Overview of the Three Pillars Model of Attachment Treatment
(Brown & Elliott, 2016)

The Importance of Understanding and Treating Attachment Problems

-- Depending on countries and groups assessed, the prevalence of insecure attachment is 30 - 92%.
-- Insecure attachment is associated with problems in:
  - self experience (self-esteem; stability and clarity of sense of self; organization of mind)
  - relationship experience (excessive anxiety/preoccupation or/and avoidance)
  - emotion experience (recognizing emotions; being able to regulate emotions; self-soothing)
-- Insecure attachment greatly increases the risk for developing mental health problems.
-- For someone who has experienced trauma, treating any pre-existing attachment problem will make the trauma treatment less difficult and more efficient.

The Three Pillars of Comprehensive Attachment Treatment

Each "pillar" is a dimension of functioning known to be an important aspect of secure attachment, so their integration in therapy leads to comprehensive, effective, and efficient treatment.

The First Pillar: Creating a New, Positive Internal Working Model (IWM) of Attachment

The therapist helps the patient to imagine feeling as a young child and to create and engage with imagined ideal parent figures (IPFs) and secure attachment experience with them. The primary agent of change is the patient's relationship with the imagined IPFs, rather than the relationship with the therapist.
-- imagination directly creates internal representations.
-- the medium of internal representation is efficient for creating a new IWM, which is also an internal representation.
-- patient-as-child relating with imagined adult IPFs is more consistent with the actual developmental conditions during attachment formation than is adult patient relating with adult therapist.
-- in experiential imagery, time can be expanded, which allows the patient to have experience with the IPFs that is much longer than a 50-minute psychotherapy session.
The IPF method (and all three pillars) is applied in the context of the therapeutic relationship, in which the therapist does his or her best to embody the qualities that support security.

The Second Pillar: Developing a Range of Metacognitive Skills

Existing approaches that promote metacognitive functioning, such as Mentalization-Based Treatment (MBT), are integrated into the Second Pillar.
In addition, a wider range of metacognitive potentials are included, and new techniques too.

The Third Pillar: Enhancing Collaborative Abilities

All good therapy is collaborative. The Third Pillar places specific focus on collaborative and non-collaborative verbal and non-verbal behavior of the patient and the therapist.