Toward Secure Attachment in Adolescent Relational Development: Advancements From Sandplay and Expressive Play-Based Interventions

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Recently, the literature on parent-adolescent attachment relationships has demonstrated associations between secure, positive attachment and (a) lower mental health difficulties (Van Doorn, Branje, & Meeus, 2011), (b) meaningful relationships (McGee, Williams, Howden-Chapman, Martin, & Kawachi, 2006), and (c) increased career success (Shelton & van den Bree, 2010). In contrast, those adolescents who fail to form meaningful attachments with caregivers appear to struggle in these areas. As new relationships develop and alter or dissipate over time, adolescents may experience variations and fluctuations in their mental well-being (Berger, Jodl, Allen, McElhaney, & Kuperminc, 2005). This article provides a comprehensive literature review of the most current research in adolescent attachment, as well as clinical implications for play therapists who recognize the significance of the therapeutic dyad when working with adolescents. Additionally, the article discusses case studies involving the integration of expressive art therapy interventions, such as sandplay (Donald, 2003; Green 2012), to strengthen the adolescent’s overall schema of attachment to ‘secure.’

**Keywords:** attachment, adolescents, sandplay

Attachment has been conceptualized traditionally as a pattern of thoughts, feelings, and behaviors that results from a caregiver’s ability to meet an infant’s need for closeness (Black, Grenard, Sussman, & Rohrbach, 2010; Briggs, 2003). Master’s-level clinicians typically learn this basic attachment concept while covering infancy and early childhood chapters in their life-span development course. However, the discussion is less frequently carried over into adolescence.
Thus, it is likely that many play therapists lack a comprehensive understanding of how attachment relationships change during adolescence and often adversely affect psychosocial functioning (Vera & Shin, 2006). Therefore, the objectives of this article are (a) to describe attachment issues in parent–adolescent relationships; (b) to describe the salient aspects of adolescent attachment for play therapists to consider when formulating comprehensive treatment plans; and (c) to illuminate how the play therapy relationship and the infusion of play-based interventions, such as sandplay, may strengthen opportunities for adolescents to develop secure attachments (Donald, 2003). The Association for Play Therapy (2012) has defined play therapy as “the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development.”

**PSYCHOSOCIAL DETERMINANTS AND EFFECTS OF DIVERGENT ATTACHMENTS IN ADOLESCENTS**

Attachment is a dynamic pattern of cognitions, affect, and associated behaviors that result from a caregivers’ ability to meet infants’ need for warmth, nurturance, and safe physical closeness (Berger, Jodl, Allen, McElhaney, & Kuperminc, 2005). Early in life, children develop an internal working model through their relationships with caregivers. This model incorporates the beliefs that either (a) one is worthy of love and that the world is a predictable and positive place (i.e., secure attachment), or (b) one is unlovable and exists in a world that is unpredictable and untrustworthy (i.e., insecure attachment; Bowlby, 1982). Secure and insecure attachments encompass three ideas related to the notion that parents are able to tolerate or not tolerate, or contain, their child’s intense emotional experiences until children manage the experiences themselves (Black et al., 2010; Briggs, 2003). Disorganized attachment (Main & Solomon, 1990) is characterized by a child who exhibits patterns of (a) clear avoidance (or resistance) in the first reunion and then a change to clear resistance (or avoidance) in the second reunion with a caretaker(s); or (b) evidence of sequential, contradictory behavior across separation and reunion episodes. This style of broken attachment typically stems from a child experiencing consistent frightening and comforting messages simultaneously from the caretaker(s), usually resulting from trauma (Green, Crenshaw, & Kolos, 2010).

Although they tend to move toward confiding in peers as they move through puberty, many teenagers consider their parents primary supports and confidants (Nomaguchi, 2008). Some adolescents continue to rely on their parents throughout development; feeling secure in the parent–teen relationship allows them to embrace their curiosity about the world (Duchesne & Larose, 2007). Adolescents who fear that their parents will not consistently provide a secure base are more likely to fear exploration, uncertainty, and/or vulnerability (Perl, 2008).
Influence of Attachment on Adolescents’ Psychology

Secure and insecure attachments have been linked with a number of psychosocial outcomes across the life span (Van Doorn, Branje, & Meeus, 2011), including those present in the cases of Nichole and Ilene, which are highlighted in the Psychosocial Data and Attachment Considerations section below. Attachment is thought to play a role in the development and maintenance of internalizing symptoms, such as anxiety and depression. Anxiety about peers and academic success, for example, is commonly reported in both clinical and nonclinical populations of adolescents (Gren-Landell et al., 2009). Theorists have suggested that closeness and trust within a secure parent–teen relationship may buffer against mood and anxiety symptoms by providing feelings of closeness and trust. Supporting research has demonstrated that as the quality of attachment decreases, the internalizing symptoms increase, and vice versa (Buist, Dekovic, Meeus, & van Aken, 2004; Liu, 2007, 2008). However, differences exist in attachment in which adolescents are predominantly externalizing.

Parents who only respond to their teens in times of crisis or as a result of dangerous behavior put their teens in a situation in which they must aggressively force their parents to meet their needs (van der Vorst, Engels, Meeus, Devokic, & Vermulst, 2006). Consistent with this idea, high externalizing behaviors have been associated with low perceived attachment (Buist et al., 2004; Howard & Medway, 2004), anger and hostility (Muris, Meesters, Morren, & Moorman, 2004; Simons, Paternite, & Shore, 2001), and early substance use (Hahm, Lahiff, & Guterman, 2003; Shelton & van den Bree, 2010; Steinberg, 2007). Furthermore, rates of externalizing behaviors increase drastically during adolescence, and can include experimentation with drugs and alcohol, self-injurious behavior, and conflict in relationships. Some of the attachment literature has demonstrated that adolescents partake in high-risk behaviors, and, as noted in the next paragraph, nonsuicidal self-injurious (NSSI) behaviors, in an effort to engage the parent in caregiving behaviors (Steinberg, 2007).

NSSI behavior is a challenging psychological problem frequently encountered in mental health work with adolescents (Lyon et al., 2000), with rates ranging from 12–39% in the general population and as high as 61% in clinically referred adolescents. Although individual variables, such as general perfectionism, low self-esteem, coping skills, poor emotion regulation, and trauma history, have been associated with self-injury, attachment has also received attention for its potential role in self-injury (Lyon et al., 2000).

Researchers have found that, although parental relationships are still viewed favorably by many adolescents (Berger et al., 2005), peer relationships have a stronger influence over adolescents’ emotional stability, psychological health, feelings of inclusiveness, and confidence (Hay & Ashman, 2003). As adolescence progresses, the significant influence of peer friendships yield to burgeoning romantic relationships (Furman & Wehner, 1997), in which attachment style also plays a crucial role. Research on attachment and adolescent romantic relationships has demonstrated associations between insecure attachment and greater reported relationship stress (Seiffge-Krenke, 2006) and physical violence (Henderson, Bartholemew, Trinke, & Kwong, 2005), with some
research having noted the increased potential for intimate partner violence when both parents demonstrate insecure attachment (Orcutt, Garcia, & Pickett, 2005). These findings can be interpreted in several ways. One interpretation is that the degree of security in parental connections lends itself to influence the degree of security in future social connections. Another is that the lack of a secure parental base from which to explore leaves the adolescent susceptible to engage in psychologically unhealthy or “toxic” relationships. Still another is that those with unstable relationships are incapable of providing the security desired (Furman, Simon, Shaffer, & Bouchey, 2002).

Finally, adolescents’ ability to successfully leave their parents’ homes, to explore their independence, and partially to support themselves or to become completely autonomous after high school is largely grounded in the tenets of attachment theory (i.e., secure base, proximity, and safe haven): this has important implications in Western culture, which values and encourages such autonomy. Moreover, adolescent-supported educational and career changes and decisions can be of significant distress, especially if parental support and resources are at a minimum (Gaffner & Hazler, 2002; Multon, Heppner, Gysbers, Xook, & Ellis-Kalton, 2001). Adolescents, insecurely attached to their caretakers, may struggle to achieve a balance between interpersonal relationships and autonomy; adolescents who are securely attached possess the confidence that relationships will remain secure even as new life paths are navigated. Further, attachment security affects how well adolescents use significant adults in their lives to assist them in managing stress as new experiences present themselves (Larose & Boivin, 1998), with insecurely attached adolescents being at risk for greater feelings of loneliness, anxiety, and stress (Vignoli, Croity-Belz, Chapeiland, de Fillipis, & Garcia, 2005), and inhibited environmental exploration (Green, Schweiker, Kolos, & Keith, 2009) as compared to their securely attached counterparts.

The next section comprises the biographical and psychosocial data of two adolescents in play therapy who struggle with insecure or broken attachments. The cases highlight how their path to healing was facilitated by the use of the therapeutic relationship, as an analog to secure attachment, as well as sandplay and other creative play-based interventions, which were used to strengthen adolescents’ attachment with their caretakers. All names in the following case examples are pseudonyms, and some details have been altered to protect the clients’ confidentiality.

PSYCHOSOCIAL DATA AND ATTACHMENT CONSIDERATIONS: TWO ADOLESCENT CASE STUDIES

Ilene

Ilene was a 17-year-old female who originally presented for treatment because of symptoms consistent with generalized anxiety and obsessive–compulsive disorders. Examples of her symptoms included intense worries about academic performance, intricate compulsions related to concerns about safety, and poor sleep. Ilene
had many friends, although she denied having a “best friend.” Recently, she became single after a romantic partner abruptly ended their relationship, and she described her relationships with her parents as “acceptable.” She complained that everyone in her life expected her to be perfect, and that she felt tremendous pressure to meet these unrealistic expectations. Ilene attended school consistently and received average grades. Moreover, she reported that, of all of the people in her life, she felt most supported by members of the teaching staff at her high school. During her intake appointment, both parents highlighted Ilene’s talents, social involvement, and physical attractiveness. They minimized her psychopathological symptoms and their impact on her psychosocial functioning, as well as their relationships with her. Her father reported that Ilene believed their relationship was less important than those with her peers. Ilene’s mother discussed several failed attempts to improve their parent–child relationship.

As the alliance between the therapist and Ilene grew, Ilene’s willingness to share increased and grew more intimate. During one particularly difficult session, Ilene noted: “It’s like I know you won’t hate me or tell me not to come back if you know that I am not perfect.” During this time, Ilene engaged in regular sandplay sessions, during which she created worlds in a sand tray with miniatures. Ilene revealed that she felt neglected by her family and that she believed her parents favored her older and younger sisters. She complained that her parents expected her to be independent and were reluctant to assist her when she requested their help; she also reported that they minimized her symptoms, calling them “silly” or “just for attention.” According to Ilene, her mother regularly threatened to stop paying for her play therapy treatment, although her mother denied this when meeting with the therapist. Ilene reported that attempts to engage more in family events or to emphasize the importance of reliance on one another through family dinners and meetings were repeatedly rejected by both parents. Ilene repeatedly attempted to verbalize her feelings and thoughts to her father in therapy, but she reported that these attempts did not translate into any lasting changes after leaving the session.

Approximately six months into treatment, Ilene began considering colleges she might like to attend. Ilene told her play therapist that she vacillated between wanting to go “far, far away from [her] family” and worrying that her parents would forget about her if she went too far. On more than one occasion, she expressed innate and what she perceived as irrational fears about the anxiety surrounding attending a distant college and stopping therapy. She decided to apply to both local and distant colleges, with her first choice being a college that was approximately 120 miles from home. Ilene displayed features that qualify under the insecure–avoidant attachment style outlined earlier in this article.

**Nichole**

Nichole was a 14-year-old female who presented for therapy because of depressive symptomatology and intermittent NSSI behavior. Nichole’s parents were divorced, and her father reported a longstanding mental health history, including anxiety and bipolar disorder. Nichole’s mother denied any mental health history,
but acknowledged that Nichole’s two sisters and one brother had also struggled with anxious and depressive symptoms throughout their adolescence and early adult lives. Nichole described herself as “always trying to hide who I am,” and as someone who regularly sacrificed her own happiness for that of her family members. She described this dynamic as being particularly evident in her relationship with her father, who had difficulty conversing with his daughter in meaningful ways. Nichole described her relationship with her mother as emotionally distant and strained, but it was one that she emotionally relied on during difficult transitions. Nichole described herself as an “outsider” in her family.

Early in treatment, Nichole shared that she had recently become close with a male peer, Cordell (pseudonym), who was 1 year older. She believed that Cordell understood her and was accepting of her, even when she was unhappy. This relationship progressed into a romantic one, with Nichole initially reporting feeling a sense of happiness during their time together. Within a few sessions, however, Nichole began reporting that Cordell became verbally abusive and controlling. She reported that he engaged in various manipulative and noxious behaviors, including (a) becoming angry if she ended a phone call when he was not ready for it to end, (b) becoming possessive of her free time during the weekend, wherein she felt guilty about seeing anyone else, and (c) expressing disdain when she wanted to spend time with others. On more than one occasion, she claimed that he threatened to harm himself if she did not comply with his requests, which seemingly were founded in externalized control. Nichole kept the romantic nature of this relationship a secret from everyone, with the exception of her play therapist. She struggled to comprehend the polarities of staying involved with a person she felt finally understood her, but he was increasingly callous and manipulative in his treatment of her.

Several months after beginning their romantic relationship, Nichole ended her communication with Cordell abruptly. Cordell was unhappy about this decision, sending Nichole an e-mail that stated that he hoped she killed herself and that when he killed himself, it would be her fault. Nichole was distressed both for her own physical safety and for Cordell’s well-being, so much that, just like her father before her, she began engaging in intermittent communication with Cordell. Finally, school officials noticed the palpable changes in Nichole (her mood became depressed), and adults at her school became involved. It was during this critical time that Nichole also reported that her NSSI behavior had resumed and intensified in frequency. Nichole’s parents reported noticing that she fluctuated between states of being irate and socially withdrawn, but they were confused by a set of separation anxiety symptoms that were emerging simultaneously. For example, Nichole refused to let her mother visit family out of town. But once her mother agreed to stay home, Nichole vacillated between loving and hate-filled behaviors episodically, which is consistent with the insecure ambivalent/resistant attachment type. She yelled at her mother and refused to speak to her civilly for the entire weekend, castigating her every chance that arose.

**Play Therapy Approaches to Promote Secure Attachment**

Although attachment relationships are thought to be relatively stable over time (Allen & Land, 1999), they are revisable within the context of new relationships.
For many adolescents who enter play therapy, their experiences of empathy have been limited or disrupted in their early relationships (Green, Schweiker, et al., 2009). Thus, play therapy affords adolescents an opportunity to experience a secure, close relationship with a caring individual in which empathy, nonjudgmentalism, and permissiveness are hallmarks of the therapeutic alliance. Indeed, research has found that the value of the therapeutic relationship is greater than specific interventions used in play therapy for youth and improves the quality of future relationships (Green, Crenshaw, & Langtiw, 2009).

Early in treatment, it is critically important that play therapists demonstrate their dependability through empathic attunement (i.e., listening carefully and empathizing accurately within the adolescents’ phenomenological perspective) and containment of distress with clear boundaries (Reyes, Shirk, Labouliere, & Karver, 2010). Nichole shared with her therapist that some of the most memorable and successful sessions were those in the first few months during which the play therapist simply sat with her while she expressed difficult emotions through her artwork and sandplay scenes. She told the play therapist that, over time, she felt less ashamed of her feelings and less afraid that the play therapist would think she was “weak” or “crazy.” This view of a secure self, which manifested itself in her relationships with peers, parents, and siblings, largely drove her self-injurious behaviors to desist. It was after she developed trust within the therapeutic relationship that she was able to begin containing her own emotions. During one particularly powerful session, Nichole engaged in an imagery-based containment exercise during which she visualized a safe and secure place where a container with a lock was located. The play therapist used guided imagery, accompanied with relaxation music, followed by an artistic exercise during which Nichole would creatively and abstractly paint the emotions felt throughout the imagery exercise. After this session, Nichole regularly referenced her container and the way in which she felt safe to open it during her play therapy sessions.

From the beginning of a relationship, play therapists offer insecurely attached clients an opportunity to openly work through difficult feelings of disillusionment and abandonment through the consistency and dependability of the therapist and therapeutic framework. That is, play therapists demonstrate unconditional congruence, empathy, and predictability in their words and actions. Further, it is the play therapist’s responsibility to regularly explore and resolve anxieties within the transference and the client’s experience of it. An example of this occurred with Nichole when her play therapist vacationed during the time period paralleling her high school final exams. Nichole expressed her resentment about feeling abandoned by the play therapist and her worries that the therapist might not return from the vacation. Nichole created a sand world in which she enacted a symbolic scene with magic stones and fairy princesses similar to what was occurring in her psyche regarding feeling let down that her therapist was vacationing during her finals. In this case, sandplay was beneficial because it permitted Nichole to express her frustration and freed her from anxieties so that she could generate viable alternatives on her own. The therapist did no verbal processing of the sand world after it was completed, but he honored the work through silence and acceptance.

Similarly, while Ilene struggled with the idea of going to a distant college where she might not be able to continue therapy, she found that journaling between sessions not only allowed her to feel a continued connectedness to her play
therapist, but also enabled her to openly reflect on her conflicting feelings. Writing these feelings down on paper was less threatening than directly talking about them. During one session, she spent much of the session drawing a series of self-portraits to make her journal a picture journal that represented her sense of self when alone, with her family members, and with the therapist.

Directed play-based interventions may also strengthen attachments in adolescents when adolescents are incapable of verbalizing difficult or disintegrating interpersonal dynamics within significant relationships (Green, 2012). One play therapist-directed activity is the relational domain of the Heartfelt Feelings Coloring Card Strategies (Crenshaw, 2007), in which adolescents identify attachment figures by drawing them in a heart shape. The relational domain focuses specifically on the adolescent’s primary attachments, highlighting and honoring satisfying attachments while identifying and exploring unfulfilling relationships. Some examples of the relational domain include things like (a) draw in the heart someone who will be in your heart forever, (b) draw in the heart someone whom you would want to be there if you were sick, and (c) draw in the heart someone that you could trust with a secret. A variation of the creative, play-based technique that can intensify engagement and affective meaning involves asking the adolescent to pick a miniature figure to symbolize the person and to place the miniature inside or outside of the heart, instead of drawing the person inside or outside the heart. The adolescent can also use the sand tray and miniatures and depict the relationships in their sand tray.

Another variation of this technique involves Garbarino’s (2008) concept of the circle of caring, which asks adolescents to draw or write the names of the people they consider inside their circle of caring (those people who care about the teen) and to draw outside the circle those who have disappointed them and no longer reside inside their circle of caring. This simple strategy often leads to productive therapeutic dialogue about positive attachments as well as key relationships that have been disappointing. A final variation involves drawing a bull’s-eye and asking the adolescent to write the names of those closest to them in the smallest, centermost circle. The adolescent then works outward, considering the level of connection felt with the many people in his or her life. When adolescents are encouraged to express the positive and negative polarities inherent within their conflictual relationships, it often has the effect of strengthening attachment by challenging affective ambivalence (hence, it is acceptable to feel shame and pride simultaneously toward someone important as people are dynamic). A strong research base has been established for the therapeutic benefits of incorporating narrative techniques into play therapy, particularly with trauma survivors, who benefit from the use of inspiring stories and encouraging poetry as interventions within the psychotherapy treatment plan (Pennebaker & Seagal, 1999). In the relational technique mentioned above, the adolescent writes a note to an identified person expressing both positive and negative feelings toward the therapeutic goal of bolstering a severed relationship with a significant caretaker.

In addition to these play-based activities, many creative adolescents spontaneously want to write stories or letters to important figures in their lives (Green, 2012). In these cases, the attempt to demonstrate feelings of attachment through play therapy interventions may be viewed as progress in the area of developing and sharing newfound ideas on nurturing attachment. Play therapists may choose to
process (or discuss in depth) this with their clients, because many adolescents may feel thwarted to share the contents with the direct person involved. This feature promotes the expression of warm feelings engendered in emotionally safe relationships and encourages the building of healthy attachments (Crenshaw, 2008).

**CLINICAL IMPLICATIONS FOR PLAY THERAPISTS**

One way play therapists can effectively begin assessment at the onset of therapy is to verify the attachment issues underlying the adolescents’ problematic behaviors or their ineffective views of relationships with others. Being able to directly observe adolescents’ attachment relationships with parents in session as well as inquire about parents’ and adolescents’ views of trust, security, and communication in their current relationship may give the play therapist an impression of the quality of the attachment from both perspectives. In this way, parents are seen as consultants in the treatment process.

Witnessing the way in which parents and adolescents communicate information to the play therapist is often clinically significant. Noticing dynamics of the relationship, including who executes most of the verbalizations and how differences in opinions are communicated, for example, may be clinically beneficial. In secure relationships, teenagers are able to freely express their thoughts, feelings, and views of the presenting issues without anxiety that parents will reject them or withdraw nurturing (Reyes et al., 2010). However, in an insecure relationship, adolescents may struggle with anxiety or low self-esteem, failing to view their contributions as worthwhile and frequently looking to their parents to lead them toward the correct answers (Black et al., 2010; McGee, Williams, Howden-Chapman, Martin, & Kawachi, 2006). Finally, understanding the role that others play in adolescents’ lives is inherently important when determining the most effective treatment plan and play-based interventions to incorporate. Insecure attachment can manifest itself in a number of ways, ranging from an overreliance on relationships or unhealthy development of friendships and romantic partners, to a “loner” stance, in which attachment relationships are minimized and reliance on others avoided. If the information gathered from the parent—teen dyad suggests an unhealthy attachment that is affecting the adolescent’s internal or external world, the play therapist may choose to work directly with this dynamic through family play therapy and possibly family sandplay (Green & Connolly, 2009).

Another key implication from the literature on adolescent attachments is that a healthy play therapist—adolescent client relationship is characterized by mutual trust and respect between both individuals (Eliot, 2009). Research on therapeutic relationships has suggested that the emotional bond between adolescent and therapist is the core to lasting and productive change within the psychotherapy (Black et al., 2010). By framing the play therapy session within specific limits and boundaries, therapists assist adolescents in learning that the dyad is psychologically safe. Specifically, adolescents internalize safety and security because they are able to express and direct raw, honest emotions directly or symbolically without being judged or asked to change parts of themselves that others may see as unacceptable or undesirable. The unconditional acceptance gleaned from such an experience may
be different from what adolescents experience in their peer or parental relationships (Castro-Blanco & Karver, 2010).

Potentially making a significant difference in the frequency and openness of emotional expressiveness, perfectionistic teens should be permitted to act playfully or aggressively within the safety of a nonjudgmental attachment between themselves and a play therapist. Play therapists may also want to incorporate the research that indicates therapy gains made early on in the therapeutic relationship derive from a strong alliance (McGee et al., 2006; Reyes et al., 2010). Forming caring therapeutic dyads early on in adolescent treatment may be challenging for play therapists who are also trying to formulate a positive, working relationship with parents (who may be despised by the adolescent). It seems that the primary responsibility for the therapist is to focus on building a relationship with the adolescent before working with the family (Berlin & Cassidy, 1999).

Another implication for play therapists regarding attachment is that some adolescents strive to cultivate a rich interior life in relation to their most significant relationships, including the play therapist. Adolescents’ positive psychological growth is contingent on intimate, secure, and safe relationships in which they can express their individuality without judgment; many at-risk adolescents lack such relationships (Perl, 2008). Sandplay and other expressive art therapy interventions may be conduits for adolescents to express themselves and their world in less threatening ways to the play therapist. Through these sand worlds and other creative expressions, adolescents come to understand (a) that their feelings have value, (b) they are supported by caring adults who do not judge them, and (c) attention to their inner emotional landscape is a vital key to their ongoing psychological development.

Through the unique unconditional acceptance in the play therapy relationship, some adolescents come to realize that they may thrive with the support of caring adults who help them overcome obstacles, solve problems, take responsibility, and make meaningful contributions to their schools and home communities. However, many adolescents who come into the consulting room are from families and/or communities that expect little of them in terms of social interest. Many are not mentored by caring, competent adults, and they seem to possess an incongruent sense of personal responsibility to their family, neighbors, and social networks (Green, Schweiker, et al., 2009). These disaffected adolescents are often times unsure of their place in the world, and they do not believe in their value to society. Children and adolescents respond positively to play therapists who actively and nonjudgmentally listen to them and provide supportive and creative ways to help them understand themselves, including play therapy interventions, like sandplay, that may promote secure attachment (Donald, 2003; Green & Connolly, 2008; Kestly, 2010).

Through the unique unconditional acceptance in the play therapy relationship, some adolescents may come to a corrective emotional experience (Black et al., 2010), particularly when adolescents’ real-life experiences have been contaminated by tragic loss, trauma, broken and inconsistent relationships, and lack of stable attachments. Although there are no specific research-based play interventions to immediately and/or comprehensively resolve the effects of broken attachment, the most current attachment research has demonstrated that a relationship with a securely attached significant adult can enable an adolescent to become more
securely attached and to view their world, once again, as more stable, secure, and safe (Castro-Blanco, & Karver, 2010; Crenshaw, 2008; Green, 2012; McGee et al., 2006).

REFERENCES


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