The Attuned School Clinician: An Advanced Clinical Practice Curriculum in Attachment Informed School-Based Mental Health for Social Workers

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Abstract
As the educational landscape in our country continues to transform and the mental health needs of our youth increases, so have the domains and demands of school social work practice. One of the most influential advancements impacting school social work has been the expansion of school-based mental health (SBMH) programs and services. This dissertation calls attention to the growing clinical role social workers play in the delivery of direct mental health services in schools. A review of the literature suggests it is timely and necessary to introduce content specific to SBMH into the social work curriculum to adequately meet the requisite needs of current MSW students entering the field. Additionally, this dissertation aims to develop an advanced clinical practice course for second-year MSW students that is grounded in the principles of attachment theory and introduces an empirically supported theoretical framework that extends a developmental and applied way of thinking, observing, examining, and interpreting behaviors in school-based clinical practice settings. This proposed advanced clinical practice course is designed to strengthen clinical practice skills and expand upon the foundations of school social work. The primary educational objectives of this course aim to introduce, broaden, and deepen students' understanding of attachment theory as a developmental framework for relationship-focused clinical school social work practice and is intended to cultivate and shape the reflective professional identity of the attuned school clinician. Course content introduced and discussed will include: the historical context of school-based mental health, the current state of SBMH and the expansion of school social work; attachment theory as a framework for relational and reflective clinical school social work practice; attachment and emotional development in the classroom; reflective practice and the shaping of professional identity, clinician secure base reflection.

Keywords: school-based mental health, clinical school social work, attachment theory, relationships, reflective practice, social work education, curriculum development

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The Attuned School Clinician: An Advanced Clinical Practice Curriculum in Attachment Informed School-Based Mental Health for Social Workers

Lauren M. DePinto, MSW, LCSW

A DISSERTATION

In

Social Work

Presented to the Faculties of the University of Pennsylvania

In

Partial Fulfillment of the Requirements for the

Degree of Doctor of Social Work

2022

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DEDICATION

This dissertation is dedicated to my beloved children, Alessandra and Luca, and my mother, my lifelong safe haven and secure base, Rita. Every single step of the way, in every chapter of my story, you have shown up, stood beside me, and above all made me feel loved. Your genuine warmth, protection, integrity, sacrifice, strength, unyielding support, and consistent presence made this achievement possible - I truly am because you are. You are a gift, the heart of our family and our home, and your legacy will always be one of unconditional love.
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I would also like to thank Dr. Ram Cnaan for being a valuable member of my committee and staying the course, always believing in my potential, and choosing to invest (and, reinvest) himself in my academic success. After all this time, I am grateful both he and Dr. Bourjolly could bear witness to this potential realized.

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ABSTRACT

The Attuned School Clinician: An Advanced Clinical Practice Curriculum in Attachment Informed School-Based Mental Health for Social Workers

Lauren. M. DePinto, MSW, LCSW
Dissertation Chair: Joretha Bourjolly, PhD

As the educational landscape in our country continues to transform and the mental health needs of our youth increases, so have the domains and demands of school social work practice. One of the most influential advancements impacting school social work has been the expansion of school-based mental health (SBMH) programs and services. This dissertation calls attention to the growing clinical role social workers play in the delivery of direct mental health services in schools. A review of the literature suggests it is timely and necessary to introduce content specific to SBMH into the social work curriculum to adequately meet the requisite needs of current MSW students entering the field. Additionally, this dissertation aims to develop an advanced clinical practice course for second year MSW students that is grounded in the principles of attachment theory and introduces an empirically supported theoretical framework that extends a developmental and applied way of thinking, observing, examining, and interpreting behaviors in school-based clinical practice settings. This proposed advanced clinical practice course is designed to strengthen clinical practice skills and expand upon the foundations of school social work. Primary educational objectives of this course aim to introduce, broaden, and deepen students’ understanding of attachment theory as a developmental framework for relationship-focused clinical school social work practice and is intended to cultivate and shape the reflective professional identity of the attuned school clinician. Course content introduced and discussed will include: the historical context of school-based mental health, the current state of SBMH and the expansion of school social work; attachment theory as a framework for relational and reflective clinical school social work practice; attachment and emotional development in the classroom; reflective practice and the shaping of professional identity; clinician secure base reflection.

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Chapter One: Introduction

Statement of Educational Need

The professional fields of social work and education have a long-standing history of interdisciplinary collaboration that extends over a century. Emerging in the early 1900’s in New York, Boston, and Hartford, social workers have been a presence in school settings for approximately one hundred years (Dupper, 2003). More than a century later, school social workers and the services they provide continue to play a pivotal role in addressing the many social, emotional, and learning needs confronting our youth. Apart from regional practice variation, the specialization of school social work is a well-established form of social work practice and is championed by nationally recognized professional organizations such as the National Association of Social Work (NASW), the School Social Work Association of America (SSWAA), and the American Council for School Social Work (ACSSW).

Although specific training has not always been available to school social workers and professional hurdles remain, these organizations have been pivotal in advancing the research agenda in school social work and are responsible for guiding the many developments in school social work education, licensing, credentialing, and general practice guidelines across the country (Slovak, Joseph Jr., & Broussard, 2006; Allen-Meares, 2004). Due to the support of these established groups, school social work pre-service needs are largely met through various introductory level, generalist practice courses offered in the social work curriculum at most accredited schools of social work across the country and internationally, as well as through school-based field placements. However, these school social work courses offered are broad in nature and introduce foundational content expected for entry-level practice. For example, in their
study on school social worker pre-service training, Berzin and O’Connor (2010) examined syllabi from various school social work courses and shed light on the fact that the most common topics covered were special education, confidentiality and ethics, the history and role of school social workers, and collaboration. Their research further indicated that these syllabi showed inconsistent incorporation of more critical contemporary issues such as response to intervention, positive behavior supports, and multiltiered systems of support and suggests that we must offer coursework that more adequately reflects the changing context of school social work practice (Berzin & O’Connor, 2010). And, while it is important to embrace the historical roots and practices of school social work, it is equally as vital to recognize the need for continual reassessment and adaptation to the requisite needs of our students (Hartocollis, Cnaan, & Ledwith, 2014).

To this end, as the educational landscape in our country continues to transform and the mental health needs of our youth increases, it stands to reason so have the domains and demands of school social work practice calling for adaptation in the curriculum. This adaptation means incorporating special topics, up-to-date research, policy, and practice advances in school-based mental health (SBMH) for social workers. This is especially important since competing mental health related disciplines such as school psychology, school nursing, and school counseling have already incorporated material specific to SBMH in their respective programs leaving social workers, who are already viewed as trailing behind and having compromised authority in schools, at an even greater disadvantage from the onset. In fact, a common theme in the literature indicates “graduate schools of social work lag behind school counseling and school psychology programs in offering professional preparation and supervised field practicums for social workers
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in the school setting” (Anderson-Ketchmark, Alvarez, & Sabatino, 2011; Altschuler & Webb, 2009).

As we enter the next century of social work in schools, I am proposing that we reexamine the pre-service training and education needs required of school-based social workers, specifically those interested in seeking employment as school-based mental health clinicians, and begin to close what I believe is an existing gap in social work education by developing and introducing an advanced clinical practice course (within the school social work concentration) that is designed to do the following:

1. Advance the study of social work within the growing field of SBMH.
2. Introduce relevant foundational knowledge, history, policy, and up-to-date research in SBMH for social workers.
3. Explore and expand upon the interplay between education, social work, and clinical practice in school settings.
4. Create an awareness of and encourage an interest in the developing role of the school-based mental health clinician.
5. Introduce attachment theory and attachment-based practices as a theoretical orientation for clinical practice in schools.
6. Define and reflect upon the growth and development of “The Attuned School-Based Mental Health Clinician.”

One of the most influential advancements impacting school social work practice has been the development and expansion of school-based mental health programs and services. School-based Mental Health (SBMH) is a nationally recognized movement in education reform and
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burgeoning mental health specialization that is dedicated to the improvement of school-wide student support and intervention services at the intersection of mental health and education. The origins of this movement can be traced back to the Progressive Era and were a direct result of urbanization and industrial change when matters that were previously viewed as the purview of the home became issues to be addressed by the schools (Flaherty & Osher, 2003). Key features of the national SBMH policy, practice, and research agenda are addressing barriers to student learning and improving the quality of and access to mental healthcare in schools. In addition, SBMH services are delivered by an interdisciplinary group of “helping” practitioners with professional roots in several mental health related fields, often with varying levels of clinical training and direct (school-based) practice experience. These core SBMH disciplines include the following: Nursing, Psychology, Psychiatry, School Counseling, Social Work, and Special Education (Flaherty & Osher, 2003). Flaherty and Osher (2003) also highlight that these mental health services are delivered through several sources: school-based health centers (SBHCs), expanded mental health programs (EMHPs), full-service schools, and comprehensive school and system wide approaches.

Given the wide range of practice settings, job tasks/responsibilities, and the comprehensive amount of specific knowledge and skills required for effective practice as a school-based clinician, it is timely and necessary to introduce and infuse content specific to SBMH into the social work curriculum to adequately meet the requisite needs of MSW students entering the field. Therefore, I am proposing an elective advanced practice course for students wanting to pursue school social work that is grounded in attachment theory and focus’ on the importance of using attachment principles in our work with children and adolescents in school settings. In
addition, the overarching emphasis on cultivating a practice pedagogy that underscores a student’s relational experiences and inner life in all phases of intervention, treatment, consultation, and support promotes a more developmentally appropriate, non-pathologizing view of behavior which most genuinely reflects the ecological, strengths-based mission of the field of Social Work.

**Course Rationale**

Over many years working as a school-based mental health clinician, it has been my experience that teachers, administrators, and support staff can help almost any student in their charge with greater insight into the meaning and implications of the student’s behavior. Students in school, through various formal and informal relationships with caring adults, are presented with numerous opportunities to receive much-needed support. School staff across the general milieu have countless opportunities to maximize connections with students and personally promote their individual wellbeing. Additionally, school staff are powerful contributors to school culture and can positively influence school climate, especially in the context of risk. In fact, research indicates that supportive, caring, and attentive relationships with adults in school is an important protective factor in the lives of at-risk and underperforming youth across a variety of contexts (Woolley & Bowen, 2007). Such supportive relationships with these caring adults provide, what was originally defined by Coleman (1988) and later cited by Woolley and Bowen (2007), as the “social capital” necessary to achieve desirable outcomes.

Viewing adults and relationships in the school in this way provides a clear basis to apply attachment theory to our work in schools as this theory is fundamentally about relationships and their dominance in our social-emotional development. Thus, to the newly qualified or
experienced social worker, attachment theory offers a well-researched and evidenced-based theoretical framework from which to practice in an educational milieu (Colley & Cooper, 2017; Geddes, 2006). This theory extends a rational and applied way of thinking, observing, examining, and interpreting behaviors. Behavior in all forms has meaning and how accurately we interpret the function of these behaviors hinges on how well attuned we are to the needs, emotions, and intentions of others and how skilled we are at observing and translating attachment dynamics, especially those that play out in the classroom. Thus, when working with children and adolescents in this natural setting, common sense and empirical research supports using attachment theory as the developmental paradigm and theoretical framework for understanding the link between behavior and learning (Geddes, 2006). At the very least, as suggested by Geddes (2006), it can contribute to a better understanding of student behavior and better inform our responses to account for difficult childhood experiences.

Without question attachment histories and styles, as they do with adults, directly affect children’s social, emotional, and educational competencies. It is well documented that attachment histories, adult-student relationships, and a sense of connectedness contribute to academic achievement, resilience, skill-building, critical thinking, positive school climate, and overall health and wellness (Colley & Cooper, 2017; Geddes, 2006; Klem &Connell, 2004). On the contrary, it is also widely understood, as stated by renowned shame and vulnerability social work researcher, Brené Brown, during her Netflix special entitled *The Call to Courage* (2019), “in the absence of connection there is always suffering.” Moreover, the challenges of a hyper-connected digital world and students’ exposure to highly influential and physically isolating technologies invites social workers to consider reviving these well-established, evidence-based,
yet possibly under-appreciated, attachment theory concepts. Therefore, as clinicians, when we prioritize a student’s relational matrix, that is when we can attend to their attachment style and are sensitive to the effects of their early relational experiences, we will enrich our overall effectiveness as interventionists. When we can carefully attend to these factors and consider how clinicians, educators, and students alike learn and grow according to these attachment-based conditions, we can purposefully focus our efforts on building interactions and nurturing behaviors that support the establishment of “a secure base” at school.

**Purpose and Significance of the Dissertation**

Central to the undertaking of this dissertation is a commitment to strengthening social work education and a strong desire to contribute to the advancement of the field through teaching, training, and mentorship. Certainly, one of the main purposes of this dissertation is to enrich the existing index of advanced year clinical electives to include a course dedicated to the specialization of SBMH. However, the true significance of this course lies within its original approach to clinical practice in an educational milieu. It also draws much needed attention to the growing clinical role social workers play in the delivery of direct mental health services in schools and goes beyond the standard discussion of ethics, confidentiality, service-linkage, and collaboration toward critically thinking about redefining our presence in this milieu to be in accordance with attachment theory principles and practices.

However, it should be noted that this course is by no means intended to be all-inclusive but rather an initial primer on school-based mental health practice for social workers with an in-depth clinical focus on attachment theory and relationship-focused practice. This course is expected to evolve over time and the course content and materials will be modified accordingly.
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as new research emerges and interest within this field specialization grows. It should also be noted that given the wide spectrum of contemporary practice issues facing school-based mental health providers there is no way to fully capture and comprehensively address such issues in a one semester 14-week course. I believe incorporating this course as a part of the social work graduate curriculum will be the most impactful and garner the most visibility for our role as school-based mental health providers, separate from traditional school social workers, as well as bolster support for more pre-service training and education. One of the main objectives of this course is teaching social work students how to adapt their thinking style and structure their practices to reflect core attachment principles and cultivate what Berzoff and Drisko (2015) refer to as a “clinical sensibility” in their work with youth during such a critical and highly influential time in their development. Conceptualizing SBMH practice in this way leads to more meaningful engagement and seamlessly lends itself to establishing authentic relational alliances that pave the way for learning. It is our job as clinicians in schools to focus on decreasing barriers to learning.

Reflexivity

The content of this course, which again will be outlined in greater detail in the forthcoming chapters, is less about teaching the procedurally directed mechanics of practice, important as they are, and more about shaping the individual at the helm of applying these practices, placing greater emphasis on cultivating the professional identity and reflective capacities of the “attuned” school clinician - reaffirming the idea that “we need a framework that unites the way we understand people with the way we work with them” (Howe, 1998).

Reflecting on my own journey from student, to novice, to skillful specialist, I came to the realization that one of the most valuable lessons we can learn as helpers, and what I attribute
most to my competence as a school-based mental health clinician, is the importance and value of (therapist) reflective functioning. My ability to instantly, almost instinctively, access aspects of my own narrative to empathically reflect upon, listen for, and attune to the emotional needs of others has been the lynchpin of my success. Often seeing in others, the very difficulties, struggles, pains, and setbacks that are reflective of my own has gifted me the means for authentic self-reflection and granted me the courage to use my own evolution and practice wisdom to educate and hopefully inspire a new generation of social workers to freely embody a safe space for others to seek emotional respite as well as make a difference as a participant observer in the day-to-day lives of children and adolescence in their natural environment as real-life unfolds.

Upon deeper self-reflection, it occurred to me that I also think and practice in this way because I was mentored to do so, not necessarily in social work school, but through the consistent guidance and encouragement of what I now recognize to be a “good enough supervisor.” By this I mean, I have come to learn it was this type of attuned supervisory relationship that offered the secure, consistent, and empathic environment necessary for me as new social worker to learn, reflect, individuate, and thrive of my own accord – as would a child in my purview. This modeling was a powerful contributor to my learning and growing. This relationship, which continues to teach and support me to this day, underscores the clinical significance of connection, narrative, and the curative power of relationships between human beings. It also brings attention to the fact that quality mentorship, guidance, and supervision is such a pivotal aspect of becoming a clinical social worker and, when done right, may very well be the distinguishing factor in developing an attuned school-based clinician.
After distilling the many lessons that I have learned in practice and otherwise, I have come to the same conclusion time and again and that is the most vital component of helping another, especially the young, is learning how to listen to them – for understanding, for the details, for all that is said and not said, for the story that is theirs to tell. This listening, as social workers know well, is more than a necessary acquired skill but rather a pillar of accurate case conceptualization, assessment, and intervention. It is the very foundation of human connection. But how often do we really know what to listen for? Do we listen or do we hear? And, in what context are we challenged to ask ourselves these necessary questions, if at all?

And so, I am asserting that the first core strength of the attuned school clinician I aim to bring into being, is purposefully becoming that listener. The American folk-rock singer, Brandi Carlile, best captures the essence of what I mean in the lyrics of the song entitled “The Story,” written by Philip John Hanseroth, from her 2007 album The Story (Hanseroth, 2007, track 2):

All of these lines across my face  
Tell you the story of who I am  
So many stories of where I’ve been  
And how I got to where I am  
But these stories don’t mean anything  
When you’ve got no one to tell them to  
It’s true…I was made for you  
I climbed across the mountain tops  
Swam all across the ocean blue  
I crossed all the lines, and I broke all the rules  
But baby I broke them all for you  
Because even when I was flat broke  
You made me feel like a million bucks
You do and I was made for you
You see the smile that’s on my mouth
It’s hiding the words that don’t come out
And all of my friends who think that I’m blessed
They don’t know my head is a mess
No, they don’t know who I really am
And they don’t know what I’ve been through like you do
And I was made for you…
All of these lines across my face
Tell you the story of who I am
So many stories of where I’ve been
And how I got to where I am
But these stories don’t mean anything
When you’ve got no one to tell them to
It’s true…I was made for you
Oh yeah, well it’s true…that
I was made for you.

The lyrics of this song are so significant to this dissertation because they bring to life and creatively encapsulate the message I seek to convey: That is, a storyteller needs someone who wants to listen to them – someone who can bear witness and help give the words they share meaning and value. Afterall, what good is telling your story if you do not have someone to tell it to? The listening is where the magic happens, the stuff (the iconic American singer/songwriter) Bruce Springsteen calls “magic, with no tricks.” This “magic” is the validation that transpires when we are attuned to the feelings and needs of another. When we are listened to, we are seen -and to give voice and visibility to the voiceless and unseen is etched into the bedrock of social
work practice. This listening is the purest form of love and the initial task of the attachment process. More importantly, it is at the core of building a secure base from which human beings thrive. And, although it is true that in relationships people can be harmed, paradoxically, it is also within them they can find healing.

In relationships people grow, most especially young people, because it is awfully hard to forget what you learn when you are young and nearly impossible to forget how you felt. Those of us who can recall the pivotal moments and transformative memories of adults in our lives whose authentic responsiveness and genuine care gave us what we needed, when we needed it most, know very well the power I am speaking of and can see the unlimited potential we hold within us as helpers. If we think of our schools and relationships with students in the same way, education and school-based clinical practice takes on a completely different hue - different from talking strictly about the evidence-base or frankly, anything that does not consider the human development of the persons we are trying to educate, and the relational matrices they are co-entangled in, at school. If we are determined to practice in this way - we really are meeting someone exactly where they are – not where we are.
Chapter Two: A Review of the Literature on School-Based Mental Health

The information and ideas introduced in the following chapter of this dissertation derived from a detailed review of the available literature on school-based mental health. Broadly speaking, in addition to current research on school-based mental health practice, the information gathered during the literature review was extensive and full of promising insights that illuminated the evolutionary purpose and formative power of the human attachment system and its position in all functional domains of our lives across the lifespan. Most especially, during the early years of child development and formative period of adolescence. Distilling the research further, results of the review indicated how these early attachments were not only integral to the development of the self, relationships to others, and the formation of one’s worldview but also underscored the link between attachment, emotional development, and academic outcomes. Thus, holding the potential to extract new meaning, purpose, and application of a historically ground-breaking theory rooted in psychodynamic psychology.

These insights, which will be discussed in greater detail in this chapter as well as the forthcoming chapters, aim to reinforce that all behavior has meaning and is a form of communication about life experience and interpersonal needs (Geddes, 2006). This is especially true when considering the social, emotional, and learning needs of children and adolescents who spend a large part of their developmental years in a school building in the presence of others. As Geddes (2006) clearly pointed out, “schools are a significant source of health in the community. No matter what policies predominate, most schools represent a concern and care for children which is a sustaining experience for many pupils whose emotional and social needs are not entirely met by family and environment” (p. 17).
Before expanding on the aim of this dissertation in more depth and delving into the breadth of attachment theory as a foundational framework for social work practice in schools, underscoring its vital link to emotional well-being, academic outcomes as well as school culture and climate, it is necessary to begin with a survey of school-based mental health (SBMH) as a multidisciplinary field of practice and draw attention to the fundamental role school social workers play in this growing field specialization. “Given that school mental health is an emerging field, it is difficult to capture all of the important issues that are playing out in schools, localities, and states as the movement advances” (Weist et al., 2013, p. 4). For this reason, the forthcoming information on school-based mental health is limited and not intended to be an exhaustive account of the field but a general overview relevant to the stated aim of the dissertation.

**The Intersection of Mental Health and Education – A Multidisciplinary Field of Practice**

In the 2nd edition of the *Handbook of School Mental Health*, Weist, et al. (2013) asserted that “school mental health is based on some simple yet cogent observations” (p. 1). Weist et al. (2013) further purported that these observations include, as noted in the President’s New Freedom Commission on Mental Health (2003), that the mental health system in our country is essentially fragmented and interrupted by barriers to treatment and accessibility inequities, failing those who are in most need of social-emotional support and mental health assistance – our youth. Moreover, Weist et al. (2013) also recognized and highlighted that youth spend a large percentage of their time in school settings rendering schools, by virtue of this position, the “de facto” mental health delivery system for children and adolescents in our country. Particularly for children and adolescents experiencing adversity at home and/or in the context of the external
environment in which they live, schools often provide a consistent, protective, and naturally therapeutic milieu – an atmosphere primed to be a secondary secure base. Given this expedient relational gateway, school-based practitioners, as pointed out by Stephan et al. (2015), “have daily opportunities to observe and assess student strengths and needs, monitor learning progress and potential, and deliver academic, emotional, and social support” (p. 215).

Similarly, drawing on available educational and mental health school-based resources, children and adolescents who are struggling with an emergent mental health issue or coping with an existing mental health condition have easier access to needed support and are much more likely to benefit from intervention (Hoover & Bostic, 2021). In fact, as stated in a position statement entitled, School-Based Mental Health Services: Improving Student Learning and Well-Being, published online by The National Association of School Psychologists (www.nasponline.org) “research has shown that students are more likely to seek counseling when services are available in schools. In some cases, such as rural areas, schools provide the only mental health services in the community” (2016).

In an original paper, Cappella et al. (2008) proposed an ecological model to support the mental health needs of children in poverty. These authors concluded that “a coalescing of mental health resources around the inherent potential of schools to promote child adaptation can produce powerful synergy to enhance both mental health and schooling, this increasing the possibility of positive and productive outcomes for all children” (p. 404). In another study examining urban adolescents’ use of school-based health services, Hodges, Guendelman, and Soleimanpour (2020) found that school-based health centers are identified as an important place to address students’ mental health needs and are associated with boosting service use of mental health
supports among adolescents that would not otherwise be followed up on or engaged in. As a result, they concluded that school-based mental health supports have a far-reaching impact and are more likely to reach those with moderate to severe healthcare needs (Hodges et al., 2020). “Additionally, it demonstrates that students who seek SBHC services have increased connections with caring adults and communication with health providers about behavioral health and academics” (Hodges et al., 2020, p.6). This is of primary importance and reaffirms that school-based mental health programs and services are not only a vital part of our mental health system but serve as key mitigating factors in reducing risk and bolstering resilience in children and adolescents, especially those living in poverty or lower socioeconomic households that have limited access to resources to buffer against the impact of adversity and environmental trauma (Cappella et al., 2008; Hoover & Bostic, 2021).

The most prevalent and widely recognized approach to delivering such programs and services, across disciplines and service sectors, is through the implementation of a school/site-based or district-wide multi-tiered system of supports (MTSS). The MTSS framework, as it is commonly known, endorses the application of a 3-tiered interconnected delivery continuum of care that encompasses three levels or “tiers” of intervention: Tier 1: Universal, Tier 2: Targeted, and Tier 3: Intensive supports (Stephan et al., 2015). This framework, as described by Stephan et al. (2015), is designed to enable schools to differentiate and integrate learning and behavioral supports by promoting mental wellness for all students at Tier 1, identifying, and addressing mental health concerns in some students before they escalate or early after onset at Tier 2, as well as providing intensive, data-driven services for individual students as needed at Tier 3. However, fully integrating mental health and education has been a long-standing research and
practice challenge and implementation hurdles remain. Experts in the field continue to examine models and best practices that advance a more comprehensive, standardized school-based mental health practice and research agenda (Atkins et al., 2011).

From a historical perspective, according to Weist et al. (2013), awareness, funding, and initiatives to guide mental health related programs and services in schools were originally initiated through the involvement of the federal Maternal and Child Health Bureau (MCHB) which is part of the Health Resources and Services Administration (HRSA). Of particular importance to note is the Mental Health of School-Age Children and Youth Initiative that was implemented in 1995 which ultimately funded two of the most prominent national training and technical assistance centers that continue to be central to the research, policy, and training agenda in SBMH field today: the Center for School Mental Health (CSMH) at the University of Maryland School of Medicine and the Center for Mental Health in Schools at the University of California, Los Angeles (Weist et al., 2013).

**The Current State of School-Based Mental Health (SBMH)**

Prominent SBMH researchers and Center for Mental Health in Schools at UCLA Co-Directors, Adelman and Taylor, (2010) stated that “efforts to address mental health in schools are not new. What’s new is the emergence of the field of mental health in schools” (p. 3). In relation to the emergence of this newly recognized field, Adelman and Taylor (2010) identified seven different agenda items “concerned in varying degrees with policy, practice, research, and/or training” (p. 14). Adelman and Taylor's (2010) agenda for mental health in schools outlined the following: 1. Efforts to use schools to increase access to kids and their families; 2. Efforts to increase availability of mental health interventions; 3. Efforts to get schools to adopt and/or
enhance specific programs and approaches; 4. Efforts to improve specific processes and interventions related to mental health in schools; 5. Efforts to enhance the economic interests of various entities; 6. Efforts to change how student supports are conceived at schools; 7. Efforts to reduce school involvement in mental health programs and services (p. 15).

This diverse practice agenda substantiates the competing interests of various stakeholders and brings to light the fragmentation that still exists in the field, regardless of discipline or delivery mechanism. Regarding discipline, Weist et al., (2013) indicated “it should be noted that school mental health staff represents a diverse coalition including educators, social workers, school psychologists, school counselors, nurses, clinical and counseling psychologists, licensed professional counselors, psychiatrists, nurse practitioners, pediatricians, and others” (p. 3). Furthermore, school mental health staff members function at the nexus of multiple constituencies all the time. Therefore, as pointed out by Burke and Paternite (2007), training “must be reflective of classroom and school contexts and address unforeseen challenges associated with promoting students’ well-being” (p. 21-12). To meet this contextually specialized pre-service need, it is imperative that each discipline embedded within this field, in this case social work, augment the existing school social work course offerings to reflect current content knowledge specific to mental health in schools with particular emphasis on operating as part of this interdisciplinary coalition and strengthening relationships to address the breadth of students’ needs.

As schools continue to be the central most feature in the daily lives of children and adolescents’ practitioners remain uniquely positioned to influence and support youth in the most natural of settings enabling the early identification and management of mental health issues (Hoover & Bostic, 2021). According to Hoover and Bostic (2021, as cited in Atkins et al., 2010)
“school is a familiar meeting place for most children, providing a more accessible and comfortable site for students to receive mental health services than hospital or community mental health settings” (p. 37). To this end, Adelman, and Taylor (2010) outlined five delivery mechanisms and formats for the provision of mental health in schools identified as the following:

2. School-District Mental Health Unit.
3. Formal Connections with Community Mental Health Services.
4. Classroom-Based Curriculum and Special Out of Classroom Interventions.
5. Comprehensive, Multifaceted, and Integrated Approaches.

From School Social Work to School-Based Mental Health - Overlap and Divergence in the Delivery of School-Based Services

In the School Social Work Association of America’s (SSWAA) Resolution Statement on School Social Workers’ Role in Addressing Students’ Mental Health Needs and Increasing Academic Achievement, Kelly (2020) emphasized that many trained professionals and support personnel employed within a school, or by an agency contracted by a school system, are responsible for delivering the mental health services. Additionally, Kelly (2020) called attention to the increased demand for mental health services in schools and validated the expanding role social workers play in providing these mental health services through various delivery formats and across all segments of the student population. In fact, survey work recently conducted with school social workers implies social workers in schools are often the only clinical point of contact students have access to (Kelly, 2020; Kelly et al., 2016; Thompson, Frey & Kelly, 2019).
Traditional school social work aims at providing supports to vulnerable student populations, with specific attention to what Kelly et al. (2015) referred to as “ecologically influential spheres important to the success of youths in school” (p. 18). In most cases, school social workers spend a large amount of their time functioning in a case management capacity designed to coordinate student and family access to interventions for school success (Kelly, 2020). Nevertheless, the code of ethics, professional values, and practice standards designated by the NASW and SSWAA apply to all social work practice in schools. Yet, this still begs the question: is there a qualitative difference between a school social worker and a school-based mental health provider or clinician?

For clarification on the overlap and divergence between the two, the national professional organization dedicated to advancing school social work – SSWAA, was considered. Over the years, SSWAA has published numerous position papers and resolution statements to educate professionals through a community of practice, helped to guide and organize developments in the field, as well as address issues of importance to school social workers at the local, state, and national levels. To address this question the following sources were reviewed and yielded some clarity: SSWAA’s Position Paper entitled, School-Based Mental Health Providers (Raines, 2018) followed by the Resolution Statement entitled, Clinical School Social Work: Responding to the Mental Health Needs of Students (www.sswaa.org, 2013). And, according to Raines (2018) The Every Student Succeeds Act of 2015 clarified that school-based mental health services consisted of both in-district support personnel as well as community-employed mental health professionals.
Interestingly, both Raines (2018) and SSWAA (2013) highlight the associated variables that mark the distinction between traditional school social workers and school-based mental health providers – credentials and clinical licensure. Although many states do require graduate level licensing from the state social work board in addition to certification from the state board of education, to be considered a clinical school social worker functioning under the school-based mental health umbrella, a clinical license is required. According to the SSWAA, master’s level school social workers are qualified to provide such services under the appropriate licensure or under clinical supervision (2013). Furthermore, SSWAA (2013) suggests master’s level social workers develop a clear, detailed supervision plan that outlines professional learning objectives.

**SBMH Training Needs and Pre-Service Preparation for Practice**

Due to the increased mental health needs of students and their families the traditional landscape of school social work continues to evolve. Consequently, it has expanded to include a considerable focus on understanding the role of mental health in children’s psychosocial and academic functioning and educational outcomes. As such, it is important to remember “the term school-based is not meant to refer to the site at which the counseling occurs. It is meant to refer to the focus given on promoting school success” (Gerrard, 2008, p. 1). With this said, what differentiates school-based treatment from more traditional clinical services is the fact that services are provided on-site within the school building (Bailey, 2010).

As practitioners in a field developed at the intersection of mental health and education, it is vital for SBMH practitioners to be steadily mindful of context and adept to the clinical nuances as well as the various practice realities of mental health services in schools. Consistent with the proposed course, this awareness and skillset must be explicitly taught. Historically, this task falls
largely on graduate social work programs (Simpson, Williams, & Segall, 2006). Thus, requiring school social work education to move beyond a generalist introduction to school social work with broad practice goals, especially at a time when the roles of support personnel are evolving (Kelly et al., 2015). Delivery mechanism or format for mental health notwithstanding, the overarching clinical objective of school-based services and what can be considered its most distinguishing professional features are: the intention of removing internal and/or external barriers to learning, capitalizing on students’ innate performance and achievement capacity, and most importantly, actively contributing to the development, improvement, and maintenance of students’ educational functioning.

Consistent with this notion, a qualitative study by Powers et al., (2011) explored specific resource needs from the perspectives of school practitioners to promote school mental health. The main purpose of this study was to gather data about ways to promote mental health directly from the voices of practitioners themselves. As expected, results from this study indicated a need to increase and improve communication and training as well as a need for additional professional development “in order to stay current with existing best practices” (Powers et al, 2011, p. 30). Findings also provide initial steps for school practitioners to promote mental health and strongly imply one of the most effective ways to improve student outcomes is to cultivate the expertise of existing school-based staff (Powers et al., 2011).

In another study on expanded school mental health by Ball et al. (2010) results yielded a set of seven core competencies for cross-professional practice. A key outcome of this study was the emergence of 51 competencies and development of seven themed areas that are categorized as follows:
2. Interprofessional Collaboration.
7. Cultural Competence.

Not surprisingly, as pointed out by Ball et al. (2010), “mapping of the competencies to existing accreditation and practice standards for selected professions revealed shared and unique competencies” (p. 114). However, many pre-service programs remain program or discipline specific. And, although this is understandable for obvious reasons on one hand, it creates a gap in advanced training on the other hand by limiting opportunities for cross-professional learning critical to the foundation of SBMH (Ball et al., 2010).

In a similar study, Kelly et al. (2013) surveyed 3,769 school social workers across the nation to understand the current state of school social work. Not surprisingly, results of the National School Social Work Survey, which was the largest of its kind to date, provided supporting evidence for the creation of a national practice model. As a result, and in partnership with SSWAA, the development of a national school social work practice model and common framework for practice can be found on the SSWAA website. In summary, taken together the research presented contributes to a growing body of evidence suggesting the integration specific SBMH knowledge into the existing graduate and pre-service training programs for professionals providing SBMH programming and direct services. And, although this body of research
addressing school mental health training is limited as compared to other areas such as evidence-based practice (EBP), data is accumulating as evidenced by the advances in the development of school-based mental health professional competencies and a nationally recognized school social work practice model.

The Role of Attachment Theory in Understanding, Interpreting, and Responding to Behavior in Schools

Recognizing the usefulness of a national school social work model and strongly considering the value of a deepened clinical skill set for practice in schools, it stands to reason and seems only logical to extend current findings to optimizing the professional development and master’s level expertise of school social workers through an advanced practice course embedded within the MSW curriculum informed by psychological theory. The most unique feature of this course being its concentration and reflections on the psychodynamic tenets of what Perry (2002) refers to as our first core strength as human beings – attachment. Human beings, by design, seek relationships – for safety, for comfort, for direction, and for learning. As infants our attachment bonds are formed through interactions with our primary caregivers which are the basis of acquiring the interpersonal and intrapsychic life skills needed to embrace the world around us – to relate, to love, and to learn – ourselves and others (Perry, 2002). Thus, it can be argued all learning, from the cradle to the grave, takes place in the presence of others and within the context of relationships. This relational blueprint extends to relationships throughout the course of our lifespan and can be observed in multiple environments settings – schools being among the most dominant. Bearing this in mind and knowing the influential role of theory as it applies to daily practice, we must consider the clinical utility of attachment theory as it pertains
to our understanding, interpreting, and responding to behavior with accuracy, particularly with children, adolescents, and families in schools.

With respect to school-based practice, attachment theory offers a developmentally appropriate and non-pathologizing way to think holistically about children and adolescents in their natural environment and operate in a strengths-based way that considers, first and foremost, their narratives, and their stories particularly as they unfold at school and in the classroom. Although attachment theory offers a cluster of evidenced-based strategies and techniques, it can be understood and viewed to be much more than that as described in the next two chapters.
Chapter 3: Theoretical Support for Attachment-Informed School-Based Mental Health Practice

Attachment Theory – A Brief Overview of its Origins

Emerging from the psychoanalytic establishment in the 1950's, psychoanalyst and child psychiatrist, John Bowlby, was the first to conceptualize and provide an empirical base supporting the psychological construct known as attachment as necessary for infant survival and a child's developmental growth (Solomon, 2002; Holmes, 2015; Bowlby 1951, 1966). According to Bowlby, as noted by Colley and Cooper (2017), the term attachment can be characterized by the presence of a significant affectional bond between an infant and mother also known as primary carer or caregiver. At first, Bowlby examined and integrated principles from various disciplines to study affectional bonding between infants and their caregivers (Davila & Levy, 2006). As a student of fellow analyst Melanie Klein, a pioneer in the analysis of children and early founder of object-relations theory, Bowlby was influenced by her focus on children and the object-relationship but drew inspiration from many disciplines outside of psychoanalysis (Bretherton, 1996). However, as van Rosmalen, van der Horst & van der Beer (2016) pointed out, what seems to have cultivated Bowlby's interest in the mother-child relationship the most came from his experience treating institutionalized children and, what was then termed, juvenile delinquents, at the time, as a psychiatrist at the London Child Guidance Clinic.

In his paper, *Forty-Four Juvenile Thieves*, Bowlby (1944, 1946) observed that many of the adolescents in his care experienced disrupted childhoods and separations from their mothers at critical ages of their development (van Rosmalen et al., 2016; Geddes, 2006; Colley & Cooper, 2017). Using this set of observations to guide his research and support his claims from
an empirical base (Renn, 2017; Bretherton, 1996), Bowlby focused his attention on examining the significance of the infant-mother relationship and investigating the evolutionary relevance of a child's ties to its mother as primary caregiver. He concluded that maternal care during the first years of life was not only deeply connected to a child's mental health outcomes, but he also attributed it, or the lack of thereof, to psychological damage and maladaptation over the lifespan (Geddes, 2006). Geddes (2006) referred to these negative intergenerational mental health outcomes as "cycles of disadvantage" where "today's neglected children become tomorrow's neglectful parents" (Geddes, 2006, p. 37).

Nevertheless, it is remarkable to note that at that time, the idea of investigating the infant attachment behavioral system was divergent from the predominant pedagogy of early-mid twentieth century Freudian psychoanalysis that was centered around the internal drives, unconscious fantasies, and intrapsychic conflicts of adults (Holmes, 2015; Applegate, 2004). And, despite its lack of attention and consideration against the background of psychoanalysis, the outcome of Bowlby's original research on the infant attachment behavioral system was groundbreaking and verified the evolutionary significance of the infant-mother relationship. Gradually, according to Holmes (2013), Bowlby comprehensively formulated his theory of attachment in a three-volume series on attachment, separation, and loss. Often cited as Bowlby's trilogy (1969, 1973, 1980) this series set the foundation for the early understanding and interpretation of separation anxiety, separation, loss, and grief in children (Fleming, 2018; Holmes, 2013; Stroufe, 1986).

Building on his original research findings, and with considerable empirical support from Mary Ainsworth and her colleagues (1969), renowned for the landmark laboratory studies known
as the Strange Situation Procedure that clarified key attachment concepts and qualified infant attachment behaviors, attachment theory was formally established and considered a new developmental paradigm. (Holmes, 2013; van Rosmalen et al., 2016; Geddes, 2006, Granquist et. al., 2017; Ainsworth, et al., 1978, 2015). As noted by Ainsworth et al. (1978, 2015) in the classic text *Patterns of Attachment: A Psychological Study of the Strange Situation*, the authors pointed out:

we are concerned with the distinction between attachment as a bond, tie, or enduring relationship between a young child and his mother and attachment behaviors through which such a bond first becomes formed and that later serve to mediate the relationship. In developing attachment theory, Bowlby (1969) devoted much attention to attachment behavior as a behavior system, in the course of which he also discussed the specific behaviors that serve that system in infancy and early childhood. He devoted relatively little attention to an exposition of the relation between such behaviors and attachment as a bond. (p. 17)

Thus, the strange situation procedure was designed to augment Bowlby's assertions on the primary experiences of early development and intended to measure the relationship between attachment behavior, maternal sensitivity, and the mechanisms of attachment. In brief, the outcome of the Strange Situation Procedure studies yielded recognizable infant attachment behaviors, or patterns of relating, that were classified as secure or insecure (Colley & Cooper, 2017; Ainsworth et al., 1978). However, as mentioned by Granqvist et al. (2017), Main and Solomon (1986, 1990) "identified specified classes of behaviors that – if seen at sufficient intensity and in the presence of the parent in the Strange Situation – could lead to a disorganized
attachment classification" (p. 538). Granqvist et al. (2017) further noted, as per Main and Solomon (1986, 1990), "a classification of disorganized attachment with one caregiver does not have an association with disorganized attachment with another. This suggests that much of the variance can be accounted for by relationship-specific factors, or by interactions between infant disposition and the caregiving environment" (p. 540).

According to Mikulincer and Shaver (2012) the attachment behavioral system, as developed and popularized by Bowlby and expanded upon by Ainsworth and colleagues, is characterized as an innate psychobiological system that motivates human beings to seek comfort, proximity support, and safety from primary attachment figures beginning in infancy (Bowlby, 1982, 1988). Patterns of relating, also referred to as attachment behavior, ultimately came to be classified as: Secure, Insecure-Avoidant, Insecure-Ambivalent, and Insecure-Disorganized (Ainsworth et al., 1978; Main & Solomon, 1986, 1990). According to the tenets of attachment theory, this internal system is relational in nature and responsible for the development and retention of coping skills, distress tolerance, the capacity to self-regulate, self-soothe, and form help-seeking behaviors, as well as maintain psychological resilience over the course of one's lifespan (Mikulincer & Shaver, 2012).

The attachment behavioral system is understood to work in tandem with the exploratory behavioral system indicating a bidirectional relationship. That is, as pointed out by Zeanah, Berlin, and Boris (2011), when a child feels secure in the presence of their primary attachment figure, they are naturally more inclined and intrinsically motivated to venture out from their secure base to explore their environment and seek proximity support in times of need to find comfort and safety. According to Holmes (2015) "the attachment dynamic motivates the
distressed care-seeker to seek out a Secure Base, an older, wiser, care-giver for support and succour, while the care-giving dynamic activates the latter to offer physical proximity, affect regulation, and emotional availability" (p. 209). Holmes (2015) further noted "once the attachment dynamic is assuaged, exploration of their inner and outer worlds becomes possible" (p. 209).

This internal awareness of knowing and feeling one has a secure base to return to for comfort in times of need is directly linked to a stable sense of belief in others as reliable, sensitive, and consistent which in turn promotes a positive mental representation, or internal working model (IWM) of self and others (Mikulincer & Shaver, 2012; Davila & Levy, 2006; Zilberstein, 2013). For this reason, this internal working model represents the care and protection they have received and takes on a self-regulating role (Zilberstein, 2013). According to Davila and Levy (2006) "internal working models are thought to develop from secure base experiences with caretakers and to contain information about the self, others, and their relation. These working models are believed to guide cognition, emotion, and behavior in attachment-relevant circumstances across a lifetime" (p. 990). In a much earlier but often cited article, Bretherton (1996) summarized Bowlby's concept of internal working models stating,

He proposed that patterns of relating acquired in the early parent-child relationship are internalized and form the basis for how an individual enters and subsequently maintains other close relationships. Healthy patterns of relating to attachment figures, he contended, depend on open (nondefensive) emotional communication between child and parent that makes continuous updating and refinement of internal working models possible. By contrast, miscommunication, especially
deliberate miscommunication wherein a parent tries to falsify a child's actual experience, leads to internal contradictions within working models. Under these conditions, suggested Bowlby, a child will create two segregated sets of working models of self and parent: one set that is accessible to conscious awareness and is compatible with what the child has been told and a second one, inaccessible to awareness, that represents the child's experience unaltered by parental interpretations (p. 35).

This understanding of internal working models and how they develop supports "the assumption that insecure individuals' internal working models are fragmented while secure individuals' working model are better integrated and hence facilitate easier access to attachment-related information" (Bretherton, 1996, p. 36). Thus, open communication is a key aspect of developing a cohesive internal working model and as noted by Bretherton (1996), "one of the hallmarks of secure attachment" (p. 36) whereas "insecure attachment is often characterized by an inability to discuss attachment experiences openly and coherently" (Bretherton, 1996, p. 36).

According to Riley (2011) the "internal working model forms a set of implicit rules, beliefs, and expectations about environment, self, and others" (p. 20). Riley further posited that the child's internal working model is then used "as a prototype for subsequent relationships formed" (p.20). Consistent with this understanding of internal working models, Furrer and Skinner (2003) pointed out that research suggests that secure attachments and their corresponding internal representations function as a safe haven allowing children the freedom to explore and to engage constructively in activities and interactions with others in an external world they view as safe.
Attachment theory, at its core, is an understanding of child development and family functioning (Solomon, 2002) and underscores the "centrality of vital relationships as the bedrock of human experience" (Stroufe, 1986, p.848). And, although at first glance "attachment theory is deceptively simple on the surface" (Schore & Schore, 2008, p. 9) it is a complex theory of human development. According to Schore and Schore (2008), contemporary interdisciplinary research in the areas of neurobiology and neuropsychology can now explain why "early emotional transactions with the primary object impact the development of psychic structure, that is how affective attachment communications facilitate the maturation of brain systems involved in affect and self-regulation" (p. 9).

Over the course of time, attachment theory has been proven to be an effective framework for examining, organizing, and integrating the interconnected concepts of interpersonal functioning, emotion regulation, developmental relationships, health, mental health, coping, and psychopathology (Mikulincer & Shaver, 2012; Berry & Drake, 2010; Schore & Schore, 2008). As such, Mikulincer and Shaver (2012) pointed out that the clinical implications of Bowlby's research (1973, 1982, 1988) on attachment greatly informs our understanding of the development of mental health conditions and psychopathology. Furthermore, from a developmental perspective, Furrer & Skinner (2003) suggested attachment theory best explains the long-term effects of our early attachments to caregivers and provides a framework for understanding how these relationships come to guide our interactions with others.

**The Importance of Attachment and Brain Development**

The human brain, an adaptive social organ built on relationships, is designed to grow, and develop through a series of interactions and experiences with the world around us (Cozolino,
2014; Perry, 2002). Early relationships that are characterized as safe and secure create the conditions for optimal brain development and, according to Cozolino (2014), these "relationships are a fundamental and necessary condition for the evolution of the contemporary brain" (p. 6). Schore (1994, as cited by Colley and Cooper, 2017), noted the field of neuroscience supports this view and strengthened the claim that "early social and emotional environments do influence the development of brain structures that are later responsible for the individual's social and emotional functioning" (p. 53). Schore (2001) also attributed secure early childhood attachments to the acquisition of more mature mental processes such as metacognition, emotional regulation, attunement, and what Fonagy (1997) coined as reflective functioning, which will be introduced in greater depth in the next chapter.

Findings from a study by Wall (2018) on attachment and children's brain development framed attachment as fundamental in developing brain pathways that stimulate emotional growth and self-regulation. Although the purpose of this study was specifically aimed at examining the ways in which attachment concepts are applied to parenting education in a Canadian brain-based parenting program, findings supported and reinforced the correlational link between secure attachments, resilience, and the strengthening of neural pathways that enhance children's emotional capacities. Moreover, Wall (2018) asserted that "the importance of attachment on brain development is based on the idea that children who feel safe and secure will develop stronger brain connections associated with emotional and cognitive competency" (p. 401).

Bearing these findings in mind, particularly as it pertains to clinical practice in an educational setting, lends itself to the importance of optimizing attachment in the classroom (Cozolino, 2013). Moreover, applying foundational concepts of neuroscience such as social
neuroscience (how our brains are hardwired to connect with others) as well as neuroplasticity
(the brains ability to adapt both structurally and functionally in response to experience) to our
work in educational settings encourages a less pathologizing way to understand observed student
issues such as inattention, disengagement, hyperactivity, emotional arousal or dysregulation,
and/or learning (Cozolino, 2013, 2014; Geddes, 2006, Colley & Cooper, 2017; Moţăţăianu,
2018). Moţăţăianu (2018) further noted "securing attachment not only guarantees a sense of
well-being in the classroom, but also optimizes the entire learning process, by enhancing
motivation and facilitating neuroplasticity" (p. 78).

With specific regard to brain development, it is remarkable to note we must recognize
that the brain's ability to grow and prune synaptic pathways is mainly dependent on use and a
direct result of consistent exposure to nurturing relationships that engender the sense of felt
security to safely explore and take risks (Colley & Cooper, 2017; Cozolino, 2013, Siegel, 2010).
Equally as important to recognize is the knowledge that "neuroscience indicates that adrenaline,
which is released in moments of fear and panic, inhibits the hippocampus and thus the learning
process" (Moţăţăianu, 2018, p. 80). Nevertheless, the contributions of neuroscience research
have greatly informed new ways to understand behavior and learning but more than that, the
research implies every child, every learner, has the potential for change in the right conditions
(Colley & Cooper, 2017). This is particularly important to acknowledge and remain aware of
when supporting and assessing the vulnerability of children and adolescents placed at risk from
exposure to a higher number of adverse life experiences (ACES), abuse, neglect, and
developmental trauma (Lee, Rhee, & Villagrana, 2018). As school-based clinical practitioners it
is essential that we view ourselves as secondary attachment figures in the lives of vulnerable
youth and seek to provide access to a safe haven and secure base at school. Moreover, we must recognize our roles in assisting children and adolescents in co-creating a more cohesive narrative of their lives (Kennedy, 2008; Siegel, 2001).

**Attachment in the Context of Risk and Resilience**

In the context of risk, as indicated by O'Neill, Guenette, and Kitchenham (2010), children brought up in abusive environments are most likely to suffer the consequences of disorganized attachment relationships placing them at greater risk for multiple academic and behavioral challenges. O'Neill et al. (2010) summarized relevant attachment, neurobiological, and complex trauma research to strengthen school-based interventions and improve the ways in which school staff addresses the social, emotional, and learning needs of students placed at risk due to attachment disruptions and complex trauma. Their review reinforced the impact trauma has on brain growth, cognitive development, affect regulation, and learning. More specifically, the review linked early attachment disruptions and complex trauma to a decrease in creativity, delays in receptive and expressive language acquisition, problem-solving, critical thinking, and IQ scores (O'Neill et al., 2010). Additionally, Neufeld and Mate' (2004, as cited by O'Neill et al., 2010), identified six forms of attachment in school-aged children that are linked to a wide range of school-based behaviors identified as the following: senses, sameness, belonging and loyalty, significance, feeling, and being known. Results of the review suggested teachers and counselors would benefit from explicit and on-going training on attachment theory, attachment disruptions, and complex trauma to better understand a student's capacity for learning and more accurately identify what "types of behavior children can control and those they cannot" (O'Neill et al., 2010, p. 195).
Research by Golding, Phillips, and Bomber (2021) confirmed this perspective and further asserted developmental and relational trauma has pervasive repercussions on a child's nervous system which directly impacts their relationship to learning as they move through school. Based on their extensive research on relational trauma, Golding, Phillips, and Bomber (2021) claimed that blocked trust is a key factor to consider when working with relational trauma in schools. And, because the attachment system is essentially an innate help-seeking and regulatory behavioral system built on trust, this is significant to consider when developing, implementing, and assessing school-based interventions, especially those that are trauma-informed (Bucci et al., 2015).

In a study by Lee, Rhee, and Villagrana (2018) on delinquency, attachment, and the school's role using a nationally representative sample from the Korea Welfare Panel (KWP) in South Korea, the authors posited that children with a history of maltreatment and unresolved attachment issues with primary caregivers seek alternative attachment in their peer group, schools, and/or community settings. The study examined the maltreatment-delinquency relationship and compared the trajectories of delinquency and the protective role of school attachment on delinquency outcomes with an emphasis on the timing of maltreatment. The results suggested that the timing of maltreatment is a significant factor in the onset of delinquency behaviors and affirmed schools can be a protective factor in the lives of children and adolescents placed at risk. The authors also provided critical perspectives for social work practice with children and adolescents and reinforced the importance of attending to their traumatic life experiences based on an ecological systems framework. In the discussion section of their study, Lee et al. (2018) suggested it is "imperative to better understand children and their
environment, as well as identify risk-factors that can lead to subsequent negative outcomes" (p. 118). However, the most relevant conclusion to note for the purposes of this dissertation, is the protective role school attachment plays on student development and how crucial it is "for teachers and social workers to identify students who appear to suffer from attachment difficulties due to maltreatment experiences in a timely manner" (Lee et al., 2018, p. 118).

Similarly, in another paper by Kennedy (2008) on educating students with insecure attachment histories, it was suggested that because internal working models can be shaped by new experiences teachers, as well as other adult figures in the school setting, play a role in the rehabilitation of students' internal workings models and contribute to academic success. Kennedy (2008) also highlighted the importance of other salient adult figures in a child's life and validates "these relationships can reflect various configurations of support at different developmental stages and in response to multiple life events" (p. 221). As such, these relationships are a protective factor in a child's life. In fact, as asserted by Mikulincer and Shaver (2012), healthy attachments, especially those with caring adults, are one of the most influential factors mitigating risk of developing psychological disorders and buffering against the long-term consequences and ramifications of adverse life circumstances.

Although generally speaking, the number of studies is limited in this specific area, research on attachment and the implications for its use in schools consistently suggests "understanding children's early attachment history and current attachment patterns is crucial for providing intervention services" (Hughes & Atkin-Little, 2007, p. 1). Furthermore, using an attachment-based framework in educational settings not only affects students placed at-risk but also supports school culture and climate, which benefits all students (Hughes & Atkin-Little,
As school-based mental health practitioners and school social workers, we are placed in a position to provide leadership and consultation in applying attachment concepts.

Attachment in the Classroom – Linking Theory to Practice

As the field of education advances and children's neurological, psychological, and social-emotional development is increasingly prioritized, the concept of attachment and the significance of relationship-based practices has been revived. A review of the research on attachment and learning revealed a glaring commonality. That is, relational security is foundational to our growth, development, and healing as human beings and is central to our engagement in learning across the life cycle. What was also made clear was the connection between early relational experiences, internal working models, adult-student relationships, and patterns of classroom engagement-directly linking attachment theory to educational practice (Colley & Cooper, 2017; Riley, 2011; Golding, Phillips, & Bomber, 2021). To this end, Geddes (2006) noted attachment research helps us to identify patterns of student behavior demonstrated in the classroom that interfere with learning and academic performance. Together, leading school-based attachment researchers Geddes' (2010), Colley and Cooper (2017), and Riley (2011) contributed to a body of current evidence reinforcing attachment theory's place in educational practice for all school staff as well as a focus of training and professional development.

Geddes (2006) introduced what she refers to as "the learning triangle" which reflects "the relationships between the pupil, the teacher, and the task" as the foundation and focus for the application of attachment theory in school settings, principally in the context of the classroom. The main premise of Geddes' (2006) work, as also noted by Colley and Cooper (2017), is that behavior is a form of communication and has explanatory meaning associated with it, especially
as it pertains to teacher-student relationships and learning tasks. Moreover, Colley and Cooper (2017) pointed out that negative or inappropriate behaviors typically displayed in school often illustrate an unmet emotional need. From that standpoint, the role of attachment behaviors can be considered an adaptive response toward meeting that need and, in some respects, as suggested by Spiegel, Severino, and Morrison (2000), "can be viewed as a drive toward health (p. 31). Therefore, it is essential for teachers and school staff to seek insight into the meaning and implications of a student's behavior from a developmental lens to make learning more accessible and the classroom environment a secure base, which consequently results in more effective teaching and better student outcomes. Closely aligned to the aim of this dissertation, Geddes' (2006) text is more about guiding a way of thinking rather than providing a manual for the application of specific attachment-based interventions.

Augmenting Geddes' (2006) work, Colley and Cooper (2017) pulled from the existing literature on attachment theory and merged contemporary research in the areas of neuroscience and brain development, social pedagogy, the impact of trauma in the classroom, behavioral management, building attachment aware schools, as well as the importance of professional supervision for all school staff. The authors indicated the critical importance of integrating attachment theory knowledge into training for school staff, especially those responsible for providing professional education and consultation to teaching staff, to understand and adequately meet the emotional needs of students. Therefore, as school-based mental health providers and social-emotional leaders in our respective buildings and/or districts, it is essential that we move past a broad familiarity of attachment theory and seek to acquire a fluency in its underpinnings and application to practice in educational settings. Especially because, as pointed out by Renn
(2017), even with acknowledgement of the clinical relevance of this body of knowledge, many practitioners seem to be at something of a loss when it comes to actually using attachment theory to inform their clinical practice" (p. 275).

Riley (2011) further observed the relevance of attachment theory in schools and articulated a comprehensive range of strategies that school-based professionals can use to understand and successfully manage relationships in schools form a psychodynamic lens. With a focus on the emotionality of teaching and "the complex suite of behaviors, interactions, and intra-and inter-personal motivations that take place in classrooms across the world daily"(p. 7), he explored the function of adult attachment in school settings in detail. Riley posited the traditionally known foundations of education popularized as the "3R's of reading, writing, and arithmetic" is inaccurate and asserts the true foundational elements of learning are based on the '3R's' of relationship, relationship, and relationship" (Riley, 2011). Riley further pointed out that for a school to function optimally, as a secure base, priority must be given to relationship formation from the student, teacher, and schools perspective and outlines ways to form, maintain, and re-examine professional relationships in the school context (2011). Based on his rationale, recognizing the vital role relationships play in our mental health and how they influence our wellbeing, as students and adult staff members, it is reasonable to conclude attachment theory offers an indispensable framework considered necessary to strengthen relationships, stimulate reflective practice, and inform relationship-based practices.

Recognizing Attachment Concerns in Children and Adolescents in School Settings

Regarding understanding, interpreting, and responding to child and adolescent behavior in school settings, attachment theory offers new ways of thinking about clinical issues and the
therapeutic process (Renn, 2017). Being aware of and familiar with the tenets of attachment theory allows school staff to acknowledge and accept the vulnerabilities of attachment insecurity which offers valuable insight into the developmental trajectories of some common psychiatric disorders as well as help-seeking behaviors (Ma, 2007).

According to Mikulincer and Shaver (2012), attachment insecurities seem to contribute non-specifically to many kinds of psychopathology and maintain "research findings showing that attachment insecurity is a major contributor to mental disorders, and that the enhancement of attachment security can facilitate the amelioration of psychopathology" (Mikulincer & Shaver, 2012, p. 12). Research also shows attachment styles can change depending on current context, recent experiences, and recent relationships and the "attachment-psychopathology link is moderated by many biological, psychological, and socio-cultural factors" (Mikulincer & Shaver, 2012, p. 12). Taken together, this strongly implies a compelling argument for using attachment theory to inform the design and delivery of psychologically "safe and secure" school-based services as well as professional development for school staff. As outlined throughout the body of this dissertation, understanding and being aware of internal and external relationship mechanisms "shift the clinical frame from an individual child to a child developing in the context of caregiving relationships" (Zeanah et al., 2011, p. 830).

Yet, despite the human need for felt security and a secure base from which to explore the world, the disheartening reality is that not every child grows up in a "safe haven." Children's exposure to multiple adverse life experiences (ACES), inadequate and/or neglectful parental support, and traumatic stress places them at increased risk of social, emotional, and cognitive impairment and can lead to internalized difficulties (Watters & Wojack, 2020; DeCandia &
Guarino, 2015; Perry, 2002). Without access to a secure base in which they can reliably and predictably feel safe, seen, and supported children develop adaptations of their own (Kinniburgh & Blaustein, 2007) that often reveal themselves in the form of behavior easily accessible in the school setting.

In their study, Watters and Wojack (2020) examined the mediating and moderating role of the Attachment, Competency, and Self-Regulation (ARC) framework originally founded by Kinniburgh and Blaustein (2005, 2018). According to this framework, attachment, competency, and self-regulation are identified as the three primary domains of healthy development that work together to form relationships and build resilience (Watters & Wojack, 2020; Kinniburgh, Blaustein, Spinazzola, & van der Kolk, 2005). The model highlighted the core effects of trauma on attachment and emphasized a "child-in-context" philosophy of intervention. Results of this study found strengthening the three core domains of ARC enhances resilience and plays a significant role in moderating the internalization of symptoms of childhood abuse.

For school-aged children and adolescents, the cumulative impact of multiple ACES and exposure to complex trauma often manifests in the context of the classroom and interrupts healthy relationship development, learning, and performance. Because access to education and supportive adults in school settings are viewed as protective factors in children's lives, making the connection between adverse childhood experiences, complex trauma, and attachment is necessary to consider when developing school-wide programs and policies designed to remove barriers to learning, enhance educational engagement, and when nurturing a secure base school culture and climate.
Building Attachment-Aware Schools

Building attachment-aware schools begins with the individuals within the school having a knowledge and proficiency in attachment theory and its application to learning. Like Renn (2017) suggested, many practitioners might recognize the theoretical term when you mention it, but rarely can they use it to actually inform clinical practice. It also underscores the positive role adults, outside the family and home, can play in influencing a child's social, emotional, and psychological development. In fact, Wentzel (1999, as cited by Woolley & Bowen, 2007) "has shown not only that children develop positive behavioral and social patterns on the basis of their relationship with supportive adults but also that those patterns affect all aspects of that child's development, including school performance" (p. 93).

Woolley and Bowen (2007) examined the association between the number of supportive and caring adults in the home, school, and neighborhood and level of adolescent school engagement. Findings concluded that students with higher levels of support from supportive and caring adults reported higher levels of connection to school. The study also underscored the importance of supportive and caring figures in building resilience in risk exposed youth. Therefore "this research suggests that a priority for schools should be building the quality of children's relationships. Moreover, it suggests that interventions cannot target relatedness to only one social partner. Relatedness to parents, teachers, and peers each play a unique role" (Furrer & Skinner, 2003, p. 160).

Multicultural Considerations for the Application of Attachment Theory

Regarding the universal application of attachment theory across cultures, it is necessary to acknowledge that attachment theory has been criticized for reflecting Westernized
expectations and ways of thinking about family relational dynamics without accounting for cross-cultural attachment patterns and beliefs. These limitations can be attributed to the understanding that "Bowlby was much less interested in the diverse ways cultures incorporate attachment relationships into prescriptions for family life than he was in universal aspects of attachment behavior and experience" (Bretherton, 1996, p. 41).

Moreover, because family structures and parenting styles vary from one culture to another it is vital to understand attachment within the cultural context of the family and situation. Without the inclusion of multicultural and linguistic competency, applying attachment concepts could be potentially damaging. As a result, "to understand the quality of parenting strategies, the cultural beliefs and practices in which they are embedded, i.e., the local context and the living conditions of the local people, need to be understood" (Keller, 2018). Similarly, as suggested by Mirecki and Chou (2013), it is important to have an awareness that "when working with immigrant families, expectations of what is appropriate may differ" (p. 511) and "it is important to conceptualize attachment bonds through a lens that is consistent with the context from which the family came" (p. 513). Thus, employing a multicultural attachment lens to the therapeutic process is an essential aspect of alliance building with students, families, and communities.
Chapter 4 - Developing the Attuned School Clinician

Historically, developmental and attachment research has largely focused on examining the parent-child relationship as the primary context for optimal child and adolescent growth and development. However, as pointed out in the last chapter, over the past several decades researchers in the field have expanded their thinking and broadened their focus to include relationships with other influential adults in a child or adolescent's life (Verschueren & Koomen, 2012). Mikulincer, Shaver, and Berant (2013) asserted that "according to attachment theory, any relationship partner can serve as an attachment figure if he or she becomes a reliable source of protection and support" (p. 607). On the other hand, it is also remarkable to note that not all positive relationships can be characterized as an attachment relationship that is defined as "a deep and enduring affectionate bond that connects one person to another across time and space" (Bergin & Bergin, 2009, p. 151). Yet, positive relationships that generate a sense of felt security are integral to human development and linked to social-emotional growth, learning, and academic success (Bergin & Bergin, 2009; Verschueren & Koomen, 2012; Pianta, 1992).

Therefore, as argued by Jimerson, Coffino, and Stroufe (2007) whether or not a teacher/adult-student relationship meets the clinical criteria for "attachment," that does not imply attachment concepts cannot be utilized when attempting to enhance these relationships.

The idea of examining teacher-child relationships from an attachment perspective was pioneered by Robert Pianta in 1992. He first proposed the idea of moving beyond parents to investigate the significance of teachers as secondary attachment figures in the growth and development of children (Verschueren & Koomen, 2012; Pianta, 1992). Reflecting on his experience as a classroom teacher, Pianta (1992) recalled the impetus for his research was based
on direct observations as a middle school educator where "it became apparent that the student's performance was related to my sense of closeness with them and their sense of security with me" (p. 1). Consequently, this lived experience, not unlike what we know of John Bowlby's, was instrumental in extending attachment concepts and bringing them to the forefront of educational discourse which ultimately grew into a body of research that underscores the influence and impact of relationships in the classroom. Along these same lines, Jimerson et al. (2007) noted "considering the stunning success of this theory, it is logical that there are many efforts to utilize and extend the theory in various ways" (p. 79) and advocated for the use of attachment theory when designing school-based social-emotional interventions.

Transformation through Attachment: A Relational and Reflective Model of School-Based Clinical Social Work Practice

Moving attention to school-based clinical social work practice and focusing on the relationship between school-based clinician and student raises the question: when is the therapeutic relationship an attachment relationship? According to Ma (2007), based on research conducted by Schuengel and van Ijzendoorn (2001), "the answer appears to be that some therapeutic relationships are attachment relationships, whereas some are not" (p. 11). Schuengel et al. (2001, as cited by Ma, 2007) suggested the defining factor distinguishing a therapeutic bond from an attachment bond is whether a client, or in this case a student, is using the clinician as a secure base and seeking safe haven from them in times of distress and when attachment needs are activated. This makes sense considering what we know about secure attachment and parallels secure base behaviors found in the parent-child relationship. Regarding the therapeutic
relationship, Cassidy (1999, as cited by Ma, 2007) outlined a set of characteristics to consider when defining attachment bonds that include the following:

1. Attachment bonds are persistent.
2. Attachment bonds involve a specific figure who is not interchangeable.
3. The relationship within the dyad is emotionally significant.
4. The individual wishes to maintain proximity to or contact with the attachment figure.
5. The individual feels distress at involuntary separation from the attachment figure.
6. The individual seeks security and comfort in the relationship with the attachment figure.

Attachment bond notwithstanding, the therapeutic relationship, or what is also referred to as the therapeutic alliance, remains central to clinical social work practice and foundational to social work education. (Dubois-Comtois et al., 2013; Ruisard, 2016; Trevithick, 2003; Bryan, Hingley-Jones & Ruch, 2016; Howe, 1998). According to Bryan et al. (2016) "relationship underpins social work practice in all its forms" (p. 229). Trevithick (2003) is also a proponent of relationship-based practice and identified eight areas of social work practice a relationship-based approach to practice continues to prove relevant and effective. These are:

1. Assessment;
2. As a foundation on which to build future work;
3. As help for people experiencing difficulties relating to self, others, and their wider social environments;
4. As help, support and care for people who are vulnerable, and reliant on particular services for their well-being;

5. As advocacy and medication for people experiencing discrimination or difficulties assessing services and resources;

6. As an approach to hold and contain anxiety in times of transition or crises;

7. As a foundation for capacity building; and

8. As a practice that can bear witness and report on 'social ills' as they impact on the lives of service users. (p. 167)

Trevithick (2003) further noted that although not all clients require or even desire an attachment relationship, it is the establishment of a meaningful and reliable relationship that is called upon when psychological triggers, especially those associated with attachment needs, are activated.

From an attachment lens, the healing nature of human connection and felt security within the therapeutic alliance is a key factor in facilitating change (Duquette, 2010; Ruisard, 2016; Trevithick, 2003; Tufekcioglu & Muran, 2015). Consistent with this view, Tufekcioglu and Muran (2015) identified the therapeutic alliance "to be not only a precondition for change but also, in fact, a condition for change" (p. 470). These authors portray the aim of therapy as a process whereby both therapist and client participate in understanding the details of their own experience respective of each other and emphasize the importance of therapist self-reflection in cultivating this process (2015). With consideration to the relationship as a condition for change, and because attachment theory underpins relational development, using attachment theory as a framework for practice, most especially when working with developing youth in school settings, is fundamental to the development of the attuned school clinician.
At the same time, it is remarkable to note Dubois-Comtois et al. (2013) cautioned centering interventions on attachment theory alone and suggest attachment-based interventions would be most useful in conjunction with other interventions or as a developmental framework informing treatment. Consistent with this opinion, Macaskie, Meekums & Nolan (2013) described using attachment theory as an approach to clinical practice that incorporates the "profoundly intersubjective nature of both therapy and training" and purported that "what seems to make the difference between successful and less successful therapy outcomes is the quality of the therapeutic relationship" (p. 351). Nevertheless, a major premise to relationship oriented and attachment informed practice lies in the belief that human behavior is motivated by the need for connection and relational safety (Erskine, 1998; Fairbairn, 1952).

**Attunement**

Attunement is a key term in attachment theory and central to the establishment and maintenance of secure relationships. The concept of attunement also scaffolds the development of the course proposed in this dissertation. Attunement reflects our ability to mirror back to our clients, across the lifespan, that their experience matters – that we are a secure base in which they can find support, sensitivity, and genuine responsiveness (Wylie & Turner, 2011). Reliably demonstrating this, especially to children and adolescents, communicates safety and a sense of felt psychological security which allows for emotional risks to be experienced through earned trust.

Attunement can also be understood as how reactive a person is to the emotional needs and affective state of another and is critical to the development of affect regulation (Schore & Schore, 2008; Wylie & Turner, 2011). Schore and Schore (2008) further noted the regulation of
one's affect is central to optimal human functioning and is often compromised in those who have experienced early relational trauma. Thus, being alert to the psychological and biological factors contributing to dysregulation facilitates consciously attuned responses to relational needs (Erskine, 1998). Furthermore, as pointed out by Wylie and Turner (2011) being attuned to another in the context of therapy as a secondary attachment figure, particularly in moments of dysregulation, directly contributes to the expansion of neural pathways that enhance the capacity to self-regulate when activated. The authors described the capacity for emotional attunement as "the ability to hear, see, sense, interpret, and respond to the client's verbal and nonverbal cues in a way that communicated to the client that he/she was genuinely seen, felt, and understood" (Wylie & Turner, 2011, p. 8). In other words, as suggested by Siegel (2010), as therapists we must seek to feel the feelings of our clients, not just understand them conceptually. This is the process he termed "attuned communication" in action. According to Siegel (2010), when we attune with others we allow our own internal state to shift, to come to resonate with the inner world of another. This resonance is at the heart of the important sense of ‘feeling felt’ that emerges in close relationships. Children need attunement to feel secure and to develop well, and throughout our lives we need attunement to feel close and connected. (p. 27)

Congruent with the aforementioned descriptions of attunement, Hughes, Golding, and Hudson (2019) described attunement as "the sharing of affect within the deepening intersubjective connection" (p. 138). As such, attuned interactions as explained by Phillips, Melim, and Hughes (2020) require empathy and include accurately perceiving and responding to the child's nonverbal messages. Naturally, however, attunement is not always available in
relationships and breaks occur for a variety of reasons. Depending on the security of one's internal working model (IWM), as discussed in the previous chapter, these breaks, or what can also be referred to as misattunements, can activate attachment needs and stimulate the attachment behavioral system. In school settings, it is especially common for school staff to be misattuned to the subtle signs and non-verbal cues students communicate to us if we are not mindful of what we need to be looking for. This includes clinical support staff. Therefore, as attuned school clinicians' intent on providing attuned care, we must not only seek to deepen our clinical approaches, but we must also be deliberate about incorporating reflective practices that cultivate personal growth and self-awareness into our work in schools.

**Rupture and Repair**

Although misattunements are a normal part of life, it is how we recognize, respond, and repair these relational ruptures that is most impactful and at the core of attuned care (Applegate, 2004). In fact, as noted by Applegate it is "through repeated experiences of attunement, misattunement, and reattunement, the baby develops a mental representation of himself or herself as resilient and of strong affects as survivable and reparable" (2004, p. 30). Thus, the concept of rupture and repair is another significant aspect of attachment theory essential to understand and demonstrate. In fact, it serves a significant therapeutic function (Applegate, 2004; Spiegel et al., 2000). Consequently, it is especially important for students who have experienced relational trauma to be met with secure adults in their lives that can recognize and express the importance of this foundational attachment principle (Golding, Phillips, & Bomber, 2021). Therefore, as attuned school clinicians we must be equally mindful of the importance of mending relationships
and much as we are in developing them. Thus, we must regard the rupture and repair process as a vital means and meaningful intervention to restore safety within the relationship dyad.

**Dyadic Developmental Psychotherapy (DDP)**

The attachment concepts of attunement and rupture and repair are deeply rooted in the attachment-based family therapy model, originally developed by Hughes and Becker-Weidman, known as Dyadic Developmental Psychotherapy (Becker-Weidman & Hughes, 2009; Hughes, 2017; Hughes, Golding, & Hudson, 2015). Becker-Weidman and Hughes (2009) described DDP as an evidence-based, empirically validated treatment model that aims to "provide therapeutic, healing relationships with children who do not trust their caregivers, teachers, therapists, and wider community (Hughes et al., 2019, p. 6) resulting from complex developmental trauma. DDP is often used to treat children in foster care and adoptive families, especially those who have a history of trauma, abuse, and neglect. However, DDP has been adapted over the years and been applied in multiple settings as a platform to strengthen relationship-based practices and inform treatment with clients without a history of complex trauma as well (Hughes, 2017; Hughes, 2011).

DDP relies heavily on the main tenets of attachment theory, intersubjectivity, and interpersonal neurobiology (Hughes, 2017; Hughes et al., 2019). Intersubjectivity as defined by Hughes et al. (2019) is "the reciprocal, non-verbal, attuned interactions that occur when our minds, hearts, and bodies are synchronized with each other" (p. 6). Because attachment is a function of reciprocal communication, Becker-Weidman suggests that intersubjectivity has three components critical to note that include shared emotion, shared attention, and shared intention.
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(www.center4familydevelop.com). Expanding on these three components of intersubjectivity in more depth, Hughes (2017) wrote:

First, they need to be synchronized affectively – attunement – which is crucial for the child's developing ability to regulate her emotional states, initially through having their affective expressions co-regulated with their parents. Second, they need to involve the joint awareness of – and attention being given to – the same object or event. The parent and child both have to be giving their attention, for example, to the dog, if the parent's experience of the dog is able to influence the child's experience of the dog. Third, the intention that the parent and child need in engaging in the joint experience needs to be complimentary. For it to be intersubjective, if the parent wants to teach, the child needs to want to learn. If the parent wants to understand, the child needs to want to be understood. (p. 598)

DDP is characterized by an attitude for practice Hughes (2017) called PACE. PACE is an acronym that stands for Playfulness, Acceptance, Curiosity, and Empathy. According to Hughes (2017) "this attitude of PACE is what facilitates the open and engaged, intersubjective therapeutic stance" (p. 595). According to Hughes (2017) PACE conveys the following:

Playfulness - a sense of optimism and hope.

Acceptance - the process of not judging the child's inner life of thoughts, feelings, and wishes, while limiting evaluations of the child to their behaviors.

Curiosity - a desire to understand how a child experiences their life.

Empathy - the experience of the child's struggles with the events of their life and their developing sense of self.
PACE in schools can help educators and school clinicians alike to have a better understanding of a student's internal experience and inform how they respond rather than react. Thus, the proposed course will expand on the work of Hughes and colleagues and introduce the components of PACE in greater depth and detail. Still, it should be noted that the extent to which a therapist, school-based clinician, or teacher can adopt a PACEful attitude or "can connect intersubjectively is only possible if the staff member can stay open and engaged" (Golding et al., 2021, p. 96).

A compelling aspect of DDP's PACE approach and what makes it applicable across service domains is that it is an attitude for practice rather than a model of practice that requires the adults in a child's life to approach interactions, and embrace behavior, from a place of openness and availability. That is, it is a way of learning to be with the client, or in this case student, that makes what we do with them most effective. It also positions us as interventionists to communicate, both verbally and non-verbally, in a way that limits shame and facilitates earned trust, which is a hallmark of secure base functioning and overall wellbeing (Hughes, 2017; Hughes, 2011; Hughes, Golding, & Hudson, 2015). Furthermore, as most clinicians often incorporate aspects of various treatment modalities in their practice, Phillips et al. (2020) highlighted the fact that "working from a Dyadic Developmental Practice framework does not preclude working with other models" (p. 285). On the contrary, it can augment other models and enhance the conditions for their success. Based on the aforementioned research there is clear empirical support for the use and integration of an attachment-informed framework, particularly one that pulls from DDP and integrates the PACE attitude, in school settings and within the social work advanced practice curriculum.
Mentalization and Reflective Functioning (RF)

Other theoretical constructs integral to modern attachment theory and associated with the development of a secure attachment bond and affect regulation relevant to the development of the attuned school clinician are what Fonagy and Bateman (2004) conceptualized as Mind-Mindedness, Reflective Function, and Mentalization. These concepts "refer to the capacity of sensitive care-givers to see their offspring as separate beings, with their own perspectives, desires and goals, and, equally, to apply this perspectivism to themselves-'to see others from the inside and oneself from the outside'" (Holmes, 2015, p. 212; Holmes, 2010). Siegel and Shamoon-Shanok (2010) further noted mentalization and reflective function begin with mind-mindedness. That is, thinking in mental terms when considering the interactions of others. Reflective function, according to Siegel and Shamoon-Shanok (2010) can be best understood as "mentalization operationalized" (p. 7). Extending these ideas, Fonagy and Target (1997) considered reflective functioning,

- to be the mental function which organizes the experience of one's own and others' behavior in terms of mental state constructs. Reflective function concerns knowledge of the nature of experiences which give rise to certain beliefs and emotions, of likely behaviors given knowledge of beliefs and desires, of the expectable transactional relationships between beliefs characteristic of particular developmental phases or relationships. (p. 680)

However, Fonagy and Target (1997) pointed out there is a distinction between reflective function and introspection and caution conflating the two. This is remarkable to note because they asserted reflective function is not interchangeable with self-reflection and highlight the
difference lies in the fact that reflective function is a more complex, "automatic function that is unconsciously invoked in interpreting human action" (p. 681) and lends itself to self-organization. Whereas, self-reflection, born of introspection and critical to the development of the professional self, is a deliberate process of understanding the experience of oneself.

Nevertheless, grasping these concepts and appreciating their depth requires advanced coursework and pre-service training, in addition to supervisory experiences, that are organized with these psychodynamic theoretical concepts in mind (Swan & Riley, 2015). Swan and Riley (2015) drew upon Fonagy's work and examined the conceptual links between empathy and mentalization in the classroom. They concluded that helping teachers or school staff to simulate the mental states of others, what we now know is the act of mentalizing, improves their relational practices in the classroom. Moreover, they indicated empathy and mentalization are skills that can be taught and improved upon. Therefore, just as teachers can be taught to acquire and strengthen these skills, it is reasonable to suggest social work students and developing school-clinicians can as well.

Attachment Theory, Social Work Education, and Reflective Social Work Practice

Urdang (2010) considered the applications of self-awareness to all areas of clinical practice and emphasized the importance for its explicit development in social work students and placement within social work education. Urdang suggested this is an area that is lacking in social work education and proposed the reintegration of "process" into social work curriculums, underscoring the importance of reclaiming our psychodynamic roots and calling attention to the requisite needs in the development of the professional self. However, Applegate (2004) presented this call to return psychoanalytic theory to social education years prior.
Applegate (2004) noted "the prevailing approach in social work education over the last several decades has generated a conceptual drift upward from depth to surface in understanding and helping psychosocially distressed people and their social environments" (p. 34). He mounted a compelling and thorough argument, based on empirically supported advancements in neuroscientific research, for strengthening the theoretical base of our profession. Both Urdang (2010) and Applegate (2004) asserted contemporary social work education remains centered around solution-focused, evidenced-based outcomes at the expense of fully exploring and validating the underlying intrapsychic complexities of human behavior in the social environment. As a result, Urdang (2010) recommended several ways to incorporate the development of self-awareness into the current social work curriculum, these include the following:

1. Emphasizing self-awareness academically and in the field.
2. Reclaiming psychodynamic theories.
3. Providing special educational experiences such as video labs and observational experiences. (p. 530)

Nevertheless, social work's connection to attachment theory and its emphasis on the helping relationship is longstanding (Applegate, 2004; Chinnery, 2016; Dean, 2002). Chinnery (2016) reported that the person-in-environment view, foundational to the field of social work, influenced the early development of Bowlby's theory on infant attachment and was "inspired by two psychoanalytically oriented social work colleagues with whom Bowlby worked and studied during his time at the London Child Guidance Clinic" (p. 83). Chinnery (2016) reminded us that attachment theory remains relevant to contemporary practice and a key social work task, regardless of specialization, involves recognizing and responding to others in a way that
enhances relational security and well-being. Moreover, Ruch (2005) pointed out "reflective practice challenges reductionist understandings of human behavior and the inefficiency of existing defensive and proceduralized attempts to tackle the demands of practice" (p. 118).

Reflection on the extent to which school-based clinicians perform secure base and safe haven functions for their students is necessary to support attachment informed practice and security-enhancing interventions (Cassidy, Jones, & Shaver, 2013). Kennedy and Kennedy (2004) pointed out clinicians, similar to teachers and educational staff, demonstrate "behavioral patterns that reflect feelings and expectations concerning interactions with children and their motivational goals/behaviors associated with their own attachment style" (p. 251). Marmarosh (2015) supported this claim, calling attention to the importance of therapist attachment styles and their impact on the therapeutic alliance, and contends research suggests "like patients, therapists rely on their internal model of others when interpreting the other in the therapy relationship" (p. 13). According to Foley, Nash, and Munford (2009),

"it is suggested here that the following needs consideration: the social workers' internal working model; how the social worker functions in the presence of intense affect and stress and how they relate to others when in a helper-caregiving role; knowledge about defensive exclusion strategies used, when they are used and with whom. (p. 44)

Foley (2007, as cited by Foley, Nash, & Munford, 2009) suggested "an attachment theory-informed framework for reflective practice include reflections on how to ensure as best as possible an experience of 'felt security' for both the social worker and the family as a pre-cursor to any social work intervention"(p. 46). In addition, Foley (2007) formulated the following set of reflective practice questions to help guide attachment-informed social work practice:
1. Based on what I have understood about the internal working model of help-seeking-provision of this client/client family, what do I need to offer this client/client family to provide the conditions for them to have an experience of 'felt security'? What support might they need to optimally feel safe in receiving help and support?

2. What does the client/family need to offer their own family, so as to provide the conditions for their own family to have an experience of 'felt security'? What support and/or systems would optimally provide the conditions for the family to experience efficacy and family belonging/membership?

3. Based on what I know of my own internal working model of help seeking-provision, what do I need to be offered and receive from my team/colleagues for me to have an experience of 'felt security', so I can help this client/client family?

4. What other key relationships and social resources might I consider as being useful to have on offer for this client family so as to provide further conditions for 'felt security'?

Clinician's Attachment Orientation and Therapeutic Processes

According to Mikulincer et al. (2013), a social worker's attachment orientation and sense of security contributes to the quality of therapeutic outcomes. Mikulincer and Shaver (2007) also emphasized "sensitive and effective caregiving depends on one's own sense of attachment security" (p. 611). These authors further posited "it seems likely that the therapist's contributions to the client's security, and the consequent cascade of positive therapeutic processes can be disrupted by his or her own attachment insecurities" (Mikulincer et al., 2013, p. 611).
Consequently, it can be reasonably assumed that a clinician with an insecure attachment style based on their internal working model (IWM) may complicate these therapeutic processes and compromise, often unknowingly, the establishment and maintenance of a secure therapeutic base. Expanding on this, Fairchild (2009) suggested "these internal mental representations of attachment figures from childhood include both conscious and unconscious elements, impacting two significant interpersonal behavioral systems in adulthood: caregiving behaviors on behalf of others and care-eliciting for the self at times of anxiety and threat" (p. 288).

In contrast, research suggests a therapist with a secure attachment style is likely to intuitively recognize "the importance of a safe haven function lies largely in its role in allowing the child to experience the attachment figure as a secure base from which to explore" (Eagle, 2017, p. 289). Not surprisingly, therapists with a secure attachment style have been found to move beyond surface behaviors and respond sensitively and confidently to a client's underlying attachment needs more readily (Kennedy & Kennedy, 2004).

**Attachment-Informed Supervision in Schools**

According to Holmes (2012, 2015) there are four stages in the development of a therapist and described these stages "from natural listener, through model-absorbing student, newly qualified clinician, to mature practitioner" (p. 208). Holmes (2015) also called attention to the fact that therapists vary in their intervention effectiveness and generally attributed this to a cluster of personal qualities such as openness, warmth, and affective presence, rather than a specific theoretical orientation or level of training. Mikulincer et al. (2013) accentuated this claim and pointed out "as in other attachment relationships, a client's sense of attachment
security depends on the therapist's ability and willingness to occupy the role of security provider" (p. 611).

Shea (2019) suggested that although reflective supervision is a specific approach to supervision in the field specialization of infant mental health, it is applicable across service domains and essential in supporting social work students' "capacities to critically examine not only clinical work, but also interaction among systems, agency culture, inter-professional collaborations, and community dynamics" (p. 70). Moreover, this supervision model, rooted in reflective practice, aligns with the Council on Social Work Education (CSWE) EPAS standards in this area. Shea (2019) further noted "it is important to utilize a reflective approach to supervision with social workers in the earliest moments of their professional development" (p. 63).

In a practice update published by the NASW (2010) entitled Meeting the Challenge of Supervision in Schools, supervision is recognized as a necessary aspect of professional development and identified as a building block of becoming an effective, experienced professional. However, access to on-going, consistent, and site-based social work supervision in school settings remains a challenge-not an impossibility. Thus, NASW recommends school social workers find creative ways to carve-out and dedicate time to ensuring supervisory opportunities.

Assessing the Clinician's Attachment Narrative

Like a child's caregiver, a clinician's "interactive behavior with the child is influenced largely by their own 'internal working models' of attachment, forged in part by their own early family experiences" (Zeanah et al., 2011, p. 824). Thus, there is considerable value in gaining a
detailed understanding of the features of clinician attachment narratives and how they relate to emotional regulation, interpersonal interaction, alliance building, felt security, and relational confidence in practice. In addition to social work supervision, another way to bolster understanding of adult attachment narratives and encourage clinician reflective capacity can be offered through pre-service training that integrates and introduces a general overview of empirically supported attached focused assessments, interviews, and protocols into the advanced practice curriculum. This knowledge base and sense of familiarity with the application and interpretation of such measures can increase clinical competence "in assessing both external, observable interactive behaviors between caregiver and child, and internal, subjective experiences of caregivers about their child" (Zeanah et al., 2011, p. 830). Thus, it can be presumed that incorporating an overview of empirically supported attached focused assessments commonly used in the field is more likely to enhance a clinician's awareness of specific attachment-related sensitivities and holds the potential to better inform person-centered, trauma-responsive therapeutic interventions as well as clinician reflexivity.

However, it should be clearly noted that implementing these measures in daily school-based direct practice is not an identified objective of this proposed course nor is it being suggested. Rather, it is intended to augment self-awareness, promote contextual understanding, and further develop attachment-based knowledge and skills that inform relationship building in practice. Furthermore, this course is not about learning to diagnose childhood attachment disorders and their symptoms, attempting to "correct" attachment problems, or debate conventional vs. unconventional practices for attachment problems" (Weinman, 2018).
On the contrary, this course and the content carefully selected within it is designed to inspire social work students to think relationally and draw upon attachment theory as the framework to guide secure base therapeutic behaviors and ways of being. Moreover, it is remarkable to note that not all social, emotional, and behavioral issues are the result of poor attachment (Weinman, 2018). Weinman (2018) further asserted it is imperative to promote the importance of being alert to and "weary of labels, diagnoses, and treatments that are not part of a professional research-based repertoire" (p. 109). To this end, establishing practice competencies in this domain is critical to the integrity and efficacy of this course. To authentically view learning, behavior, and emotional difficulties as interrelated concerns that place a child at risk, as opposed to categorizing them as being at-risk, is the essence of building attachment-aware schools and central to the development of the attuned school clinician.

The Attuned School Clinician in Context

Redefining our role in schools in accordance with the tenets of attachment theory can be largely achieved through being available to continuous interpersonal exchanges and interactions that open up access to a student's mode of relational functioning (Dubois-Comtois et al., 2013). Jimerson et al. (2007) pointed out that attachment-informed interventionists in school settings prioritize a student's relational matrix and "consider early history as a factor that initiates pathways rather than one that determines outcomes" (p. 89). Moreover, they viewed the need for attuned responses and felt security as a drive toward health instead of a demonstration of pathology. In addition, according to Eagle (2017) another "critical element of security of attachment consists not only in a confident expectation that the attachment figure will be physically available, but also affectively present and that one is accurately represented and held
THE ATTUNED SCHOOL CLINICIAN

in the attachment figure's mind" (p. 289). Eagle (2017) further posited the therapist's affective presence and affective attunement is directly correlated to positive therapeutic outcomes.

Establishing Attachment-Based and Relationship-Focused Competencies

According to Phillips et al. (2020) "we ourselves are our best tool for inviting children into relationships, to help strengthen the bridges toward the prefrontal cortex, and to find a new experience of themselves in our eyes" (p. 47). As outlined in Chapter 5 of the text Belonging: A Relationship-Based Approach for Trauma-Informed Education (Phillips et al., 2020) when using Dyadic Developmental Practice (DDP) as a framework, we must work to do the following:

• Accept that if a child (or parent) could do better then they would.
• Understand that co-regulation of affect must occur before self-regulation can be learned.
• Recognize that behavior will be changed by changing the felt sense of safety.
• Know that a child must "feel safe" and not be told they are safe to learn.
• Understand that fight-flight and freeze behaviors associated with blocked trust are adaptive.
• Recognize that controlling behavior reflects underlying fear: resisting authority, opposition, avoidance, hypervigilance, inability to recognize or unwillingness to share, thoughts and feelings, lack of reciprocity, and the myriad of other ways our students attempt to control us to make sense when children have learned that adults cannot be relied upon.
THE ATTUNED SCHOOL CLINICIAN

- Adjust our expectations to meet the emotional age of our students and not the chronological age. Chronic stress delays the growth of our brain in ways that make it difficult to meet developmental expectations.

- Know that to survive our students must suppress curiosity. They, therefore, have little knowledge about why they do what they do or why adults behave in the way they do. We must help our students come to know about themselves and others, not expect that they know but are not telling us.

- Understand that in order to survive, our students must suppress empathy. When they feel safe, they will take the risk to feel their own pain and by extension that of others. Empathy will become unblocked.

- Recognize that behavior therapy or cognitive therapy as means of classroom management best suits students with secure attachments. They have little effect on students who cannot identify their internal states or keep the bridge to their cortex in place to access the strategies to change their thinking or calm their feelings.

- Look after our own brains. Our students' relentless attempts to control us and the lack of reciprocity make us vulnerable to slipping into blocked care. As our caregiving systems break down, we become less hopeful for change. In blocked care, we might keep trying, but it is much harder for us to stay in our social engagement system that is so crucial for signaling safety signs to our students. (Phillips et al., 2020, p. 47)

Attachment Theory and Implications for Social Work Education

Although the "state of our art is always provisional" shifting paradigms in any setting is not without its own set of challenges and implementation hurdles (Macaskie et al., 2013, p. 352).
"Professionals are often reluctant to let go of accepted models or theories that are familiar, and systems are strongly resistant to change" (DeCandia & Guarino, 2015, p. 19). Furthermore, DeCandia and Guarino (2015) pointed out "the service delivery context, organizational values, and characteristics of providers and clients can affect training effectiveness and service delivery" (p. 15). Like building a trauma-informed care model in organizations, adopting an attachment-based philosophy for practice, and promoting attachment-aware schools requires "an organizational commitment to building employee's awareness, knowledge, and skills" (DeCandia & Guarino, 2015, p. 14). With regard to the role of education in preparing social workers, as noted by McCarthy (2020), "nurturing students' intersubjective capacities is relevant for all levels of social work education" (p. 59) and requires that social work programs "hold to a relationally-based psychodynamically oriented, biopsychosocial perspective" (Berzoff & Drisko, 2015, p. 265).
Chapter 5: Course Design

The format of this course is a 14-week advanced clinical practice elective course for second year MSW students. It has been developed to build on foundational school social work courses as well as those offered in the generalist social work practice curriculum. This course calls attention to the growing clinical role social workers play in the delivery of direct mental health services in schools and contributes to the existing advanced practice social work curriculum in order to meet the requisite needs of MSW students entering the field more adequately. As pointed out in the School Social Work Practice Model Overview "the roles and responsibilities of school social workers vary significantly across schools, districts, states and countries" (Frey et al., p. 2, 2013). According to this document school social workers are considered trained mental health professionals and are "expected to possess advanced knowledge and technical skills to guide their practice" (p. 3) in three specific areas that include:

1. Providing evidence-based education, behavior, and mental health services.
2. Promoting a school climate and culture conducive to student learning and teaching excellence.
3. Maximizing access to school-based and community-based resources.

Adhering to SSWAA’s recommendations suggested in this practice model, with particular emphasis on providing evidenced-based education, behavior, and mental health services, this course offers advanced clinical knowledge and technical skills that will further prepare MSW students planning to work in educational settings to recognize and respond to student mental health crisis and needs, promote a strengths-based school climate and culture centered around relational practices, as well address social-emotional and environmental barriers to student academic success by maximizing access to school-based and community-based resources.
The design of this course is based on the fundamentals of school-based mental health (SBMH) and expected to strengthen pre-service training for clinical social work practice in school settings by intentionally "preparing students to appreciate and utilize the capacity for deep and meaningful connections" (Farber & Penney, p. 96, 2020). More specifically, this course aims to introduce, broaden, and deepen students' understanding of attachment theory as a developmental framework for relationship-focused clinical school social work practice and is intended to cultivate and shape the reflective professional identity of the attuned school clinician. As pointed out in the literature review of this dissertation and noted in the forthcoming course syllabus, attachment theory extends a developmental and applied way of thinking, observing, examining, and interpreting behaviors. Behavior in all forms has meaning and how accurately we interpret the function of these behaviors hinges on how well attuned we are to the needs, emotions, and intentions of others and how skilled we are at observing and translating attachment dynamics, especially those that play out in the classroom and educational settings. As school-based practitioners, when we are attuned to others and attend to their needs, we can purposefully focus our efforts on building interactions and nurturing behaviors that support the establishment of “a secure base” at school and contribute to an attachment-aware school community.

Attunement, a major tenet of attachment theory, promotes a child's sense of felt security. Establishing and maintaining this sense of felt security through attuned communication is essential to the development of the attuned school clinician and requires self-awareness, relational capacity, as well as intentional on-going self-reflection on the part of the practitioner. Self-awareness is foundational to social work practice as it influences the delivery of services.
when working with individuals, families, groups, organizations, and communities and "is an indispensable condition for competent social work practice, and thus its development in graduates is an essential part of the professional education (Farber & Penney, 2020). As such, SSWAA recommends school social workers demonstrate competence in this area and points out that school social workers are advised to engage in personal and professional reflection to be considered highly qualified (Lucio et al., 2021). In the position paper, *Definition of a Highly Qualified School Social Worker*, SSWAA recommends that highly qualified social workers demonstrate the following key elements: 1. Education; 2. Competence; and 3. State Certification/License (Lucio et al., 2021). Therefore, supporting education and building competence in this domain is a significant learning objective of this course.

Over the years SSWAA has published numerous resolutions statements to address the importance of school social workers at the national, local, and state levels in order to promote professional advocacy. In the category of School Mental Health, there are four resolution statements published by SSWAA that have significant relevance to this course and applicable to social work education:

1) **School-Based Mental Health Providers**

2) **Psychotropic Medications and School**

3) **Clinical School Social Work: Responding to the Mental Health Needs of Students**

4) **School Social Workers' Role in Addressing Students' Mental Health Needs and Increasing Academic Achievement**

As stated in the Resolution Statement, *Clinical School Social Work: Responding to the Mental Health Needs of Students* (2013), "SSWAA believes that school social workers at the master’s
level are qualified to and do provide clinical services that address mental health issues under appropriate licensure or supervision." This statement also recognizes that "school social workers who are licensed clinical social workers are necessary to fill the gap in access for students to essential mental health services" and establish clear training and practice recommendations for licensing boards, state associations, schools, school social workers seeking licensure, and school social workers holding clinical licensure. SSWAA strongly encourages school social workers seek to provide competent services through continuing education requirements, supervision, or the pursuit of clinical licensure and are apprised of and trained in models of best practice in school social work and mental health in schools. Therefore, primary learning goals and objectives of this course are to:

1. Introduce relevant foundational knowledge, history, best practices, and current research in SBMH for social workers.

2. Explore and expand upon the interplay between child/adolescent development, education, social work, and clinical practice in school settings to enhance the psychosocial development of students.

3. Introduce attachment theory as a theoretical framework for clinical social work practice in schools and reflective social work practice.

4. Define and reflect upon the growth and development of “The Attuned School-Based Mental Health Clinician.”
CSWE (2015) Educational Policy and Accreditation Standards (EPAS)

The Council on Social Work Education (CSWE) is the national association representing and supporting the quality of social work education in the United States. CSWE’s Commission on Accreditation (COA) is recognized by the Council for Higher Education Accreditation (CHEA) as the sole accrediting agency for social work education. The COA is responsible for formulating accreditation standards and policies as well as determining the criteria and process for evaluating these standards. As the accrediting agency for social work education, the CSWE mandates that all Master of Social Work programs develop and implement an explicit curriculum that prepares graduates for practice by mastering a set of nine core competencies which are described in the (2015) Educational Policy and Accreditation Standards (EPAS). According to the CSWE these nine core competencies "identify the knowledge, values, skills, cognitive and affective processes, and behaviors associated with competence at the generalist level of social work practice" (CSWE, EPAS, 2015, p. 7). These nine competencies are outlined in the illustration below and are reflected in the course syllabus as well in the course schedule for each weekly topic and sub-topic covered. Although, all of the nine competencies to various degrees will be considered throughout the course, note those marked with an asterisk before competencies 1, 2, 4, 6, 7, and 9 will be of primary focus:

<table>
<thead>
<tr>
<th>CSWE EPAS Core Competencies</th>
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<tr>
<td>*Competency 1: Demonstrate Ethical and Professional Behavior</td>
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<td>*Competency 2: Engage Diversity and Difference in Practice</td>
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<td>Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice</td>
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<td>*Competency 4: Engage In Practice-informed Research and Research-informed Practice</td>
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<td>Competency 5: Engage in Policy Practice</td>
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<tr>
<td>*Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities</td>
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<td>*Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities</td>
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<td>*Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities</td>
</tr>
<tr>
<td>*Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities</td>
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</tbody>
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COURSE TITLE: The Attuned School-Based Clinician: Attachment Informed School-Based Mental Health for Social Workers in Educational Settings

INSTRUCTOR INFORMATION:
Instructor/Lecturer: Lauren M. DePinto, LCSW
Office Location: 
Office Hours: 
Phone: 
Email: ldepinto@sp2.upenn.edu

CLASS MEETING TIME & LOCATION: (To Be Determined)
Day: 
Time: 
Location: 

COURSE DESCRIPTION, PURPOSE, AND GOALS:
In this advanced clinical practice course, MSW students will be introduced to the foundations of school-based mental health (SBMH) and clinical social work practice in school settings. This course also aims to introduce, broaden, and deepen students' understanding of attachment theory as a developmental framework for relationship-focused clinical school social work practice and is intended to help inspire and shape the reflective professional identity of the attuned school clinician. Attachment theory extends a developmental and applied way of thinking, observing, examining, and interpreting behaviors. Behavior in all forms has meaning and how accurately we interpret the function of these behaviors hinges on how well attuned we are to the needs, emotions, and intentions of others and how skilled we are at observing and translating attachment dynamics, especially those that play out in the classroom. As school-based practitioners, when we prioritize a student’s relational matrix, that is when we can attend to their attachment style and are sensitive to the effects of their early relational experiences, we will enrich our overall effectiveness as interventionists. When we can carefully attend to these factors and consider how clinicians, educators, and students alike learn and grow according to these attachment-based conditions, we can purposefully focus our efforts on building interactions and nurturing behaviors that support the establishment of “a secure base” at school.
This is an advanced clinical practice course, within the school social work concentration, that is designed to strengthen clinical practice skills and expand upon the foundations of school social work. Content discussed will include: the historical context of school-based mental health, the current state of SBMH and the expansion of school social work; attachment theory as a framework for relational and reflective clinical school social work practice; attachment and emotional development in the classroom; reflective practice and the shaping of professional identity; clinician secure base reflection. Throughout the course, students will be encouraged to apply core social work values to assigned readings, class discussions, group interactions, assignments, as well as case conceptualizations. Great emphasis will be placed on developing the capacity for attachment theory informed reflective practice as well as the practical application of attachment informed strategies. The class will be taught using a variety of methods. Learning activities include assigned readings, class discussions, small group exercises, lectures, videos, student presentations, and guest speakers/panels.

**PRIMARY LEARNING OBJECTIVES OF THIS COURSE ARE TO:**

1. Introduce relevant foundational knowledge, history, best practices, and current research in SBMH for social workers.

2. Explore and expand upon the interplay between child/adolescent development, education, social work, and clinical practice in school settings to enhance the psychosocial development of students.

3. Introduce attachment theory as a theoretical framework for clinical social work practice in schools and reflective social work practice.

4. Define and reflect upon the growth and development of “The Attuned School-Based Mental Health Clinician.”

**EDUCATIONAL/LEARNING OUTCOMES:**

Upon completion of this course, through required readings, class discussion, critical thinking, and guided self-reflection, students are expected to have the knowledge and skills to be able to:

1. Define the foundations of SBMH practice and demonstrate an understanding of SBMH practice competencies.

2. Identify and analyze the unique aspects of providing clinical social work services, as a SBMH practitioner, in a school setting.

3. Critically appraise personal and professional social work practice challenges/ethical dilemmas that may occur while providing SBMH services through a relational lens and attachment framework.
4. Demonstrate an advanced understanding of the tenets of attachment theory and an ability to recognize developmental attachment concerns when working with students and families in school settings.

5. Adapt and apply attachment-based strategies to the engagement, assessment, intervention, evaluation, and termination phases of direct SBMH practice.

6. Acknowledge the importance of SBMH supervision and demonstrate the ability to engage in (clinician) attachment-focused self-reflection.

CSWE (EPAS) CORE COMPETENCIES ADDRESSED WITHIN THIS COURSE:

Although all core competencies will be considered throughout this course, this course specifically addresses the following Educational Policy and Accreditation Standards (EPAS) core competencies as indicated below. These competencies are also noted according to weekly topic and sub-topic in the course schedule of this syllabus:

**Competency 1**: Demonstrate Ethical and Professional Behavior
**Competency 2**: Engage Diversity and Difference in Practice
**Competency 4**: Engage In Practice-informed Research and Research-informed Practice
**Competency 6**: Engage with Individuals, Families, Groups, Organizations, and Communities
**Competency 7**: Assess Individuals, Families, Groups, Organizations, and Communities
**Competency 8**: Intervene with Individuals, Families, Groups, Organizations, and Communities
**Competency 9**: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

COURSE EXPECTATIONS AND POLICIES:

It is expected that students will work in collaboration with the instructor and each other to create the conditions for a safe, inclusive, supportive, and secure base for learning. As is expected of any course, most especially a social work course, professional courtesy and sensitivity are especially important with respect to individuals and topics dealing with differences of race, culture, religion, politics, sexual orientation, gender, gender variance, and nationalities. Class rosters are provided with a student's legal name; however, I will gladly honor your request to address you by an alternate name or gender pronoun. Please advise me of this preference early in the semester so that I may make appropriate changes to my records.

Policies on attendance, academic support and accommodations, disability services, cell phone use, rewriting of papers, late papers, academic integrity, and student wellness are outlined below and can also be found @ www.sp2.upenn.edu/footer/policies-statements. Also, please note this syllabus is intended to provide guidance in what will be covered during the semester and will be followed as closely as possible. However, the course instructor reserves the right to modify, supplement and make changes to the syllabus as any course needs arise.
**Attendance:** It is expected that students will prioritize attendance and participation in this class. However, should circumstances (planned or unexpected) arise, it is the student's responsibility to communicate directly with the instructor in a timely manner. More than two (2) absences may result in a grade reduction and/or course failure.

**Academic Support and Accommodations:** The Weingarten Center offers a variety of resources to support all Penn students in reaching their academic goals. To inquire about learning consultations and tutoring services go to [www.wlrc.vpul.upenn.edu](http://www.wlrc.vpul.upenn.edu).

**Disability Services:** The University of Pennsylvania provides reasonable accommodations to students with disabilities who have self-identified and received approval from [Disability Services](http://www.upenn.edu/disability). Students can contact Disability Services and make appointments to discuss and/or request accommodations by calling 215-573-9235. Please discuss your accommodations and needs with me (the course instructor) as early in the semester as possible so I can ensure that accommodations are provided as appropriate.

**Cell Phone/Technology Use:** Please be respectful with regard to cell phone use during class. With the exception of an emergency, it is expected that students come to class prepared to learn and ready to fully engage without unnecessary distractions.

**Rewriting of Papers/Late Papers:** Please speak directly to your instructor about specific requests to rewrite a paper or if your personal circumstances warrant a need to discuss an extension. The instructor reserves the right to conference with a student as needed.

**Academic Integrity:** It is expected that all students in this class will uphold the university policy on academic integrity. Please refer to the SP2 website for more information @ [www.sp2.upenn.edu/footer/policies-statements](http://www.sp2.upenn.edu/footer/policies-statements).

**Student Wellness:** Student mental health and wellness is a priority in this course. As a student you may experience a range of challenges and/or mental health concerns that can potentially interfere with your learning. Students are encouraged to reach out to the instructor, confidentially, as needed for any assistance and support. Alternatively, you can learn more about confidential mental health and free student counseling services available on campus @ [www.caps.wellness.upenn.edu](http://www.caps.wellness.upenn.edu) or visit Mental Health America for free screening resources @ [www.mhanational.org](http://www.mhanational.org).
REQUIRED TEXTS:


*PLEASE NOTE: In addition to the required texts, journal articles and other course readings will be made available online for each class. Handouts will be provided as needed by instructor as applicable; For additional suggested supplemental readings organized by topic, please refer to the list provided.*

SUGGESTED SUPPLEMENTAL TEXTS:


ASSIGNMENTS/GRADING BREAKDOWN:

Assignments for this course are intended to support and cultivate creativity and depth of thinking as well as to encourage the integration and application of course content. Please keep in mind when developing your ideas and turning in assignments that it is important, if not requisite, to draw upon your individuality and unique experiences as an MSW student to reflect original ideas in your writing and to demonstrate that you have an accurate understanding of the readings and ability to apply course material to practical situations. All papers should be written in APA (7th edition) format, adhere to the paper/assignment requirements as outlined, demonstrate conceptual clarity and written fluency while integrating critical thinking, theory, and appropriate self-reflection.
ASSIGNMENT DESCRIPTIONS

1) **In-class Discussion Leadership/Weekly Readings Presentation (10% of final grade/Due Class # TBD):** By the conclusion of our first class, students will be paired up/assigned to a group (depending on class size) for the semester. This pairing/group will be assigned a week in the course schedule and responsible for providing a review of assigned readings for that week and leading the discussion at the beginning of class. It is expected that each group develop (3-4) reflection questions (separate from those offered at the end of each chapter of Colley & Cooper's text) that are relevant to that week’s readings, which will be submitted to the instructor and provided to the class ahead of time. The questions are expected to be thoughtful, original, and should encourage critical thinking and clinician self-reflection. This assignment will count toward class participation.

2) **Reflection Portfolio (20% of final grade/Due Class #6 & #13):** Students will be expected to keep a weekly personal reflection journal/log based on reflection prompts provided at the end of each class (as noted in the assignments section of the course schedule of this syllabus). These journal entries should be 2 pages in length and will be collected two times during the semester: 6 entries at mid-semester (Class #7) and 6 entries at the end of the semester (Class #13) totaling 12.

   *NOTE these reflections are confidential and will only be viewed by the course instructor. Points earned will be based on depth of reflection, effort, and growth. This assignment will count toward class participation.*

3) **MID-TERM PAPER: Practice-Based Attachment Theory Informed Reflection (30% of final grade/Due class #7):** Review the article by Foley, Nash, & Munford (2009) entitled *Bringing practice into theory: Reflective practice and attachment theory*. A copy of the article will be handed-out on the first day of class for your review (full citation is provided below). Using Foley's (2007, as cited in Foley, Nash, & Munford, p. 46, 2009) practice-based attachment theory informed questions as a framework for this assignment, identify a client/student with whom you are currently working and consider their presenting problem/s from an attachment theory perspective. Describe your rationale for selecting this case. Clarify how attachment theory currently informs your understanding of the clinical concerns presented and explain how these concerns have manifested in the school setting and impacted learning; pay particular attention to identifying how distinct attachment styles (secure, insecure-avoidant, insecure-ambivalent, and insecure-disorganized) reveal themselves in the form of behavior, especially when in distress, and explore how said behavior may be mislabeled and/or misunderstood in the context of the classroom.

   Begin your paper with a case summary that introduces the identified client/student that includes the reason/s for referral, demographics and description, cultural and linguistic background, relevant life/educational history, any key findings, and where you are in the course of providing treatment. Then, reflecting on the intersubjective nature of the
therapeutic relationship and because relational support is a pre-cursor to any effective intervention, refer to Foley's practice-based reflection prompts provided below to explore the conditions of "felt security" and apply them directly to your case. Use course materials and additional literature (as needed) to support your work. The paper should be between 8-10 (max) pages in length including references and adhere to APA 7th Ed. format.

I. Based on what I have understood about the internal working model of help-seeking-provision of this client/client family, what do I need to offer this client/client family to provide the conditions for them to have an experience of 'felt security'? What support might they need to optimally feel safe in receiving help and support?

II. What does the client/family need to offer their own family, so as to provide the conditions for their own family to have an experience of 'felt security'? What support and/or systems would optimally provide the conditions for the family to experience efficacy and family belonging /membership?

III. Based on what I know of my own internal working model of help seeking-provision, what do I need to be offered and receive from my team/colleagues for me to have an experience of 'felt security', so I can help this client/client family?

IV. What other key relationships and social resources might I consider as being useful to offer this client/family so as to provide further conditions for 'felt security'?


4) **FINAL PAPER: Secure Base Clinician Reflection and Case Presentation (40% of final grade/Due class #14):** The final paper of this course is designed to synthesize what you have learned about attachment theory and school-based clinical social work practice. The paper consists of two parts as outlined below. Part one (1) of the final paper will focus on clinician reflective awareness and part two (2) will concentrate on the application of attachment theory concepts to the engagement, assessment, intervention, evaluation, and termination phases of SBMH practice.

**Part One:** Building on the case presented for the mid-term paper, pivot your attention to examining the relationship between you and your client/student in greater depth. Refer back to the article by Foley et al. (2009) and turn to Foley's secure-base reflective circle found in the diagram in figure one (2007, as cited by Foley, Nash, & Munford, p.45, 2009) to organize and guide your final personal reflection of this course. In this section of your paper, use Foley's cluster of secure base reflective questions to explain your understanding of the professional development of the attuned school clinician and describe how using attachment theory can be used to bolster your own personal and professional development. *Be sure to address at least three of the questions (at minimum) presented from each of the six clusters and note a rationale for your selections. As noted by Foley, these questions will serve as anchors when*
examining the interplay of the attachment and exploratory behavioral systems that exist within social work interactions. Incorporate what you have learned about your own attachment style and internal working model to answer and expand on these secure base reflective questions.

**Part Two:** In part two of this paper, turn your focus to the practical application of attachment theory to the *engagement, assessment, intervention, evaluation, and termination phases of SBMH practice.* As we have learned, theory plays a significant role in understanding human behavior and greatly informs how we engage, assess, intervene, and evaluate a client's presenting problem/s. Attachment theory extends a developmental and applied way of thinking, observing, examining, and interpreting behaviors. Behavior in all forms has meaning and how accurately we interpret the function of these behaviors hinges on how well attuned we are to the needs, emotions, and intentions of others and how skilled we are at observing and translating attachment dynamics, especially those that play out in the classroom.

Provide a detailed case conceptualization addressing these phases of treatment with your identified client/student through a relational lens and evaluate the use of an attachment theory framework in clinical school social work.

The case presentation should include: 1) major assumptions of the theory and key attachment theory concepts; 2) how the theory may contribute to the client/student's presenting problem/s; 3) known developmental, relational, and/or physical trauma history, symptoms, and environmental issues; 4) specific relational intervention (i.e., PACE/DDP) strategies relative to the client/student's presenting problem/s; 5) classroom management and/or disciplinary recommendations for accommodations and/or modifications on behalf of this client/student; 6) strengths and possible limitations of this theory as it pertains to the individual, family, organization (school/district), and community; 5) recommendations for termination. Incorporate course readings as well as additional resources and/or suggested supplemental readings to support your all of your work.

The paper should be 12 pages (max) in length, including references, and follow APA 7th Ed. format. Please note that because this is a 2-part assignment it is expected that equal attention will be paid to both aspects of the paper.
GRADING BREAKDOWN

<table>
<thead>
<tr>
<th>ASSIGNMENT</th>
<th>PERCENTAGE POINTS</th>
<th>WEEK DUE</th>
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</thead>
<tbody>
<tr>
<td>In-class Discussion Leadership/Weekly Readings Group Presentation</td>
<td>10%</td>
<td>TBD</td>
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<tr>
<td>Reflection Portfolio</td>
<td>20%</td>
<td>Week 6 &amp; 13</td>
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<tr>
<td>Practice-Based Attachment Theory Informed Reflection</td>
<td>30%</td>
<td>Week 7</td>
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<tr>
<td>Secure Base Clinician Reflection and Case Presentation</td>
<td>40%</td>
<td>Week 14</td>
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</tbody>
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COURSE SCHEDULE: Weekly Class Topics, Readings, & Assignments

<table>
<thead>
<tr>
<th>WEEK # - DATE (TBD)</th>
<th>LIST OF SESSION TOPICS/SUB-TOPICS:</th>
<th>REQUIRED WEEKLY READINGS:</th>
<th>ASSIGNMENTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>COURSE INTRODUCTION: Establishing Our Classroom as A Secure Base for Learning</td>
<td>Course Syllabus (provided)</td>
<td>Reflection Prompt: What influenced your choice in electing this course? What interests you about SBMH? What are some assumptions you have about attachment theory going into this course? What do you hope to gain from this course?</td>
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<tr>
<td></td>
<td>• Personal introductions, review of syllabus, overview of course and expectations</td>
<td>Handouts (Provided)</td>
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<td></td>
<td>• Introduction to School-Based Mental Health (SBMH) and Clinical School Social Work Practice</td>
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<tr>
<td></td>
<td>CSWE EPAS Core Competencies Addressed: 1</td>
<td>*NO READINGS DUE FOR FIRST CLASS SESSION</td>
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<tr>
<td>2</td>
<td>THE CURRENT STATE OF SCHOOL-BASED MENTAL HEALTH:</td>
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<td></td>
<td>• From School Social Work to School-Based Mental Health - Overlap and Divergence in the Delivery of School-Based Services</td>
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<td></td>
<td>• Clinical School Social Work - Responding to the Mental Health Needs of Students.</td>
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<td>CSWE EPAS Core Competencies Addressed: 1, 4</td>
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<td></td>
<td>Adelman &amp; Taylor (2010), Chapters 1-3, 9-10 (p. 3-22; 23-32; 33-45; 130-151; 152-190)</td>
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<td></td>
<td>Reflection Prompt: Based on today's readings and class discussion, one thing I will purposefully look for in my placement this week is? Two things I will further research and/or consider in practice are?</td>
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</table>

| 3 | ATTACHMENT THEORY - A FRAMEWORK FOR SCHOOL-BASED SOCIAL WORK PRACTICE: *Why Does Attachment Matter?* |
|   | • Attachment and the Developing Brain |
|   | • Attachment in the Context of Risk and Resilience |
|   | • Using Attachment Theory to Understand, Assess, and Respond in School Settings |
|   | CSWE EPAS Core Competencies Addressed: 4, 6, & 9 |
|   | Colley & Cooper (2017) Chapters 1-3 (p. 21-36; 37-48; 49-54) |
|   | In-Class Viewing & Discussion: Dr. Allan Schore: Attachment and brain development (30min) – Dr. Schore outlines basic assumptions underlining attachment theory and neurological and social development. |
|   | Reflection Prompt: What experience do you have working in classrooms/school settings that recognize and support students that may have attachment insecurities? |
|   | What qualities do you feel you possess that can help you support students with insecure attachment styles and/or a history of relational trauma? What qualities do you feel need further development to support these students? |
| 4 | ATTACHMENT IN THE CLASSROOM: |
|   | • Attachment, Behavior and Learning |
|   | • Recognizing Attachment Concerns in School Setting |
|   | • Building Attachment Aware Schools |
|   | **CSWE EPAS Core Competencies Addressed: 4, 6, & 7** |
|   | Geddes (2006), Chapters 5-8 (p. 67-146) |
|   | Colley & Cooper (2017) Chapters 4-6 (p. 65-82; 83-100; 101-116) |

**Reflection Prompt:**

What helps you feel seen, soothed, safe, and secure in your own personal and professional life?

What can you do in your everyday practice to promote the 4 S's of attachment (noted above) in your work?

| 5 | MULTICULTURAL CONSIDERATIONS AND ADAPTATIONS FOR THE APPLICATION OF ATTACHMENT THEORY: |
|   | • Contextual and Developmental Adaptations of Attachment Theory |
|   | • Recognizing Limitations of Attachment Theory |
|   | • Establishing a Strong Therapeutic Relationship Across Cultural Lines |
|   | **CSWE EPAS Core Competencies Addressed: 2, 4, & 6** |

**Reflection Prompt:**

In your view, what are some of the limitations of attachment theory? Describe your experience working with diverse populations. Can you recall at time you misjudged a client/student/family that was different than you? What did you learn about yourself from this experience?
### 6 A RELATIONAL AND REFLECTIVE MODEL OF SCHOOL-BASED CLINICAL SOCIAL WORK PRACTICE:
- Relationship-Based Social Work Practice
- Applying a Psychoanalytic Perspective
- Reflective Social Work Practice

**CSWE EPAS Core Competencies Addressed:** 1, 6, & 7

**Reflection Prompt:** Choose one of this week's assigned readings that resonated most with you and explain why. What did you learn? What feels most challenging?

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**Sp2 Faculty Guest Speaker:** Dr. Applegate

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### 7 DYADIC DEVELOPMENTAL PSYCHOTHERAPY (DDP):
- Supporting Students with PACE – An attitude for Practice
- Working with Relational Trauma in Schools
- Mentalization and Reflective Function (RF) in Education

**CSWE EPAS Core Competencies Addressed:** 6, 7, & 8

**Reflection Prompt:** How do you embody the principles of PACE in your work? What about this attitude for practice appeals to you, and why? What part of PACE do you identify with the most? What requires the most work?

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**Sp2 Faculty Guest Speaker:** Dr. Peter Fonagy: What is Mentalization? (11 min)

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**MID-TERM PAPER DUE**
<table>
<thead>
<tr>
<th>Page</th>
<th>A PACE-full Approach: <em>What Does Applying PACE in Practice Really Look like</em>?</th>
<th>Reflection Prompt:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>• Exploring Playfulness, Acceptance, Curiosity, and Empathy &lt;br&gt; • DDP Principles in Educational Settings</td>
<td>Consider the past week, or month, or year in your placements, what are good examples of Playfulness, Acceptance, Curiosity, and Empathy that come to mind? Think about and list some barriers (personal and/or environmental) to adopting/promoting PACE-based thinking in your work. What do you need to reduce these barriers?</td>
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<td>CSWE EPAS Core Competencies Addressed: 6, 7, &amp; 8</td>
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<td></td>
<td>Golding, Phillips, &amp; Bomber (2021), Chapters 4, 6 &amp; 7 (p. 87-106; 119-138; 139-148)</td>
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<tr>
<td>9</td>
<td>ATTACHMENT-BASED SUPERVISION: &lt;br&gt; • Importance of Supervision in School Settings &lt;br&gt; • Supervision as Secure Base</td>
<td>Reflection Prompt: Formulate one self-reflective question (of your own) that is influenced by what you have learned about attachment theory and felt security that you can ask yourself to gain greater acceptance and empathy for what a student in your care is experiencing.</td>
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<td>CSWE EPAS Core Competencies Addressed: 1, 2, &amp; 6</td>
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<tr>
<td></td>
<td>Colley &amp; Cooper, Chapter 15 (p. 233-248)</td>
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<td></td>
<td>Golding, Phillips, &amp; Bomber (2021), Chapters 11-12 (p. 181-192; p.195-208)</td>
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<td>Domain</td>
<td>Description</td>
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<td>10</td>
<td><strong>SHAPING REFLECTIVE PROFESSIONAL IDENTITY:</strong>&lt;br&gt;• Reflective Practice and Attachment Theory&lt;br&gt;• Clinician Attachment Narratives/Attachment Styles&lt;br&gt;• Clinician Secure Base Reflection</td>
<td>CSWE EPAS Core Competencies Addressed: 1, 2, &amp; 6</td>
</tr>
<tr>
<td>11</td>
<td><strong>DOMAINS OF PROFESSIONAL FOCUS FOR THE ATTUNED SCHOOL CLINICIAN:</strong>&lt;br&gt;• Clinician Reflexivity&lt;br&gt;• Reflective Supervision&lt;br&gt;• Reflective Practices</td>
<td>CSWE EPAS Core Competencies Addressed: 1, 2, 4 &amp; 6</td>
</tr>
</tbody>
</table>
| 12 | THE ATTUNED SCHOOL CLINICIAN IN CONTEXT:  
|    | • Establishing Attachment-Based and Relationship-Focused Competencies  
|    | *Reflection Prompt:* Note the areas where you believe you have made the most significant changes to your thinking?  
|    |  | What does it mean to you to be an attuned school clinician?  
|    | (note this is the last weekly reflection of the course) |  

| 13 | SBMH PRACTITIONER PANEL DISCUSSION/Q & A:  
|    | • Choosing A Career in Clinical School Social Work Practice  
|    |  | Come to class prepared with 2-3 SBMH related questions for the panelists.  
<p>|    | <em>END-OF-SEMESTER REFLECTION PORTFOLIO DUE</em> |</p>
<table>
<thead>
<tr>
<th>14</th>
<th>COURSE WRAP-UP</th>
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<tbody>
<tr>
<td></td>
<td>CSWE EPAS Core</td>
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<td>Competencies Addressed: 1, 4, 9</td>
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<td></td>
<td>Final In-Class Reflections: Course Endings and Termination Through an Attachment Lens</td>
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<td>Course/Instructor Evaluations</td>
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<td>Student Course Content Feedback</td>
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<td><strong>FINAL REFLECTION PROMPT (not to be collected but to remain of):</strong></td>
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<td>How would you summarize the key messages of this course? What (or Whom) naturally comes to mind?</td>
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<td>And what aspect/s of this course do you believe will stay with you as journey into your professional practice?</td>
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<td><strong>FINAL PAPER DUE</strong></td>
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ADDITIONAL SUGGESTED SUPPLEMENTAL READING BY TOPIC

School-Based Mental Health

Historical Theoretical Texts on Attachment Theory

Attachment, Relationships, and the Developing Brain

**Attachment in the Classroom**


**Multicultural Considerations of Attachment Theory**


**Dyadic Developmental Psychotherapy (DDP)**


**Mentalization and Reflective Function**


Chapter 6: Annotated Bibliography and Instructional Methods

The following chapter will provide a brief summary and evaluation of the readings selected for each of the 14 weekly class sessions with a corresponding lesson plan that broadly defines the aim of the lesson and outlines instructional methods and teaching strategies chosen to accomplish targeted learning objectives for that week. The instructional methods sections for each session include session learning objectives, specific concepts to be introduced, and strategies/methods used to facilitate learning. Course readings, instructional techniques, and assignments as outlined in this chapter are aimed to reach a variety of adult learners and anchored in conceptual, perceptual, executive, and self-awareness levels of learning (Krause, 2008). According to Krause (2008) conceptual learning refers to definitions, concepts, principles, evidence, and theory; perceptual learning aims at helping students "experience" the concepts via senses (i.e., multimedia, role-playing, real-time parallel process, and deconstruction of a process; executive learning denotes the execution of the knowledge by emphasizing the "doing" using role-plays, exercises, and simulations; and, lastly, self-awareness learning is based on a student's understanding of the connection between the material introduced in class and themselves using reflection, integration, and anticipation (Krause, D. J., University of Buffalo School of Social Work, 2008).

Additionally, considering the major emphasis on attachment theory underpinning the relational premise of this advanced clinical practice course, teaching from a deliberately relational stance, emphasizing the importance of connection and relationships in the achievement of student outcomes, is essential to delivering instruction that is aligned with the growth and development of student and instructor relational capacities (Farber & Penney, 2020). Therefore,
intentionally infusing core relational classroom teaching practices identified by Farber and Penney (2020) as attunement, warmth, acceptance, curiosity, empathy, challenge, and repair of disconnection are a necessary educational priority and primary condition for creating a secure base for learning in this course. And, although it is remarkable to note that in general most educators instinctively recognize the value of connection and relationships in teaching, this course moves beyond this recognition and utilizes the relational process as the primary means to scaffold learning. Moreover, specifically in the context of social work training and education, Farber and Penney (2020) also point out that "all students need educationally focused relational experiences in the classroom; of feeling felt, tuning in, empathizing, being curious about another, being moved by another's experience, feeling accepted, and inviting another's curiosity into one's life" (p. 103). Thus, purposefully incorporating these relational teaching practices into the course design simultaneously generates an opportunity to organically model and mirror, within the context of a social work classroom setting, the very concepts and relational environment that students are being asked to learn and emulate in practice.

It should also be noted, as a prelude to this course, that students are advised that the subject of attachment and immersing oneself in attachment theory literature may be initially uncomfortable and, in some cases, distressing (Sable, 1996). Particularly, when it comes to purposefully reflecting on one's own attachment style and relational history. As we now know, under distress the attachment system is activated and can interfere with learning – even for adults. It is highly likely that many students have not thought about their own relational histories and attachment styles in this way before. Thus, it is essential to create a safe base for learning and seek to become attuned to all of the learners in the classroom.
The primary aim of week one of this course will be largely centered around establishing personal connections and setting the foundation of a secure base for learning. This session will provide students with a context for this course and the history of its development. There will be a focus on class introductions – to the instructor, to one another, the course purpose, goals, and long-term learning objectives for the semester. The syllabus will be provided for the class (in the form of handouts as well as posted online) and reviewed together as a group. This initial class will also be the time to determine prior student knowledge as well as determine in-class reading leadership groups and assign weeks accordingly. Instructor will provide guidelines and set expectations for collaborative student-led discussion activities for the semester.

**Instructional Methods:**

- **Session Learning Objective/s:** At the completion of this class session students will be acquainted with their instructor and classmates; have a thorough understanding of the course syllabus; demonstrate an understanding of the relational underpinnings and reflective expectations of this course; have a general understanding of school-based mental health services; and identify the various roles school social workers play in educational settings.

- **Specific Concepts Introduced:** Course overview- purpose, goals, and objectives; foundations of school-based mental health (SBMH); the Framework for Safe and Successful Schools (executive summary provided); SSWAA's National Practice Model; clinical school social work practice.

- **Strategies for Learning:** After instructor and class introductions, the syllabus will be distributed and reviewed in detail. Following any clarifying questions, students will be independently assigned a "Do-Now" to determine prior knowledge in SBMH (i.e. - what I know, what I want to
know, what I learned in previous SSW courses) and asked to share reflections with the group. In
addition, (as noted above) the Framework for Safe and Successful Schools Executive Summary,
SSWAA's National Practice Model will be introduced and discussed. In-class reading leadership
groups will be determined and corresponding weeks will be assigned. At the closing of the lesson,
instructor will review learning goals for the semester and clarify key takeaways of this class
session, offer time for student Q & A, and present topics to be covered next session. Lastly, the
first weekly reflection prompt (provided in the course schedule of the syllabus) for the student
reflection portfolio will be read aloud.

**WEEK 2 - THE CURRENT STATE OF SCHOOL-BASED MENTAL HEALTH**

preventing problems, and improving schools*. Corwin.

This book is a required course text that introduces the foundations of school-based mental
health. The text is authored by the co-directors of the UCLA center for mental health in
schools. **Chapter 1, Mental Health in Schools: Past and Present**, provides an overview
of the history of mental health in schools and foundation for understanding the
comprehensive field of mental health in schools as well as describes the current
landscape, diverse agenda and available delivery mechanisms for providing mental health
in schools. **Chapter 2, About Moving Toward a Comprehensive Approach**, outlines
current policy in the field and details prevailing approaches as well as recommendations
to school reform and school improvement. **Chapter 3, Labeling, Screening, and Over-
Pathologizing** explores three fundamental matters that highlight the controversial nature
of this field. These are identified as labeling, screening, and over-pathologizing, evidence-based practices and concerns about fit and implementation, and social control versus engagement in learning. Of primary significance, and most relevant to this course, is the diagnosing of behavioral, emotional, and learning problems and addressing a full range of problems and potential barriers to healthy development and learning. Part III emphasizes school-based strategies for addressing behavior, learning, and emotional problems. Chapter 9, Challenges and Opportunities for Promoting Mental Health in the Classroom, and Chapter 10, Mental Health Assistance for Students at School, centers around the delivery of SBMH services and provides a framework for stimulating caring and supportive classrooms, increasing capacity for prevention and response to intervention, establishing multi-tiered systems of support. There is specific guidance offered with regard to student assistance practices, processes, and programs.


Key points of this article include a historical understanding of the context and challenges of school mental health and recommendations for delivering mental health services through a three-tiered framework. The authors highlight the importance and rationale for establishing a continuum of mental health services through a multi-tiered system of supports in order to address student mental health concerns most effectively.

Additionally, with respect to pre-service training, they point out recently established inter-professional practice competencies for mental health providers in schools as
described in a study by Ball and colleagues (2010) and note that there is limited research addressing pre-service training needed for a interdisciplinary school-based mental health workforce.

**Instructional Methods:**

- **Session Learning Objective/s:** At the completion of this class session students will be able to define the foundations of SBMH practice and demonstrate an understanding of SBMH practice competencies.

- **Specific Concepts Introduced:** Teaching points will include a continued review of school social work and school-based mental health, with particular emphasis on the overlap and divergence in the delivery of school-based services; responding to the mental health needs of students; MTSS, SBMH practice competencies.

- **Strategies for Learning:** Class will begin with the first in-class reading leadership group facilitating group discussion on this week's assigned readings followed by small group think-pair-share of main teaching points to be remembered; an instructor led lecture via power-point with handouts will present the overlap and divergence in the delivery of school-based services and further define clinical school social work and SBMH delivery mechanisms. To close the lesson, the instructor will wrap up class with a review of best practices in SBMH and ask students to share two key takeaways of this class session. Instructor will offer time for student Q & A as needed, and present topics to be covered next session. Lastly, the weekly reflection prompt (as noted in the course schedule of the syllabus) will be read aloud and directions clarified as needed.
WEEK 3 - ATTACHMENT THEORY - A FRAMEWORK FOR SCHOOL-BASED SOCIAL WORK PRACTICE


This book by Geddes is another required course text that introduces attachment theory and its implications for learning. The approach described by Geddes is guided by the psychoanalytic perspective and places attachment theory at the center of understanding student behavior in the academic environment. **Chapters 1 & 2** of this text explores the social and emotional experiences that drive student behavior and provides useful insights into student emotional wellbeing, learning, and performance in school from an attachment lens. In these chapters, a foundation for understanding the communication implicit in behavior is explored and recommendations for intervention relevant to education are discussed. **Chapter 3** presents the origins of Bowlby's attachment theory and defines attachment theory concepts such as attunement, internal working models, attachment security, and a secure base. The links between early attachment experiences, relational security, and students' behavior in school, particularly when it comes to learning and accomplishing learning tasks are also described. **Chapter 4** introduces and explains the concept of the "learning triangle" which illustrates a student's capacity to relate to the teacher and the presence of the educational task.

In the introduction of this required course text, Colley and Cooper provide a rationale for the development of this book and note that it was prepared to be a core text for Initial Teacher Training (ITT) programs in the United Kingdom. **Chapters 1, 2 & 3** of this required course text provide an introduction of models of emotional development, attachment behavior and learning, and the basics of neuroscience and emotional development. Aspects of emotional awareness and self-management are explored and models for understanding social-emotional development are introduced. Key principles of attachment theory are identified with interventions for the classroom setting in relation to each of the distinctive attachment styles as also outlined by Geddes (i.e., secure, insecure – avoidant, ambivalent, and disorganized). Lastly, a basic understanding of the brain is described and key anatomical areas of the brain that are linked to emotional regulation, decision-making, and survival responses are introduced. In addition, there is a discussion of early relational trauma and the persistence of attachment patterns.


Bergin and Bergin claim that attachment significantly influences student success in the classroom. They posit understanding the role of attachment in the classroom setting will help educators and school staff be more effective, most especially when confronted by challenging student behaviors. Therefore, they suggest focusing efforts on enhancing the quality of teacher-student relationships and make recommendations for promoting attachment-like relationships with teachers and school staff as well as enhancing school bonding.
In-class Video - Dr. Allan Schore: Attachment and brain development (30min):

Dr. Schore, neuropsychologist and leading attachment researcher, outlines basic assumptions underlining attachment theory and neurological and social development.

Instructional Methods:

➢ **Session Learning Objective/s:** At the completion of this class session students will be able to define attachment theory and identify the main tenets of the theory, recognize the importance of attachment theory in relation to healthy child development and the impact of trauma on the brain, and discuss the advantages and challenges of applying this theory in the school setting.

➢ **Specific Concepts Introduced:** Attachment theory as a framework for school-based mental health practice; attachment and the developing brain; attachment in the context of risk and resilience; using attachment theory to understand, assess, and respond in school settings

➢ **Strategies for Learning:** At the beginning of class students will be independently assigned a "Do-Now" to determine prior knowledge of attachment theory (i.e. - what I know, what I want to know, what I learned in previous SW courses) and asked to share reflections with the class. In-class reading leadership groups will start with an examination and discussion of the readings assigned for this week; an in-class video on attachment and the developing brain will be viewed followed by a think-pair-share activity. Handouts on attachment styles (quadrant with descriptors), Geddes' learning triangles, as well as CASEL's Personal Reflection Assessment will also be provided and used as in-class activities with connections to current practice during planned large group discussion. To close the lesson, the instructor will review the weekly reflection prompt (as noted in the course schedule of the syllabus) and ask students to fill out an "exit ticket" to be collected on their way out of the classroom. There will be two questions on the exit ticket that include the following questions: 1) What was the most important lesson you
learned in class today, that you didn't know before? 2) What is the most difficult question you have about the concepts you learned in today's class?

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**WEEK 4 - ATTACHMENT IN THE CLASSROOM**


In Part II of this text, Geddes suggests that teachers and educational staff need to respond to the meaning of behavior rather than react to difficult feelings as a result of the behavior and further posits this is essential in order to turn reaction into reflective intervention. **Chapters 5, 6, & 7** each describe the characteristics of attachment patterns associated with distinct attachment categories (secure, insecure-avoidant, ambivalent, disorganized) and summarizes related implications for learning as well as outlines specific strategies in relation to the student, teacher, and task within the curriculum. **Chapter 8** proposes a general framework for school as a secure base. This chapter focus' on the relational conditions necessary for students to function effectively, both emotionally and cognitively, in the classroom and larger school community. It highlights the significance of between learning and student-teacher relationships and recommends staff reflection opportunities in the form of organized discussion groups to help staff deepen their understanding of student behavior and gain insight into their own reactivity in order to respond compassionately instead of reacting punatively.

Chapter 4, *Attachment Aware Schools*, draws on the work of two pilot programs implemented in the UK and documents the positive impact the project had on school-wide practices relating to academic achievement, behavior, and overall wellbeing. The projects aimed to promote an understanding of the underlying social-emotional needs motivating children/adolescent's behavior and provides an attachment aware schools framework that incorporates a trauma-informed "attachment-aware checklist" that consists of being seen, feeling safe, feeling soothed, and feeling secure. Chapter 5, *Emotion Coaching*, stems from the original work of John Gottman and is described as a central feature of attachment-aware schools as it is a relational approach to managing behavior and nurturing resilience. It is characterized as an evidence-base strategy that helps children to become more aware of their emotions in the moment and consists of four steps, explained in detail, which include becoming aware of and empathizing with the emotion, labelling and validating the emotion, limit setting, and problem-solving.

Chapter 6, *Promoting Resilience in Schools*, discusses the importance of training and reflection for school staff. This chapter emphasizes our roles as school professionals in teaching children the skills of building resilience and introduces the concept of mentalization (as a means to support positive mental health.


The authors briefly describe Bowlby's original conception of attachment and connect the tenets of his theory to the development and implementation of school-based
interventions. They discuss attachment assessment and interventions and provide a contextual understanding of attachment/exploration and secure base behavior. Jimerson et al. suggest attachment interventions should consider early relational history as a factor that initiates pathways rather than a determinant of outcomes and underscores the importance of attachment theory in relation to school-related outcomes.

❖ In-Class Video Dr. Gabor Mate: Importance of Attachment (14 min): Developmental psychologist and trauma expert, Dr. Gabor Mate shares insights into the environmental factors necessary for healthy childhood development and discusses importance of becoming conscious of our attachments in light of modern culture particularly "because the culture is forever undermining our attachments."

Instructional Methods:

➢ **Session Learning Objective/s:** At the completion of this class session students will be able to recognize the link between attachment, emotional development, and learning and identify environmental factors necessary for healthy childhood development, particularly in the school setting. Students will also be able to define core attachment concepts necessary to establish a secure base.

➢ **Specific Concepts Introduced:** The link between the attachment behavioral system, human behavior, and learning; recognizing child attachment concerns in school settings; building attachment-aware schools.

➢ **Strategies for Learning:** Class will begin with a regular opening group activity (brief wellness check-I and/or stress reduction breathing exercise) to provide consistency, followed by the in-class reading leadership on this week's assigned readings; an in-class video on attachment and
healthy child development will be viewed followed by a think-pair-share activity. Case examples and semi-structured role-plays will be used to simulate learning. To close the lesson, the instructor will review the weekly reflection prompt (as noted in the course schedule of the syllabus) and ask students to fill out an "exit ticket" to be collected on their way out of the classroom. This session's exit ticket questions will include the following: 1) What was the most important lesson you learned in class today, that you didn't know before? 2) What attachment concept do you find the most challenging to understand?

**WEEK 5 - MULTICULTURAL CONSIDERATIONS AND ADAPTATIONS FOR THE APPLICATION OF ATTACHMENT THEORY**


This article explores attachment theory within the context of therapy and the development of the therapeutic alliance. The authors suggest an exploration and understanding of culture relevant to attachment beliefs as a necessary component of practice. The article also offers an overview of culture-specific attachment styles found in the literature and provides a general framework for understanding and applying an attachment theory perspective from a position of cultural competence and inclusion.

This article explores attachment theory from a multicultural lens with particular emphasis on adaptive considerations with immigrant families. Main considerations for social work practice include attachment sensitivity based on social and cultural contexts as well as family developmental needs.


This article examines the role attachment theory can play in treatment with particular attention to children and parents. Zilberstein identifies the limits of using this theory noting attachment measures vary in their suitability and usefulness in clinical practice settings. Moreover, misconceptions about attachment and misuse in assessment can lead to misdiagnosis, poor treatment decisions and outcomes, as well potential (although unintentional) relational injury. Thus, the importance of using caution when adapting and/or applying attachment theory is suggested. However, there are many uses for attachment theory as it is viewed as a developmental approach to understanding a child's unmet needs and perceived difficulties which helps to shape more effective treatment.

**Instructional Methods:**

- **Session Learning Objective/s:** At the completion of this class session students will be able to critically appraise attachment theory from a multicultural perspective and recognize the strengths and limitations of this theory for use in schools.

- **Specific Concepts Introduced:** Teaching points will be focused on the contextual and developmental adaptations of attachment theory; recognizing strengths and limitations of attachment theory in schools; establishing a secure therapeutic relationship across cultural lines.
➢ **Strategies for Learning:** In-class reading leadership groups will facilitate group discussion. Case examples and semi-structured role-plays will be used to simulate learning. A brief instructor-led lecture will provide an overview of Chapter 4 of the School Mental Health Referral Pathways (SMHRP) Toolkit published by SAMHSA that addresses cultural and linguistic competence in school-based mental health. Handouts of CASEL's *Guiding Questions for Educators: Promote Equity Using SEL in Your School*, will be provided (and projected on screen) and used as a wrap-up in-class activity with connections to current practice during planned small and large group discussion. Lastly, the weekly reflection prompt will be read aloud, and students will be reminded of the mid-semester assignment due next class.

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**WEEK 6 - A RELATIONAL AND REFLECTIVE MODEL OF SCHOOL-BASED CLINICAL SOCIAL WORK PRACTICE**


The focus of this article is on the healing nature of authentic connection within the therapeutic relationship. The article provides an examination of a case study through the lens of attachment theory and proposes treatment considerations for clients with a history of early relational trauma as well as substance abuse disorders. The article explores and integrates many aspects of this client's history including early attachment experiences, the intergenerational transmission of attachment, childhood trauma, dissociation, family dynamics, and spirituality from an attachment framework.

This article calls attention to the intersected nature of relationship-based practice and reflective practice, two of the main themes of this advanced practice course. The author argues that because reflective practice complements relationship based practice there needs to be a focus on developing practitioner reflective capacities and creating opportunities to enhance self-awareness. Ruch proposes that practitioners need to reflect on four specific areas of practice that include: 1) the client; 2) the professional self; 3) the organizational context and 4) the knowledge informing practice. She posits that when we build reflective capacities in these four areas we can more confidently and effectively engage in growth-fostering relationship-based practices.


In this article, Applegate provides a compelling and thorough argument, based on empirically supported advancements in neuroscientific research, for strengthening the theoretical base of the social work profession and reintegrating psychoanalytic theory into social work education. He contends contemporary social work education remains centered around solution-focused, evidenced-based outcomes at the expense of fully exploring and validating the underlying intrapsychic complexities of human behavior in the social environment. He highlights new directions in modern attachment theory research and argues recent studies on affect regulation and its neurological correlates offers conceptual tools to help students acknowledge, recognize, and appreciate the
complexity of early attachments in order to deepen clinical capacities and strengthen the relational foundation of the therapeutic alliance.

**Instructional Methods:**

- **Session Learning Objective/s:** At the completion of this class session students will deepen their understanding of the historical importance of the relationship in clinical social work from a psychoanalytic perspective and examine their practice from a relational lens using attachment theory concepts.

- **Specific Concepts Introduced:** Teaching points will focus on relationship-based social work practice and applying a psychoanalytic perspective. Reflective practice will also be introduced and examined as a conceptual tool to strengthen direct practice skills.

- **Strategies for Learning:** *Students will be expected to submit their mid-semester reflection portfolio at the beginning of class.* After a quick breathing and centering exercise to get the class grounded, students will be read a quote on the importance of meaningful adult relationships in school by Bomber and Hughes (2013) and asked to participate in a one minute guided reflection, then asked to pair up to share these reflections; in-class reading leadership groups will then start a discussion of this week's assigned readings; Sp2 Faculty Guest Speaker (Dr. Applegate) will facilitate the remainder of the class lecture on psychoanalytic theory, relationships, and social work education.

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**WEEK 7 - DYADIC DEVELOPMENTAL PSYCHOTHERAPY (DDP)**

This introductory article on Dyadic Developmental Psychotherapy (DDP) provides a summary of the theoretical underpinnings of DDP as described by theory co-developer and attachment researcher, Dr. Daniel Hughes. This includes a foundational explanation of the theory and the clinical application of attachment theory concepts such as intersubjectivity, co-regulation, attunement, and interpersonal neurobiology. An overview of the structure of DDP sessions is offered and DDP interventions known as affective-reflective dialogue, co-regulation of affect and co-creation of meaning are described. A brief case example illustrating the aforementioned conceptual tools for practice helps to operationalize and illustrate the concepts discussed throughout the article.


The **Introduction** of this required course text provides a clear outline of the development of DDP as an evidenced-based practice model. **Chapter 1** introduces the concept of "blocked trust" and describes the connection between blocked trust and the development of emotional difficulties. The text explains that blocked trust develops from emotional trauma that makes vulnerable students ill-equipped to easily seek comfort or readily experiencing the joy of learning. Thus, this chapter examines the etiology of blocked trust and explains ways in which educators and school clinicians alike can seek to provide emotional safety at school, particularly in time of distress (when the attachment behavioral system is activated), in order to help vulnerable students "recover the capacity for comfort, curiosity, and joy." **Chapter 2** builds on the essential attachment concepts of intersubjectivity and co-regulation. Of particular importance, this chapter summarizes the
related relationship challenges that emerge from blocked trust, emphasizing the implications of living with the feeling of shame as a result of relational trauma. Chapter 3 offers more practical guidance on ways in which school staff can begin to think of how to apply attachment based DDP principles, specifically in relation to building emotional connections and fostering positive adult-student relationships in the classroom, in order to reach students more effectively and activate an openness to learning. The authors emphasize our need as school staff to build and practice the skills necessary to recognize and respond to a child's inner world and inner working model from an attuned stance. That is, respond with an attitude of PACE – playfulness, acceptance, curiosity, and empathy.


In this article, Swan and Riley argue the importance of teacher empathy in improving student learning outcomes and posit that teachers can be taught the skill of empathy through learning how to mentalize. Drawing on the work of Fonagy and colleagues the authors offer a rationale for the application of mentalization in school settings and explore ways in which mentalization can be integrated into teacher professional development and pre-service training in order to bolster social connection and relationships.

❖ In-Class Video: [Dr. Peter Fonagy: What is Mentalization? (11 min)](https://example.com/video) Dr. Peter Fonagy, Professor of Psychoanalysis and Chief Executive of the Anna Freud Centre In London, defines the concept of mentalization and describes the process of understanding behavior,
that of yourself and others in terms of mental states, and as an interpersonal and intrapsychic process that not only determines how you interpret actions but informs your innermost attitude towards another.

Instructional Methods:

➢ **Session Learning Objective/s:** At the end of this lesson, students will be able to define and discuss Dyadic Developmental Psychotherapy (DDP). Students will also have a deeper understanding of the concept of mentalization and demonstrate the ability to apply these ideas to their work in school settings, especially when working with relational trauma.

➢ **Specific Concepts Introduced:** The basics of DDP; supporting students with PACE – an attitude for practice; mentalization and reflective function (RF) in education.

➢ **Strategies for Learning:** *Students are expected to submit the mid-term paper at the beginning of class. Class will begin with an opening activity designed to encourage playfulness (in the form of a game/ice-breaker TBD) and will be connected to the topic of today's session (DDP) and learning objectives; Case examples and semi-structured role-plays will be used to simulate learning. To wrap up the lesson, the instructor will review the weekly reflection prompt (as noted in the course schedule of the syllabus) and ask students to fill out an "exit ticket" to be collected on their way out of the classroom. This session's exit ticket questions will include the following: 1) Name three concepts, with a brief description of each, that you learned today based on our lecture and assigned readings. 2) What concepts do you find the most challenging to understand and apply?*
Chapters 4, 6, and 7 of this text concentrate on helping educators and school staff maintain an attitude of PACE in practice. The authors offer practical guidance for the daily application of PACE strategies and provide practice examples that help to operationalize what this theory really looks like when demonstrated in practice. More specifically, this chapter reinforces the importance of attachment informed DDP interventions such as affective-reflective (A/R) dialogue, follow-lead-follow, talking to, for and about, and rupture and repair. Chapter 6 is centered around non-traditional methods of managing student behavior and provides an understanding of the difference between behavioral management and behavioral support, arguing students need the latter to thrive in a school setting. Chapter 7 builds on information introduced in chapter 6 and describes a set of 7 developmental principles that serve as a foundational structure when working from a DDP framework with children who have experienced relational trauma. These principles are outlined as follows: 1) PACE is a consistent feature; discipline is brought in as needed. Both are required to support education; 2) Two hands of teaching, authoritative teaching; 3) The sandwich (in reference to discipline); 4) Adult takes responsibility for the relationship offered to the pupil; 5) Understanding without lectures, premature problem solving and rushed reassurance; 6) Provide appropriate level of structure and supervision, and 7) Help the pupil to manage shifts between playfulness and authority.

**Chapter 5** clearly outlines DDP and its application to education. This chapter summarizes a framework for creating a felt security in school settings in order to support learning, most especially for vulnerable youth. It defines and further describes playfulness, acceptance, curiosity, and empathy (PACE) and provides practical knowledge and strategies of how to apply each of the four elements of PACE in your everyday work with students. **Chapter 6** builds on the information presented in chapter 5 and deepens our understanding of co-regulation of affect and explains the importance of affective/reflective (A/R) dialogue. This chapter describes elements of A/R engagement such as storytelling prosody, follow-lead-follow, talking about, talking for, use of touch, connect-break-repair, and elephant in the room. **Chapter 7** illustrates the use of A/R dialogue, using case examples, to deepen our connections with students and explore the underlying meaning of behavior.

**Instructional Methods:**

- **Session Learning Objective**: At the end of this lesson, students will demonstrate a proficiency and basic understanding of the theoretical underpinnings of DDP and be able to define and apply DDP terms, the PACE approach, and specific DDP intervention strategies to clinical practice in a school setting.

- **Specific Concepts Introduced**: Exploring playfulness, acceptance, curiosity, and empathy (PACE); DDP principles in educational settings; review DDP intervention strategies such as co-regulation and affective/reflective dialogue, follow-lead-follow, talking to, for and about as well as rupture and repair.
➢ Strategies for Learning: Class will begin by playing the song "The Story" by Brandi Carlile (as referenced in chapter 1 of this dissertation) with handouts of the lyrics. Following the song, the instructor will lead the storytelling exercise and share the meaning of this song on a reflective and interpretative level. This is intended to facilitate reflective group conversation and set up a framework understanding the concepts to be discussed in class. Case examples and semi-structured role-plays will be used to simulate learning. To wrap up the lesson, the instructor will review the weekly reflection prompt and assign a one-minute written session reflection (to be left with the instructor on the way out) asking students to describe how they felt (as the listener) when

WEEK 9 - ATTACHMENT-BASED SUPERVISION


In this paper, Bennett proposes the application of attachment theory to social work graduate students and field placement supervisors. The author summarizes a review of the literature on attachment theory and supervision theory and presents the framework for an eight month model of supervision training for field instructors. Study outcomes of this model yielded recommendations for supervisory training in social work. The author highlights that as an empirically based developmental framework attachment theory can be useful and effective in understanding the relational dynamics between the social work student and field placement supervisors. Supervision is an integral aspect of social work and seeing as field supervisors are central to a student's successful field education.
experience, it is necessary that field educators and supervisors consider the value of attachment theory and apply concepts to the supervisory dyad.


**Chapter 15, The Importance of Professional Supervision for All Staff in Schools**, underscores the need for educational staff to have reflective opportunities, in the form of supervision, during the workday to safely process the impact of our work with vulnerable youth and emphasizes the importance of a structured space for critical personal reflection and honest self-analysis to improve practice.


**Chapters 11 & 12** of this text shifts the focus of learning from supporting students to exploring ways in which we can support ourselves as clinical practitioners and educators. Together, these chapters call attention to the need to understand our own early relational experiences and adult attachment styles or what the authors refer to as "states of mind" and links this necessary reflective process to self-care and professional development. Purposefully bringing this developmental aspect of ourselves into our awareness is presented as essential to authentically caring for ourselves and genuinely engaging others from an open and emotionally available stance.

Building on the key findings of Foley's (2007) study on the relationship between attachment theory and social work practice from the lens of a social worker, this paper introduces the application of attachment theory beyond that of the general uses and various limitations in diverse social work settings and distinctively introduces the use of attachment theory as a guide to deepen social worker reflective capacities. The paper suggests that attachment theory application should include the social worker as an individual with a unique attachment style, the client within the same context, and the social worker and client relationship. The paper also suggests that in order for the social worker to create an experience of “felt security,” it is critical for the clinician to understand his/her own working internal model, including experiences with attachment-caregiving relationships and the unique exploratory system. Through reflecting upon one’s own adaptive and defensive strategies when experiencing stress and how they relate within the context of a helper-caregiving role can move the therapeutic relationship toward establishing a secure base. Most poignantly, this paper offers a series of reflection prompts and also provides a diagram that presents as a guide in exploratory questioning that enhances self-reflection and empathy from multiple vantage points within the therapeutic relationship.

**Instructional Methods:**

- **Session Learning Objective/s:** At the end of this lesson, students will demonstrate an understanding of the importance of the supervisor-supervisee relationship in clinical supervision and recognize the professional need to examine and explore their own IWM and attachment styles to deepen clinical practice knowledge and skills.
Specific Concepts Introduced: Importance of supervision in school settings; supervision as a secure base for professional learning, development, and self-care; relationship-specific secure base reflective questions.

Strategies for Learning: The body of today's class session will include a combination of lecture (power-point with handouts), discussion, brainstorming, and role-playing. In-class reading groups will facilitate a discussion on assigned weekly readings. To wrap up the lesson, the instructor will review the weekly reflection prompt (as noted in the course schedule of the syllabus) and ask students to fill out an "exit ticket" to be collected on their way out of the classroom. This session's exit ticket questions will include the following: 1) Define the concept of felt security and in 2-3 sentences explain how you intend on applying what you've learned about felt security to your field placement.

WEEK 10 - SHAPING REFLECTIVE PROFESSIONAL IDENTITY


This article introduces a study that explores two variables and their impact upon the effectiveness of the social worker: reflective functioning and attachment style. The article defines reflective functioning as a sophisticated awareness of one’s own and others’ mental states, also known as mentalization. Results of this article suggest a social worker’s reflective functioning is the primary variable in determining better client outcomes, as this practice introduces openness and trust, and thus a secure base in the therapeutic relationship. However, the article also clarifies that the relationship between
both variables is more complex. For example, a social worker with a more secure
attachment style could compensate for a decreased ability for reflective
functioning. Implications for practice include selection of students for programs as well
as curriculum development and training.

styles to understand the early alliance. *Psychotherapy.* APA.

This article reinforces the idea that the establishment of a secure base is vital in the
therapeutic relationship for clients to trust the exploration of their current challenges to
lead to emotional growth. This article explores the relationship of similar or differing
attachment styles of the social worker and client, and clinical implications for the early
alliance. An important point that the article identifies is that the client’s attachment style
can influence their initial impression of the alliance with the clinician, as well as their
expectations of the therapeutic work. However, the similarity or differences in styles in
this dyad does not determine the effectiveness of the alliance over time. A main finding
in the article is that but an attuned clinician who can demonstrate empathy and respond to
ruptures is more critical in therapeutic effectiveness to develop a healthy alliance. This
article points to the importance of self-reflective training and practice, including an
awareness of one’s attachment style, and more critically, how one’s attachment style
influences empathy, curiosity, and regulating one’s own emotions.

Mikulincer, M., Shaver, P.R., & Berant, E. (2013). An attachment perspective on therapeutic
processes and outcomes. *Journal of Personality, 81*(6), 606-616.
This article explores the application of Bowlby’s attachment theory to relationships beyond the initial child-caregiver dyad or familial relationships, and more specifically, to the therapeutic relationship. The article introduces and explains adult attachment styles and the social worker’s processes in promoting a more secure attachment orientation through environment: providing corrective emotional experiences, exploring with the client the helping relationship, and reflecting together on the client’s earlier relationships with attachment figures. The authors suggest that the therapeutic relationship can act a secure base, bolstering trust and safety as a means for clinical work and therapeutic growth. This, this article serves as an initial invitation to explore each individual’s attachment style in consideration and support of more effective therapeutic outcomes.

❖ In-Class video: Interpersonal Neurobiology (24 min) - In this 2009 TED talk, Dr. Daniel Siegel explores the neural mechanisms beneath social & emotional intelligence & how these can be cultivated through reflective practices.

Instructional Methods:

➢ Session Learning Objective: At the end of this lesson, students will be able to understand the connection between therapist attachment style and therapist effectiveness. Students will also build on knowledge acquired during the previous session and demonstrate a deeper understanding of their own IWM and attachment styles as it relates to the shaping of professional identity and strengthening of clinical knowledge and skills.

➢ Specific Concepts Introduced: Reflective practice and attachment theory; clinician attachment narratives/attachment styles; clinician secure base reflection; therapist attachment styles and effectiveness of treatment; attachment measures in children and adults.
➢ *Strategies for Learning*: Class will open with an in-class video on the neurological impact of reflective practice and the development of attuned communication. In-class reading groups will also facilitate a discussion on assigned weekly readings; the remainder this session will include a combination of lecture (power-point with handouts), discussion, brainstorming, and case examples.

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**WEEK 11 - DOMAINS OF PROFESSIONAL FOCUS FOR THE ATTUNED SCHOOL CLINICIAN**


Case formulation is an essential social work practice task that involves on-going consideration, reflection, and reevaluation on the part of the therapist. It is also critical to the establishment and maintenance of an authentic therapeutic alliance, another fundamental social work task. This article calls attention to the interpersonal clinical nuances of case formulation and provides a case example illustrating the effectiveness of a relational model for treatment. The authors posit that therapist self-revelation, that is what a therapist reveals about themselves in the course of therapy, and therapist self-reflection are integral to the process of therapeutic change.

This article builds on the current understanding of therapist attachment styles and therapeutic outcomes. In particular, this article explores attachment-related differences among therapists and describes a study conducted by the authors of this paper that examines the link between therapist attachment styles and attunement in therapy. Study outcomes, based on results from the three adult attachment measures used: the AAI (Adult Attachment Interview), WAI-T (The Working Alliance Inventory), and TASc (The Therapist Attunement Scales) suggest "support for the view that differences in therapist's attachment status influences the therapeutic process considerably." Most remarkably, the presence of attunement in therapy. A significant practice implication noted in the discussion section of this article, which also supports the underpinnings of this course, is the recommendation that mental health professionals would benefit from attachment-informed training and supervision that includes using the TASc in order to improve service delivery and treatment outcomes.


This paper is a necessary read for any social work practitioner but most especially for social work graduate students preparing to enter the field because it highlights the inherent emotional challenges of our work and suggests that having access to a secure base in the workplace is the most effective and efficient means to cultivate resilience, reduce compassion fatigue and safeguard for practitioner burn-out. In their study, the authors introduced a secure base model for teams adapted from Schofield and Beck
and further examined the relationship between how practitioners perceived levels of social/team support in the workplace and emotional regulation. Results indicated a strong connection between access to a secure base model at work and personal wellness, increased competence, and professional resilience. The secure base model is a structured way to provide occupational emotional support. The model outlines five specific dimensions of focus for administration, leadership/management teams, and social work supervisors: availability, acceptance, cooperation, and team belonging essential to meeting the socio-affective needs of social work practitioners and reinforces research presented throughout this course.

**Instructional Methods:**

- **Session Learning Objective:** At the end of this lesson, students will demonstrate an understanding of the importance of the supervisor-supervisee relationship in clinical supervision and recognize the professional need to examine and explore their own IWM and attachment styles to deepen clinical practice knowledge and skills and function as a secure base team member.

- **Specific Concepts Introduced:** Clinician reflexivity; reflective supervision; reflective practices; reflection vs. reflexivity; secure base model at work.

- **Strategies for Learning:** Session will begin with a warm-up exercise that links to learning from previous class sessions; in-class reading groups will facilitate a discussion on assigned weekly readings; the remainder this session will include a combination of teaching strategies that include discussion, brainstorming, case examples, and technique/idea sharing to transfer knowledge presented in class to direct practice in the field.

**Chapter 18, Relationships and Resources**, provides exercises and practical tips to help educators and school-based clinicians build and practice the skills necessary to engage in affective reflective dialogues with students. This includes a summary of PACE, a visual illustration outlining what lies underneath behavior, and tip sheets on how to apply the DDP principles of matching-affect, storytelling, and wondering aloud as well as guided role-plays and reflection exercises. Most importantly, this chapter reminds the reader of the importance of relationships and points out that "to transfer knowledge to practice requires a relationship."


In this article, Wylie and Turner explain the form and function of attachment theory and make a clear argument backed by neuroscientific research, citing the scholarship of Siegel and Schore, as to why attachment really does matter in therapy and in life. They begin this paper recalling an experience at a conference at which developmental psychologist and researcher, Jerome Kagan, made what the authors refer to as "a seemingly disparaging" comment about attachment theory and its place in developmental theory. This paper summarizes this experience and provides a thorough discussion and
evaluation of the developing attuned therapist, Essentially, illustrating the art and science of attachment theory in action.

Instructional Methods:

➢ **Session Learning Objective:** At the conclusion of this session students will be able to identify attachment-based and relationship-focused competencies and apply them to their work in school-based settings. Students will also be able to describe a contextual understanding of "the attuned school clinician."

➢ **Specific Concepts Introduced:** Establishing attachment-based and relationship-focused competencies for school-based mental health practice; attuned practice behaviors and habits of thinking.

➢ **Strategies for Learning:** Session will begin with a warm-up exercise that links to learning from previous class; in-class reading groups will facilitate a discussion on assigned weekly readings; the remainder this session will include a combination of teaching strategies that include discussion, brainstorming, case examples, and tips to transfer knowledge to presented in class to direct practice in the field.

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**WEEK 13 - SBMH PRACTITIONER PANEL DISCUSSION/Q & A**


In this article, Bailey examines school-based mental health from a social work perspective and highlights that SBMH is a growing area of specialization within the field. She provides a detailed review of the research in the field with specific consideration to
culturally sensitive practices and interventions, policies and reform initiatives, and school-based treatment outcomes.


This article provides a general overview of recommended school-based mental health core competencies, education, and training by specific mental health discipline including school counseling, psychology, social work, nursing, and psychiatry and emphasizes teaming and interdisciplinary collaboration as key elements of effective school-based programming. The authors also review barriers to collaboration and offers ways to overcome them in order to optimize the role of school-based mental health professionals and student support staff.

**Instructional Methods:**

- **Session Learning Objective:** At the completion of this class session students will have a real-world understanding of the role of school-based mental health clinician and recognize the interdisciplinary nature of the field.

- **Specific Concepts Introduced:** Choosing a career in clinical school social work practice and understanding the role of school-based mental health clinician from a panel of practitioners practicing SBMH and clinical school social work.

- **Strategies for Learning:** *End-of-semester reflection portfolio due at beginning of class.* Students are expected to come to class prepared with 2-3 SBMH related questions for the panelists.
The goal of the final class session will center around understanding endings and termination through an attachment lens. This session will offer a structured and safe opportunity for our class to reflect on what we have learned, individually and collectively as a group, over 14 weeks. Reviewing key moments and highlighting essential takeaways of this class, students will be encouraged to take meaningful social work action through honest personal reflection that pushes them beyond the surface, toward more meaningful interventions and relational solutions.

**Instructional Methods:**

- **Session Learning Objective:** This session will focus on endings and termination through an attachment lens; completing course/instructor evaluations as well as sharing student course content feedback

- **Strategies for Learning:** *Final Paper of the semester due at beginning of class.* Students will be asked to complete a one-minute reflection on what it feels like to have submitted their last assignment of the semester. The instructor will lead the discussion for the last class. In small groups students will be asked to consider the role of social work education in preparing "Twenty First Century Clinical Social Workers" and discuss the strengths and weaknesses of their training. Students will be asked to complete course and instructor evaluations as well as share student course content feedback.
Chapter 7: Discussion and Concluding Remarks

Discussion and Directions for Future Curriculum Development

It is necessary to re-emphasize that as the educational landscape in our country continues to transform and the mental health needs of our nation's youth increases, so have the domains and demands of school social work practice. As noted earlier in this dissertation, the wide range of school social work practice settings, clinical and non-clinical job tasks/responsibilities, and the comprehensive amount of specific school-based knowledge and skills required for effective practice signifies a current need to strengthen social work education. Moreover, it calls for schools of social work to offer advanced coursework and pre-service training opportunities that are intentionally designed to deepen clinical school social work practice skills and expand reflective capacities in order to meet the requisite needs of MSW students entering the field more adequately. According to SSWAA (2003), it is essential to call upon schools of social work in colleges and universities across the country to provide high-quality coursework specific to training school social workers and to ensure that appropriate coursework is available to prepare social work students to meet state requirements as School Social Workers. To make available the best-trained and most highly qualified individuals to work with our students, schools of social work must provide comprehensive and state of the art training. These courses must be both rigorous and dynamic to provide a clear and comprehensive understanding of the myriad challenges facing students and families in the educational system and to enable students to meet high educational expectations. (p. 1)
And so, adhering to this recommendation, this course will further support the professional training and advocacy efforts of SSWAA as well as the NASW.

Reflecting on future opportunities for curriculum development, this dissertation offers multiple prospects for learning at both the pre-service as well as at the post-master's levels. In addition to proposing additional graduate coursework on school-based mental health and attachment theory, developing an attachment informed post-masters certificate program for those already operating in the field would provide specialized continuing education to deepen their clinical skills. Such a program would be especially impactful with the endorsement and support of a CSWE accredited graduate school of social work, particularly if offered through The University of Pennsylvania School of Social Policy and Practice.

Along these same lines, there is a real need to create, develop, and facilitate meaningful professional development programs for educators, school support staff, and school leaders that are based on empirical evidence but can be easily translated for everyday application. Therefore, adapting the content of this course and creating site based professional development offerings and interdisciplinary professional learning communities (PLCs) would meet this need and encourage authentic relational practices in schools, significantly improving classroom management strategies and promoting a more student-centered school culture and climate – both of which are integral to implementing effective school-based mental health services.

Based on a review of the literature and as pointed out in the course design and instructional methods sections of this dissertation, another significant area for growth and development in social work education is the use of attachment theory in adult education. Attachment style and adult learning is a largely unexplored area for research that can add a new
dimension for understanding the adult learner and the pathway for professional development. Most especially, in a human services profession such as social work. Therefore, social work educators and field instructors, in particular, can benefit from training and professional development in this area as well. In view of the fact that attachment behaviors continue into adulthood, for both teacher-student and supervisor-supervisee, and because our internal working models serve as templates for life-long relating and interpreting self and others, adopting an attachment-based approach to social work field supervision provides a framework for developing supportive and secure supervisory relationships that are foundational to social work education and vital to the development of the attuned school clinician (Bennett & Saks, 2006).

Implications for Social Work Education, Training, and Practice

In terms of implications for social work education, training, and practice, it is remarkable to note that this course is not intended to be exhaustive but rather an initial primer on school-based mental health practice for social workers with an in-depth clinical focus on attachment theory in school settings. Due to the wide spectrum of contemporary practice issues facing school-based mental health providers and the sheer breadth and scope of attachment theory itself, there is no way to fully capture and comprehensively address this content in a one semester (14-week) course. In this initial advanced practice course on exploring the relationship between attachment theory and school based clinical social work, each conceptual area introduced primes the student for consequent weekly topics and subtopics. Additional courses will provide adequate opportunity to not only explore the breadth of this theory, but also allow the school based clinical social worker an opportunity to become more sophisticated in their understanding and application of the psychodynamic concepts introduced.
With regard to identifying the limitations of this dissertation, it is appropriate to begin by pointing out that there are complexities inherent in applying any one single theory to any client/student/family issue or presenting problem/s. The use of attachment theory in school-based clinical social work practice is no exception. It is remarkable to note that this dissertation does not imply attachment theory will provide a singular solution to the myriad of problems school social workers will encounter in everyday practice. Rather, this dissertation uniquely offers school social workers a useful, relationally-based and developmentally sound theoretical framework to deepen their intellectual knowledge base and enhance practice skills required to understand, interpret, engage, assess, and intervene as school-based mental health providers in educational settings. Nevertheless, "especially, when applying such a broad and complex ('grand') theory as the psychoanalytic theory, social workers are urged to use caution. Even when some psychoanalytic concepts are readily applicable to an informed assessment, they may not prove relevant or suitable for working with individual cases" (Parrish, p. 11, 2009).

In conclusion, this dissertation highlights the intersection of theory, practice, and social work education. Calling attention to the attachment behavioral system and the neuroscience of emotions and education, the literature review provides an empirically supported conceptual basis for the development of an advanced practice course that is designed to support the advancement of the field and also offers "a framework that unites the way we understand people with the way we work with them” (Howe, 1998).
REFERENCES


THE ATTUNED SCHOOL CLINICIAN

Session, 68(2), 187-197.


Burke, R. W., & Paternite, C. E. (2007). Teacher engagement in expanded school mental health. In S. W. Evans, M. D. Weist, & Z. N. Serpell (Eds.), *Advances in school-based mental*

Research Institute.


social work courses responding to the changing context? Children & Schools, 32(4), 237–249.


Fox, R. (2013). *The call to teach: Philosophy, process, and pragmatics of social work*


health centers and receipts of mental health supports. *Children and Youth Services
Review*, 1(20).


Holmes, J. (2014). *The Search for the Secure Base: Attachment Theory and
Psychotherapy*. Taylor & Francis.

of Psychotherapy*, 31(2), 208-228.


Hoover, S., & Bostic, J. (2021). Schools as a vital component of the child and adolescent mental

Work Practice*, 12(1).


THE ATTUNED SCHOOL CLINICIAN

contemporary child care social work. *Child and Family Social Work, 10*, 111-123.


