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► [Adapting psychotherapy to the individual patient: Attachment style.](#)

Levy K.N., Ellison W.D., Scott L.N. et al. [Request reprint](#)

**Journal of Clinical Psychology: 2011, 67(2), p. 193–203.**

Meta-analytic review commissioned by a US task force concludes that psychotherapy patients who feel secure in and easily form close and trusting intimate relationships have better outcomes, while the reverse is the case for those anxious about close relationships.

**Original abstract** Attachment theory, developed by Bowlby to explain human bonding, has profound implications for conducting and adapting psychotherapy. We summarise the prevailing definitions and measures of [attachment style](#). We review the results of three meta-analyses examining the associations between the outcomes of psychotherapy and attachment styles characterised by [anxiety](#) about one's close relationships, [avoidance](#), or [security](#). Fourteen studies of 19 separate therapy cohorts were synthesised, a combined sample size of 1467. Attachment anxiety was associated with worse post-therapy outcomes (an [effect size](#) of -0.46), while attachment security was related to better outcomes (an [effect size](#) of 0.37). Both were medium-size relations and statistically significant. In contrast, attachment avoidance evinced a negligible overall relation to outcomes. Overall in these 14 studies, clients' attachment styles appeared to contribute almost as much variance to psychotherapy outcomes as does the alliance between client and therapist, a well-established predictor of therapeutic change.

The age and gender composition of the patients moderated the relation between attachment security and outcome: samples with a higher proportion of female clients and a higher mean age showed a smaller relation between attachment security and outcome.

One limitation of our meta-analyses was that we could not control for the relation between attachment and *pre-treatment* functioning. This raises the possibility that any association between attachment and post-treatment functioning may, to some degree, merely reflect the relation between attachment and pre-treatment functioning rather than any differential impact of therapy.

We discuss the practice implications of our findings and related research. Among these are that therapists should assess the patient's attachment style because this can influence the psychotherapy process, the responses both of patients and therapists, the quality of the therapeutic alliance, and the ultimate outcomes of treatment. Formal interviewing or use of reliable self-report measures can be useful as part of the assessment process. Knowledge of the patient's attachment style can help the therapist anticipate how they may respond to the therapist's interventions and guide the therapist in calibrating to the patient's interpersonal style. For example, if the patient is **dismissing** in his or her attachment, then the therapist may need to be more engaged. In contrast, if the patient is **preoccupied** in his or her attachment, then the therapist should consider a stance designed to help the patient contain his or her emotional experiences.

## **FINDINGS**

This article was in a **special issue** of the *Journal of Clinical Psychology* devoted to adapting psychotherapy to the individual patient. For other Findings entries from this issue, see:

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