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A Review of the Clinical Utility and Psychometric Properties of the Attachment Style Questionnaire - Short Form (ASQ-SF): Norms, Percentile Rankings, and Qualitative Descriptors

The Attachment Style Questionnaire - Short Form (ASQ-SF), initially developed as the ASQ by Alexander et al. (2001) and shortened by Karantzas et al. (2010), is a 29-item self-report measure that assesses adult attachment patterns across two primary dimensions: attachment anxiety and attachment avoidance. This technical review synthesises current research on the ASQ-SF's psychometric properties and provides clinicians with comprehensive normative data, percentile rankings, and qualitative descriptors. We present a novel pattern analysis system for interpreting attachment styles and offer specific recommendations based on attachment profiles. This document aims to enhance the clinical utility of the ASQ-SF through evidence-based interpretative guidelines and practical implementation strategies.

[View the ASQ-SF on NovoPsych.com.au](https://www.novopsych.com.au)

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Developer

The Attachment Style Questionnaire - Short Form (ASQ-SF) was based off the original ASQ by Alexander and colleagues (2001):

Alexander, R., Feeney, J., Hohaus, L., & Noller, P. (2001). Attachment style and coping resources as predictors of coping strategies in the transition to parenthood. *Personal Relationships*, 8(2), 137–152. <https://doi.org/10.1111/j.1475-6811.2001.tb00032.x>

The ASQ was shortened into the ASQ-SF by Karantzas and colleagues (2010):

Karantzas, G., Feeney, J. A., & Wilkinson, R. (2010). Is less more? Confirmatory factor analysis of the attachment style questionnaires. <https://doi.org/10.1177/0265407510373756>

This document was developed by NovoPsych to review contemporary literature and to describe original scoring methodologies and to provide interpretation material, enhance normative data and provide qualitative descriptors.

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Description

The Attachment Style Questionnaire - Short Form (ASQ-SF) is a 29-item self-report measure widely used to assess adult attachment patterns in both non-clinical and mental health contexts (Alexander et al., 2001; Karantzas et al., 2010). Based on attachment theory's fundamental premise that humans possess an innate socio-biological need to form and maintain strong affectional bonds, the ASQ-SF evaluates how individuals approach and manage relationships across their lifespan (Bowlby, 1988; Mikulincer & Shaver, 2016). This attachment drive serves multiple adaptive functions, including enhancing survival through proximity-seeking behaviours during periods of distress or threat, facilitating emotion regulation, and providing a secure base for exploration and personal growth (Karantzas et al., 2010; Fraley & Shaver, 2000).

The scale is structured around two primary dimensions of adult attachment, representing the major patterns of attachment-related anxiety and avoidance:

- Anxious Attachment (e.g., "I worry a lot about my relationships") - characterised by hyperactivating strategies, excessive need for approval, and fear of abandonment
- Avoidant Attachment (e.g., "I find it difficult to depend on other people") - characterised by deactivating strategies, discomfort with closeness, and defensive self-reliance

These main dimensions are further refined through five specific subscales that provide detailed insight into interpersonal relationship patterns:

- Discomfort with Closeness (emotional and psychological intimacy avoidance)
- Relationships as Secondary (diminished prioritisation of relationships)
- Preoccupation with Relationships (excessive focus on relationship dynamics)
- Need for Approval (dependency on others' validation)
- Confidence in Interpersonal Interactions (secure relationship engagement)

A distinctive strength of the ASQ-SF lies in its deliberately broad conceptualisation of attachment relationships, utilising language that extends beyond romantic partnerships (Karantzas et al., 2010). This broader focus enables assessment across diverse populations, including adolescents and individuals with limited romantic relationship experience. The measure's versatility makes it particularly valuable for understanding developmental trajectories in attachment patterns and their influence on various interpersonal contexts, including therapeutic relationships, family dynamics, and peer interactions (Karantzas et al., 2010; Mikulincer & Shaver, 2016).

The ASQ-SF is a contemporary attachment measure; its dimensional and subscale structure provides a nuanced understanding of attachment patterns, thus addressing limitations of existing attachment measures which conceptualise attachment as a categorical construct. In their comprehensive systematic review, Pollard et al. (2023) identified the ASQ-SF as one of the most robust and psychometrically sound measures available for attachment assessment.

The assessment of attachment patterns through the ASQ-SF provides insights that inform case conceptualisation, treatment planning, and therapeutic process (Levy et al., 2018). Understanding a client's attachment style helps predict potential challenges in the therapeutic alliance, anticipate transference patterns, and guide interventions that promote secure attachment development (Daniel, 2006). Research indicates that attachment patterns are significantly associated with various psychopathological presentations, including depression, anxiety, personality disorders, and interpersonal difficulties (Dozier et al., 2008). Additionally, attachment assessment can help identify specific mechanisms maintaining psychological distress, such as maladaptive emotion regulation strategies, interpersonal schemas, and patterns of seeking or avoiding support (Malik et al., 2015). The detailed subscale structure of the ASQ-SF allows clinicians to target interventions more precisely, addressing specific aspects of attachment insecurity while building on existing strengths in interpersonal functioning (Wallin, 2007). Furthermore, attachment patterns have been shown to influence treatment outcomes across various therapeutic modalities, making attachment assessment valuable for treatment selection and modification (Mikulincer et al., 2013).

Psychometric Properties

The 29-item ASQ-SF by Alexander et al. (2001) was derived from the 40-item Attachment Style Questionnaire by Feeney et al. (1994). Karantzas et al. (2010) demonstrated that of the two scales (ASQ and ASQ-SF), the ASQ-SF is the superior, more parsimonious attachment measure. While both versions showed similar, satisfying values of subscale internal consistency ($\alpha = 0.72 - 0.85$), the best factor model fit was found in the short form (Karantzas et al., 2010). Results suggest that the multidimensional structure of the ASQ-SF allows for important distinctions in people's attachment cognitions and behaviours (Karantzas et al., 2010). In doing so, these measures capture key elements of attachment styles that are important in understanding the nature of human attachment.

Normative data from adults collected by Karantzas and colleagues (2010) has been synthesised to produce means and standard deviations for scores and subscales (see Table 6, Karantzas et al., 2010). This data is used to compute percentiles. The sample consisted of 3,576 participants selected from the wider community in eastern Australian states and territories. Participants ranged in age from 15 to 73 years ($M = 25.67$ years, $SD = 11.20$) and were predominantly (90%) of Anglo-Australian background.

- Avoidant Attachment ($M = 27.6$, $SD = 11.46$)
- Discomfort with closeness ($M = 30.88$, $SD = 9.61$)
- Relationships as secondary ($M = 9.05$, $SD = 4.80$)
- Anxious attachment ($M = 21.15$, $SD = 10.04$)
- Preoccupation ($M = 16.30$, $SD = 5.79$)
- Need for approval ($M = 16.48$, $SD = 7.11$)
- Confidence ($M = 23.95$, $SD = 6.72$)

NovoPsych determined descriptors for each of the attachment scores and subscale scores that are determined by percentiles. The percentile range descriptors chosen were consistent with previous attachment researchers (e.g., Maysless & Scher, 2000; Kaitz et al., 2004; Rain et al., 2016):

- 'High' scores: 75th percentile or more
- 'Low' scores: 25th percentile or less
- 'Average' scores: 26th-74th percentile

The NovoPsych version of the ASQ-SF employs a sophisticated pattern analysis system that examines the interplay between avoidant and anxious attachment dimensions, along with their respective subscales. These attachment patterns were developed by three PhD level psychologists with extensive clinical experience (Hegarty, D., Smyth, C., & Buchanan, B., 2024). The analysis generates attachment pattern interpretations based on specific combinations of scores across dimensions. Patterns focus on the fundamental interaction between anxious and avoidant attachment dimensions, categorising individuals into broader attachment styles. For example:

- Secure Style (low avoidance, low anxiety: both below 25th percentile)
- Fearful-Avoidant Style (high avoidance, high anxiety: both above 75th percentile)
- Avoidant or Anxious Styles (elevation in one dimension above 75th percentile)

This dual-level pattern analysis system, supported by empirical attachment research (Bartholomew & Horowitz, 1991; Brennan et al., 1998), provides both the specificity needed for clinical intervention and the broader categorical framework useful for research and general understanding of attachment organisation.

Scoring & Interpretation

Scores consist of two main attachment styles, Avoidant Attachment and Anxious Attachment alongside subscales. The scoring system is based on a combination of direct subscale scores and adjustments using the Confidence subscale items to provide a more nuanced measure of attachment security:

- **Avoidant Attachment** (score range -5 to 75): This scale reflects the extent to which an individual avoids intimacy and is distrusting of others. It is computed by summing Discomfort with Closeness and Relationships as Secondary scores and then subtracting items 1, 14 & 28 from the Confidence subscale
- **Anxious Attachment** (score range -8 to 57): This scale reflects excessive need for reassurance, fear of rejection, and desire to merge with relationship partners. It is computed by summing Preoccupation and Need for Approval scores and subtracting items 24, 26 & 29 from the Confidence subscale.

Figure 1. The results table shown in the ASQ-SF report on NovoPsych

Attachment Style			
	Score	Percentile	Descriptor
Avoidant Attachment (Range -5 to 75)	42	90	High
Anxious Attachment (Range -8 to 57)	15	27	Average

Attachment Subscales			
	Score	Percentile	Descriptor
Discomfort with Closeness (Range 9 to 54) (Avoidant)	39	80	High
Relationships as Secondary (Range 4 to 24) (Avoidant)	13	80	High
Preoccupation with Relationships (Range 5 to 30) (Anxious)	14	35	Average
Need for Approval (Range 5 to 30) (Anxious)	14	36	Average
Confidence in Interpersonal Interactions (Range 6 to 36)	23	44	Average

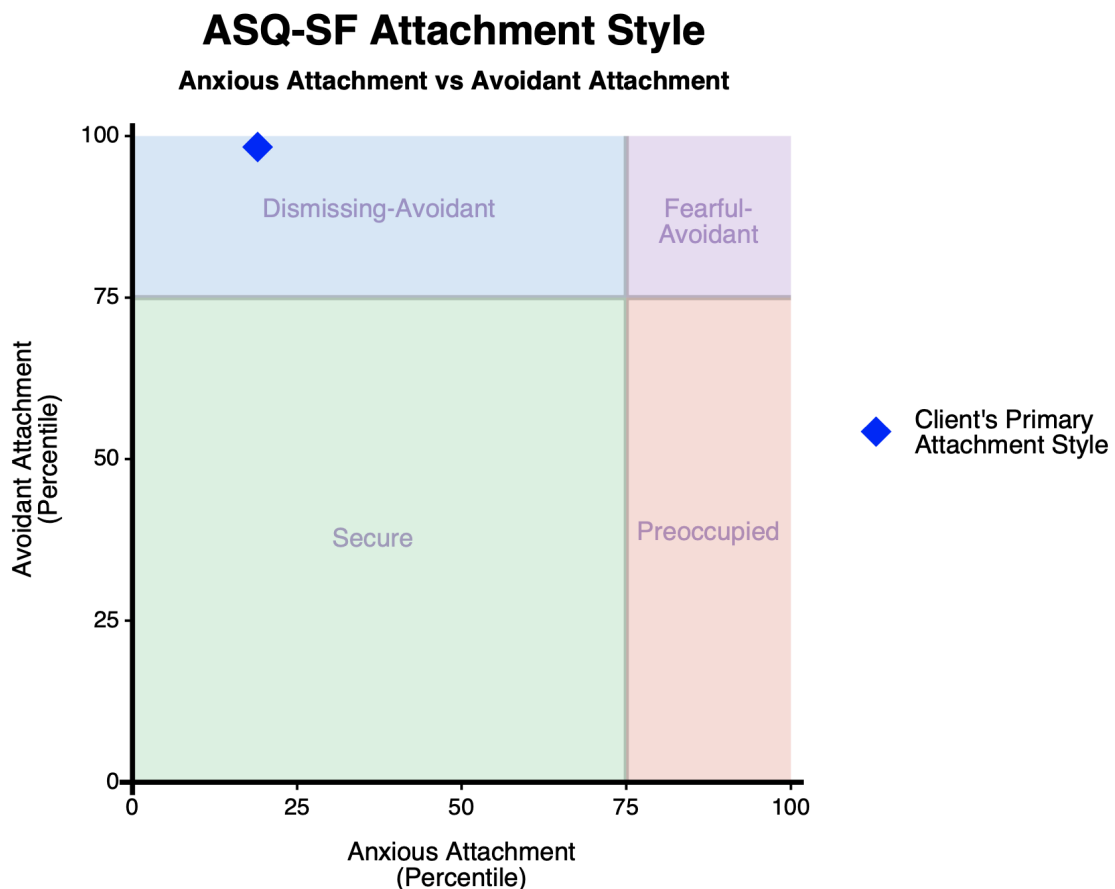
The five subscales provide detailed information about specific aspects of attachment and interpersonal functioning:

- **Discomfort with Closeness** (Items 2, 3, 11, 12, 15, 16, 18, 20, 27; score range: 9 to 54):
This subscale measures an individual's tendency to maintain emotional and psychological distance in relationships. It reflects fundamental difficulties with intimacy and vulnerability, including discomfort with emotional closeness and reluctance to share personal feelings or rely on others. High scores suggest a pronounced tendency to maintain rigid emotional boundaries and may indicate defensive strategies developed to protect against perceived relationship threats or emotional pain. This discomfort often manifests in behaviours such as emotional withdrawal, difficulty trusting others, and resistance to deepening relationships beyond a superficial level.
- **Relationships as Secondary** (Items 4, 5, 6, 9; score range: 4 to 24):
This subscale assesses the extent to which an individual prioritises relationships relative to other aspects of life, such as work, personal achievements, or independent pursuits. It reflects the degree of investment in interpersonal connections and willingness to acknowledge and attend to relationship needs. High scores indicate a tendency to devalue the importance of relationships, often manifesting as excessive self-reliance and a strong preference for maintaining independence from others. This pattern may represent either a defensive strategy or a genuine preference for autonomy, with implications for how individuals balance personal and relational needs.
- **Preoccupation with Relationships** (Items 13, 17, 22, 23, 25; score range: 5 to 30):
This subscale measures the extent of cognitive and emotional investment in relationships, particularly concerning worries about relationship status and stability. It reflects the intensity of an individual's focus on relationship dynamics and their tendency to monitor, analyse, and worry about their relationships. High scores indicate significant hypervigilance to relationship cues and excessive concern about relationship status, often leading to difficulties maintaining perspective or engaging in non-relationship activities. This preoccupation

can manifest as constant relationship monitoring, difficulty concentrating on other tasks due to relationship concerns, and a tendency to overanalyse relationship interactions.

- Need for Approval** (Items 7, 8, 10, 19, 21; score range: 5 to 30):
 This subscale assesses the degree to which an individual depends on others' validation and acceptance for maintaining self-worth and emotional stability. It reflects sensitivity to rejection and criticism, as well as the strength of need for others' approval and acceptance. High scores indicate excessive dependency on external validation and heightened sensitivity to others' opinions, often manifesting as people-pleasing behaviours, difficulty making independent decisions, and intense fear of rejection. This need for approval can significantly impact relationship dynamics, decision-making processes, and overall emotional well-being.
- Confidence in Interpersonal Interactions** (Items 1, 14, 28, 24, 26, 29; score range: 6 to 36):
 This subscale measures the degree of security and comfort an individual experiences in relationship contexts. Unlike the other subscales, higher scores on this dimension indicate more secure attachment patterns. It reflects an individual's capacity for balanced relationship engagement, including comfort with both intimacy and autonomy. High scores suggest healthy self-reliance combined with the ability to form and maintain meaningful relationships, seek support when needed, and navigate relationship challenges effectively. This subscale plays a unique role in the scoring system, as items from it are subtracted from both attachment dimensions to adjust for security, reflecting the buffering effect of interpersonal confidence against both anxious and avoidant tendencies.

Figure 2. The plot demonstrating the attachment style category as presented in the ASQ-SF report on NovoPsych



Each score is converted to a percentile based on normative data, and descriptors (Low, Average, High) are assigned based on percentile ranges:

- Low: 25th percentile or below
- Average: 26th to 74th percentile
- High: 75th percentile or above

Percentiles are computed based on an adult community sample, where a percentile of 50 represents typical patterns of responding. Participants in the community sample ($n = 3,576$) ranged in age from 15 to 73 years and were predominantly (90%) of Anglo-Australian background.

The interpretative text includes the Primary Attachment Pattern Analysis. This pattern analysis is based upon the specific combination of score descriptors (Low, Average, High) across all dimensions. These patterns range from secure styles (e.g., "Secure Style") to various insecure patterns (e.g., "Fearful-Avoidant Style", "Dismissive-Avoidant Style"). Each pattern provides specific insights into attachment organisation and relationship dynamics, along with associated therapeutic implications and approaches. The interpretation considers interactions between the avoidant and anxious scales to provide a comprehensive understanding of the person's attachment style and its implications for relationships and therapeutic work. The specificity of the overall Attachment Pattern allows for highly tailored therapeutic recommendations and insights into potential treatment challenges and opportunities.

Supporting Information

Percentile Calculations

Percentiles were determined using Table 6 from Karantzas et al. (2010) where individual item-level means and standard deviations were displayed. For the calculation of summed score variances, we start with the fundamental principle that for any sum of correlated variables, the variance is determined by both the individual item variances and their covariances, as seen in (1):

$$\text{Variance}_{SUM} = \sum(\text{item variances}) + 2 \sum(\text{item covariances}) \quad (1)$$

This general principle was implemented for the ASQ-SF using a simplified approach where we assume a uniform correlation between items ($r = 0.3$). For calculating the standard deviations of subscales (like Discomfort with Closeness, Preoccupation, etc.), we use formula (2)

$$SD_{subscale} = (SD_i^2) \times (1 + (n - 1) \times r) \quad (2)$$

where:

- SD_i are the standard deviations of individual items
- $r = 0.3$ (the assumed inter-item correlation)
- n is the number of items in the subscale

Then, for combining subscales into composite scores (like Avoidant and Anxious Attachment), we apply formula (3):

$$SD_{composite} = \sqrt{(SD_A^2 + SD_B^2 + SD_C^2 \times (1 + (n - 1) \times r) + 2r \times (SD_A \times SD_B - SD_A \times SD_C - SD_B \times SD_C))} \quad (3)$$

where:

- SD_A and SD_B are the standard deviations of the main subscales
- SD_C represents the combined SD of the confidence items
- $r = 0.3$ (the assumed correlation between components)
- n is the number of confidence items

This approach uses a uniform correlation estimate for computational simplicity while still accounting for the basic covariance structure between items and subscales. While less sophisticated than approaches using empirically derived correlations, it provides an approximate adjustment for the non-independence of items within the scale.

Percentile Table

Table 1. Percentile table for all scales and subscales on the ASQ-SF

	<i>AVOIDANT</i>	<i>Discomfort</i>	<i>Relationships</i>	<i>ANXIOUS</i>	<i>Preocup</i>	<i>Need</i>	Confidence
Score Range	(-5 to 75)	(9 to 54)	(4 to 24)	(-8 to 57)	(5 to 30)	(5 to 30)	(6 to 36)
M	27.60	30.88	9.05	21.15	16.30	16.48	23.95
SD	11.46	9.61	4.80	10.04	5.79	7.11	6.72
-8				0.2			
-7				0.3			
-6				0.34			
-5	0.2			0.5			
-4	0.3			0.6			
-3	0.4			0.8			
-2	0.5			1			
-1	0.6			1.4			
0	0.8			2			
1	1			2.2			
2	1.3			3			
3	1.6			4			
4	2		15	4.4			
5	2.4		20	5	3	5	
6	3		26	7	4	7	0.4
7	4		33	8	5	9	0.6
8	4.4	0.9	41	10	8	12	0.9
9	5	1	50	11	10	15	1
10	6	1.5	58	13	14	18	2
11	7	2	66	16	18	22	3
12	9	2.5	73	18	23	26	4
13	10	3	80	21	28	31	5
14	12	4	85	24	35	36	7
15	14	5	89	27	41	42	9
16	16	6	93	30	48	47	12
17	18	7	95	34	55	53	15
18	20	9	97	38	62	58	19
19	23	11	98	42	68	64	23
20	25	13	99	45	74	69	28
21	28	15	99.4	49	79	74	33
22	31	18	99.7	53	84	78	39
23	34	21	99.8	57	88	82	44
24	38	24	99.9	61	91	86	50
25	41	27		65	93	88	56
26	44	31		69	95	91	62
27	48	34		72	97	93	67
28	51	38		75	98	95	73
29	55	42		78	99	96	77
30	58	46		81	99.1	97	82
31	62	51		84			85
32	65	55		86			88
33	68	59		88			91
34	71	63		90			93
35	74	67		92			95
36	77	70		93			96
37	79	74		94			



38	82	77	95
39	84	80	96
40	86	83	97
41	88	85	98
42	90	88	98.1
43	91	90	98.5
44	92	91	98.9
45	94	93	99.1
46	95	94	99.3
47	95.5	95	99.5
48	96	96	99.6
49	97	97	99.7
50	97.5	98	99.8
51	97.9	98.2	99.85
52	98.3	98.6	99.89
53	98.7	98.9	99.92
54	98.9	99.2	99.95
55	99.2		99.96
56	99.3		99.97
57	99.5		99.98
58	99.6		
59	99.7		
60	99.77		
61	99.8		
62	99.9		
63	99.90		
64	99.93		
65	99.94		
66	99.96		
67	99.97		
68	99.98		
69	99.99		

Interpretive Text

Interpretive text for the ASQ-SF is determined by a ‘pattern key’ from the avoidant and anxious subscales. The pattern keys are determined by the descriptor for the avoidant and anxious subscales, resulting in a two word combination key with nine possible combinations (i.e., ‘high_high’, ‘high_average’, ‘high_low’, etc.). This creates the basis for the text in the Interpretation section and the ‘Primary Attachment Pattern Analysis’. This analysis results in interpretive text under the following subtitles and the nine potential pattern combinations are presented below:

- Primary Pattern name (see ‘name’ below): this is a categorical name for the pattern key to provide an easy summary for the clinician of the primary attachment style.
- Pattern Key (see subsection titles below): this is the combination of the avoidant attachment descriptor (displayed first) and the anxious attachment descriptor (displayed last). These are determined by the percentiles as outlined previously and are what determines the interpretive text provided.
- Summary (see ‘summary’ below): this provides an overview of the attachment style and a brief description of potential implications for the client of having this attachment style. This summary is presented as the first paragraph in the Interpretation section.

- Interpersonal Implications (see ‘interpersonal’ below): this provides an overview of the impact that the client’s attachment style might have on interpersonal relationships.
- Therapeutic Considerations (see ‘therapeutic’ below): this provides a summary of what the focus of therapy could be for someone of this attachment style.
- Key Therapeutic Approaches (*currently hidden on report output* - see ‘therapeutic_approach’ below): this provides some potential therapeutic approaches that could be used for someone of this attachment style.
- Associated Psychopathology (*currently hidden on report output* - see ‘psychopathology’ below): this provides a summary of the types of psychopathology that is commonly associated with this type of attachment style. There is clear empirical evidence supporting the relationship between attachment insecurity and psychopathology. Research emphasises that insecure attachment patterns, whether developed through inconsistent parental responses or exposure to frightening experiences, are robustly related to developmental dysfunction and mental health difficulties (Kobak & Bosmans, 2019). This is further supported by meta-analytic findings demonstrating that attachment insecurity significantly predicts poorer psychotherapy outcomes, with attachment anxiety showing a particularly strong effect ($d = .46$; Levy et al., 2011). This relationship operates through emotional regulation pathways, with attachment insecurity affecting how individuals process and manage emotions, which directly impacts mental health outcomes (Tironi et al., 2021).

'High_High' => [

'summary' => "This pattern reveals a significantly conflicted attachment style characterised by both high avoidance and high anxiety. This combination suggests considerable difficulty with relationship engagement, showing both strong tendencies to maintain emotional distance while simultaneously experiencing intense anxiety about relationships.",

'interpersonal' => "Relationships typically demonstrate marked instability and internal conflict. Characteristic patterns include dramatic alternation between pursuing and withdrawing from relationships, intense fear of both intimacy and abandonment, difficulty maintaining consistent relationship patterns, tendency toward chaotic or volatile relationships, and simultaneous desire for and fear of close connections. Professional relationships might suffer from inconsistent engagement and difficulty maintaining appropriate boundaries.",

'therapeutic' => "Therapeutic work might need to focus initially on establishing basic emotional regulation and stability before addressing deeper attachment patterns. The therapeutic relationship itself might activate both anxious and avoidant tendencies, requiring careful attention to pacing and containment.",

'therapeutic_approach' => "Building therapeutic alliance requires careful attention to both high anxiety and high avoidance. Essential approaches include: providing strong containment while respecting defences, maintaining very consistent boundaries and therapeutic frame, preparing for rapid shifts between approach and avoidance, developing clear crisis planning for between sessions, focusing initially on stabilisation and emotion regulation, and considering twice-weekly sessions initially if possible, to help contain anxiety while working through avoidant responses.",

'name' => "Fearful-Avoidant Attachment Style",

'psychopathology' => "Strong associations with: Borderline Personality Disorder, Complex PTSD, Major Depressive Disorder with mixed features, Generalised Anxiety Disorder with avoidance, Panic Disorder with agoraphobia, Dissociative Disorders, and Substance Use Disorders. High risk for treatment discontinuation and crisis presentations.",

],

'High_Average' => [

'summary' => "This pattern shows predominantly avoidant features with typical levels of relationship anxiety. This combination indicates someone who primarily manages relationship challenges through distancing strategies, while maintaining typical levels of concern about relationships.",

'interpersonal' => "Relationships typically show a pattern of emotional distancing. Common characteristics include: tendency to maintain relationships at a distance, difficulty with emotional intimacy, preference for structured or defined relationships, and careful management of emotional engagement. Professional relationships often function well due to natural boundaries.",

'therapeutic' => "Therapeutic work might focus on gradually expanding capacity for emotional connection while respecting current relationship patterns. The typical anxiety level may support engagement in therapeutic work.",

'therapeutic_approach' => "Building alliance requires respect for avoidant patterns. Key approaches include: maintaining clear boundaries while demonstrating consistent availability, respecting their need to control emotional engagement, supporting exploration of relationship patterns at their pace, and considering moderate session frequency with clear scheduling boundaries.",

'name' => "Dismissive-Avoidant Attachment Style",

'psychopathology' => "Common presentations include: Avoidant Personality Disorder, Social Anxiety Disorder, Depression with social withdrawal, and Obsessive-Compulsive Personality traits. Often maintains enough functioning for consistent treatment engagement.",

],

'High_Low' => [

'summary' => "This pattern indicates a predominantly dismissive-avoidant attachment style, characterised by strong emotional distancing with minimal relationship anxiety. This combination suggests someone who maintains significant emotional distance and self-reliance, with little apparent concern about relationship stability or others' approval.",

'interpersonal' => "Relationships typically demonstrate strong preference for emotional distance and independence. Common patterns include: difficulty sharing personal feelings or vulnerabilities, discomfort with others' emotional expression, tendency to prioritise work or solitary activities over relationships, minimal anxiety about others' opinions or approval, and maintenance of emotional self-sufficiency as a core value.",

'therapeutic' => "Therapeutic work might focus on gradually building awareness of relationship needs and expanding capacity for emotional connection while respecting the need for autonomy. A slow, steady approach to increasing comfort with interdependence may be beneficial.",

'therapeutic_approach' => "Building therapeutic alliance requires careful attention to avoidant defences without pushing for premature emotional engagement nor reinforcing avoidance. Essential approaches include: maintaining consistent boundaries while respecting emotional distance, framing the therapeutic relationship as collaborative, avoiding pursuit when they withdraw, demonstrating reliability and safety through consistency, encouraging while allowing them to set a manageable pace for deeper emotional work and connection, reframing connection as a source of strength, focusing on building trust through predictable interactions.",

'name' => "Dismissive-Avoidant Attachment Style",

'psychopathology' => "Associated with: Schizoid Personality Disorder, Paranoid Personality traits, Depression with marked isolation, Autism Spectrum Disorder (higher functioning), Obsessive-Compulsive Personality Disorder, and Somatic Symptom Disorders with minimal help-seeking. Often presents through external referrals or life crises.",

],

'Average_High' =>

'summary' => "This pattern shows high anxiety about relationships while maintaining typical levels of comfort with closeness. This combination suggests someone who experiences significant relationship concerns but without marked avoidance of relationships.",

'interpersonal' => "Relationships typically show patterns of anxious engagement. Characteristic patterns include: significant anxiety about relationship stability, heightened sensitivity to rejection, strong desire for reassurance, difficulty trusting relationship security despite maintaining typical engagement patterns, and challenges managing relationship anxiety.",

'therapeutic' => "Therapeutic work might focus on developing better regulation of relationship anxiety. Building capacity for secure attachment while managing anxiety could be beneficial.",

'therapeutic_approach' => "Building alliance requires careful attention to anxiety management. Key approaches include: providing consistent containment for anxiety, maintaining clear boundaries while being emotionally responsive, helping develop self-regulation skills, supporting exploration of anxiety triggers, and balancing validation with development of coping strategies.",

'name' => "Anxious-Preoccupied Attachment Style",

'psychopathology' => "Typical presentations include: Generalised Anxiety Disorder, Dependent Personality traits, Social Anxiety with strong need for reassurance, Adjustment Disorders, Panic Disorder, and Depression with marked interpersonal sensitivity.",

'Average_Average' =>

'summary' => "This pattern indicates typical levels of both relationship comfort and anxiety. This combination suggests someone who has developed capacity for both independence and connection, with relationship patterns in the typical range.",

'interpersonal' => "Relationships typically show adaptability and balance. Common patterns include: ability to move between independence and closeness as circumstances require, capacity for emotional engagement without excessive anxiety, balanced approach to relationship challenges, appropriate variation in comfort with intimacy, and ability to maintain relationships without significant distress.",

'therapeutic' => "Therapeutic work might focus on enhancing existing relationship capabilities while addressing any specific situations where challenges arise.",

'therapeutic_approach' => "Building alliance can utilise existing relationship patterns. Key approaches include: maintaining standard therapeutic boundaries, working collaboratively on specific challenges, supporting continued development of secure strategies, helping identify and work with specific triggers for any concerns.",

'name' => "Secure Attachment Style",

'psychopathology' => "When presenting clinically, common issues include: Adjustment Disorders, mild mood disorders, specific phobias, and life transition issues. Generally good prognosis and appropriate treatment utilisation.",

'Average_Low' => [

'summary' => "This pattern shows secure attachment features with minimal anxiety about relationships. This combination indicates someone who has developed capacity for both independence and connection.",

'interpersonal' => "Relationships typically demonstrate flexibility and stability. Common patterns include: comfort with both independence and connection, minimal preoccupation with relationship concerns, ability to engage in relationships while maintaining appropriate boundaries, and relative comfort with both connection and autonomy.",

'therapeutic' => "Therapeutic work might focus on maintaining existing relationship strengths while addressing any specific situations where attachment challenges arise.",

'therapeutic_approach' => "Building alliance can utilise existing secure attachment features. Key approaches include: working collaboratively on specific goals, maintaining appropriate professional boundaries, supporting continued growth in relationship skills, addressing any specific challenges that arise.",

```
'name' => "Secure Attachment Style",  
'psychopathology' => "When presenting clinically, common issues include: Adjustment Disorders, mild anxiety,  
specific phobias, and life transition issues. Generally good prognosis."  
,
```

'Low_High' => [

```
'summary' => "This pattern indicates high anxiety with minimal avoidance, suggesting a predominantly anxious  
attachment style. This combination shows someone who readily seeks closeness but experiences significant worry  
about relationships.",
```

```
'interpersonal' => "Relationships typically show intense engagement with significant anxiety. Common patterns  
include: strong desire for closeness with minimal avoidance, heightened sensitivity to perceived rejection, tendency to  
seek frequent reassurance, quick emotional involvement in relationships, and difficulty with periods of separation or  
limited contact.",
```

```
'therapeutic' => "Therapeutic work might focus on developing better emotion regulation and self-soothing  
capabilities while maintaining capacity for connection. Building internal security while preserving relationship  
engagement could be beneficial.",
```

```
'therapeutic_approach' => "Building alliance requires careful attention to anxiety management. Key approaches  
include: providing consistent containment while maintaining emotional availability, supporting development of  
self-regulation skills, establishing clear boundaries, helping develop internal security, and validating relationship needs  
while building autonomous coping.",
```

```
'name' => "Anxious-Preoccupied Attachment Style",
```

```
'psychopathology' => "Common presentations include: Dependent Personality traits, Generalised Anxiety  
Disorder, Panic Disorder, Depression with strong interpersonal features, and Adjustment Disorders with marked  
anxiety. Strong treatment engagement but risk of dependency.",
```

```
],
```

'Low_Average' => [

```
'summary' => "This pattern shows secure attachment features with normal anxiety about relationships. This  
combination indicates someone who has developed good capacity for both independence and connection.",
```

```
'interpersonal' => "Relationships typically demonstrate flexibility and stability. Common patterns include:  
comfort with emotional closeness, moderate concern about relationship stability, ability to seek support when needed,  
and general ease with intimacy despite some relationship worries.",
```

```
'therapeutic' => "Therapeutic work might focus on enhancing existing relationship capabilities while addressing  
any specific situations where attachment challenges arise.",
```

```
'therapeutic_approach' => "Building alliance can utilise existing secure attachment features. Key approaches include:  
working collaboratively on specific goals, maintaining appropriate professional boundaries, supporting continued  
growth in relationship skills, addressing any specific challenges that arise.",
```

```
'name' => "Secure Attachment Style",
```

```
'psychopathology' => "When presenting clinically, common issues include: Adjustment Disorders, mild anxiety,  
specific phobias, and life transition issues. Generally good prognosis.",
```

'Low_Low' =>

```
'summary' => "This pattern shows secure attachment features with minimal anxiety about relationships. This  
combination indicates someone who has developed good capacity for both independence and connection.",
```

```
'interpersonal' => "Relationships typically demonstrate flexibility and stability. Common patterns include: comfort  
with both emotional intimacy and independence, ability to seek and provide support appropriately, maintenance of
```

healthy boundaries, minimal anxiety about relationship stability, and capacity for connection while maintaining autonomy.",

'therapeutic' => "Therapeutic work might focus on maintaining existing relationship strengths while addressing any specific situations where attachment challenges arise.",

'therapeutic_approach' => "Building alliance can utilise existing secure attachment features. Key approaches include: working collaboratively on specific goals, maintaining appropriate professional boundaries, supporting continued growth in relationship skills, addressing any specific challenges that arise.",

'name' => "Secure Attachment Style",

'psychopathology' => "When presenting clinically, common issues include: Adjustment Disorders, mild mood disorders, specific phobias, and life transition issues. Generally good prognosis.",

Developer

Alexander, R., Feeney, J., Hohaus, L., & Noller, P. (2001). Attachment style and coping resources as predictors of coping strategies in the transition to parenthood. *Personal Relationships*, 8(2), 137–152.

<https://doi.org/10.1111/j.1475-6811.2001.tb00032.x>

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Attachment Style Questionnaire - Short Form (ASQ-SF)

Instructions:

The following are a number of statements with which some people agree and others disagree. Please rate how much you personally agree or disagree with these statements - how much they reflect how you feel or think personally.

		Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
1	I feel confident that other people will be there for me when I need them	1	2	3	4	5	6
2	I prefer to depend on myself rather than other people	1	2	3	4	5	6
3	I prefer to keep to myself	1	2	3	4	5	6
4	Achieving things is more important than building relationships	1	2	3	4	5	6
5	Doing your best is more important than getting on with others	1	2	3	4	5	6
6	If you've got a job to do, you should do it no matter who gets hurt	1	2	3	4	5	6
7	It's important to me that others like me	1	2	3	4	5	6
8	I find it hard to make a decision unless I know what other people think	1	2	3	4	5	6
9	My relationships with others are generally superficial	1	2	3	4	5	6
10	Sometimes I think I am no good at all	1	2	3	4	5	6
11	I find it hard to trust other people	1	2	3	4	5	6
12	I find it difficult to depend on others	1	2	3	4	5	6
13	I find that others are reluctant to get as close as I would like	1	2	3	4	5	6
14	I find it relatively easy to get close to other people	1	2	3	4	5	6
15	I find it easy to trust others	6	5	4	3	2	1
16	I feel comfortable depending on other people	6	5	4	3	2	1



	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
17 I worry that others won't care about me as much as I care about them	1	2	3	4	5	6
18 I worry about people getting too close	1	2	3	4	5	6
19 I worry that I won't measure up to other people	1	2	3	4	5	6
20 I have mixed feelings about being close to others	1	2	3	4	5	6
21 I wonder why people would want to be involved with me	1	2	3	4	5	6
22 I worry a lot about my relationships	1	2	3	4	5	6
23 I wonder how I would cope without someone to love me	1	2	3	4	5	6
24 I feel confident about relating to others	1	2	3	4	5	6
25 I often feel left out or alone	1	2	3	4	5	6
26 I often worry that I do not really fit with other people	6	5	4	3	2	1
27 Other people have their own problems, so I don't bother them with mine	1	2	3	4	5	6
28 If something is bothering me, others are generally aware and concerned	1	2	3	4	5	6
29 I am confident that other people will like and respect me	1	2	3	4	5	6

Developer Reference:

Alexander, R., Feeney, J., Hohaus, L., & Noller, P. (2001). Attachment style and coping resources as predictors of coping strategies in the transition to parenthood. *Personal Relationships*, 8(2), 137–152. <https://doi.org/10.1111/j.1475-6811.2001.tb00032.x>

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Sample Results

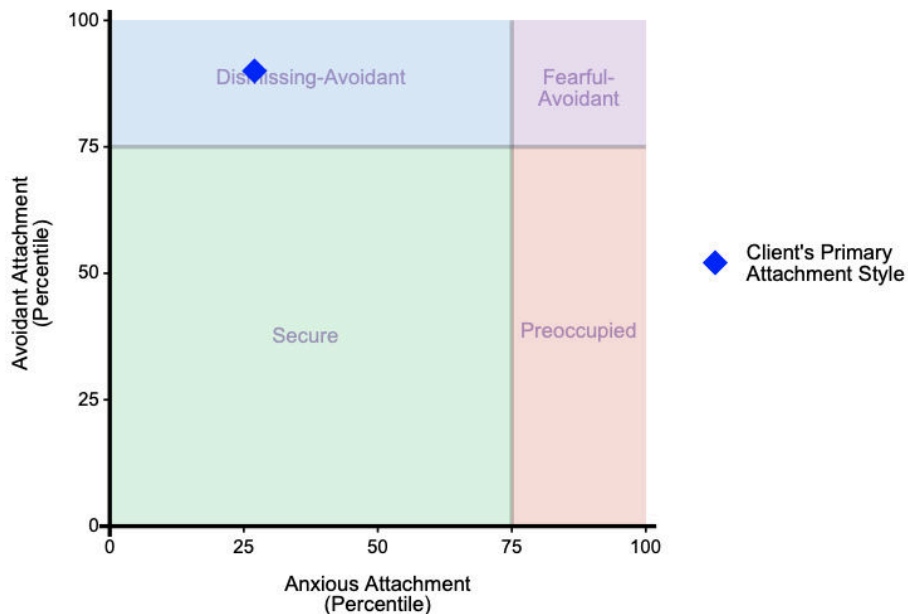
Attachment Style Questionnaire - Short Form (ASQ-SF)			
<i>Client Name</i>	Generic Client	<i>Date administered</i>	29 Nov 2024
<i>Date of birth (age)</i>	14 Dec 1975 (48)	<i>Time taken</i>	1 min 56s
<i>Assessor</i>	Dr David Hegarty		

Attachment Style			
	Score	Percentile	Descriptor
Avoidant Attachment (Range -5 to 75)	42	90	High
Anxious Attachment (Range -18 to 57)	15	27	Average

Attachment Subscales			
	Score	Percentile	Descriptor
Discomfort with Closeness (Range 9 to 54) (Avoidant)	39	80	High
Relationships as Secondary (Range 4 to 24) (Avoidant)	13	80	High
Preoccupation with Relationships (Range 5 to 30) (Anxious)	14	35	Average
Need for Approval (Range 5 to 30) (Anxious)	14	36	Average
Confidence in Interpersonal Interactions (Range 6 to 36)	23	44	Average

ASQ-SF Attachment Style

Anxious Attachment vs Avoidant Attachment



Client Name	Generic Client
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Interpretation

The client's results on the ASQ-SF indicate a primary attachment pattern of Avoidant Style with Mild Anxiety. This pattern shows predominantly avoidant attachment features with average anxiety, suggesting a tendency to maintain emotional distance while experiencing some relationship concerns. This combination indicates someone who primarily manages relationship challenges through distancing strategies, though they may still experience mild anxiety about relationships.

Pattern Information:

Primary Pattern: Avoidant Style with Mild Anxiety

Pattern Key: This analysis is determined by the client's combination of High Avoidant Attachment and Average Anxious Attachment.

Primary Attachment Pattern Analysis:

Interpersonal Implications:

Relationships typically show a pattern of controlled engagement with periodic withdrawal. Common characteristics include: tendency to maintain relationships at a comfortable distance, difficulty with emotional intimacy despite some desire for connection, preference for structured or defined relationships, mild anxiety about relationship stability, and careful management of emotional engagement. Professional relationships often function well due to natural boundaries.

Therapeutic Considerations:

Therapeutic work might focus on gradually expanding capacity for emotional connection while respecting the protective function of avoidant tendencies. The mild anxiety might provide motivation for engagement in therapeutic work.

Key Therapeutic Approaches:

Building alliance and fostering trust requires respect for avoidant defences while working with mild anxiety. Key approaches include: maintaining clear boundaries while demonstrating consistent availability, respecting their autonomy and need to control emotional engagement, supporting exploration of relationship patterns and manageable steps towards connection at their pace, helping contain anxiety when it arises, considering moderate session frequency with clear scheduling boundaries.

The following items contributed to the client's high score on the Avoidant Attachment scale of the ASQ-SF:

- 2. *I prefer to depend on myself rather than other people (Strongly agree)*
- 3. *I prefer to keep to myself (Agree)*
- 27. *Other people have their own problems, so I don't bother them with mine (Agree)*
- 9. *My relationships with others are generally superficial (Slightly agree)*
- 11. *I find it hard to trust other people (Slightly agree)*

Scoring and Interpretation Information

For comprehensive information on the ASQ-SF, [see here](#).

Scores consist of two main attachment styles, Avoidant Attachment and Anxious Attachment alongside subscales. The scoring system is based on a combination of direct subscale scores and adjustments using the Confidence subscale items to provide a more nuanced measure of attachment security:

Client Name	Generic Client
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Scoring and Interpretation Information (cont.)

- Avoidant Attachment (score range -5 to 75): This scale reflects the extent to which an individual avoids intimacy and is distrusting of others. It is computed by summing Discomfort with Closeness and Relationships as Secondary scores and then subtracting items 1, 14 & 28 from the Confidence subscale

- Anxious Attachment (score range -18 to 57): This scale reflects excessive need for reassurance, fear of rejection, and desire to merge with relationship partners. It is computed by summing Preoccupation and Need for Approval scores and subtracting items 24, 26 & 29 from the Confidence subscale.

The five subscales provide detailed information about specific aspects of attachment and interpersonal functioning:

- Discomfort with Closeness (Items 2, 3, 11, 12, 15, 16, 18, 20, 27; score range: 9 to 54): This subscale measures an individual's tendency to maintain emotional and psychological distance in relationships. It reflects fundamental difficulties with intimacy and vulnerability, including discomfort with emotional closeness and reluctance to share personal feelings or rely on others. High scores suggest a pronounced tendency to maintain rigid emotional boundaries and may indicate defensive strategies developed to protect against perceived relationship threats or emotional pain. This discomfort often manifests in behaviours such as emotional withdrawal, difficulty trusting others, and resistance to deepening relationships beyond a superficial level.

- Relationships as Secondary (Items 4, 5, 6, 9; score range: 4 to 24): This subscale assesses the extent to which an individual prioritises relationships relative to other aspects of life, such as work, personal achievements, or independent pursuits. It reflects the degree of investment in interpersonal connections and willingness to acknowledge and attend to relationship needs. High scores indicate a tendency to devalue the importance of relationships, often manifesting as excessive self-reliance and a strong preference for maintaining independence from others. This pattern may represent either a defensive strategy or a genuine preference for autonomy, with implications for how individuals balance personal and relational needs.

- Preoccupation with Relationships (Items 13, 17, 22, 23, 25; score range: 5 to 30): This subscale measures the extent of cognitive and emotional investment in relationships, particularly concerning worries about relationship status and stability. It reflects the intensity of an individual's focus on relationship dynamics and their tendency to monitor, analyse, and worry about their relationships. High scores indicate significant hypervigilance to relationship cues and excessive concern about relationship status, often leading to difficulties maintaining perspective or engaging in non-relationship activities. This preoccupation can manifest as constant relationship monitoring, difficulty concentrating on other tasks due to relationship concerns, and a tendency to overanalyse relationship interactions.

- Need for Approval (Items 7, 8, 10, 19, 21; score range: 5 to 30): This subscale assesses the degree to which an individual depends on others' validation and acceptance for maintaining self-worth and emotional stability. It reflects sensitivity to rejection and criticism, as well as the strength of need for others' approval and acceptance. High scores indicate excessive dependency on external validation and heightened sensitivity to others' opinions, often manifesting as people-pleasing behaviours, difficulty making independent

Client Name	Generic Client
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Scoring and Interpretation Information (cont.)

decisions, and intense fear of rejection. This need for approval can significantly impact relationship dynamics, decision-making processes, and overall emotional well-being.

- Confidence in Interpersonal Interactions (Items 1, 14, 28, 24, 26, 29; score range: 6 to 36):
This subscale measures the degree of security and comfort an individual experiences in relationship contexts. Unlike the other subscales, higher scores on this dimension indicate more secure attachment patterns. It reflects an individual's capacity for balanced relationship engagement, including comfort with both intimacy and autonomy. High scores suggest healthy self-reliance combined with the ability to form and maintain meaningful relationships, seek support when needed, and navigate relationship challenges effectively. This subscale plays a unique role in the scoring system, as items from it are subtracted from both attachment dimensions to adjust for security, reflecting the buffering effect of interpersonal confidence against both anxious and avoidant tendencies.

Each score is converted to a percentile based on normative data, and descriptors (Low, Average, High) are assigned based on percentile ranges:

- Low: 25th percentile or below
- Average: 26th to 74th percentile
- High: 75th percentile or above

Percentiles are computed based on an adult community sample, where a percentile of 50 represents typical patterns of responding. Participants in the community sample (n = 3,576) ranged in age from 15 to 73 years and were predominantly (90%) of Anglo-Australian background.

The interpretative text includes the Primary Attachment Pattern Analysis. This pattern analysis is based upon the specific combination of score descriptors (Low, Average, High) across all dimensions. These patterns range from secure styles (e.g., "Secure Style") to various insecure patterns (e.g., "Fearful-Avoidant Style", "Dismissive-Avoidant Style"). Each pattern provides specific insights into attachment organisation and relationship dynamics, along with associated therapeutic implications and approaches. The interpretation considers interactions between the avoidant and anxious scales to provide a comprehensive understanding of the person's attachment style and its implications for relationships and therapeutic work. The specificity of the overall Attachment Pattern allows for highly tailored therapeutic recommendations and insights into potential treatment challenges and opportunities.

Client Responses

		Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
1	I feel confident that other people will be there for me when I need them	1	2	3	4	5	6
2	I prefer to depend on myself rather than other people	1	2	3	4	5	6
3	I prefer to keep to myself	1	2	3	4	5	6

Client Name	Generic Client
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Client Responses (cont.)

		Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
4	Achieving things is more important than building relationships	1	2	3	4	5	6
5	Doing your best is more important than getting on with others	1	2	3	4	5	6
6	If you've got a job to do, you should do it no matter who gets hurt	1	2	3	4	5	6
7	It's important to me that others like me	1	2	3	4	5	6
8	I find it hard to make a decision unless I know what other people think	1	2	3	4	5	6
9	My relationships with others are generally superficial	1	2	3	4	5	6
10	Sometimes I think I am no good at all	1	2	3	4	5	6
11	I find it hard to trust other people	1	2	3	4	5	6
12	I find it difficult to depend on others	1	2	3	4	5	6
13	I find that others are reluctant to get as close as I would like	1	2	3	4	5	6
14	I find it relatively easy to get close to other people	1	2	3	4	5	6
15	I find it easy to trust others	6	5	4	3	2	1
16	I feel comfortable depending on other people	6	5	4	3	2	1
17	I worry that others won't care about me as much as I care about them	1	2	3	4	5	6
18	I worry about people getting too close	1	2	3	4	5	6
19	I worry that I won't measure up to other people	1	2	3	4	5	6
20	I have mixed feelings about being close to others	1	2	3	4	5	6
21	I wonder why people would want to be involved with me	1	2	3	4	5	6
22	I worry a lot about my relationships	1	2	3	4	5	6



Client Name	Generic Client
--------------------	----------------

Client Responses (cont.)

		Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
23	I wonder how I would cope without someone to love me	1	2	3	4	5	6
24	I feel confident about relating to others	1	2	3	4	5	6
25	I often feel left out or alone	1	2	3	4	5	6
26	I often worry that I do not really fit with other people	6	5	4	3	2	1
27	Other people have their own problems, so I don't bother them with mine	1	2	3	4	5	6
28	If something is bothering me, others are generally aware and concerned	1	2	3	4	5	6
29	I am confident that other people will like and respect me	1	2	3	4	5	6

