

CAMBRIDGE CENTRE FOR ATTACHMENT - ASSESSMENT METHODS

APPROACH TO THE ASSESSMENT OF PARENTING AND FAMILY RELATIONSHIPS

Considerable research, such as the seminal studies of fatal child abuse carried out by Reder and Duncan in the 1990's, suggests that understanding the way parents think is a more critical indicator as to the risks or potential in child development, than simply noting the specific things parents do¹. The problem of assessments which focus primarily on task-based observation of parenting skills in cases of child maltreatment is that parents fail in parenting less because they do not know what they should be doing, but more because, for a variety of reasons, they cannot apply generalised parenting 'knowledge' to the specific child in front of them.

Parents who have had adverse childhood experiences, which remain unresolved, may come to distort the meaning of their own and their child's experience in ways that are self-protective and relate to their own experiences of danger and threat, but are not protective to their child². This ties in with the findings of Professor Sue McGaw and her colleagues³ that it is frequently childhood trauma, not possessing a learning difficulty for example, that results in dangerous parenting. Dr Grey and Ms Kesteven both have long standing experience of using these methods with parents who also have a learning difficulty, which does not prevent them giving credible and appropriate meaning to their child's experience, except when this process is derailed by the parents' unresolved experiences of loss and trauma. It follows from this that assessing the impact of past experiences of trauma and loss should be a central part of the assessment process, otherwise central and pertinent issues may be overlooked.

The work of Cambridge Centre for Attachment differs from Independent Social Work assessments through the use of psychological measures that examine the impact of the attachment relationships of the adults and children upon parenting and child welfare. These interviews are recorded and transcribed verbatim. The interviews are then coded and classified, which requires subjecting the text of interviews, usually about 20-30 pages long, to in-depth analysis according a standardised procedure in which we have been trained. In terms of the measures with the children, we would usually video the CARE- Index, story stem task, or other child

¹ Reder and Duncan 1999, Farnfield 2014. See www.attachment.services for details of all references

² Crittenden 2008

³ McGaw et al. 2010

attachment measure, which again gives rise to a process where the DVD video is analysed and classified. Whilst our reports outline our conclusions, their implications, and some of the principal evidence for them, it is not practicable to fully reflect the totality of this coding process within a court report.

This classification process is at the heart of our family risk assessments, and the use of properly conducted validated assessment procedures allows us to offer both the depth of analysis and evidenced based assessment of risk in relationships. The use of transcripts and videos also mean that our evidence is verifiable by other trained professionals should that need arise. It is our experience that mistakes are made by even the most qualified and trained professionals observing and interviewing with the 'naked eye' (including ourselves!) that can be corrected by the use of procedures that involve the analysis of transcripts or videos – put more simply, things are not always what they seem. This is especially the case with the most 'at risk' pattern of attachment and relating, where children and adults have learned to behave in ways that mask what is going on, for their own safety.

This methodology leads to more in depth understanding of attachment relationships and their impact upon parenting, as well as more valid and reliable information, than 'ad hoc' observations made by an individual professional, without use of a validated procedure to assess attachment⁴.

THE ADULT ATTACHMENT INTERVIEW – GENERAL INFORMATION

The Adult Attachment Interview⁵ (AAI) is a 1-2 hour semi structured interview with an adult about their early experiences and relationships, and how they have developed to the present day. The interview consists of a series of questions that ask the speaker to consider their childhood experience and how this might affect their thoughts and behaviour in the present, especially as parents. A particular feature of the AAI is that it asks for the same information in multiple ways; this permits exploration of conflicting ideas that could motivate incompatible behaviours.

⁴ Crittenden et al. (2014). This paper, of which Dr Grey is a co-author, outlines a protocol for assessing attachment in adults and children in Family Court proceedings, developed and tested through IASA (the International Association for Study of Attachment). The protocol was tested over a 4-year period involving reports submitted to 15 judges in 5 different countries internationally.

⁵ The Adult Attachment Interview (George et al 1996, adapted Crittenden) has been extensively used and researched for over 30 years. Howe (1999) and Farnfield (2014) provides an overview in relation to the assessment of parenting. and Hesse (2008), and Farnfield et al. (2010) outline the historical research around the use of the AAI. Crittenden (2008, Crittenden and Landini 2011) through her Dynamic Maturational Model of Attachment, has expanded and developed the ability of the Adult Attachment Interview to shed light upon human behaviour and ways of thinking.

Individuals with less integration of thought and feeling, which is indicated when the speaker gives varied and incompatible answers to the same question, are more likely to behave in unexpected and unacceptable ways than adults with greater awareness of how the past motivates their current behaviour.

The AAI elicits in the present the adult's attachment pattern (i.e. the mental and behavioural strategies used by children and adults in order to stay safe and elicit support) when faced with anxious or threatening situations. In other words, an attachment strategy describes what adults (and children) do and think when they feel unsafe or uncomfortable. Such defences, whilst developed in infancy and childhood to elicit nurture and protection from parents and carers, continue to shape close relationships into adulthood, as well potentially changed and developed by new relationships and dangers experienced in later life.

In addition, the AAI explores possible past traumas that could elicit extreme behaviour or failure to take protective action in dangerous situations. Being exposed to extreme or ongoing danger or loss interrupts a child or adult's strategy of staying safe, because how they are thinking and feeling has more to do with the past traumatic event or loss, than it has to do with their current situation.

Unresolved trauma and losses refer to traumatic events or deaths/separations that an individual has been unable to extract a protective meaning from, and so develop a way of managing similar events in the future. In such cases either too much information is carried forward, such that causally unrelated events trigger a fear response in an individual because he or she has made mistaken links between events; or alternatively too little information is carried forward, as the individual attempts to dismiss the event in question. The former (preoccupying trauma) might result in the adult being overwhelmed and acting in an uncontrolled or bizarre manner. The latter (dismissed or blocked trauma) may result in a parent may become unresponsive or unable to take protective action regarding themselves and/or their children in potentially dangerous situations.

The AAI (or aspects of it used in the assessment) is audio-recorded, and transcribed verbatim. Where possible, within the time constraints of the assessment, it is then interpreted by a colleague who is external to the assessment and has no knowledge of the presenting concerns or the situation, beyond what is presented or discussed in the interview. Information is gained by attending both to the individual's speech (the discourse) and their relationship with the interviewer. In analysing the discourse, the historical content of the interview (i.e. what happened) is less important than how the speaker thinks about their childhood, as an adult. The interview has been extensively researched and validated over the last 25 years.

PARENT DEVELOPMENT INTERVIEW - GENERAL INFORMATION

The Parent Development Interview (known as the PDI, Aber et al. 2003) has been developed to examine and assess how parents think about their child, their relationship with their child, and their role as a parent. It has been used extensively in research and clinical practice for over 20 years. It is a rich source of information, which can offer valuable assistance to assessments of parenting and risk, as well as inform and direct therapeutic intervention.

Ben Grey and Juliet Kesteven are experienced in training social workers, legal professionals, therapists, mental health, and children centre workers in administering and interpreting parenting interviews such as the PDI. Dr Grey and Ms Kesteven use 2 complimentary procedures for classifying and interpreting the PDI and its implications for parenting. These are explained below.

THE MEANING OF THE CHILD (MOTC)

The Parent Development Interview, and parenting interviews like it, gives information about how what a child means to a parent (the 'undeclared script or blueprint' that a particular child may have in their parent's mind). Difficulties in parenting often occur when a child takes on a meaning to the parent (perhaps one more related to the parents' own experiences) that varies from the child's individual characteristics and development. This meaning can come to dominate and distort the parent-child relationship. The PDI allows this 'script' for the parent-child relationship to be seen and understood, so that risk can be more accurately assessed, and appropriate intervention offered when appropriate.

Dr Grey, as part of his doctoral research at Roehampton University, with the help of Juliet Kesteven and former colleagues at Family Care, developed and validated an assessment tool to assess the nature of the parent-child relationship and the level of risk and resilience within it. The Meaning of the Child Interview⁶ (MotC) is a method of understanding the way parents think about their child(ren) through careful analysis of a semi-structured interview with the parent, such as the PDI. Interviews are carefully analysed according to a system that examines the ways in which parents talk about their child, their relationship with their child, and their parenting.

Interviews are classified for the level of risk, and also the nature, of the parent-child relationship, the degree to which it is Sensitive (mutually pleasurable to parent and child, and supportive of the child's development), Unresponsive (psychologically distant from the child, leading to neglect in extreme cases), and Controlling (where the parent is psychologically intrusive towards the child, leading to, in more serious

⁶ Grey 2014, Farnfield (2014)

cases, hostile and/or enmeshed relationships). The MotC is based upon Attachment theory, and the classifications are linked to their effects upon the child's developing attachment pattern, and the potential risks or strengths in the child's development arising out of this.

The Meaning of the Child Interview is based upon over 20 years of research around the use of parenting interviews, as well as being studied and validated in its own right⁷. It has now been used extensively in the Family Courts since 2010, and Dr Grey and Ms Kesteven have trained Social Workers, Psychologists, Psychiatrists, Therapists and other social care professionals in this procedure. It is also offered as part of the University of Roehampton's MSc in Attachment Studies, the only postgraduate level course on Attachment in the UK. The MotC has been validated with both normative families (mothers and fathers) as well as those involved in the Family Court system, and is cited in Routledge Handbook of Attachment⁸.

REFLECTIVE CAPACITY (FUNCTIONING)

A parents' reflective capacity refers to a parents' understanding of their own and other's actions in close relationships, in particular, their ability to make sense of their child's behaviour in terms of his or her thoughts, feelings and intentions. Assessing parental reflective functioning gives an indication as to the flexibility and sensitivity with which a parent will be able to interpret their child's actions and respond to them. Sensitive parents are able to hold their child in mind as an independent person, whilst also being aware of and managing their own feelings, which will be affected by their child. This allows them to regulate their child's feelings and their own, repairing conflict, and ensuring that the child is comforted and protected, even when circumstances are difficult and stressful.

High levels of reflective functioning have been found to correlate with parents having securely attached children and conversely, low, or absent reflective functioning are predictive of difficulties in parenting, and problematic child attachment and behaviour. Therefore, in conjunction with other measures, it is a useful indicator of both risk and resilience. The interview is classified for reflective functioning by coders with specialist training in this measure. Juliet Kesteven and Ben Grey are both trained and reliable coders of the RF scale in the Parent Development Interview.

⁷ See George and Solomon (2008) for an overview of research into the use of semi-structured interviews with parents and caregiving. Grey (2014) as well as Farnfield (2014a), explain the place of the MotC within this body of research.

⁸ Farnfield (2014a).

THE CARE-INDEX

The CARE-Index⁹ is an assessment of the developing relationship between a 'parent' and child. It uses a videotaped 3-5 minute free play observation in which the adult is asked 'to play with your child as you would normally'. As well as attachment figures (usually parents or foster parents) it can be used with adults who do not have direct care of the child. Because there is not stress to the child it is a weaker assessment of children's attachment than the separation and reunion measures based on the Strange Situation Procedure (the most well established and researched method of assessing attachment). In cases where parent's risk losing their child to state care there is, of course, stress on the parent. However, the infant CARE-Index is unique in its ability to measure the beginnings of attachment behavior *from birth* (until 15 months, after which the Toddler version should be used). The CARE-Index is also flexible in where it can be carried out; it can, for example, be conducted in the parents' home. The CARE-Index is assessed by reliable coders who are blind to the facts of the case.

The Toddler (preschool) CARE-Index is applicable for use with children aged from 16 to about 72 months (before then the Infant version should be used), but is currently being used in research with children up to the age of 6. Whilst it can be used with older children as an indicator of the nature of the relationship, it does not have the same research based validity. It is videotaped and then assessed by reliable coders who are blind to the facts of the case. There are currently at least two studies validating the toddler system, but considerably more on the infant system on which it is based¹⁰. In the toddler years carers have to manage children's exploration and other behaviour to keep them safe thus leading to conflict resolution which does produce attachment behaviours in the child. The Toddler CARE-Index takes account of these developmental changes in its assessment of the parent child relationship.

The CARE-Index can provide information about parents' sensitivity and responsiveness to children's signals and children's strategies for coping with parents' behaviour. Parental sensitivity is assessed by the extent to which the parent (or parent figure) does things that please the child, or rather looks to control the child (because the child does not please them), or is unresponsive (and so is failing to connect with the child). The child's strategies can include being cooperative, protesting what they don't like, passive acceptance, and compulsive behaviour (where the child inhibits their own signals of need to fit in with parental expectations). The different patterns of insensitive parental care, and the child strategies that result from them, each carry a different sort of threat to the child's development. Using the

⁹ Crittenden 2007, Svanberg et al. (2010)

¹⁰ See Farnfield et al. (2010) for an overview of research using the CARE-Index

manualised system, which analyses discrete areas such as facial expression, voice, and turn-taking, ratings can be given of children's attachment strategies and of the degree of risk to the child's future development. The CARE-Index was designed as a screening tool and should always be considered in the light of other evidence.

The overall level of sensitivity and responsiveness to the child is broken down into 4 categories; sensitive, adequate, intervention and high-risk. If a relationship is placed within the intervention range, this would indicate a potential attachment difficulty or problematic relationship which could adversely affect the child's development or result in future struggles between the parent and child. However, the parent shows some implicit or explicit awareness of the problem that might suggest that they are amenable to supportive intervention. A score within the high-risk range would indicate significant dangers inherent in the parent child relationship, and would suggest a potential risk of breakdown in the provision of adequate care for the child. The family is likely to require intensive treatment in order to prevent future harm to the child's behavioural, social and emotional development. A score in the high-risk range does not of itself suggest that a child should be separated from his or her parent(s) but does raise significant concern, which needs to be examined by assessing the wider family situation.

INFORMATION ABOUT STORY STEMS - THE CHILD ASSESSMENT OF PLAY AND ATTCHMENT (CAPA)

The Child Assessment of Play and Attachment (CAPA) is an assessment of attachment of children, using story telling assisted by doll play. It is has been validated by a number of research studies as well as having a long history of use in assessment and clinical practice¹¹. It can be used with children from 3½ years up until 12 years of age, but is especially useful with preschool children and the early school years, because of the ability of the doll play to assist the child in developing a narrative.

The Story Stems (story beginnings given by the interviewer but completed by the child) are designed to elicit information about a child's representations of parents and care giving. This gives insight into a child's experiences within their family and their attachment to the significant adults in their lives. It can also be used to examine the nature of sibling relationships. The children's stories that come out of this are neither 'fantasy' nor simple descriptions of actual experience. Rather, they provide a window into the child's 'script', or 'model', of relationships. They provide a map of the child's expectations of care and protection from his or her key relationships.

¹¹ See Farnfield (2014b), and Farnfield (in press)

Like other measures of attachment, a Story Stem assessment can offer a comprehensive understanding of a child's behaviour and ways of thinking and feeling in his or her close relationships. The child is offered a series of story beginnings (stems) by the interviewer, and the child is asked to "show me and tell me what happens next". The child's stories are then probed according to the guidelines for this measure, in order to elicit the necessary information to classify the child's responses. The process is videoed and transcribed, so that it can be coded by someone who is trained in using this measure.

The stress gradually increases in each of the stories, as they are presented. Elements of danger are introduced into the assessment because attachment behaviour is a "self-protective strategy" and is displayed when an individual feels him or herself to be at physical or emotional risk.

In assessing a child's attachment we are looking to discover:

An attachment strategy: what we do and how we think when we feel unsafe or uncomfortable. Such strategies and defences, whilst developed in infancy and childhood to elicit nurture and protection from parents and carers, continue to shape relationships into adulthood, as well as be informed by them. Interviews such as the Attachment Story Stem Completion task track how information is distorted by the brain in order to assist an individual in dealing with any perceived dangers. Over time, human beings learn to exaggerate the importance of feelings and thinking that has helped them stay safe, and omit or minimise what has been irrelevant or misleading to them. In this way our ways of thinking and feeling about our close relationships are influenced by the dangers and fears we have experienced. Sometimes, however what may have helped someone stay safe in one situation can mislead and cause problems when they face a situation that is very different, or these strategies might have unintended consequences on other people.

Unresolved traumatic experiences: terrifying experiences or losses that distort a person's behaviour in major ways without them being aware of it. Being exposed to extreme or ongoing danger or overwhelming loss can interrupt someone's strategy of staying safe, because how they are thinking and feeling has more to do with the past traumatic event, than it has to do with their current situation. These issues can be generational in their effects, with children being traumatised by their own parents' responses to the past. They operate like a landmine, hidden from view, but exploding when a parent's life circumstances lead them to step on the place where it is lying. Uncovering them within an assessment can be like a key, unlocking understanding of aspects of a child or parents' life which neither professionals nor the parents themselves have understood before.