

# Addressing Parent–Child Conflict: Attachment-Based Interventions With Parents

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This article describes the use of attachment theory to address parent–child conflict. The authors propose that parent–child conflict is attributable to the unmet attachment needs of both children and parents and that attachment insecurity results in problematic patterns of attachment in parent–child relationships. Three conversational frames are presented as a model for applying attachment theory to assist parents in resolving parent–child conflict.

Families often present for counseling with concerns pertaining to conflict between parents and their children. It may initially be assumed by parents that parent–child conflict is a manifestation of some internal disturbance or deficit central to the intrapersonal functioning of the child (Bowlby, 1988; Crittenden, Claussen, & Kozłowska, 2007). Many contemporary counseling policies and practices also are inclined toward intrapersonal explanations for the behavior of children in the context of parent–child conflict (Berlin, Zeanah, & Lieberman, 2008; Iwaniec, Larkin, & McSherry, 2007). For example, the provision of a diagnosis such as oppositional defiant disorder (a common diagnosis in cases involving parent–child conflict) describes the behavioral and temperamental symptoms of children while underemphasizing the relational context in which the symptoms manifest themselves.

Counseling interventions that concentrate solely on the child and not on the parent–child relationship as a whole are problematical in that parent–child relational patterns often play a significant role in the maintenance of parent–child conflict (Berlin et al., 2008; Bowlby, 1988; DeKlyen & Greenberg, 2008; Hughes, 2007; Moran, Diamond, & Diamond, 2005). Thus, an exclusive therapeutic focus on the symptomatology of a child or an adolescent in cases involving parent–child conflict is unlikely to yield results, because such a focus would fail to address a significant contributor to the underlying problem. Attachment theory provides a lens through which parent–child conflict can be conceptualized. From an attachment perspective, parent–child conflict is attributable to the unmet attachment needs of both children and parents and to the resulting problematic patterns of attachment in parent–child relationships (Hautamaki, Hautamaki, Neuvonen, & Maliniemi-Piispanen, 2010).

## Empirical Support for the Application of Attachment Theory in Parent–Child Conflict

There is now significant research supporting Bowlby's (1988) assertions that children's early relational experiences have an effect on later development (Berlin et al., 2008; DeKlyen &

Greenberg, 2008; Kenny, 1995; Shonkoff & Phillips, 2000; Stoufe, Egeland, Carlson, & Collins, 2005), which emphasizes the relevance of attachment as a construct to be considered in the context of family counseling.

Some of the first empirical evidence pertaining to attachment and, more specifically, to the link between parental and child attachment behaviors emerged from research conducted by Ainsworth, Blehar, Waters, and Wall (1978), who studied infant/parent behaviors in response to a brief separation and subsequent reunion in the context of an anxiety-provoking situation (i.e., the Strange Situation). Secure organization in infants was found to be associated with maternal sensitivity to infant need, while insecure forms of attachment (i.e., avoidant and resistant/ambivalent) were found to be associated with maternal rejection and the unpredictability of nurturing responses. In related research, Main, Kaplan, and Cassidy (1985) found a strong link ( $r = .62$ ) between the attachment organization of infants and their parents. Similarly, Fonagy, Steele, and Steele (1991) found that maternal attachment representations predicted infant attachment style in 75% of cases.

The findings of the aforementioned research have since been duplicated in numerous studies (Fonagy, Gergely, Jurist, & Target, 2002; Fonagy, Steele, Steele, Moran, & Higgitt, 1991; Grienberger, Kelly, & Slade, 2005; Slade, Grienberger, Bernbach, Levy, & Locker, 2005). Thus, there is a clear indication in the literature that there is an association between adult attachment security and parental ability to intuit and respond to the attachment needs of children. Furthermore, the literature suggests that there is an association between parental sensitivity to the needs of children and the development of attachment security in children. This compelling body of research provides a sound rationale for the continued development of counseling models that can be used to explore and/or address parental attachment insecurity in the context of parent–child conflict.

## Attachment Insecurity and Emotional Regulation

There has been an ongoing effort within the literature to describe the interpersonal and intrapersonal experiences of

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those with attachment insecurity in various contexts (Bailey, Morgan, Pederson, & Bento, 2007; Perry, 2009). A common thread that runs through this literature pertains to the mechanisms that individuals develop to cope with experienced and anticipated emotional and relational turmoil (Mikulincer, Shaver, Sapir-Lavid, & Avihou-Kanza, 2009). Mikulincer and Shaver (2008) described these mechanisms as hyperactivation and deactivation modes of emotional regulation. These mechanisms constitute relational strategies designed to regulate negative emotions resulting from perceived abandonment threats and attachment injuries (Fraley, Niedenthal, Marks, Brumbaugh, & Vicary, 2006; Perry, 2009; Riggs, 2010).

Hyperactivation strategies are associated with a preoccupation with having one's attachment needs met and may involve behaviors such as proximity seeking, angry demands for attention, an intense desire to be comforted by others, and pleas for reassurance in the face of abandonment threats (Fraley et al., 2006; Fraley & Shaver, 1998). Deactivation strategies are associated with a desire to punish those who are perceived to have threatened abandonment, are an effort to protect oneself from further harm or pain by distancing, and may constitute a masked expression of rage or fear toward significant others who are perceived to have abandoned or threatened abandonment (Cassidy & Kobak, 1988; Weger, 2006). These two mechanisms, hyperactivation and deactivation, could be thought of as the engines that drive the behaviors of those involved in parent-child conflict.

## ■ Parental Insecurity and Parent-Child Conflict

It is often the case that parents who engage in chronic behaviors associated with attachment insecurity (e.g., clinging, distancing, parentification, dismissal of requests for comfort) were themselves subjected to such parenting behaviors as children (Bailey et al., 2007; Hautamaki et al., 2010). Indeed, Bowlby (1988) and others (e.g., Iwaniec et al., 2007) noted that children in households with insecure parents are often subjected to various forms of parental abandonment threat. Bowlby (1988) illustrated the childhood experiences of a parent who had sought counseling because of her concerns that she was close to assaulting her infant son:

On two occasions, Mrs. Q returned home to find her mother with her head in the gas oven, and at other times her mother would pretend to have deserted by disappearing for half a day. . . . Mrs. Q grew up terrified that if she did anything wrong, her mother would go. (p. 97)

The behaviors of the parent in this example might be interpreted as hyperactivation strategies designed to draw attention to her pain and obtain reassurance of her importance to others via abandonment threats. It is not unusual for adult children subjected to such circumstances to develop difficul-

ties in relating to their own children. This was the case for Mrs. Q, the client described above. Mrs. Q experienced a great deal of difficulty in relating to her infant son, who was failing to thrive. She described outbursts of rage that were directed toward her son, during which she would kick his crib, break dishes, and experience an impulse to throw him out of a window. These experiences of rage seemed to be associated with the displacement of anger pertaining to her experiences of parental neglect and, as her son continued to fail to thrive, an intense and chronic fear that her son would die, in effect abandoning her.

In many instances, parent-child conflict may involve a system of reciprocal functioning (Dozier & Kobak, 1992; Miljkovitch, Pierrehumbert, & Halfon, 2007). For example, a deactivating parent who responds to an anxious child's or adolescent's pleas for comfort by dismissing may lead to increasingly vigorous attempts (i.e., hyperactivation behaviors) on the part of the child or adolescent to provoke a parental nurturing response (e.g., attention seeking, behavior problems, intentional self-injury, or substance abuse), which may instead provoke further parental deactivation. Such patterns are likely to contribute to parent-child conflict as each person makes ineffective attempts to have his or her needs for proximity or distance met (Caffery & Erdman, 2000). Once established, such interaction patterns perpetuate themselves within relationships and transmit themselves across generations (Erzar & Simonic, 2010; Goodman, 2010). It is, as Bowlby (1988) noted, "a vicious cycle" (p. 99).

## ■ Attachment-Based Therapeutic Interventions in the Context of Parent-Child Conflict

In the context of parent-child conflict, the provision of a secure base is characterized by parents' willingness and ability to respond in a calm, attentive, consistent, and supportive manner to children's and adolescent's expressions of needs, fears, frustrations, anger, and distress (Diamond, Siqueland, & Diamond, 2003). In the application of attachment theory to the resolution of parent-child conflict, the parent's, rather than the child's, working models are the primary focus of intervention. This is because changes in the parent's behavior and subjective experiences of the children directly effect changes in children's and adolescent's working models of self and others (Berlin et al., 2008; Cooper, Hoffman, Powell, & Marvin, 2005; Slade et al., 2005). Thus, a focus in counseling on assisting parents to meet the attachment needs of their children in the context of parent-child conflict is important. Three conversational frames are presented below as a model for applying attachment theory to assist parents in resolving parent-child conflict.

### ■ Engagement Frame

The success of any therapeutic endeavor depends on the establishment of a collaborative, trusting, and open alliance



between the counselor and the client (Rait, 2000). Thus, it is important that counselors establish an engaged professional relationship when working with parents regarding attachment issues. However, there are complexities associated with engaging parents in a therapeutic process that involves the exploration of attachment themes. In such conversations, consideration often must be given not only to the parent's childhood experiences, which may involve a painful return to trauma, but also to how those experiences may have influenced a parent's style of relating to his or her children. For many parents, the parental role is a significant source of personal identity, and discussions of problems experienced within this role may be associated with significant vulnerability, distress, and guilt (Hughes, 2007).

It is also important to note that some parents experiencing parent–child conflict may be operating from internal working models that are oriented toward intrapersonal shame and interpersonal distrust (Slade et al., 2005). Therefore, it is not surprising that some parents may find it difficult to engage with the counselor about their experiences of, and contributions to, parent–child conflict because of expectations that the counselor will humiliate, criticize, or blame them (Bowlby, 1988; Skourteli & Lennie, 2011).

Counselors can be helpful in assisting parents to discuss difficulties associated with parent–child conflict by providing a supportive therapeutic environment (Fosha, 2004; Pistole, 1989). Bowlby (1988), in discussing the therapeutic environment necessary for addressing attachment concerns, noted the importance of counselors providing a secure base from which clients can explore attachment issues. Specifically, he indicated that, in constructing the therapeutic environment, the counselor “accepts and respects his patient, warts and all, as a fellow human being in trouble, [and] . . . the therapist strives to be reliable, attentive, empathic, and sympathetically responsive” (p. 172). Although not defined as such, the provision of a secure base in counseling with parents has received empirical support. Friedlander, Lambert, and de la Peña (2008) found that a parental sense of safety in the therapeutic environment contributed to a willingness of parents to take risks and explore issues nondefensively and to positive counseling outcomes. Furthermore, counselor engagement and emotional connection with family members has been found to be associated with family members' engagement and emotional connection with the counselor and with each other (Escudero, Friedlander, Varela, & Abascal, 2008; Friedlander, Lambert, Escudero, & Cragun, 2008). This body of research provides an empirical basis for the provision of a secure base as a means of engaging with parents around attachment issues in the context of parent–child conflict.

The key terms from Bowlby's (1988) description of a secure base (described earlier) provide direction and conceptual stability for the engagement of parents regarding attachment issues. If counselors attempt to adopt Bowlby's concepts of acceptance, respect, and attentiveness through the use of vali-

dation, normalizing, and reflective listening, the empirically validated effects described earlier will manifest themselves.

The following case example is used to illustrate the support frame. This example is based on our experience, but details have been changed to maintain confidentiality.

Lauren (age 42) brought Zack (age 11) to counseling for concerns pertaining to Zack's behavior and mental health. Zack was engaging in behaviors that resulted in his being expelled from school and in his being involved in the criminal justice system. For example, Zack brought a toy gun to school and engaged in frequent shoplifting. In addition, Zack suffered from enuresis that did not respond to established treatment protocols. It became apparent that there was a pattern in Zack and Lauren's relationship. Zack would make demands for Lauren's attention through misbehavior (i.e., hyperactivation strategies), and Lauren would respond with exasperation, anger, and distancing (i.e., deactivation strategies). Lauren reported initially that she was exhausted by all that was going on with Zack. She was exhibiting a disinclination to be involved in the counseling process because she was fatigued by Zack's behavior and because she was concerned that she would be blamed for Zack's problems. The support frame was used in initial conversations with Lauren about her experiences of Zack's behavior.

*Lauren:* Yesterday he stole a part off of a door. I don't get it! Off of a door! And so now I have to attend another meeting because this is the third time he's violated his behavior contract.

*Counselor:* So this isn't just impacting Zack, it's impacting you as well. (*Reflective listening*)

*Lauren:* Yes, and I'm done with it. I wanted to drop him off at the door. I was like, “Just fix him and send him back.” I don't want to deal with this, and I don't want to hear how this is all my fault.

*Counselor:* Yeah, I get that. You're running around trying to fix things for Zack, and you're tired. It makes sense to me that you're fed up with the situation and that you don't want to be blamed for it. That's important. (*Validation*)

*Lauren:* I just wonder what's going on here. He's in trouble all the time, he wets the bed, and I don't know what to do.

*Counselor:* It sounds like you have some questions about what's going on with your family, just like most people do from time to time. (*Normalizing*)

Lauren presented for counseling confused about her son's behavior and concerned about being humiliated by those involved in his case. Understandably, she was reluctant to meet with a counselor to discuss her problems with her son. The support frame can be used as a way to extend an invitation for clients to join a process about which they may initially feel reluctant (Oswald, 1996).

## Exploration Frame

Parental insecurity is associated with attachment recollections and narratives (i.e., meanings made from recollections) that are either fractured and inconsistent in the case of preoccupied attachment or, in the case of avoidant attachment, idealized or perceived to be beyond recollection (Fonagy, Steele, Steele, Moran, & Higgitt, 1991; Main et al., 1985). Both of these types of attachment organization are representative of a defensive posture toward, or inhibited development around, emotional connection with others, thus preventing accurate or coherent meaning making of attachment experiences (Fonagy, Steele, Steele, Moran, & Higgitt, 1991). This prevents parents from using their own attachment experiences to inform the development of accurate constructions and intuition pertaining to the attachment needs of children. Research suggests that before parents can engage in changes to better meet the needs of their children, they must first reorganize their attachment constructions to make accurate and coherent meaning out of their experiences (Fonagy, Steele, & Steele, 1991; Slade et al., 2005). Research has suggested that counseling can be a means to this end (Pearson, Cohn, Cowan, & Cowan, 1994).

Insecurely attached adults who experience secure relationships, including positive therapeutic relationships, can reevaluate their attachment experiences to arrive at coherent and realistic perspectives pertaining to those experiences. In so doing, parents are better positioned to adjust their manner of interacting with their children to meet their children's attachment needs (Pearson et al., 1994). The body of research mentioned earlier led to our interest in designing the exploration frame of this model. The exploration frame is designed to help parents make meaning out of their own experiences and help them use those experiences to eventually inform their constructions about child and adolescent needs and behaviors.

Counselors might think about exploring attachment issues across three domains: the origins, manifestations, and effects of attachment problems. Exploration of the origins of attachment problems involves discussing key themes, events, or relationships in the parent's past, or across generations, that influence current relationships. Exploration of the manifestations of attachment problems involves investigating the role that attachment problems play in problematic interactions. This often involves discussing ideas about motivation behind both parental and child hyperactivation and deactivation strategies. Exploration of the effects of attachment problems involves questioning the effect that attachment problems have on current relationships and are likely to have in the future of those relationships. Such conversations may serve to make the influence of attachment themes in parent-child conflict more concrete and thus easier to recognize and address, as the long-term effects of such influences are explored, followed to their anticipated ends, and traced to probable origins.

The following case illustrates the exploration frame. The following is a continuation of the case described earlier.

However, this conversation took place after several sessions, once the therapeutic alliance was well established.

*Counselor:* Can you give me an example of a time when you and Zack were involved in a conflict? When was the last time that happened? (*Exploring manifestation of attachment problem*)

*Lauren:* Last week. He came up to me and was kind of sheepish. I asked him what the problem was and he said he "sort of had an accident" on my bed. He meant he wet on my bed. He went into my room, fell asleep, and wet the bed! There's no way that he didn't do that on purpose. I mean what is wrong with him?!

*Counselor:* Okay, that's a helpful example. So what was going on for you when you were talking with Zack about this? (*Exploring manifestation of attachment problem*)

*Lauren:* I was furious with him. I was so angry. I yelled and asked him why he does these things. It was like when he took the fake gun to school and then told everyone about it.

*Counselor:* So what impact does that have on how you relate to Zack? When he wets the bed and takes toy guns to school? (*Exploring effect of attachment problem*)

*Lauren:* Distance. I feel like I want to get away from him. It feels like "stuck" to me.

*Counselor:* "Stuck" like now you're "stuck" dealing with another sticky situation?

*Lauren:* No, "stuck" like he's "stuck" to my leg. It's like he's always after me with something. One minute he's taking a toy gun to school, another he's stealing, and then he's wetting the bed. It's like he's constantly in my life saying "Hey now I'm doing something else! Notice me! Help me! Figure me out! Fix me!"

*Counselor:* That sounds terribly difficult. So Zack is saying, "Look at me! Look at me!" And you're saying . . . ? (*Exploring manifestation of attachment problem*)

*Lauren:* I'm saying "leave me be for God's sake!"

*Counselor:* Thanks for helping me to understand that a little better. So is this typical? Is this what's going on between you and Zack when there's conflict? He wants to be sticky, and you want to get him off of you? (*Exploring manifestation of attachment problem*)

*Lauren:* Yes, yes that's it.

*Counselor:* So now we know something about what this looks like. We can recognize it when it happens. So I have a strange question, aside from your relationship with Zack, does this conflict feel familiar to you? Have you had that same "sticky" feeling with others in a way that's caused problems? (*Exploring origins of attachment theme*)

*Lauren:* Oh, this is sad. That is a sad question. I don't think I've said, but things were really bad in my house growing up. Both of my parents drank, and fought all

the time. No, other people haven't been "sticky" for me, but I was sticky. In a way, I suppose I was like Zack growing up. That was me. I was the "invisible child." I remember throwing mud at cars passing on our street. I knew I would get in trouble, but it did get me noticed. So I did it a lot even though I kept getting in trouble for it.

*Counselor:* So your way of being "visible" to your mom and dad was by getting into trouble. By throwing mud at cars. (*Exploring origins of attachment theme*)

*Lauren:* Yes. It was a way to get noticed by them, even when they were drunk.

*Counselor:* So what Zack is doing is familiar to you? He's "throwing mud at cars" in the same way that you did? (*Exploring manifestation of attachment problem*)

*Lauren:* Yes, I can't believe it, but yes. He's "throwing mud at cars."

*Counselor:* But for him "throwing mud at cars" looks like bed wetting and stealing and so forth.

*Lauren:* Yes.

In this conversation, the counselor and the client explored the manifestation, effects, and origins of the attachment theme that was occurring between Lauren and Zack. This conversation clarified the relational pattern between Lauren and Zack, which engendered possibilities for additional interventions discussed in the following sections.

## Change Frame

The exploration frame provides a foundation for the change frame. After attachment themes are recognizable to parents—their manifestations, effects, and origins more clear—steps can be taken to assist parents in addressing attachment issues as they pertain to the maintenance of parent–child conflict. The change frame might be understood broadly as addressing two tasks: facilitating reflective functioning and assisting parents to generate alternative responses.

### Facilitating Reflective Functioning

One of the important objectives of attachment-based counseling in the context of parent–child conflict is to assist parents to move from conceptualizing a child or an adolescent in terms of his or her behavior, especially in terms of negative attributions based on that behavior (e.g., he's lazy, sick, confusing, disordered), toward understanding the child or adolescent's internal experiences that drive problematic behavior (Fonagy, Steele, & Steele, 1991; Slade, 2005; Slade et al., 2005). When parents understand the internal experiences that drive children and adolescents' emotional dysregulation, they are in a better position to meet the needs of the child or adolescent and thus reduce conflict (Miljkovitch et al., 2007).

The parental ability to conceptualize the internal experiences of a child or adolescent in the midst of parent–child

conflict is referred to as *reflective functioning* (Fonagy, Steele, & Steele, 1991; Slade, 2005). Counselors might assist parents in moving toward reflective functioning by relational reframe interventions. Research has indicated that relational reframing is effective in shifting parental constructions from an intrapersonal deficit orientation toward their children, to a focus on the parent–child relationship (Moran et al., 2005). Thus, relational reframing is a useful vehicle for orienting therapeutic conversations toward parental insights attained in the exploration phase. Relational reframing is designed to draw parental attention to the link between the parent–child relationship and the problematic behaviors exhibited by the child or adolescent. Relational reframing involves the counselor modeling reflection (i.e., "I wonder" statements designed to draw attention to key interactions) or by raising tentative hypotheses pertaining to the child or adolescent's internal experiences of need when presented with child or adolescent behaviors that cause parents confusion or consternation. This is illustrated in a continuation of the case introduced earlier.

*Lauren:* Yesterday he "lost" my car keys. I was so angry with him. It was just another thing that I've got to deal with. Then, after looking around for an hour, I found them in his jacket pocket. I don't know what is wrong with him.

*Counselor:* Hmm. I wonder about that. I wonder what was going on for him when he lost the car keys. (*Modeling reflection*)

*Lauren:* I don't know.

*Counselor:* Losing the car keys sounds in some ways like wetting the bed and stealing pieces off the door. (*Raising a tentative hypothesis*)

*Lauren:* You think by losing the car keys he was "throwing mud at cars?"

*Counselor:* If that's true, I wonder what it is that he's after? It's almost like getting in trouble is his way of asking you for something. (*Modeling reflection and raising tentative hypothesis*)

The establishment of reflective functioning begins to allow parents to respond to what children or adolescents are likely feeling or needing rather than responding based on constructions associated with behavior. In this illustration, the counselor raised tentative hypotheses and modeled reflective questioning to assist the client in thinking about the needs driving her son's behavior.

### Generating Alternative Responses

When faced with hyperactivation or deactivation behaviors, parents should be able to respond in an appropriate way to meet the underlying needs of children or adolescents who are engaging in such behaviors (Slade, 2005). Research has suggested that the generation of new responses based on

parental insights gained in counseling (e.g., during the exploration phase) is a useful means to this end (Diamond, Reis, Diamond, Siqueland, & Isaacs, 2002). Assisting parents in generating alternative responses might include (a) revisiting past examples of problem situations and conceptualizing alternatives or (b) assisting parents in rehearsing alternatives in preparation for anticipated difficulties (Diamond et al., 2003). This is illustrated in the following case example, which is a continuation of the conversation presented earlier.

*Counselor:* So by “losing” your car keys Zack was “throwing mud at cars?”

*Lauren:* I think so and I know what you’re going to say. He “throws mud at cars,” and I yell and kick him out, and so he throws more mud at cars, right?

*Counselor:* I suspect that’s the case. If that is what’s going on between you and Zack, is there anything you would change about how you responded to him when he “lost” the keys? (*Encouraging conceptualization of alternatives*)

*Lauren:* Well my first instinct was to just get away from him. To get him out of my life. But I guess that’s what’s not working.

*Counselor:* So maybe this is about keeping Zack in your life when he “throws mud at cars” by “losing” the keys or wetting the bed. What would that look like? (*Encouraging conceptualization of alternatives*)

*Lauren:* I had a teacher once. I got angry and threw a box of supplies in her class. I was out of control, and I expected her to be really angry, because it looked like such a big mess. Instead of getting angry she said something like, “Don’t worry, we’ll work on it together.”

*Counselor:* So when Zack loses the keys or wets the bed, what would it sound like if you were going to bring your teacher’s perspective in on this? (*Encouraging conceptualization of alternatives*)

*Lauren:* Well, if he wet my bed I guess I could say “Well okay, not a big deal, I guess we have some sheets to change together.” When he lost my keys I wish I would have said, “No big deal, let’s see if we can find them because I don’t want to be late.”

In this conversation, the client and the counselor worked to generate alternative responses to parental distancing in the midst of parent–child conflict. Information gained from the exploration frame was used as a basis to discuss alternative responses.

## Limitations

The focus of this article is on facilitating changes in parental cognition associated with attachment through facilitation of reflection and the subsequent reorganization of parental attachment schemas. We were interested in expanding the literature in this direction because of compelling research that

suggests that changes in parental attachment conceptualizations lead to changes in child and adolescent working models. However, it is important to note that there are other tasks that may be associated with the resolution of parent–child attachment problems that our model does not address. For example, our model does not address methods for counseling children and adolescents around issues associated with attachment. Nor does this model address the emotional work needed to establish or repair relational bonds in parent–child relationships. Our decision not to include these aspects of treatment in our model was based on our belief that other models (Diamond et al., 2002; Hughes, 2007) have comprehensively addressed this aspect of attachment work with families.

Although we recognize that manifestations of attachment anxiety may appear very different in children compared with adolescents (e.g., children may throw tantrums to express needs for proximity, while adolescents may engage in risky behaviors), we think that this model is applicable to parents with children of a wide range of ages. This is because the principles pertaining to attachment that drive problematic behaviors and relationships are fundamentally the same regardless of the age of the child or adolescent. However, it is important to note that there are circumstances under which the application of this model to parent–child conflict may not be appropriate. For example, in cases that involve severely pathological parenting, such as cases involving the diagnosis of reactive attachment disorder in children or adolescents, more intensive services are needed.

Additionally, there may be manifestations of parent–child conflict that have little to do with attachment, and, in such circumstances, this model may have little relevance. For example, secure parents and adolescents may engage in normative developmental conflict around family rules and involvement as the adolescent achieves greater autonomy with age. In such circumstances, the application of other models of counseling may be more appropriate.

## Conclusion

Attachment experiences might be likened to tectonic forces on the earth. Just as pressures from the collision of tectonic plates create features such as mountains, the effects of attachment experiences create certain landscapes of intra- and interpersonal functioning in clients’ lives. In a general sense, relational difficulties associated with attachment might be thought of as stemming from attempts to gain something that is perceived to be needed (e.g., assurances that one is valued) or to avoid something that is viewed as threatening (e.g., relational vulnerability). Such needs, when explored in counseling, may reveal themselves in patterns that have the potential of straining relationships with others (Mikulincer et al., 2009). We have explored this phenomenon from an attachment perspective and have suggested means by which counselors may plan treatment when assisting clients struggling with issues associated with parent–child conflict.

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