preoccupied attachment organization result when there are frequent cognitive disconnection defense processes which lead to the individual focusing on problematic emotions rather than the presenting problems themselves. Preoccupied individuals' responses may be coded for segregated systems markers, but they would ultimately be resolved or contained. Those with an enmeshed/preoccupied attachment organization tend to become confused about attachment stimuli and will often show instances of undecided story events and undecided story endings. They might redirect attention and focus on a more positive instance from an experience that is described as happening before or after the narrative for the presented character stimulus.

Typically, there is less agency in an enmeshed/preoccupied individual's responses (George and West, 2011). Enmeshed/preoccupied individual's Alone dyad characters often will not be depicted engaging with other characters. Much like a dismissive attachment

organization, they show far fewer instances of connectedness where characters serve a functional role rather than a responsive one. Seeing that the case 1 participant is showing CTA in her responses, we might hypothesize that this could be a function of the therapeutic intervention that she has thus far received. The characterization of her AAP responses leads the researcher to believe that with intervention she may be able to successfully re-organize the insecurity of attachment relationships into a more secure understanding of attachment relationships. Below are the results and analysis of the AAP responses for the Case 1 participant.

Child at Window

It looks like she's like it the room, she's looking outside. And looks like she would be maybe like not sad but not happy. Like a blank day I guess you could say. (What led up to this scene?) Mm... maybe she's having a bad day at school or at home. And that's it. (What might happen next?) Um... she might go to bed or something or go take a shower to relax herself. (Anything else?) No.

In the Alone picture of Child at Window for the case 1 participant, there are a couple of markers of cognitive disconnection. One occurs when she explains opposing states of mind or feelings of being, “not sad but not happy”, and another instance where uncertainty is a theme and she describes the character as she might, “relax herself.” Being in a state of relaxation is considered a means of disconnecting from the source of stress or concern in attachment terms. The response from this stimulus depicts a marker of emptiness, which indicates the presence of segregated systems, as the scene is told as, “Like a blank day I guess you could say.” However, this segregated system is contained, or resolved through the use of capacity to act. There were no instances of deactivation coded for this response from case 1. The researcher would like to note that in the context of therapy sessions for this participant, she often has difficulty identifying personal thoughts and feelings. She is also in the process of utilizing treatment to

maximize self regulatory skills so that she may build deeper relationships with her family and peers.

Departure

It looks like they're like on a sidewalk maybe and they have their like suitcases...and it looks like they are mm... like they're like mm... maybe upset? (What do you mean by that?) Maybe because they have to move out or something. Yea. (What are they thinking or feeling?) I think they're feeling upset and they're probably thinking about their next home or what they're going to be living in... like for the next move or something. (What might happen next?) They're going to go find a home or go to like a hotel.

From the Dyadic Departure response of the case 1 participant, there are no markers for either cognitive disconnection or deactivation, or segregated systems in this story response. Due to the severity and the developmental nature of her traumatic experiences, the researcher would not expect her to elaborate on the presentations of the characters. This is consistent with her overall classification of Enmeshed/Preoccupied. Vagueness helps her to keep the source of attachment distress at bay.

Bench

Mm it looks like she's on a bench like outside and they just have their head down...and it looks like they're sad... and... (What do you mean by that?) Like they just have their head down. Maybe they're just thinking about stuff that has happened to them or just stuff that makes them sad or something. (What led up to the scene?) Um... maybe they just had a day where they didn't really want to do anything. Or something... or something that happened made them sad. (What might happen next?) Um... they might just go home and like take a nap... or go talk to somebody. (Anything else?) Mm mm.

In the Bench response, which is an Alone picture, for this participant there was an overall theme of uncertainty depicted in her story. This continues the pattern of cognitive disconnection that has been coded in the two previous responses to stimuli. She repeats the word, "maybe" and uses, "or something" among a few of the descriptions. The response appears to be vague as in the Departure response, but the Bench response explores possible options or changes to the narrative of the characters' story. There is one instance of a deactivation marker in the Bench story from the case 1 participant when she depicts that the

characters might “like take a nap.” When there is an instance of deactivation it points to a shift of attention from the attachment related event and, especially in this case, remove from awareness any distress. It is interesting that she doesn’t settle on deactivation to end the response, but instead offers the possibility that the character may “go talk to somebody,” which is positive capacity to act and also demonstrates the use of relationships to help with regulation. It may also represent a symbolic reference to the therapeutic relationship. She also uses the word “thinking” although the context is vague, “thinking about stuff that happened to them.” Nevertheless, the word thinking is a powerful indicator that she is moving towards ISB.

Bed

Uh it looks like they are on a bed and like they’re maybe just waking up and like their mom or dad is just sitting there. (Anything else?) No. (What led up to the scene?) Maybe it was like the night, and it was the morning now... she he was just waking up. (What might happen next?) He’s going to get ready for the day and maybe go to school. (What are they thinking or feeling?) Um... I would say he would probably be tired since it’s probably the morning. Umm... the other person is probably just like... also tired because it looks like they’re in slippers or something. (Anything else?) No.

In Bed, we see more deactivation as she mentions an achievement theme of school.

Achievement is a form of deactivation in that it provides distance between the person and the attachment-related event and has been found to be associated with avoidance and rejection in relationships. The cognitive disconnection pattern continues in this response with the theme of opposites when she explains, “mom or dad” and, “the night, and it was the morning now.”

Another instance of an opposite theme from this response is when she identifies the gender of the character initially as, “she he was just waking up,” although all these responses could also be viewed as the speaker’s uncertainty about feelings and events. Ultimately, we find out that the character is identified as “he”. The uncertainty coded from this story is seen in her way of being unsure of the time of day, then describing that next the character will “maybe” go to school and continuing to represent cognitive uncertainty in that the character would “probably

be tired.” She goes on to justify the feeling of tired which shows some preoccupation with the emotion of being tired. Again, the researcher would like to point out the vagueness of using one word to identify the emotions of the characters in the Bed picture stimulus for the case 1 participant rather than presenting more or a different word for each character. Regardless, we are beginning to see a pattern of enmeshed/preoccupied attachment organization wherein the defense exclusion processes are redirecting her attention from emotional distress through deactivation and creating fractured narratives of attachment-related emotions through cognitive disconnection. It should be noted however, that although she tries to use deactivation as a defense, it is not a well developed strategy for her.

Ambulance

Um looks like there's an ambulance and they're pulling out or putting in a bed, like the ambulance beds...and... maybe it has like one of their family relatives or something and they're just looking out the window. (Anything else?) No. (What led up to the scene?) Um... they probably got hurt or something... so they had to call the ambulance. (What might happen next?) They're going to go to the hospital and the people looking outside the window might go visit them. (What are they thinking or feeling?) Mm... maybe they are sad... since like their family relative or whoever is in there is probably like... they're probably like really close and they just like don't want them to um...they just don't want them to like be hurt where they would have to pass away or something. I don't know. I don't really know how to explain that one. And yea. (Anything else?) No.

From the case 1 participant response to the Ambulance stimulus, the cognitive disconnection marker of opposites and uncertainty are coded again. In the beginning of the story, the characters are depicted, “pulling out or putting in a bed”. She depicts uncertainty when she is unable to describe exactly who the character in the ambulance is. The uncertainty theme of cognitive disconnection is also represented when she repeats, “I don't know. I don't really know how to explain that one.” There were no instances of deactivation coded from this response but there was one instance of a segregated systems process. In the story, a marker of danger/failed protection is identified when she mentions the characters don't want someone to be hurt, “where they would have to pass away”. This segregated systems representation could

potentially come from a fear of loss, but it is resolved with the capacity to act as the characters are depicted going to the hospital to visit the family member going to the hospital.

Cemetery

Mm.. it looks like the guy or person that's in the picture is at a cemetery and they're just looking at the.. the little... cement thing where it has the people's name and stuff...and he looks sad. (What do you mean by that?) Because I mean like... if you lose somebody and you're going to see like them... not them but like their grave it would probably make you sad because it will probably bring back memories of them to you and yea and then you would probably just be thinking about them. (What led up to the scene?) Mm... well maybe the guy just wanted to go visit... visit the person's grave. He was probably feeling like... I don't know sad maybe. (What might happen next?) Um he might just go home and like relax or go to eat or something. (Anything else?) No.

In the Cemetery response for the case 1 participant, cognitive disconnection is coded again from an instance of uncertainty. She repeats words like “probably” and “maybe” in the story for this stimulus and explains that the character might “relax or go to eat or something”. The researcher would like to highlight that when a character is said to “relax” it points to a general uncertainty in the story that is coded as a cognitive disconnection. There were no instances of deactivation or segregated systems coded in the Cemetery response for case 1. Of interest is that she invokes ISB by stating that the character is thinking about the deceased. This is another sign that she is moving towards security.

Child in Corner

Mm... looks like they are in like a corner or something and they just have their hands up... maybe like saying “stop” or something. (How do you mean?) Like maybe they they are getting bullied or maybe they're at home and their siblings are bullying them or something. (What led up to the scene?) Um maybe they're fighting with their sibling or the other person and they... yea. (What do you mean by that?) Like maybe they were just having not a good... maybe they were just having like a bad day, and then like maybe they just started saying rude stuff about the other person so now he's just saying “stop”. (What might happen next?) He might go home, or if he is home he might just go like to his room... or something. (What are they thinking or feeling?) He's probably sad, or mad, or scared. (What do you mean by that?) Well the picture looks like he would be scared... scared because he has his hands up. Looks like he would be maybe a little mad and sad because he has his head down. (Anything else?) No.

From case 1 participant's Corner response multiple instances of cognitive disconnection were identified. This was the longest story response and it appears that she was able to identify

more than one or two vague thoughts and feelings of the characters. Depicted in this response is an instance of anger through descriptions of the characters “fighting” and feeling “mad”. Anger as a form of cognitive disconnection comes directly from observations of resistant/ambivalent behavior in infants in the Strange Situation. Her scene showed a theme of the characters being feisty in that they were “saying rude stuff.” Also, “getting bullied” presents with a theme of bullying in this story response which was also coded as a cognitive disconnection marker. From the AAP coding system, part of what operationalized the coding of cognitive disconnection in the Child in Corner story were general themes of heightened emotional arousal, and possible anxiety with the entangling of relationships in the form of bullying (George and West, 2011). There is one segregated systems instance coded from this response when she identifies the character’s feeling of being “scared”. This is a marker of danger/failed protection. However, this is resolved when she states, “He might go home or if he is home he might just go like to his room.” She has thus been able to contain the frightening experience through a positive capacity to act. There were no deactivation instances coded from Child in Corner for the case 1 participant.

Agency

There are four picture stimuli from the AAP that can be coded for agency. Case 1 showed agency in all four depicted scenes. In Child at Window, agency is seen in the form of the capacity to act when she explains that next in the story the character might, “go take a shower.” In her response to Bench, there is an instance of Internalized Secure Base (ISB), although it is fractured by a lack of character identification. Instances where a character presents with exploration of thought, self-exploration, or confidence that an attachment figure is available is considered agency through an ISB (George et al., 1999). We begin to see attachment organization that is moving in the direction of security from the case 1 Bench story.

The character is also “thinking” about the deceased in the Cemetery scene for case 1. Agency was coded as an ISB response. In addition to the instances of ISB, there were also indications of agency in multiple responses in the form of capacity to act. There is capacity to act in the scene depicted wherein, “he might go home”, or “go like to his room.” The character in this story has presented with what George and West (2001), refer to as the capacity to take action in an attachment-related event which resolves any possible threats.

Synchrony

Synchrony can only be coded in story responses that are from Dyadic picture stimuli. When characters are placed in relationships with one another and there is no reciprocity between them, synchrony is coded as being functional. If the relationship between characters is reciprocal and engaging rather than just functional, synchrony is considered reciprocal (Webster and Joubert, 2011; George et al., 2008). Synchrony is conceptualized from Bowlby’s (1969) description of a goal-corrected partnership. All of the responses from Case 1 in which Synchrony can be coded, are considered to be functional. Case 1 does not appear to have a mental representation of relationships as involving mutual or reciprocal enjoyment, or as being contingently responsive in the provision of care or comfort.

Connectedness

Connectedness indicates that a character desires the connection of others and can do so by interacting with them. Some responses contain connectedness in which the character expresses a desire for interaction, but the need is not fulfilled in the story. This suggests the mental representation for how to connect with others is not well-developed, despite the desire. Well-developed connectedness, along with synchrony and agency in the form of ISB or HOS are associated with a secure attachment organization (George et al., 2008). For this study’s case 1 participant, connectedness was identified in only one of the two Alone picture stimuli that can

be coded for this construct. In *Child at Window*, the character was depicted not having any connections with others, nor even desiring any. *Bench* is the other picture stimuli that can be coded for connectedness. In this case, connectedness was scored as being high based upon the presence of ISB. ISB involves mentally connecting with an attachment figure. In addition, she states that the character will “go talk to someone,” which is agency in the form of CTA.

Case 2

Test Behavior

The participant for case 2 of this study did not present with affect during administration of the AAP that was much different than the way he presented during individual and family therapy sessions. Specifically, he was ready to begin the AAP during the scheduled administration meeting and recalled the consent he and his mother gave in a previous meeting to participate in the study. This participant asked minimal questions following the instructions for the AAP and began assessment without hesitation. This participant claimed that he had participated in a similar activity previously in school with a teacher. It should be highlighted that this participant had already begun to make significant progress toward his mental health goals and was beginning to enter the termination phase of treatment. He had been a highly engaged client utilizing mostly trauma-informed family therapy.

Adult Attachment Projective Picture System Analysis

This participant was judged with an overall attachment classification of Dismissive and moving in the direction of Secure attachment. From the last picture stimuli, *Child in Corner*, there are some very positive instances of reparation of an attachment relationship and an internalized Secure Base (ISB). This reparation and ISB signifies an attachment organization that was historically more insecure and is becoming increasingly secure. According to Finn (2011), a Dismissive attachment classification signifies a person whose caregivers may not have

been as well attuned with their need for care and protection, and may have been rebuffed or rejected signals of need on the part of the child. From the AAP responses of a dismissive individual, deactivation representations are coded in at least three stories and any segregated system markers are resolved. An insecure-dismissive attachment state of mind is one wherein the individual often resorts to not asking for help and instead attempts to resolve needs or troubles on their own (and thus avoid the pain of rejection). Dismissing individuals tend to focus primarily on their own functional qualities and strengths which can be dismissing to natural supports like family and friends who are available to help them problem-solve (Finn, 2011; George and West, 2011). Family and friends may still be highly valued to a dismissive person, and especially for this youth who is moving in the direction of a secure-dismissive attachment. Rather, dismissive defense patterns tend to repress negative emotions and feelings which decreases the person's ability to connect with themselves and others. They may appear highly resilient upon first presentation but will push aside any experience or discussion of underlying emotional distress. Below are the results and analysis of the AAP responses for the Case 2 participant.

Child at Window

I think that the girl... is... waiting for a friend to come outside... to play... so she looks to the window to see wh... if she's out yet and I think when they... both get out to play they are going to... play some sort of game. What else am I missing? (*What is she thinking or feeling?*) I think she's feeling... excited to see her friend. And I think she's feeling... she's trying to be patient. (*What happened before? What led up to this?*) They probably talked about it in school, to play when they both get home and when they finish their homework they both go out. (*How do you mean excited?*) She is feeling happy that she is going to play with her friend.

In this Alone picture stimulus, there are a couple of instances of deactivation in the form of using achievement motivations to manage distress, when the participant mentions "school" and "homework". Focusing on achievement deactivates attachment emotions and transforms them into a problem to be solved. A bit of cognitive disconnection is highlighted in this

depiction's story in the form of uncertainty as the girl is "waiting" and "excited" to see her friend. It is important to contextualize that throughout therapy sessions for this participant, he discussed a female friend with whom he plays out in front of his home. Although there is some cognitive disconnection mentioned in response to the picture, it should be noted that deactivation appears as the defense of choice.

Departure

I think that these are... this is a wife and a husband, but the husband is about to go on a trip, and I think what led up to this moment is that they're... they woke up... because... the lady is in like in some sort of rag so I think this is in the morning. And I think the husband is feeling...um... a bit upset because he won't get to see his wife and so is the wife sort of upset that she won't see the husband for about a week. (*What's going to happen next?*) The husband is going to leave to a different state for work or another country. It's for his business trip... and that's it.

This Dyadic scenario was coded with deactivation in the form of a social role where the participant uses the clothing of one of the characters to determine that it is morning. The use of social role allows the person to rely upon predetermined scripts for how behavior is interpreted, and thus removing an emotional element. Departure pulls for themes of separation and potential loss which the case 2 participant has depicted a general theme of both in his response. Our case 2 participant from this study has experienced separation from both sets of his grandparents who live in another country. His parents have each expressed a feeling of missing their family in the other country. Although this participant's nuclear family appear connected in that they express love for one another and spend a significant amount of time together, this disconnection from extended family and the role of the father as the only means for financial support, as well as possible fears of losing his parents to a similar process may be related to separation and loss themes of this response. These AAP results are consistent with this participant's specific family background or functioning roles that he witnesses.

Bench

I think that this... what led up to this moment is that she is probably in school...or at the park and she has nobody to play with so she's feeling kind of sad or and upset that she can't play with anybody and... I think what's going to happen next is someone is going to come up to her and ask her if she wants to play. (*What is she feeling or thinking?*) I think she's feeling upset. (*What do you mean by that?*) She's feeling... sad because she doesn't have nobody to play with at the park because, I think at the park or at a school, because there is a bench that she is sitting on. (*Anything else?*) No.

For the Alone Bench picture, a repeated defense of using deactivation in the form of achievement was identified in his responses highlighting school. His story depicts a girl feeling upset or sad that she does not have anybody to play with, and he decides that somebody is going to come up and ask her to play, thus indicating the desire and ability to connect to others.

Deactivation in a response is typically swift and closes down the subject without much feeling.

Bed

Um... I think that this is at nighttime and the kid just got home from school... not from school, he just he probably had a long day and he's trying to give this person a hug... because... I think that they're both feeling happy. What else? (*What happens next?*) I think that the...the kid is going to go to sleep. After that he gives his mother the hug, I think that the boy's going to go to sleep and so is the mom. (*Anything else? What are they thinking or feeling?*) Happy. I think that they're feeling happy.

Bed is a Dyadic picture stimulus that pulls for descriptions of caregiving that is attuned to the child's needs and is helpful in providing emotional support or conflict resolution. The defense of using deactivation in the form of achievement presents again with the theme of "school" depicted in the story. No cognitive disconnected was coded from the Bed stimulus of this case. The mother appears to be a passive character in the story, and the fact that she also goes to sleep is suggestive of a ritual or social script, and thus is more deactivating in nature. It does not meet the criteria for a mutually reciprocal interaction.

Ambulance

I think that um... this is a mom and a kid and I think that his dad probably... got sicker or something and he passed out and they called the ambulance and the ambulance arrived and they had to take the dad to the hospital and what I think that's going to happen next is that the dad is going to get well and see his wife and his kid. (*What are they thinking and feeling?*) I think that they're feeling sad and upset because

they won't be able... to s... eh... because their dad is injured? And... what else? (Are they thinking anything?) They're probably thinking that if the dad is ever going to get well.

Markers of anger and uncertainty are represented as cognitive disconnection in the Dyadic Ambulance scenario for this case. There is uncertainty in the final ending with the statement that "They're probably thinking that if the dad is ever going to get well." The word thinking in this sentence seems more associated with "wondering" which is cognitive disconnection, and the use of the word thinking may be a function of the prompt preceding the response. As with the response to bed, there is limited emotional interaction between the child and the mother.

Cemetery

I think that this is a guy whose dad just passed away and he is visiting his dad, his dad's grave and... wh... I think that he is feeling very sad because his dad passed away. I... um... he's probably thinking when he is going to see his dad again. What else? (*What is he thinking or feeling?*) Um I think he is feeling sad. (*What is going to happen next?*) Um... I think he is going to have a... I think he's going to be feeling sad and probably go home... and take his mind off it. (*How do you mean? What do you mean by that?*) By what? That he's going to take his mind off it? He's probably going to think positive and talk to someone like his kids... his brother, cousin, any relative... to take his mind off it and he's probably going to think positive. (*Anything else?*)

Cemetery is an Alone picture stimulus that commonly elicits attachment feelings of loss. In case 2's story representation for Cemetery, we see the first segregated systems marker. Segregated systems are the mental representations of a person's trauma history that bring increased levels of defense exclusion so that someone may emotionally regulate (Bowlby 1969/1980). Traumatic events from childhood are not always consciously accessible for individuals due to increased defense exclusion. Webster and Joubert (2011) remind that markers of fear, helplessness, failed protection, and abandonment are all examples of segregated systems in the AAP responses. In this story response he mentions that "he is thinking when he is going to see his dad again." This statement blurs the lines between the dead and the living and is considered to be a "trick of the mind" to reverse the death and open the

possibility that the person will indeed see the attachment figure again. However, the segregated system is resolved by the agency as depicted by the character going home and talking to someone.

Child in Corner

Mm... I don't know. I don't know about this picture. (*What led up to this scene?*) I think his...he's maybe grounded or something and his parents sent him to a corner of the house to think about it. I think he's feeling sad because he's... or maybe... yea sad because he's... because he just got grounded? I don't know. What else? What is he thinking? (*What is going on in the picture? What is he thinking and what might happen next?*) I think he's probably going to go apologize to his parents and... talk to them about how he... he didn't know that his actions could effect someone else. Um... what was the other things? (*Anything else?*) I think he's feeling sad...and...upset because he got grounded. That's it.

In this Alone picture stimulus, feelings and thoughts associated with severe forms of trauma are often depicted. The pattern of uncertainty as cognitive disconnection continues in the representation for case 2 here. He states "I don't know" multiple times throughout the story. It is also a picture stimulus that elicits a response of defense system deactivation when the participant tells of the character's parents sending him to a corner of the house. This represents an authoritarian parenting theme. Of particular interest is that the character repairs the relationships with the parents, which is a strong form of security.

Agency

Out of the four total possible stimuli that can be coded for agency, the case 2 participant elicited four instances of agency in the form of capacity to act and the Child in Corner picture evidenced security in the form of repairing a relationship. When he tells of the character's action to "apologize to his parents" and to "think about his actions", these both show agency through an internalized secure base which is evidence of an attempt to repair the attachment relationship. Consistent with his Dismissing state of mind, he has well-developed capacity to take constructive action to resolve problems. The response to Corner and the reparation of an

attachment relationship suggests however, that this child is moving in the direction of a secure state of mind.

Synchrony

Three instances of synchrony were coded from the case 2 story responses to the AAP. Case two participant represented instances of synchrony in all the stimuli that code for the synchrony variable. Again, consistent with his Dismissing state of mind in regards to attachment, all three of his responses were consistent with functional synchrony. His responses to Bed and Ambulance are generic and somewhat scripted, with minimal emotion and interaction between attachment figures. In summary, the case 2 participant did not show security with his and other's attachment-related needs. He has not yet developed a mental representation of a goal corrected partnership and mutually reciprocal relationships.

Connectedness

The connectedness variable can be coded for two of the picture stimuli. Connectedness was represented in both the Child at Window and the Bench story responses from the case 2 participant, and both indicated a character which desires the connection of others and can do so by interacting with them. The combination of the need for connection expressed by the character *and* the need for connection that is met in the case 2 participant depictions implies that relationships are important in his life. He most likely is open to seeking attachment-relationships with others which has been evident throughout his engagement and presentation in therapeutic intervention.

Cultural Themes

For the current study, the researcher had particular interest in highlighting cultural themes of Latino immigrant families which may help to reveal ways of analyzing the AAP through a cultural lens. It is also important to observe how the experience of trauma, familial

roles, and the developmental attachment of youth are associated. Previous studies (Cervantes et al., 1989) have reported that about 25% of Mexican immigrants suffer from trauma-related symptoms and at least 18% of Latino children have one parent who was a victim of violence either in their home country or while migrating (Allodi, 1980; Hjern et al., 1991). Exposure to violence has been shown to be a strong predictor of trauma symptomatology, especially among those who involuntarily migrated. As Santa-Maria and Cornille (2007) and Freud and Burlingham (1943) have articulated, disruption in attachments compounded with trauma has shown to worsen a child's ability to adaptively recover from experiences of trauma. Continued investigation of the Latino immigrant experience should focus more on the impact that family separation and how parental trauma may impact development in their children. Family separation is common among immigrants. In a study that examined traumatic stress and attachment among Latin American immigrants, researchers found a delayed onset of trauma symptoms in immigrants who had been in the U.S. for years. They also found that some immigrant parents appeared unable to lend necessary support to their children due to their own trauma symptoms (Santa-Maria and Cornille 2007). Participants of the current study are not immigrants themselves, but the parents of both participants immigrated to the U.S. to escape the violence and poverty they were experiencing in their home country of Mexico.

Acculturation and perceived discrimination will be discussed to provide implications for observing cultural themes from AAP responses. Theorists suggest that acculturation is a bidirectional experience of identity and involvement with a new culture when two cultural groups, one which is of origin, intersect in one's life (Berry, 2006; Lawton and Kapke, 2018). Acculturation is also defined as a process by which an individual orients themselves with beliefs and resources of a culture of origin while orienting to the beliefs and resources of a new culture.

Previous research shows that 30% of Latinos report having experienced perceived discrimination (Perez et al., 2008), and this is seen as a risk for those with psychiatric disorders (Cook et al., 2009). Some even found that a small amount of mistrust for a new culture is adaptive and that acculturation may sometimes have negative effects or lead to perceived discrimination (Lawton and Kapke 2018; Shelton and Wang, 2018). Gomez et al. (2013) explain a perspective from Wang and Mallinckrodt (2006) that because attachment theory is directly linked to separation, loss, and adjustment, the acculturation process is similar to the interpersonal and regulatory aspects of developmental attachment. They argue that a person's identity is applicable to a cultural understanding of developmental attachment.

Researchers have found that identity relates to developmental attachment in that cultural factors can be explored more thoroughly to understand relationship distress that is connected to an individual's acculturative adaptation. In the context of culture, relationship distress might be related to attachment when the process of acculturation leads to anxiety or insecurity during attachment-related situations. Empirical studies have found that attachment anxiety and avoidance are positively correlated with psychological distress (Wang and Scalise, 2010). Therefore, perceived discrimination stemming from acculturation that causes distress may have an effect on attachment relationships. Wang and colleagues (2016) encourage mental health providers to address familial conflicts related to cultural themes which may be influencing an individual's identity. The research findings on how the relationships, the contexts of Latino families, and acculturation of families to the U.S. culture might explain mental health outcomes and developmental attachment among immigrant Latino families continues to be limited (Nguyen, 2006).

Lawton and Kapke (2018) explain that cultural differences are expressed in the formation of attachment relationships among Latino immigrant adults. Parent involvement,

parental monitoring, and parent-child communication is found to be a protective factor against externalizing problems among Latino adolescents (Davidson and Cardemil, 2009). Davidson and Cardemil (2009) conclude that the meaning Latino immigrant adolescents and their families hold regarding the acculturative experience is a key factor in predicting an adolescent's internalized mental health symptoms. Latino adolescents' orientation to Latino traditions has also shown to reduce mental health risk through access to familial and cultural resources (Lawton and Kapke, 2018). Previous findings on the impact of acculturation on interpersonal attachment are ambiguous and inconsistent; therefore, Shelton and Wang (2018) suggest more distinct investigation that brings awareness to the experience of Latino immigrant families should be conducted. Researchers Lawton and Kapke (2018) have also pointed to a need for increased understanding of how acculturative themes and roles influence family functioning and the mental health of the Latino population. There is continued need for more studies of attachment theory with Latino/Hispanic immigrant populations in the U.S. (Wang and Scalise 2010).

Analysis of Latino Cultural Themes

For the purpose of theoretical interpretation and application of the current study, cultural themes which are present among the AAP responses of each participant will be discussed. We know from previous studies that acculturative stress differs from family to family and between family members (Berry, 1997), and stressors which have been observed are discrimination, language-related conflicts, and parent-child acculturative conflicts (Vega et al., 1993). This analysis will identify and interpret cultural themes of familismo, and traditional gender role beliefs (GRB) like machismo and marianismo. For example, resourcefulness could be interpreted as the agency representation for the AAP coding system, and it is a major indicator of the cultural theme of familismo in Latino culture. The researcher will then discuss

implications for how Latino cultural themes alongside developmental attachment representations may be adaptive or non-adaptive through acculturation and how this relates to mental health stressors. For example, story responses that appear to be leaning away from a theme of familismo or GRB, might signify more acculturation. Implications regarding the number of cultural themes will also be discussed in relation to the severity and type of trauma symptomatology each case participant presented with.

Familismo, or the strong value of family as a resource, attachment, respect, family unity, and family loyalty, has been shown to protect Latino youth from negative influences (Sue et al., 2007). Latino families value familismo by prioritizing family needs and cooperation rather than competitive needs of the individual (Sue and Sue, 2007; Wang et al., 2016). Studies by both Marsiglia et al. (2014) and Lawton and Kapke (2018) highlighted the problematic impact that acculturative conflict can have on family communication resulting in mental health risk of adolescents. Therefore, theoretical analysis of familismo for this study will be pulled from instances of AAP responses wherein the characters represent strong orientation to family resources and supports rather than engaging in conflict with other identified family members. Previous research has found that perceived discrepancies in values such as GRB are related to adolescent depression (Cespedes and Huey, 2008). In Latino culture, machismo is a GRB that refers to the expectation that men are the dominant, stoic, self-reliant, protective, provider for the family whereas marianismo refers to the role of the women to be submissive, nurturing, and self-sacrificing (Sue and Sue, 2007; Wang et al., 2016). Researchers Frago and Kashubeck (2000) and Lopez (2005) found that less acculturation is associated with traditional GRB and that machismo GRB are associated with higher levels of psychological distress. For another cultural theme analysis of this study, AAP representation of GRB will be identified when characters are said to be male or female role and are described in a traditional machismo or

marianismo role. The researcher will then discuss the therapeutic implications and applications for considering GRB themes in the AAP.

Case 1

For the case 1 analysis of cultural themes, instances of Familismo were depicted in the stories from Bed and Ambulance. The case 1 participant overall had very few instances of familismo in her story responses. In Bed, there is a small theme of family unity as one of the characters sitting on the Bed is depicted as “mom or dad.” This character however is not depicted as engaged through any sort of family tradition or cooperative role. Rather, they are “just sitting there.” This instance of the cultural theme of familismo is vague much like the AAP defense process representations coded for this story. The depiction of familismo in case 1 participant’s scene from Ambulance is represented when it is described that the characters “might go visit” the “family relatives” in the hospital. The family relatives in this scene are also said to be “really close” and “sad” because “they just don’t want them to like be hurt where they would have to pass away.” Similar to the way that the segregated systems theme of danger for this scene is resolved by the other characters act to go visit them, this family loyalty and unity can be identified as familismo cultural theme. Familismo identified in the Ambulance depiction from case 1 may support additional implications alongside the identified themes of synchrony and agency used to analyze the AAP. The cultural theme may not be from descriptions of characters that are showing synchrony, but it could be supportive of the resolved danger here.

Few instances of GRB were also identified from the case 1 responses to the AAP. Only a couple of the scenes described characters as female or male and most of them referred to characters as having a generally vague role or were identified as “they”. Some of the story responses appeared to describe characters that held less acculturative, non-traditional character roles. For example, the male character in the Child in Corner scene presents a non-traditional

GRB as his vulnerabilities of feeling, “sad, mad, or scared” are explained, rather than a traditionally dominant Latino male GRB. Traditional Latino GRB themes for the case 1 participant were identified by the researcher in the Child at Window, Bench, and Cemetery. In Child at Window, we see a GRB in that the female character is depicted as nurturing herself after having a bad day. She is specifically said to “relax herself” which may be considered a nurturing act. Regardless, it seems to be a vague traditional GRB which may also be acculturative as the female is depicted being self-reliant instead of the traditional marianismo role of self-sacrificing. In the Bench scene, a GRB theme is identified when the female character is sad when she “didn’t really want to do anything.” This could be interpreted as a reflection of the GRB of Latino culture that females are self-sacrificing. The character appears to begin to think about something that happened to her that makes her sad which happened on a day when she was able to notice her ‘self.’ From this scene we hypothesize that this participant’s attachment needs have not been addressed in the past and there are both coded AAP representations and Latino cultural theme representations which help to understand these findings. In Cemetery for case 1 participant’s story response there is a GRB from the identification of the “guy” character who is depicted to be stoic and self-reliant when he is feeling sad. Her description of the guy’s feelings is de-personalized and explained in a general sense rather than explaining the character’s feelings. We know already that this instance of being vague telling of this male character’s experience has been coded as the cognitive connection of uncertainty. When she says that he will rely on himself to “go home”, “relax”, “or go to eat”, the character fits into the GRB of Latino culture’s machismo.

Case 2

Among the case 2 participant responses to AAP stimuli, the researcher identified Latino familismo cultural tradition in scenarios from Departure, Bed, Ambulance, Cemetery, and Child

in Corner. In Departure the characters in the story appear to value family unity as, “the wife is sort of upset that she won’t see the husband”. Familismo in Bed is represented by the connection between the boy and his mother. The boy in the story is “trying to give this person a hug”, and the person ends up being described as his mother which is an example of a familial resource. Bed depicts both the boy and mother characters going to sleep which points to a family tradition or respect that those familial roles go to sleep at the same time. In Ambulance, we see familismo shown in the connection that the wife and kid characters feel toward the dad character. Family loyalty and resourcefulness was depicted in that the characters made sure that the dad was taken to the hospital. Family attachment was told in this story as the wife and kid are “thinking if he is ever going to get well.” For the case 2 participant response to the Cemetery stimulus a familismo theme of attachment and tradition are represented as the guy visits his dad’s grave and feels sad about the uncertainty of seeing his dad again. A theme of familial resources is depicted in Cemetery as well when he tells of the guy talking to any of multiple family members, “to take his mind off it.” Lastly, in Child in Corner we see the theme of Latino familismo in the instance of, “going to go apologize to his parents” which represents a sense of connection rather than individualism or conflict.

Traditional Latino GRB themes from the case 2 participant responses are depicted in instances from the Departure, Bed, and Ambulance scenes. From the response for Departure, GRB is identified by the machismo role of the husband as the provider for the family wherein he “is going to leave to a different state for work”. It is a scene where both the husband and wife are depicted with some vulnerability in being “upset”, although the researcher interprets this as being tied to the previously highlighted familismo theme versus GRB as it appears to be an internalized representation. In the Bed story we hear the case 2 participant depict the mother as a nurturer for the kid. It could be interpreted that she holds the marianismo role of spending

time with the kid before they both go to sleep. GRB instances are identified in the Ambulance scene as the participant describes the instance that the dad “is going to get well and see his wife and his kid”. This represents a stoic or provider role of machismo in that he depicts the dad getting well. Eventually in the story, the machismo role of the dad changes with the uncertainty of the mom and kid that he will get well.

CHAPTER 5: CONCLUSION

Summary of Findings

The purpose of this study was to investigate whether cultural influences are present in the representations and depictions of the AAP, and how an integration of attachment and cultural experiences may inform therapeutic interventions. Cultural influences were identified in representations and depictions from the AAPs included in this study. The researcher has also discussed how the integration of attachment and cultural experiences can inform therapeutic interventions for these two participants. Interpretation of the findings will be prioritized in their treatment setting based on their emotional reactions, defense systems present, and cultural themes identified in AAP attachment scenarios. The researcher will also explain how these findings may further be applied for therapeutic intervention for the two participants, and others with similar profiles. A qualitative single-subject case study allowed for the understanding of how important the aspects of culture and a trauma history are for assessing attachment among youth. It was found that the AAP for both case 1 and case 2 were coded as moving toward a secure attachment state of mind. Defensive processes identified in the youths' responses along with the cultural themes represented help to guide therapeutic interventions and future attachment-related needs. Especially for the case 1 participant, her history of trauma was related to developmental attachment which we came to understand as a preoccupied/enmeshed classification that can be thoroughly assessed using the AAP narrative structure. This proves as a dependable way to research attachment in youths when they have been impacted by severe or developmental trauma. Intervention plans may be created based on a deeper understanding of attachment needs and challenges for each of the cases of this study, and also as a potential means to measure the impact of therapy. Implications and future treatment plan options derived

from the AAP findings will be included in future clinical application for these youth and their families.

Implications for Intervention

In discussing the overall implications for interventions based on the AAP findings for this study, the researcher will point to both cultural and mental health factors that were associated with the attachment states of mind of these participants. George and Buchheim (2014) have reminded us that trauma responses may present themselves among the AAP story representations. Defense related systems depicted as attachment difficulties can be interpreted similar to the way a traumatic memory would. Forms of traumatic grief and separation are present among the AAP responses from both case 1 and case 2, and understanding the implications can help inform mental health treatment. Agency when coded as an ISB is a centerpiece to the future mental health treatment of those with a history of trauma (Luyten et al., 2020). This means that in a therapeutic setting or in a therapy session clinicians may explore the level of security a child feels is available to them even when an attachment figure is not around. A child using ISB has an internalized relationship to their attachment figure (Ainsworth et al., 1978). ISB according to George and West (2011) refers to a condition in which the individual's internalized relationship with the attachment figure provides security and self-integrity. It is exemplified in the AAP by themes that depict a character using isolation to investigate his or her own thoughts and feelings. How the cultural themes and cultural orientation adapts among the family appears to be a crucial factor in assessing attachment through a cultural lens. Increased acculturation or acculturation that is not adaptive seems to be connected to increased trauma response and parent-child misunderstanding. Consistent with the research from Lawton and Kapke (2018), this study also implies that the mediating roles of a family and its functional differences in acculturation can affect the attachment relationships

among family members. An observation made from this study in regard to the traditional cultural themes represented was that some of the cultural themes identified in the responses appeared more helpful than others in understanding the mental health of these youth. Case 1 participant's instances of familismo, for example, may not be as helpful for attachment organization even though some responses indicated the presence of more advanced synchrony or agency. Her depictions of familismo and GRB throughout her stories were vague and difficult to identify, much like the AAP defense processes. Without the gender roles or the familial roles of the characters in the scenes depicted, it is challenging for the researcher to highlight a cultural theme. This vagueness could be due to the participant's current mental health progress as someone who experienced severe developmental trauma, or the acculturative process she is going through, or a combination of the two. Attachment researchers would argue that it is a function of developmental trauma as this construct is most closely related to the construct that is being measured. The researcher would like to note however that the case 2 participant's cultural themes appeared more frequently than case 1 cultural themes and were more easily identified. Traditional Latino cultural themes in his responses were helpful in explaining the available resources he had for maintaining mental health progress. The case 2 participant maximized the natural support of familial roles throughout treatment. It did appear that there was more strain on the role of his mother to care for his mental health, and the father to provide financially for his family. Most helpful in this case, and represented in the familismo from the AAP responses, was the attachment-related needs that this child sought out from his close friends, his siblings, and his extended family. The frequency of traditional Latino cultural themes from each case's AAP may also help explain the differences in acculturative stress or experiences of each youth. It could also mean that culture is more of a resource for males than females based on these findings.

This brings us to a discussion about the implications around traditional cultural themes and how they help to understand the acculturation experience. From both contexts of case 1 and 2, acculturative experiences were observed throughout their mental health treatment. The AAP responses served as further support to understanding the different acculturative processes of each case. Both case 1 and case 2 participants utilized family therapy wherein both of their parents were involved. Therapy sessions often included dialogue about gender and familial roles. Identified cultural themes pulled from the AAP narratives helped to understand that case 2 was experiencing a more adaptive acculturative process than case 1. In family therapy, the case 1 youth and her family expressed a need to further explore their familial and gender roles. Another theme brought up during therapy multiple times by this youth and her family were the immigration experiences of the parents and their desire to orient themselves toward U.S. culture. This youth and her brother also expressed a desire to follow norms that were acculturative to living in the U.S. rather than hear about some of the traditional cultural experiences which may have been helpful for their parents. We can make a connection between the acculturation of the case 1 youth and the few representations of Latino cultural themes in her responses. Case 2 and his family often discussed ways that they were able to rely on the Latino culture traditions for support and this showed through a higher frequency of Latino cultural themes in his AAP.

Attachment through a Cultural Lens

We can conclude from the cultural representations found in the AAP responses for these two youth that a cultural perspective may be utilized in support of attachment interpretation. There is qualitative evidence among these two case studies that when there are more traditional cultural themes identified among story responses, acculturation is a more adaptive process. Our youth from case 2 of this study ended up receiving short-term therapeutic intervention. He met

and maintained his mental health goals ultimately leading to the termination of his treatment. The case 1 youth from this study continues to receive treatment using a long-term plan which focuses on developmental trauma. Based on her attachment state of mind and evidence of a need to relieve acculturative stress, future therapeutic intervention should be applied from a holistic understanding of both a cultural and a developmental attachment lens for this case. Consistent with previous findings (Sue and Sue, 2007), this study concludes that an adaptive process model of acculturation could better inform the attachment-related and mental health needs of youth. Latino youth can receive therapeutic intervention that explores the adaptation of cultural beliefs and what this means for navigating mental health challenges they face. For example, a shift in perspective from mental health themes to traditional cultural themes could be made during a therapy session. In Case 1 from this study, the family and the child often mentioned the phrase, “The Mexican way”. Clinicians should delve into the specific meaning, orientation, or preference that individuals derive from cultural references like this. Attachment-related needs and classifications can then be addressed based on the new knowledge of how “The Mexican way” themes are contributing to the adaptive acculturation of children and families. Based on this research, we can summarize those traditional cultural themes like gender and familial roles or conflicts may impact future attachment relationships for youth.

Case 1

In many cases, an enmeshed-preoccupied attachment state of mind uses defense processes which are fragile and are not always able to re-organize when dysregulated. Mahoney and Markel (2016) and Ruff et al., (2019) consider an insecure Enmeshed/Preoccupied attachment to be a state of mind that requires long-term treatment to progress into attachment security. In the case 1 participant response we observed an overall tendency for her to distract herself and avoid any negative feelings caused by conflicts in her

narratives. This is consistent with her engagement in therapeutic intervention when the focus of the intervention is to address family or attachment-related needs. She often seems unable to identify feelings associated with trauma or attachment experiences, and this is evident as cognitive disconnection reoccurred multiple times in her AAP story responses.

Due to this youth's pattern of cognitive disconnection from attachment experiences, therapy could be focused on her understanding of emotions related to problems to be able to engage in active problem-solving. This kind of problem-solving would require agency in the form of ISB or CTA. For example, encouraging this youth to explore and identify her own thoughts and feelings when she is in in therapy and outside of therapy. Therapy might also guide this youth in problem solving by discussing the meaning of safety and protection or what protective behavior looks like to her, and scaffolding this for her when she is unable to describe protection in various situations or contexts. Focusing on this client's use of CTA in attachment related experiences in future therapeutic interventions could help to provide her with actional behaviors to resolve possible threats or fears, especially those related to her past traumatic experience with more than one perpetrator. Treatment should be continued with the new knowledge that this youth's acculturative process may be developing along with her attachment state of mind and the need for increased agency. Therapy can navigate towards mental health progress using trauma-informed approaches to help her build better relationships while being aware of her cultural orientation. For example, a therapeutic intervention of practicing coping skills or emotional regulation in both languages might be helpful for this youth.

Exploring the client's orientation to the traditional cultural theme of familismo to increase the youth's synchrony and connectedness may be useful. She could be asked during individual therapy about her understanding of cultural themes and then encouraged to ask her parents about their understanding of their culture. This could improve synchrony by addressing

goals that the youth and family have in relation to their cultural orientation, and helping them to engage in mutually reciprocal conversations. Integrating this reciprocal “goal-corrected partnership” and sensitivity to each other’s distress may help the attachment relationship (George and West, 2011; Bowlby, 1969/1982). Following discussion of the child and family’s cultural orientation, acculturative stress may be addressed using trauma-informed practice. For example, for this youth it may be helpful to implement therapeutic strategies that prepare her to discuss topics which have been specifically identified as causing acculturative stress or a trauma response.

Attachment-related needs of the child may also be addressed using cultural themes which may help to relieve distress. In this way, her attachment needs are seen as adaptive and acculturative rather than separate from the cultural context. Her attachment state of mind is not perceived as developing through one culture or another, but in her case it is developing through an adaptive process of acculturation with orientation to the U.S. culture. Perhaps highlighting the involvement of the family and the family as a therapeutic resource would help her to engage in or seek out reciprocal instead of merely functional relationships. This would require her family becoming aware of her signals for attachment needs to be able to respond to her. In the context of therapy, the clinician might remind the parents of this youth to acknowledge her expressed thoughts and feelings. It can be noted for this particular case that during therapy sessions, the father of this youth often appeared distracted when she was encouraged by the clinician to identify her needs to her family. Her father typically responded to her expressed fear or avoidance by expressing authority over what was best for this youth. This role expressed by the father is consistent with his cultural background. After being able to perceive his response through the lens of machismo, questions might be asked around how this father can engage in a reciprocal relationship with his daughter while he identifies with themes of machismo Latino

culture like protecting, holding power, and providing. To integrate his cultural response in a way that promotes synchrony in the relationship with his daughter, this youth's attachment needs should be addressed by her father. In a sense, this would mean to depolarize his cultural identity and integrate the new knowledge of a synchronous relationship with his view of holding authority over his daughter. Her functional view of relationships means that her attachment relationships have not been mutually reciprocal. Overall, it seems necessary to continue to support this youth in being able to specify thoughts and feelings related to attachment.

Case 2

The case 2 youth from this study showed instances of ISB which repaired attachment related relationships in the AAP story responses. He was judged to be progressing toward security with a Dismissive attachment state of mind. Specifically observed in this case's context, his mother attended every therapy session. A main focus of treatment was for this youth to utilize close attachment figures in his life rather than dismiss family and friends who offer to help him. This youth attempted to implement the trauma-informed practice and skills on his own outside of therapy sessions, but made real progress when he connected with his mother to receive support with the emotional distress he was experiencing. Deactivation using achievement was apparent in the real-life scenarios of case 2 as it was also a main defense pattern from his AAP. This means that the defense system was working to deflect him from consciously attending to the attachment distress (George and West, 2011). In explanation of this case, he focused on the achievement he had in school as a form of deactivation to shift his attention away from attachment-related events. Rather than the characters from his AAP depicted as needing care, the deactivating defense evaluated the characters as being capable and self-sufficient through academic achievement, thus requiring no care. This could be interpreted

through a cultural lens in that the traditional Latino male machismo role is to set rules, hold power or authority, and to achieve what is needed to support a household.

Case 2 may benefit from future discussions around his parent's need to acknowledge and spend time understanding and responding sensitively to his emotions. One of the effects of the deactivation defense can be that the individual's attachment needs are rejected or neutralized. Case 2 seemed neutral as to whether the problems he was having were fully resolved after he was told that he met his treatment goals. Rejection or neutralization of emotions may have come from his parents when he expressed a need as a young child, and his parents rebuffed or rejected his communication of those needs. In his case, the father attended one therapy session wherein he explained to the clinician that he did not think he himself had emotions to address, but he was open to participating in therapy if needed. It should be noted that this is consistent with his cultural background. This youth moved forward in therapy utilizing the support of his mother and increasingly addressed emotions related to his traumatic experience after he and his mother cried together during session. It was useful within the cultural context of marianismo to leverage the attachment relationship of the mother of this youth to address his emotions. This youth asked for a timeline or a number of sessions he was required to participate in after he met his mental health treatment goals. Consistent with the AAP classification for this youth, a Dismissing state of mind would see therapy as a function that needs to be performed. Although this youth's engagement in therapy presented a range of emotions and the use of beneficial strategies, his AAP points to a need for him to continue to explore how he and his parents will acknowledge emotions and emotional needs in the future to help him maintain mental health progress.

One of the case 2 participant's responses imply that he is able to repair attachment relationships. He repeatedly showed agency through one instance of ISB and presented problem

solving through CTA in the AAP. There appeared to also be a greater orientation to Latino culture for case 2 as he presented with more traditional themes and less acculturation to the U.S. He requested to have his mother attend all therapy sessions except for one, and he chose to use the Spanish language for all of his sessions. This helped the researcher conclude that this youth may benefit from a perspective that honors his and his family's Latino cultural identity. During future sessions, therapy with this youth and his mother could highlight the potential for increased synchrony and connection leading to secure attachment. In the context of this particular case, this would be in the form of maximizing the strengths of familismo themes which were represented in his AAP. The clinician had already begun discussing the mutual enjoyment that this child and his family had with one another. Making a clear association between the way that Latino traditional familismo can grow their synchrony may continue to be addressed. No language conflicts appeared to interrupt the familismo and connectedness of this youth and his family. In this way, the bonds that he held with his close family and friends were identified as central to the mental health progress he would be able to maintain. He became increasingly open to seek out attachment relationships with his parents as well.

Limitations and Future Directions

One of the main limitations of this study was that it was qualitative rather than quantitative and generalizable. Specific trauma symptoms and acculturative stress could be observed in future studies. The single-subject case design of this study also means that the findings may not be generalizable and applied with other populations. A larger sample could provide more significant results and help investigate the validity of using the AAP through a cultural lens. It should also be noted that the AAP was administered at different timelines during the therapy treatment of each case. Ideally, the AAP would be completed at the beginning of the case when assessment typically occurs.

From this study's findings and other previous research, we know that picture stimuli may sometimes trigger traumatic symptoms or memories. As we noted with the responses from the case 1 participant who had a more severe history of trauma, creating story responses may become difficult or responses may change depending on the effectiveness of the defenses to contain the trauma reaction. Because of this, it is necessary to administer the AAP in a trauma informed environment with a clinician who can monitor the affect and immediate needs of the participant. The AAP continues to be accessible to clients receiving therapy in a way that helps the clinician to relate attachment-related needs to the rapport built with the clinician as well. It provides empirical support for assessing the relationships of the client while allowing for contextual information to be gathered. Future research may want to investigate not only therapeutic intervention based on AAP findings from each case, but discussions with clients about their results, their experience participating in the AAP, and how to use the AAP findings to measure therapeutic progress.

Since previous research has shown differences of attachment experiences between male and female youth (Gander et al., 2016), future studies may contribute increased literature on the qualitative or contextual aspect of these differences. Any mediating variables such as the cultural backgrounds of youth and families which may contribute to an attachment state of mind should continue to be investigated to support a cultural perspective in the field of attachment. As quantitative studies address the associations between attachment patterns and variables like socio-economic background, gender, or age, qualitative analysis of how these variables is represented in AAP responses may increase knowledge in the attachment intervention literature. As perceived discrimination has been shown to contribute to acculturative stress (Wang et al., 2016), clinicians should make sure they adopt cultural sensitivity in their practice. Future studies that investigate adopting a cultural lens when assessing attachment may see

acculturation to a new culture as a process that is unique to everyone. Acculturation should be investigated as an adaptive process where the orientation to one or more cultures is viewed as informative rather than necessary for assessment and treatment. The process of acculturative practices may influence attachment-related needs and should continue to be a future research inquiry.

Additional Latino cultural themes may also continue to be identified among the AAP responses. A theme of “simpatia,” or social interactions around positive emotions may be considered. Finally, something to consider for future directions of studies like this with the AAP is the cultural identity of participants. Researchers should investigate with added perspective that people may culturally identify differently among families. For example, if someone identified as LatinX or Chicano this may hold different qualitative meaning and elicit unique cultural themes in comparison to Latino identity. It is important to keep examining developmental attachment within the context of the acculturative process of Latino youth and immigrant families. There continues to be a gap in findings that support the use of the AAP with youth in general.

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APPENDIX A: CONSENT FORM

CENTER FOR



PSYCHOTHERAPY
AUTHORIZATION TO AUDIO Record

_____ For training and supervision purposes of the Psychologist-in-training.
 Initials/Date

_____ For the review of the therapy sessions by the treating clinician in order
 Initials/Date to monitor and improve the quality of the assessment and therapy.

_____ For presentation of my (Erika Meikle) Doctoral Dissertation which is required by Initials/Date
 University of the Pacific, 3601 Pacific Ave, Stockton, CA 95211. If you have
 any questions about the purpose of this observation, and wish to contact Ms. Meikle’s
 school, you may email Dr. Webster: lwebster@pacific.edu

I understand that the laws regarding confidentiality (as stated in the consent to treatment form) apply to this digital recording and that it may not be released to any person(s) without my prior written consent. I understand that the digital recording will be erased immediately after it has served the purpose(s) for which it was obtained. I understand that I may request to review the digital recording with the therapist if I wish. I understand that I may revoke my permission at any time, and that at such time the digital recording will be destroyed or erased. Granting or denying my permission will have no impact on the benefits of service to which I am otherwise entitled.

Print Name	Signature of Client	Date
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Print Name	Signature of Parent/Guardian of Minor	Date
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 Signature of Therapist Date

 Signature of Supervisor Date

APPENDIX B: NEUTRAL STIMULUS

